

# STATE OF MAINE PROGRAM IMPROVEMENT PLAN

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## BUREAU OF CHILD AND FAMILY SERVICES



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### APPRECIATIONS:

We would like to extend our special thanks to all of the stakeholders who have been involved in the discussions and development of the Maine Program Improvement Plan, including members of the Wabanaki Council, Child Welfare Advisory Committee, Bette Hoxie from A Family For ME, Child and Family Services staff, Child Welfare Training Institute staff, Chief Judge Vafiades, Maine District Courts; Wendy Rau, Director, Family Division, District Courts; and David Hathaway from the Assistant Attorney General's Office.

In addition, we would like to send a special thank you to our Federal liaison at that time, Barbara Dobbyn (Administration of Children and Families) and Peter Watson from the National Resource Center for Organizational Change for their guidance and support through this process.

## I. **ACRONYMS**

These acronyms are used throughout the PIP matrix and narrative:

AAG	Assistant Attorney General
BCFS	Bureau of Child and Family Services
CWTI	Child Welfare Training Institute
DHS	Department of Human Services
FTM	Family Team Meetings
LTFC	Long Term Foster Care
MACWIS	Maine Automated Child Welfare Information System
QA	Quality Assurance

## II. INTRODUCTION

The State of Maine, Bureau of Child and Family Services, has developed and is incorporating and implementing the goals set forth in our mission statement:

Maine Child and Family Services seeks safety, well-being, and permanent homes for children, working with professionalism and respecting the dignity of all families.

The Program Improvement Plan is one essential step toward producing positive outcomes for children and families. Another is the Bureau's Statewide Strategic Plan. The current strategic plan is the result of a series of findings generated by the Legislature's Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Judiciary following the tragic death of a child in foster care. Since July 2001, BCFS has been working with the Annie E. Casey Foundation's Strategic Consulting Group to develop beliefs, outcomes, measures, and interventions that will lead to improved practice and services to children and families. An internal review of practice was completed and synthesized with the Federal Child and Family Services pilot review, the IV-E reviews, and the mandates of the two legislative committees into an overall strategic plan.

The Bureau's Statewide Strategic Plan established six goals:

- Improve the quality and timeliness of receiving and responding to reports of child abuse and neglect.
- Broaden family involvement from report to the best outcome for children and families.
- Improve community connections and collaboration; develop and realign resources as needed to create better outcomes for children and their families.
- Improve the experience of children in care while achieving better and faster permanency outcomes.
- Assert the leadership role of child welfare professionals by providing supports that enhance the professionalism, skills, and cultural competency that result in positive outcomes for children and families.
- Pursue an implementation strategy for all of the above goals via a comprehensive statewide effort in each district.

The findings of the Child and Family Services Review were consistent with those identified through the reform initiative. As a result, the Program Improvement Plan dovetails nicely with the BCFS Strategic Plan.

The Bureau of Child and Family Services faces significant challenges in the ongoing implementation of the Strategic Plan and the Program Improvement Plan. Maine, like most other states, faces very serious economic times and the subsequent challenges of finding resources needed to implement changes in practice. Currently, Maine's Governor Baldacci, is working with the legislature on a plan to merge two Departments – The Department of Human Services and The Department of Mental Health. The uncertainty of future leadership and structure of the child welfare system is an underlying concern for staff of both Departments.

In spite of all the challenges, Maine is committed to moving forward and to continuing its efforts to improve practice as well as services to children and families.

## **Statutory Authority and Mandates**

The Child and Family Services and Child Protection Act, 22 M.R.S.A. 4001 et. Seq. sets forth the authorization and obligations of BCFS in relation to its child welfare practice. The Act authorizes BCFS to provide services to families at risk and to protect children from abuse and neglect inflicted by persons responsible for their care. The Act is designed to balance the rights of parents to be free from undue government intrusion into their family affairs, against the right of children to be safe in their own homes. There are important statutory safeguards in the law for both children and parents. District courts throughout the state hear all child protection matters and render their decision based on the application of law, the Maine Rules of Civil Procedure and Maine Rules of Evidence. BCFS is held accountable for its action and inaction in relation to the law as applied by the courts. The Supreme Judicial Court sitting as the Law Court hears all appeals from Jeopardy Orders, Termination of Parental Rights Orders and Medical Treatment Orders. In addition, BCFS has promulgated Rules pursuant to the Administrative Procedures Act in a number of areas. These Rules are judicially enforceable and describe the agency's procedures or practices in a number of areas.

After the tragic death of a foster child in 2001, legislative scrutiny generated a series of findings and legislative mandates. The Bureau of Child and Family Services developed a Comprehensive Strategic Plan with the help of the Annie E. Casey Foundation. The Bureau provides quarterly reports to the legislature based on the mandates.

### **III. AGENCY PHILOSOPHICAL FRAMEWORK**

Through the help of the Annie E. Casey Foundation, Maine's Bureau of Child and Family Services created a Strategic Plan based on these Beliefs Statements:

#### **Child Safety is Paramount**

- We have the responsibility to intervene to protect children.
- Effectively intervening to keep kids safe depends on a thorough and timely assessment.

#### **Parents Have the Right and Responsibility to Raise Their Own Children**

- Parents have the right and responsibility to correct issues of abuse and neglect.
- Parents have the right and responsibility to develop a plan for the safety and care of their children.
- BCFS has the responsibility to support family in the care and protection of their children.

#### **Children Deserve to Live in a Safe and Nurturing Family**

- Children have the right to be placed in the least restrictive setting.
- Placements need to support family and community connections.
- Siblings belong together.

#### **All Children Deserve a Permanent Family**

- Foster care is a temporary arrangement for children
- Permanency for children begins from day one.
- Timeliness of case decisions will be made consistent with the urgency of the child's needs for permanency.

#### **Principles of Public Service will Guide Us in Our Work**

- Our work with families is objective, unbiased, and based on good practice.
- Everyone deserves to be treated with courtesy and respect.
- Our staff is our most important asset.
- We have the responsibility to use our professional knowledge and skills to promote changes.

## **IV. Background**

### **A. PIP Development**

#### **Overview**

The Program Improvement Plan has been developed through the collaboration of many individuals representing BCFS, District as well as Central Office staff, community stakeholders, the Administration for Children and Families, the National Resource Center for Organizational Change, Native Americans and the Child Protective Advisory Committee of the Courts.

#### **Engagement and Partnership with External Stakeholders**

The Bureau of Child and Family Services realizes the value of including external stakeholders in the process and development of plans. Because of this belief, the exit meeting for the CFSR included external stakeholders as well as BCFS staff. The exit meeting provided an opportunity for everyone to share information about the review and its findings as well as an opportunity for Bureau leadership to demonstrate its commitment to move forward.

Within several weeks of the exit meeting, we conducted a Program Improvement Plan training for BCFS staff as well as representatives from the foster and adoptive parents community, the judiciary, the Child Protective Advisory Committee of the Courts, community service providers, the Attorney Generals Office, Child Welfare Training Institute, and the Wabanaki Coalition. Peter Watson, National Resource Council for Organizational Change Barbara Dobbyn, Administration for Children and Families and Carol Armour, Maine BCFS, presented the one-day training which focused on the specifics of developing a PIP.

From the training, five (5) subcommittees were formed to help develop the PIP goals and action steps. The subcommittees were Safety, Permanency I, Permanency II, Well-being, and a Resource Group. The Resource Group worked on the Systemic Factors and provided technical assistance to the other groups in the areas of training, data and MACWIS, Quality Assurance, and customer service. All committees had a designated lead who was responsible in getting the work back to Carol Armour, overall PIP lead.

The committees met for an additional two days – one day in October and one day in November 2003 to develop goals and strategies for the PIP matrix.

The lead committee members as well as the whole Resource Group had a one-day work session to focus on providing more structure and detail to the Committee recommendations. Peter Watson, National Resource Council for Organizational Change and Barbara Dobbyn, Administration for Children and Families participated in refining the goals and action steps that had already been developed.

The recommendations were submitted to the Bureau's Senior Management Team for further comments. The comments and recommendations from all of the meetings were incorporated into the goals and action steps of the PIP.

## **B. PIP Implementation**

Since 2001, the Bureau of Child and Family Services has been involved in an ongoing reform initiative incorporating goals and strategies that will have a positive impact on practice and address many findings of the CFSR. The PIP is a nice adjunct to the Strategic Plan. Both plans deal with improving practice in the areas of Safety, Permanency, and Well-being. Maine has a good foundation upon which to build, based on the two years of work already accomplished as a result of the Strategic Plan.

Consistent structure and monitoring will be required to ensure continued success in implementing the PIP. Carol Armour, overall PIP lead, will be responsible for monitoring progress by collecting, quarterly, the tracking reports, tasks performed, data collected, and notes from each person responsible for the separate goals of the PIP. The overall PIP lead will then report out the progress of each goal to the Federal Government.

To adequately monitor and implement the PIP initiatives, the Bureau will utilize the following structures:

### **Quality Assurance Unit**

The Quality Assurance Unit provides ongoing initial assessment, data collection, and feedback of the agency's compliance and performance regarding Federal law and regulations, state law, and agency policy. The unit is comprised of eight (8) managers located in districts throughout the state. In addition to the reviews, the unit often responds to specific and special requests for studies and reviews.

### **Quality Assurance Reports**

Currently, the report generated by a QA manager when reviewing cases, has been adapted to more closely resemble the CFSR tool. The new QA tool will capture particular action steps in the PIP which will provide a baseline and ongoing data.

### **Senior Management Team**

The Senior Management Team is comprised of BCFS Director, Division Directors, and Program Administrators from each of the eight districts. The Team is responsible for the development, oversight, and implementation of plans, policies, and new initiatives.

### **Child Welfare Advisory Committee**

The Child Welfare Advisory Committee (CWAC) is a team of community service providers (stakeholders) whose mission is to guide policy development and identify emerging community needs. The Team members have been crucial partners when stakeholder participation is required.

### **Responsible Parties (as designated on the PIP matrix)**

The responsible parties will review and prioritize the activities that will lead to the completion of the PIP plans. The responsible parties will ensure that action plans are being implemented within the timeframes and will report out any concerns or progress to the overall PIP lead quarterly.

## V. MAINE BCFS INITIATIVES FOR PROGRAM DEVELOPMENT

### Overview

In our efforts to continually improve on practice within the Bureau of Child and Family Services we have embraced five (5) new initiatives which we believe will help us move forward in our pursuit of better outcomes for children and families.

### **FAMILY TEAM MEETINGS (FTM)**

The Bureau recognizes the importance of involving families in identification of family needs and in the case planning process in a meaningful way. Family Team Meetings are a social work tool used in many states to bring together a family's support network to solve problems at critical moments and is seen as an approach that the Bureau can embrace as a way to improve family participation. BCFS staff has worked with a consulting firm, the *Child Welfare Policy and Practice Group*, to develop an approach and to train our professional staff on how to organize and facilitate meetings.

The principles of the Family Team Meetings are **Respect for Families** – every family has strengths to be discovered and respecting a family's strengths encourages trust, growth, and change; **Responsibility** – a family in need or crisis can become responsible for change and a family is more likely to invest in a plan it develops together; and **Understanding** – the meetings focus on a family's needs, not its symptoms and problems, and meetings are held in settings that are comfortable for the family.

A family Team Meeting can create a number of benefits, such as increasing the variety of potential solutions, preventing removal of a child from home, increasing the chance of matching appropriate services to needs, identifying kinship placement opportunities, increasing a family's capacity to overcome barriers, and creating a system of supports that will sustain the family over time.

A FTM can be initiated by anyone on the case. When having a FTM, it is suggested that the caseworker ask the parents whom they want on their team and what they would like to see for an outcome. Participants may include other family members, professionals from schools, guardians, therapists, social workers, attorneys or friends. The caseworker/facilitator brings the team together at a safe and comfortable location where they can begin their work. The meetings are not intended to be adversarial. The focus is on identifying the family's strengths and supports and working from those attributes to solve clearly identified challenges. The family develops its plan with support from the team. Depending on the family's need, additional meetings may be scheduled.

Family Team Meetings may be conducted not only with biological family but with foster/adoptive parents as well. A child does not need to be a ward of the state for a FTM to occur. Meetings can occur after the protective assessment phase when the Bureau is working with the family to maintain the family unit. A Family Team Meeting can also occur if a foster/adoptive family has needs that can be better addressed through review and team involvement.

Information about Family Team Meetings such as who participates, what the goals and outcomes are will be tracked by the Quality Assurance Unit as they conduct their ongoing monthly reviews in each district office.

The Family Team Meeting initiative is underway in six of eight districts. The expectation set out in the statewide implementation plan is that the change to a collaborative, strength-based approach will support essential goals – specifically, moving children to permanency sooner and decreasing the total foster care population. Two lead districts (Bangor and Augusta) have completed staff training and implementation plans for their districts and are conducting Family Team Meetings. Four districts, in addition to the leads, are underway with training. Tracking tools for Family Team Meetings provide information on goals. A few of the goals identified so far, in the lead districts, are reunification, establish a foster/adoptive plan, develop a permanency plan, review services for family, independent living plan, and help with court-ordered services.

### **SUPERVISORY TRAINING INITIATIVE**

The Bureau of Child and Family Services (BCFS) made the enhancement of supervisory effectiveness a cornerstone of its reform efforts. It is clear that when a bureaucracy embarks on basic and fundamental practice change supervisors are the critical determinate of the success of those efforts. And while the Bureau has increased training for supervisors in the past several years more remains to be done. The Bureau contracted with Tony Morrison of Manchester, England to provide training for staff as well as to provide for training some in-house trainers to take the curriculum and approach statewide. That statewide effort began in January 2004. This initiative has become one of the methods of implementing the Program Improvement Plan resulting from the Bureau's Federal Review.

The approach to supervision that is being implemented in the Bureau provides a definition, structure, a context and a supervisory model that emphasizes accountability, development, support and mediation. With this approach, there are four stakeholders in supervision – the supervisee, the client, the agency and the community.

This initiative consists of four days of interactive presentation in each District office. Participants complete practice exercises and use video taping to constructively critique their own and their colleagues supervisory effectiveness. After the presentation a series of intense follow-up sessions will be scheduled and held over the next 18 months. Each district will craft a plan specifically designed for that District as it strives to implement the reform goals and the Program Improvement Plan. Supervision is key toward meeting the Safety, Permanency and Well-being goals and objectives outlined in the PIP. In each of the specific areas needing improvement, the content and process adopted by the Bureau will be applied specifically during the intensive year long follow-up sessions. For example, in Item 7, supervisors will be helped to assist caseworkers in:

- understanding the importance of permanency in children's lives
- identifying their own values related to permanency and how they impact on case movement
- understanding the Bureau's expectations around permanency
- identifying and removing barriers to permanency in individual cases
- using community resources to assist in achieving permanency.

Particular skills and methods from the curriculum will be applied with each caseworker to achieve permanency in a more timely manner. Specific techniques could include the use of supervisory agreements, the use of the knowledge of supervision, motivational interviewing, and addressing blocked performance.

This is a new approach to training and support of supervisors in carrying out their responsibilities. As such it is anticipated that there could be changes in the delivery method as we learn what works and what doesn't.

## **NEW QUALITY ASSURANCE INTERNAL REVIEW TOOL**

In response to feedback from the CFSR, the BCFS Quality Assurance Unit changed the way it conducts reviews of in home and foster care cases. To integrate the suggestion that QA should increase its focus on the quality of services provided to children and families – in addition to its focus on compliance issues – QA expanded the tool it uses for internal reviews.

The new QA internal review tool better represents the federal focus on outcomes as well as BCFS reform goals. QA will now be rating cases by the strengths and areas needing improvement for the twenty three items and seven outcome measures represented in the CFSR on-site tool. The Quality Assurance Unit will continue to conduct record reviews of cases, but by improving the way they conduct these reviews they hope to expand the areas of quality they assess. For example, rather than simply focusing on whether caseworkers meet BCFS policy requirements for quarterly well-being and safety reviews with children, they also will assess whether the frequency of face-to-face caseworker contacts meet the needs of the child.

The unit is moving to a QA system that more closely models the CFSR process. In doing so, QA will continue to improve our focus on safety, permanency and well-being outcomes for children and their families.

Each month, the Quality Assurance Unit completes eight case reviews in each of the eight district offices statewide. The cases reviewed are selected from a random sample and the eight reviews are broken down as follows: four in-home cases and four in-care (foster care/adoption) cases. The result is that 64 cases are reviewed each month.

The new Internal Review instrument referenced above is now being used for all cases. The QA unit has shared the tool with the district Program Administrators and has begun meeting with district supervisors to present the tool and answer questions. Districts have been encouraged to share the tool with caseworkers and to use the tool as part of supervision with caseworkers to discuss practice concerns and expectations.

In addition to the “narrative form” of the tool, QA staff also attach a case summary sheet to each report as well as a summary of how all of the eight cases rated for the month. The unit also uses a “Program Administrator” memo for compliance issues with a recheck by the QA reviewer a month later to ensure the corrections were made.

The information submitted by the district QA reviewers to the QA Manager is tracked according to the 23 items and 7 outcomes from the CFSR. The QA Manager shares this information with the Senior Management Team.

The results (summary sheets) of all 64 monthly reviews are provided to the Bureau Director, Deputy Bureau Director, Division Director for Legislative Affairs/Quality Assurance and Division Director for Child Welfare Practice and Policy. These parties also receive a copy of all PA memos that outline compliance issues that need to be addressed.

Each Program Administrator and Assistant Program Administrator gets a copy of all the reports, summary sheets, and the monthly total summary sheet for their district and the PA memo monthly. Relevant reports are then being provided to each supervisor for the cases in that supervisors unit.

QA staff have begun meeting with district PA's/Supervisors to explain QA roles and how QA might best partner with districts as a resource.

In it's effort to support BCFS in providing quality services while staying in compliance with state and federal laws and regulations, the Quality Assurance Unit will be responsible to notify BCFS management of concerns regarding safety, permanency and well being as they arise. This information will be communicated as follows:

- The QA reviewers will alert the QA Manager of any concern. This will be done with a cover memo documenting the concerns, with an information exchange memo attached.
- In situations of immediate safety, the QA Manager will immediately contact the district PA to report the safety issues. The QA Manager will also forward the reposted information to the Director of Child Welfare Field Operations.
- In situations where practice issues exist or low/moderate safety issues exist, the QA Manger will report the information to the Director of Child Welfare Field Operations.
- Within a month, the appropriate BCFS staff will fill out the appropriate information exchange form. This information exchange form will be sent to the QA Manager.
- For minor concerns that become known through any routine QA review, the QA reviewer documents the concern in writing and sends this along with the information exchange memo to the QA Manager and the district PA. The district PA oversees the completion of the information exchange memo documenting the outcome of the concern and sends the information exchange memo back to the QA reviewer who then sends a copy to the QA Manager.

The Deputy Bureau Director, in regular supervisory meetings with the district Program Administrators, uses the internal review information from the monthly QA reviews as a supervisory tool. Additionally, the information gathered from monthly reviews is shared with the Committee on Health and Human Services of the Maine State Legislature as part of its ongoing responsibility to assure that BCFS is on track in terms of its strategic plan to improve child welfare services.

It is important to note that QA currently reports out on several findings, the results of which are sent to the Committee on Health and Human Services of the Maine State Legislature.

## **SUBSIDIZED GUARDIANSHIP PROPOSAL**

The Maine Department of Human Services, Bureau of Child and Family Services submitted a proposal for a Title IV-E Waiver Demonstration Project, *Subsidized Guardianship Permanency Option* on January 22, 2004, meeting the target date in the state Program Improvement Plan of February 2004. The intent is to provide an innovative project of subsidized guardianship with the following goals:

- Increase the number of children in foster care who achieve permanency by making guardianship a viable option that supports children and families.
- Reduce the length of stay for children in care through earlier permanency in a legal guardianship arrangement.
- Promote and increase relative placements through earlier identification and provision of a comprehensive support system.
- Increase the number of siblings placed together through more effective recognition of relative providers who are committed to maintaining siblings together or at a minimum have a natural system in place to promote and maintain contact.
- Increase the number of children remaining in their communities through placement with relatives or other individuals who have a relationship with the child.
- Improve stability of placements and decrease the number of moves that a child makes.
- Honor the needs of older children who express a desire not to be adopted.
- Increase respect for family and cultural norms.
- Enhance continuity and stability for children in foster care.

The overall goal is to have a positive impact on the number of children who have a timely and appropriate permanency goal established and create positive outcomes for children, youth, and their families.

### **Intervention Proposed**

The Maine Subsidized Guardianship Permanency Option Project is proposed as a new permanency option available to children who might otherwise remain in foster care until the age of majority. Based on availability of funding, Maine proposes to develop and pilot a comprehensive program to provide relatives and other individuals who have been providing care for children in the custody of the state or of the Tribes, the opportunity to become legal guardians for these children with a system of financial and social supports to meet the unique needs of the child. Participants in the Subsidized Guardianship Project will be selected from children who have been in the care of the identified relative or other individual for at least a year and for whom it has been determined that reunification is no longer an option. The proposed plan will allow for a subsidized guardianship program that offers caregivers a bi-weekly stipend that is consistent with family foster care rates and Adoption Assistance rates and continues to provide for medical insurance under the MaineCare program. Through provision of a financial subsidy equivalent to foster care and the provision of an array of services consistent with post adoption services this project will be designed to promote the utilization of guardianship and encourage caretakers to accept the legal responsibility of children. Children will be less likely to remain in Long Term Foster Care agreement situations that may have been maintained solely for financial reasons. This approach will be more family-centered and will utilize such techniques as Family Team Meetings to identify and develop relative placements.

Over the next year, Maine DHS, BCFS will develop a program that is inclusive of the components the Subsidized Guardianship Workgroup has identified as necessary to assure safety, permanency and the best interest of the child:

- Clear policy and legislative framework will be developed with collaboration of District and Probate Courts, attorneys, Guardian ad litem, and the members of the Legislature.
- Methods will be evaluated with our contract agency to address completion of a comprehensive Home Study, background checks and assessment of caregiver families and individuals related to the specific needs of guardianship caregivers. This will be done within the context of our Single Study/Single Standard Format.
- Open consultation and planning with prospective guardians, birth parents, child, DHS staff, GAL, and other relevant partners will occur in numerous venues and more formally in the Family Team Meeting process.
- Cooperative work will occur both with District Court and Probate Court staff and judges to assure an effective, well functioning program that has full approval in the court systems.
- Effective training provided to all involved decision makers on the right and responsibilities of guardianship.
- Ongoing supportive services and financial assistance.
- Regular agency review of the implementation of the subsidized guardianship to assure movement toward permanency yet mindfulness of safety for children.
- Clear eligibility criteria will be established for child and guardian.
- Provisions for termination if needed will be outlined.
- Standards for the courts to apply to requests to modify the guardianship agreement, and mechanisms for the department's involvement in decisions about modifications.

The workgroup has met twice in 2004, consultation is ongoing with Cornerstone Consulting Group, letters have gone out to all of the sixteen County Probate Court Judges to set up individual informational meetings related to the project and there will participation in the Relatives as Caregivers Public Forum scheduled in March 2004 and the Adoptive and Foster Families of Maine Spring Conference to inform interested families of the projects. Communication is ongoing with The Muskie Institute of Public Policy, USM to develop and design the evaluation component. The project lead, Adoption Program Manager, Virginia Marriner, has met with the Chief Justice of the District Court to inform and educate about this project and has received an invitation to present training on permanency to District court judges, attorney GAL and CASA GAL groups. DHS is committed to going forward with the planning and development of this project even if the proposal is not successful for the Demonstration Project.

### **CONCURRENT PLANNING**

The Bureau of Child & Family Services believes that children should not remain in foster care and that children have a right to permanency in a timely manner. We recognize that moving children to a permanent living situation in a time frame that meets their needs is an area that needs improvement. One strategy that will be implemented to facilitate this goal is concurrent planning. Concurrent planning involves many aspects of case coordination and planning including:

- Identifying families who have the desire to successfully engage in rehabilitation/reunification services, but have a potential issue that may not be able to be resolved to allow their children to be placed safely back in their home.
- Providing intensive services to the family.

- Placing the child(ren) in a home that is committed to working closely with the birth parents while at the same time making a commitment to adopt the child(ren) if rehabilitation/reunification efforts are not successful.
- Providing additional supports to resource families to allow them to work closely with the birth family while committing to the child(ren).

The concurrent planning initiative will begin in two districts to ensure opportunity for all aspects of the program to be evaluated before moving on to the remaining district offices.

Districts 3 and 6 have held two full-day sessions of staff and stakeholder meetings facilitated by the National Resource Center for Foster Care and Permanency Planning (NRCFCPP).

These sessions gave an overview training of the concepts behind concurrent planning as well as identifying strengths and challenges in each district. Two examples of the strengths are the therapeutic foster care agencies willingness to work with birth families and the high percentage of our foster parents who adopt. Two examples of challenges are the more rural areas of each district have fewer available services and no public transportation to enable intensive reunification services to be easily supplied to families, as well as the lack of placement resources in home communities to facilitate increased family visitation required in these cases. (Please note that this issue is also being addressed in the PIP and placing children in their home community is a priority in Maine's reform efforts.)

The supervisory staff of the two districts have met jointly to discuss how cases would be identified for concurrent planning and to be introduced to the tools used in the process, specifically the differential diagnostic tool. The NRCFCPP provided sample cases for supervisors to use to identify possible concurrent planning cases. Maine then developed its own differential diagnostic tool. Supervisors again met with sample cases from their districts to evaluate their appropriateness for concurrent planning using the internally developed tool.

Maine will also use the Family Team Meeting approach to help guide these cases. This will allow families to have more input, feel more empowered and be able to discuss their needs, and the needs of their children, in a safe environment while utilizing their natural support systems. We believe this will allow children to be safely reunified with their families, with a relative or placed for adoption in a much shorter time frame.

The two districts involved in the concurrent planning initiative have started a dialogue to identify staff training issues, identify stakeholders who will need to be brought onboard, and determine what training issues may arise. Issues that will be to be considered are:

- The number of cases the district has the capacity to serve under the concurrent planning guidelines.
- How these cases will be identified and approved for concurrent planning.
- How "control group" cases will be identified.
- How geographical issues will be addressed – service location, transportation, etc.
- How intensive services will be wrapped around families.
- How resource families will be identified, trained and supported.
- The identification of outcomes to be measured and what data will be collected.
- The length of the "pilot" before data is analyzed.

Discussions will also be held with the Child Welfare Training Institute to include many of the issues cited above as well as preparing for staff and stakeholder training. Ongoing discussions will continue during the pilot so training can occur statewide before statewide implementation.

BCFS has developed a Permanency Decision Tool that provides a structured assessment that is completed soon after a child comes into care to determine a plan for achieving permanency for a child. This assessment is prognostic rather than diagnostic in nature because it helps staff recognize and consider specific factors that are indicators of successful or less likely success for family rehabilitation and reunification. The Permanency Decision Tool helps avoid foster care drift resulting from a sequential approach to obtaining permanency. First, family strengths, and then the challenges are considered in order to determine the permanency goal, permanency plan and child placement type. Use of this tool will help identify those cases that are in need of intensive services as well as the type of child placement and it also will help determine a family's capacity to make the necessary changes within required ASFA time frames.

Concurrent planning policy will be developed by May 2004. The identification of stakeholders from each of the two districts will occur by mid-May 2004. Staff and stakeholders will be educated in May and June. Cases to begin the practice of concurrent planning will begin to be identified by mid-July 2004.

BCFS anticipates the concurrent planning "pilot" to demonstrate the following outcomes:

- Concurrent planning allows children to move through the child welfare system and achieve permanency in less time than Maine's current rates.
- Children have smoother transitions back to birth homes, with fewer foster care reentries, if foster parents are more involved in mentoring birth families.
- Family Team Meetings enable families to better identify their issues and areas in which support is needed.
- The identification of gaps in services provisions.
- Identify areas where stakeholders/service providers can play a larger roll in family rehabilitation/reunification efforts.

Data from the cases identified for the use of concurrent planning and from the control group will be used to make the necessary changes in policy, practice and education before concurrent planning rolls out statewide.

BCFS anticipates that concurrent planning will be implemented statewide by spring 2005. This will include the education of staff and stakeholders in each of the districts on concurrent planning; the use of the differential diagnostic tool and how to effectively case plan for moving children to permanency in shorter time frames.

In addition to the five major new initiatives, the BCFS response to the findings of the CFSR includes several other key components that are essential to the success of its work. Among these are a strengthened relationship between the Bureau and the Courts to improve child welfare services; an enhanced recruitment and retention initiative to increase the array of placement opportunities for children entering care; recruitment and retention efforts to support staff needs; a strategic communication plan to support foster care recruitment, advance internal understanding of the Bureau's mission and practice, provide a more credible and accountable response when crises occur and initiate media contacts to support our communication goals; improvement in the Bureau's website and annual report; and posting of policies on its website.

## VI. PROGRAM IMPROVEMENT PLAN OUTCOMES AND MAINE'S PLANS TO ACHIEVE IMPROVEMENT

**Safety Outcome 1** - Maine did not achieve substantial conformity. **Item 1** was an **Area Needing Improvement** based on the finding that in 58% of the applicable cases, the agency had not initiated a response to a maltreatment report in accordance with required timeframes. The "two phase" response system in place sets different timeframes for assigning cases to be investigated and for actually establishing face-to-face contact with the child.

In response to this finding, the Bureau will rewrite policy to reflect shortened timeframes for initial face-to-face contact with children and families; policy will be shared and discussed with staff to prepare them for implementation of the new time frames; and the Quality Assurance Unit will be responsible for monitoring outcomes and providing feedback.

Following usual procedures, once revisions are made and approved, policy will be sent electronically to all staff. Additionally, a hard copy of policy is always sent to each office. It is the responsibility of each district office to assure that policy is received, reviewed and discussed. The district Program Administrators are responsible for assuring that all supervisors understand the new policy, that supervisors discuss it with caseworkers and that a plan is in place to implement the policy. Program Administrators meet monthly with Central Office administrative staff and routinely go over a number of reports which track district performance on many issues. Adherence to this policy will be one of these. There are also monthly statewide supervisors meetings and new policies as well as policy changes are discussed at these meetings. Each supervisor is expected to meet regularly with their supervisees and policy changes are an agenda item for these meetings.

The Quality Assurance Unit will use the results of the internal reviews completed between February and July to establish a base line. (Please refer to Section V for information on QA and the number/location of reviews each month). Quality Assurance will then be responsible for monitoring implementation of the new policy regarding response time and first face-to-face contact and reporting back to administrative staff at both the district and central office level. (Please see Section V for detail regarding the QA instrument and the flow of information between QA and districts).

This policy change, once implemented, will mean that child abuse and neglect reports are appropriately assigned following revised time frames. By responding more quickly, re-abuse may be avoided and families may be able to start dealing with the crisis that precipitated the report.

Additionally, BCFS will increase the number of safety and child and family assessments to be completed within established timeframes. By shifting the role/responsibility of the Community Intervention Program from doing low to moderate level of risk assessments to focusing on service delivery, BCFS staff will be able to utilize more of their time on completion of assessments. (This is discussed Under Item 4).

Another concern relating to Safety Outcome 1 is the timeliness of response by the Institutional Abuse Unit to reports of maltreatment in foster care. Considerable improvement has been made in terms of reducing the backlog of reports to be assigned and in length of time to assign for investigation and written protocol is now being developed. The new protocol addresses the "respond by" time for face-to-face contact. The clock will start when the report is made and based on level of risk, the time for face to face response will be

immediately, the same day, within 3 days or within 10 days. Policy already defines face-to-face contact for IAU and BCFS.

The protocol for IAU response times will be e-mailed to all staff and discussion of it will be the responsibility of the supervisor. The backlog of cases has been cleaned up and the new protocol does not allow for non-response in the future, which would contribute to a backlog.

**Safety Outcome 2** – Maine did not achieve substantial conformity. **Items 3 and 4** were found to be an **Areas Needing Improvement**.

**Item 3** is an **Area Needing Improvement** based on the determination that the agency had not made diligent efforts to provide the necessary services to maintain children safely in their own homes. To help ensure that children are safely maintained in their homes whenever possible, BCFS has included in the PIP goals: re-aligning/increasing services statewide to better meet the needs of children and families; giving BCFS staff responsibility of doing the initial assessments rather than assigning assessment of the low to moderate level of risk cases to the Community Intervention Program; and using the Statewide Supervisory Initiative as a forum to help supervisors train casework staff on identifying key family issues and matching services offered with family needs.

BCFS will identify existing services statewide, noting areas and populations served, gaps in services and unmet needs as identified by district offices. The Maine Automated Child Welfare Information System can provide a listing of all service providers and their location. District Office staff and recipients of services will be contacted to discuss the appropriateness, timeliness and effectiveness of various services. Reports from provider agencies will give information related to number of Medicaid and non-Medicaid clients served, waiting lists, average length of time services are provided to families and other data related to costs of services.

Once mapping of services is completed and needs identified, discussion can begin with providers to determine the next steps, which may include expansion of a service area, making adjustments in types of services currently being provided, and developing strategies to fund new services in a time of fiscal restraints.

To address the issue of quality of services, reports provided by the Quality Assurance Unit will be utilized as well as information and reports received by the Community Services Center and feed back from recipients of services. The QA unit currently reviews and provides information to the Bureau on programs and services provided by the Community Intervention Programs and the network of Treatment Foster Care Agencies statewide.

The Supervisory Initiative will help BCFS meet its goal related to provision of services to protect children in their own homes through an increased understanding of the relationship between the strengths and needs of the child and family and the services that will best meet those needs and promote family stability and reunification. Work with supervisors will focus on the importance of assessments and Child and Family Services Plans that accurately reflect issues related to harm to a child. The Supervisory Initiative will help supervisors provide the education, guidance and support that caseworkers need to do good assessments and Child and Family Plans and to determine service needs based on those assessments and plans.

BCFS will continue to provide training in Motivational Interviewing and CWTI, along with BCFS will review and revise pre-service training as necessary to enhance caseworker's assessment skills.

**Item 4** is an **Area Needing Improvement** based on the finding that BCFS was not consistently effective in reducing the risk of harm to children. Assuring availability of services is only one part of the equation. Assessments must accurately reflect the strengths and needs of families so that appropriate services can be provided. The Statewide Supervisory Initiative will serve as a forum to help supervisors critically review assessments and child and family plans so that issues are accurately reflected and in turn, give them the ability to train and provide ongoing guidance to casework staff on how to get at key family issues and identify the services and supports needed to help families.

Goals to improve the Bureau's ability to reduce the risk of harm to children include: shifting the focus of the Community Intervention Programs from doing initial low to moderate risk assessments on children and families to service provision based on BCFS assessments; revision of policy related to face-to-face contact between caseworkers and children and families; and greater focus on issues related to risk of harm and the efficacy of services to reduce this risk.

The role and responsibility of the Community Intervention Programs has included conducting risk assessments on families who present with low to moderate risk, in addition to providing services to families assessed by BCFS. In order to more accurately address risk in families, thoroughly trained individuals whose job it is to assess risk – BCFS caseworkers, should do initial assessments. BCFS staff should do initial assessments on all appropriate referrals and then, when able, refer the family to the CIP for needed services, which have been determined by caseworkers based on the risk of harm to the child.

A key concern related to risk of harm was that, while BCFS has established requirements for well-being and safety checks for all children in foster care and for ensuring that children (when appropriate) are interviewed separately during this process, there is still insufficient contact between children and their social workers during the time span between well-being and safety visits.

To address this, policy will be revised to determine how often children and families in opened child protection and reunification cases must receive direct face-to-face services from the assigned caseworker. (Please refer to Safety Outcome 1 discussion for detail concerning dissemination, implementation and QA review of policy changes).

Again, the Supervisory Initiative is key to the success of the Bureau's work in this area. Supervisors will learn to more critically review assessments of child and family needs and to ensure that the services provided to the families and children are addressing these needs. Supervisors will be able to help casework staff improve their skills in the area of assessment, case planning and child and family review and make the links between risk of harm and viable services to address that risk.

Quality and effectiveness of services is key to success with families and this has been addressed earlier in the discussion of availability of services. The Quality Assurance Unit has, as mentioned earlier, developed a new Quality Improvement Review Instrument, which focuses on outcomes. QA staff will be responsible, in future reviews, for assuring that assessments and plans demonstrate efforts to remove the risk of harm to the child through specific interventions and for determining whether the agency provided or arranged for services that targeted the identified risks with the goal of reducing them.

## Permanency

**Permanency Outcome 1** – Maine did not achieve substantial conformity. **Items 6,7,8,9 and 10** were found to be **Areas Needing Improvement**. The key concerns that Maine BCFS has addressed in this PIP are placement stability for children, establishing appropriate permanency goals in a timely manner, and making diligent efforts to achieve children’s permanency goals in a timely manner

**Item 6** is an **Area Needing Improvement** because of the number of cases in which children experienced multiple placement changes that did not promote attainment of the goals or meet their treatment needs and Maine’s failure to meet the national standard for number of placements that children experience. Inadequate matching of children with appropriate resources was seen as a cause of placements that eventually disrupted.

Concurrent Planning, a dual approach to case planning, will be used to move cases through the case flow continuum in a more timely manner and will increase permanency for children in time frames designed to meet their needs. (See Section V of this Plan for a more detailed discussion of Concurrent Planning).

Recruitment of placement resources to provide more placement opportunities for children in their own communities (See Permanency Outcome II, Item II) will also address this finding. Children placed in their own communities and able to maintain important connections are often less apt to experience multiple moves.

BCFS has focused on recruitment and retention of foster/adoptive parents as a critical component in its plans to provide permanency for children. The Adoptive and Foster Families of Maine, Inc. is working on many retention activities including a monthly newsletter, discount cards for foster and adoptive families, mentors for new and veteran foster parents, State Park Passes to families, an annual conference, a workshop family activities, attendance at the NFPA conference, training, lending library, a web site families can access for information regarding AFFM services and numerous other activities and opportunities for families to come together.

BCFS and A Family For ME have developed a strategic plan to expand recruitment efforts through adult education programs, in local school districts throughout the state, in local area businesses, in local communities and in church communities, through use of radio stations, medial collaboration with TV stations, magazines and newspapers as well as state wide Match Parties for children who are ready for adoption and perspective adoptive parents.

Utilization of the Community Intervention Program to support placement through the provision of support services to foster parents, post-adoption services and post-reunification services will be explored with the contracted agencies.

BCFS and the Institutional Abuse Unit have developed draft protocol to address those situations when a child faces possible removal from a foster home. It very clearly outlines the actions to be taken by IAU, BCFS Intake and Caseworker staff, Licensing staff, private agency and Maine Caring Families staff and the foster parents when a report is received. When children must be moved from a home because of potential risk of harm in their placement, there are many things to be considered. If the child has become attached to the foster parents, how will removal impact the child? Will connection be maintained? What will the transition to a new home look like? Like all policy changes, this protocol, once reviewed and approved, will

be distributed to the districts and a plan will need to be made within each district as to how they will assure that staff understand its content and are prepared to implement it.

As discussed under Safety Outcome 2, the Statewide Supervisory Initiative will help supervisors critically review assessments and plans so that issues are accurately reflected and in turn, help them guide and support caseworkers to focus on identifying and providing placements and services designed to meet each child's goal.

Educating stakeholders and staff on the appropriate use of APPLA as a permanency goal and recognizing that long term foster care and independent living are not goals but services is another way to help assure that appropriate goals are established from the outset. (See Item 7)

Maine did not meet the national standard of 86.7 percent or more children who experienced no more than 2 placements in their first 12 months of care. The above initiatives should mean more appropriate placements to match the needs and goals for children in care and with that, fewer moves from one placement to another.

**Item 7** is an **Area Needing Improvement** based on the number of cases in which the agency had not established an appropriate goal for the children a timely manner. Of particular concern was the finding that the goal of reunification often is maintained for a long time even when achieving this goal appears unlikely.

The Bureau will use adoption opportunities grant money in three districts to provide services that focus on placing children ages 9-12 in adoptive homes. And, through Supervisory Initiative Training, focus will be on permanency and the proper use of permanency goals for children.

Supervisory Initiative Training will focus on permanency and proper use of permanency goals for children. Additionally, there will be expanded efforts to work with stakeholders to enhance their understanding of permanency and the importance of recognizing those goals, which promote permanency. Stakeholders include the courts, therapeutic foster care agencies and therapists. While the initial plan is for one meeting with staff and with stakeholders to discuss this, additional meetings can be planned as appropriate. BCFS will work closely with the courts, through the Court Improvement Project, to assure that there is a mutual understanding of permanency for children. There will also be staff training on permanency goals and the use of LTFC and IL as services rather than goals. There will also be CASA and Guardian ad litem training on the appropriate use of APPLA as a permanency goal.

It is important to note that the Maine Court Improvement Projects Strategic Plan for 2004 includes initiatives to improve management of Child Protective cases and assist judges to focus on permanency hearings; provide education to attorneys and Guardians ad litem to help them better understand permanency options, the nature of the permanency hearing and how to prepare for it; assist in developing a subsidized guardianship option in Maine; and conduct enhanced permanency hearings. BCFS and the courts, through the Court Improvement Project will work together to assure that the issues that have impeded timely permanency for children are addressed.

Reunification, Guardianship or Permanent Placement with Relatives was identified as an Area Needing Improvement and it was noted that there is a "lack of sufficient exploration of biological family members who might provide permanency through kinship or guardianship placements." A comprehensive, structured and

effective subsidized guardianship option is being explored and if funding allows, would provide an additional permanency option for children.

Two other statewide initiatives lend focus to timely reunification with families and permanency for children are Family Team Meetings and Concurrent Planning, both of which are discussed in Section V of this plan.

**Item 8** is an **Area Needing Improvement** based on the number of cases in which the agency had not made diligent efforts to attain the goals of reunification or permanent placement with relatives in a timely manner. Additionally, Maine did not meet the national standard for reunifications occurring within 12 months of entry into foster care.

Some of the factors noted which contributed to this finding are a lack of services for parents to help them achieve their goals, the agency's failure to identify and locate absent fathers early on, and the absence of a subsidized guardianship option.

Family Team Meetings will be implemented in appropriate reunification cases to help focus planning on ways to reduce the risk of harm to a child so that that child may be able to safely return home. Family Team Meetings are discussed in Section V.

Absent father identification has been an area in which improvement is needed. BCFS and legal staff will be trained in methods of paternity search and the Supervisor of the Assistant Attorneys General who work with Child Protection cases will continue to reinforce focus on paternity issues.

Maine has increased the number of relative placements for children in its care and custody and efforts will continue. Family Team Meetings will help bring families together and explore possible placement options. Additionally, the Director of the Family Division of the District Courts and the Chief Judge of the District Court will format Court Orders so they contain language specific to the steps taken to explore relative resources.

The implementation of Subsidized Guardianship is another initiative that will impact this finding. (Please refer to Section V for discussion).

The above initiatives, each in their own way, should result in more timely reunifications within 12 months in those cases where reunification is the appropriate goal. Maine did not meet the national standard for timely reunification and will need to improve its performance in this area.

**Item 9** is an **Area Needing Improvement** in terms of length of time to achieve adoption. Maine did not meet the national standard in percentage of finalized adoptions occurring within 24 months of removal from home.

As noted in Item 7, Adoption Opportunities Grant funds will be used to implement services to facilitate adoptive placements.

Responsibility for streamlining adoption paperwork and more timely transitioning of cases from Children's Services to Adoption will be assigned to a special committee which will develop recommendations, present those recommendations to the Senior Management Team for approval and then presented to the adoption

supervisors who will implement changes in their work units. The Program Administrators will be responsible for assuring implementation of changes in their respective districts.

The Concurrent Planning initiative is another approach to achieving permanency through adoption in a timelier manner. (Please refer to Section V)

Additional initiatives which may serve to achieve adoption within 24 months of removal include use of the Adoption Opportunities Grant to implement provision of services in three districts, initially, to facilitate adoptive placements of children ages 9 and above. This will be achieved through BCFS work with Casey Family Services.

Maine will increase the percentage of finalized adoptions occurring within 24 months through the use of Family Team Meetings and will increase adoptive home resources through planned recruitment and retention activities.

Additionally, there will be a review of the current home study process to assure that it does not create unintended obstacles and delays, and there will be practice guidelines established and disseminated to staff which clarify the transition of cases between work units. There has been inconsistency in this area.

As mentioned earlier, BCFS and the courts are working together to establish policy, which will help assure that TPR orders are signed within 60 days. Again, this has been a cause for delay in some cases and the importance of providing clear and consistent expectations is recognized.

An Open Adoption Workgroup will be developed to prepare a position paper on the impact of open adoptions on number of adoptions achieved. This paper will be presented to the legislature at the next full session.

**Item 10** was assigned a rating of **Area Needing Improvement** based on the agency's failure in a number of cases, to ensure that the child was in placement with a family who was committed to long-term care or provide services to help the child transition to independent living.

BCFS will address this finding through the use of the Supervisory Initiative to train supervisors on the urgency around permanency issues for children and the appropriate use of permanency goals. The expectation of the Supervisory Initiative is that supervisors are the key to ensuring that staff is properly trained and given the guidance and supports needed to do their work.

In addition to working with our own staff to recognize the appropriate use of APPLA as a permanency goal and to view long term foster care and independent living, not as permanency goals for children but as services to be provided when appropriate, other stakeholders must be involved in these discussions. A Guardian ad litem and CASA training will focus on the urgency of permanency for children and there will be a statewide meeting with the Chief Judge of the District Court, District Court Judges and other stakeholders to discuss permanency issues. These are single events and BCFS recognizes that more will be needed. The Maine Court Improvement Project has developed their Strategic Plan and this includes ongoing work with the bureau to improve child welfare in Maine. New initiatives include Improvement of Child Protective caseload and assisting judges to focus on permanency hearings, improving judicial competence and skills around permanency options and best practices in conducting permanency hearings.

Additionally, a comprehensive Subsidized Guardianship project is an opportunity to expand the options long-term commitment to children in care. (See Section V)

Recruitment and retention activities include sending satisfaction surveys to foster parents to identify key issues which impact retention, working with AFFM to identify support activities for existing foster homes, working with International Adoption Agency to develop recruitment strategies and augmenting AdoptUsKids National Recruitment Campaign may all contribute to successful placement of children with families who are committed to long-term care.

**Permanency Outcome 2** – Maine did not achieve Substantial Conformity. Items 11,13 14, 15 were found to be areas needing improvement.

**Item 11** is an **Area Needing Improvement** because of the number of cases where BCFS had not made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to the family and community of origin.

Proximity of foster care placement has always had a great deal to do with lack of certain types of resources throughout the state. Maine has a population of 1.3 million spread over a geographic area of 30,862 square miles. Consequently, there have always been areas in the state, which have been difficult to serve.

BCFS is committed to exploring all possible venues for recruiting new resources. Maine is fortunate to have a strong foster/adoptive provider community and there is a shared recognition of the need to maintain children in their own communities. Recruitment activities will be strengthened and efforts at the local level increased.

In addition to ongoing recruitment and retention activities, new recruitment efforts will be designed to address the three greatest needs for community foster home resources in each district of the state.

Each district will form and maintain its own recruitment workgroup in order to keep the focus on key areas of need and the workgroups will enlist assistance from AFFME.

Practice guidelines will be developed for returning children to their own communities consistent with the child's best interests.

**Item 13** is an **Area Needing Improvement** because in a number of applicable cases, the agency had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child. The key issue was one of visitation between siblings.

Visiting with parents and siblings in foster care will be addressed through Family Team Meetings which provide an opportunity for shared input and development of strategies to meet this need; working with the therapeutic foster care agencies to create more opportunities for shared family experiences; and training for foster parents and BCFS staff on the importance of maintaining connections to siblings and birth parents

BCFS will work with therapeutic foster care agencies to plan 2-4 family events. The cost of these will be covered by the recreation funds that the Bureau currently provides to the agencies as part of the cost of each child's placement.

The core-training curriculum for caseworkers and foster parents will be revised to assure that emphasis is placed on the importance of sibling contacts in terms of quality, frequency and number of visits.

Recruitment efforts, which provide more homes in areas of need, should result in more children being placed in their own communities. This will certainly facilitate sibling visitation when they are not placed together.

The Quality Assurance Unit will establish a baseline from its routine review of cases between February and July.

**Item 14** was assigned an overall rating of **Area Needing Improvement** because of the number of cases in which the agency had not made diligent efforts to preserve children's connections.

Family Team Meetings for appropriate reunification cases are one way the Bureau will address preserving family connections. Part of this initiative will be a focus on fostering connections with birth parents. This will be critical not only for caseworkers, but for foster parents as well. Family Team Meetings are not just for the family but also for others who are involved with the family in one capacity or another. These meetings will help bring together those potential resources for a family and help strengthen the sense of community and connectedness.

BCFS wants to strengthen and improve its partnership with the Native American Tribes. While efforts have been made over the years and some gains have been made, it is clear that more can be done. The Bureau will seek and utilize services from the National Resource Center on Indian Child Welfare to review where we are and what can be done to expand on current relationships and further enhance the valuable connections between Native American children and their families.

One concern that came out of the CFSR was that a lack of placement resources in the child's community of origin increased the challenge of preserving connections. It is the Bureau's hope that through expanded recruitment efforts specific to the needs of each district, more placement options will be available to children in or near their communities of origin.

**Item 15** are an **Area Needing Improvement** because of the number of cases in which the agency had not made diligent efforts to locate and assess relatives as potential placement resources.

The Bureau has made real efforts to seek and support relative placements. Continued efforts in this area plus Family Team Meetings, expanding the language in court orders to identify steps taken to explore relative placements and the initiative to offer a subsidized guardianship option are all ways the Bureau will address this finding. (Refer to Section V, Family Team Meetings and Item 8 for more detail)

### **Well-Being Outcome 1**

Maine did not achieve substantial conformity in Well-being Outcome 1 in Item 17, 18, 19 and 20.

**Item 17** is an **Area Needing Improvement** because BCFS did not adequately assess and/or address the service needs of children, parents and foster parents. Of primary concern, services were not provided to children or the services provided were not sufficient to meet their needs.

While accurate assessment of the needs of children and families is a key component of meeting service needs there are two other critical factors. One is the involvement of foster parents in discussion on the child's needs and the other is the availability of effective services.

There will be a concerted effort to involve foster parents in the case planning process. They can play a critical role in helping to inform others as to the child's needs and responses to treatment/services. The Supervisory Initiative will provide focus on the case planning process as well as provide training and practice guidelines regarding inclusion of foster parents in planning and providing services to meet each child's needs.

While fiscal restraints prohibit the development of all the services we would like to offer children and families, there is much we can do with the resources we have. It will be important, after identifying gaps in service, to partner with our provider community to explore ways to realign services.

**Item 18** was found to be an **Area Needing Improvement** based on the determination that BCFS had not made diligent efforts to involve parents and/or children in the case planning process.

The Family Team Meeting initiative represents a more comprehensive approach that will support and improve practice. These strengths based model views parents as partners, are non-directive and favors a team-based approach. In those districts where caseworkers have already participated in some Family Team Meetings, there is excitement about children and families building their own teams and taking a lead in planning.

Quality Assurance will establish a baseline and monitor activity regarding child and/or family involvement in case plans, family plan and family reviews. QA will use information gathered from routine monthly case reviews in each district to establish the baseline.

Parents and, when appropriate, children will sign off on their case plans to indicate that they were involved. The Quality Assurance unit will monitor activity, regarding child and/or family involvement in case planning through its monthly reading of cases in each office.

**Item 19** is an **Area Needing Improvement** based is the determination that social worker visits with children were not of sufficient frequency and/or quality. Of key concern was the finding that contacts were insufficient to address issues pertaining to the child's safety or well-being.

Existing policy will be revisited at Statewide Supervisors and Senior Management meetings to assure understanding of policy. It will then be the responsibility of district management staff to assure caseworker compliance.

CPS policy regarding face-to-face visits with children will be revised presented to Senior Management for approval. It will then be presented to supervisors and implemented in the district offices.

Quality Assurance will monitor frequency of visits through regular monthly record reviews in each district. Quality of visits will be an on-going discussion between caseworkers and supervisors. The Supervisory Initiative will help supervisors work with caseworkers to assure that the focus of visits is on safety as well as how services and activities are related to the case goal and case planning.

**Item 20** is an **Area Needing Improvement** based on the insufficiency of worker visits with parents to monitor the safety and well-being of the child or promote attainment of case goals. A key concern was that in many cases, the contact was brief and did not address issues pertaining to the child's safety, permanency or well-being.

Policy guidelines for parental visits will be clarified and disseminated through statewide meetings to assure that staff understands them.

Again, Family Team Meetings and a strengths-based approach to case planning, service provision and goal attainment will impact this finding, as will the review and revision of pre-service training.

### **Well-being Outcome 3**

Maine did not achieve substantial conformity on Item 23.

**Item 23** is an **Area Needing Improvement** based on the finding the BCFS was not effective in addressing the children's mental health needs. The concerns pertained to both assessments and service provision.

There is a lack of mental health services in some areas of the state and BCFS will take steps to identify those needs and areas and then work with service providers to alleviate the problem through re-alignment of services. (See Item 35)

BCFS will establish a baseline through Quality Assurance reports of the number of child victims of sex abuse who receive timely evaluations and treatment. QA will then continue to monitor this to assure improvement in this area.

BCFS and CWTI will develop training for caseworkers with a specific focus on identifying sexual victimization, family dynamics and the need for treatment.

Through the Statewide Supervisory initiative, staff will be better prepared to develop Child and Family Plans that more accurately reflect issues related to harm to a child. As mentioned elsewhere in this PIP, Quality Assurance will monitor this through its regular monthly activities.

### **Systemic Factors**

Maine did not achieve substantial conformity on items 25, 27, 28, 29, 30, 32, 35, 36, and 38.

**Item 25** is an **Area Needing Improvement** because case reviews and stakeholder interviews indicate that case plans are not routinely developed in collaboration with parents.

This is discussed under Item 18, Goal 1

**Item 27** was found to be an **Area Needing Improvement** because the effectiveness of the permanency hearings is insufficient to promote the timely achievement of permanency for children in foster care.

BCFS will address this finding through training with judges and AAG staff about a child's need for permanency and the importance of the permanency hearing.

The Court Improvement Project's Strategic Plan addresses the role of the Child Protective Advisory Committee of the Courts in relation to the findings of the CFSR and specifically talks about the training for all District Court Judges on permanency options and best practices in conducting permanency hearings.

**Item 28** is an **Area Needing Improvement** based on barriers to the effective operation of the procedures in place to pursue TPR for children in foster care in accordance with ASFA provisions.

BCFS will address this finding in several ways. Please refer to Item 9 for activities related to more timely adoptions.

The BCFS Bureau Director will work with the Child Protective Advisory Committee to ensure that this is fully addressed. The Maine Court Improvement Project's Strategic Plan lists among its planned goals improved scheduling of TPR proceedings, development of reports from the automated information system to track cases and measure court performance, assist court clerks in managing child protection caseloads and assist judges to focus on permanency hearings and improve court forms.

**Item 29** is an **Area Needing Improvement** because the State is not consistent with regard to the notification of foster parents, pre-adoptive parents and relative caregivers regarding reviews or hearings and the courts are not consistent in ensuring opportunities for these caretakers to provide input into the reviews or hearings.

There is procedure in place, which requires notification of child court reviews for foster, pre-adoptive and relative caregivers. District offices will be responsible for assuring that these notifications are sent. The Quality Assurance Unit will monitor compliance through its regularly scheduled monthly reviews and findings will be disseminated following the procedures outlines in Section V discussion of Quality Assurance.

**Item 30** was found to be an **Area Needing Improvement** because of BCFS' inconsistency in responding to maltreatment reports in a timely manner, particularly in responding to reports of maltreatment by foster parents of facility staff.

BCFS will address this finding by working with the district office staff to assure that well-being policy is adhered to. The Quality Assurance Unit will review cases to monitor safety/well-being reviews to assure not only that they are held within timeframes established by policy, but that they specifically address safety issues, the permanency goal for the child and the efficacy of the services being provided to meet that goal.

As mentioned earlier in this PIP, policy will be developed related to timeframes for IAU response to reports of maltreatment.

Draft Protocol has been developed for review and approval by Senior Management, which addresses the action steps to be taken when there is an allegation of abuse of a child in care. The final Protocol will clearly

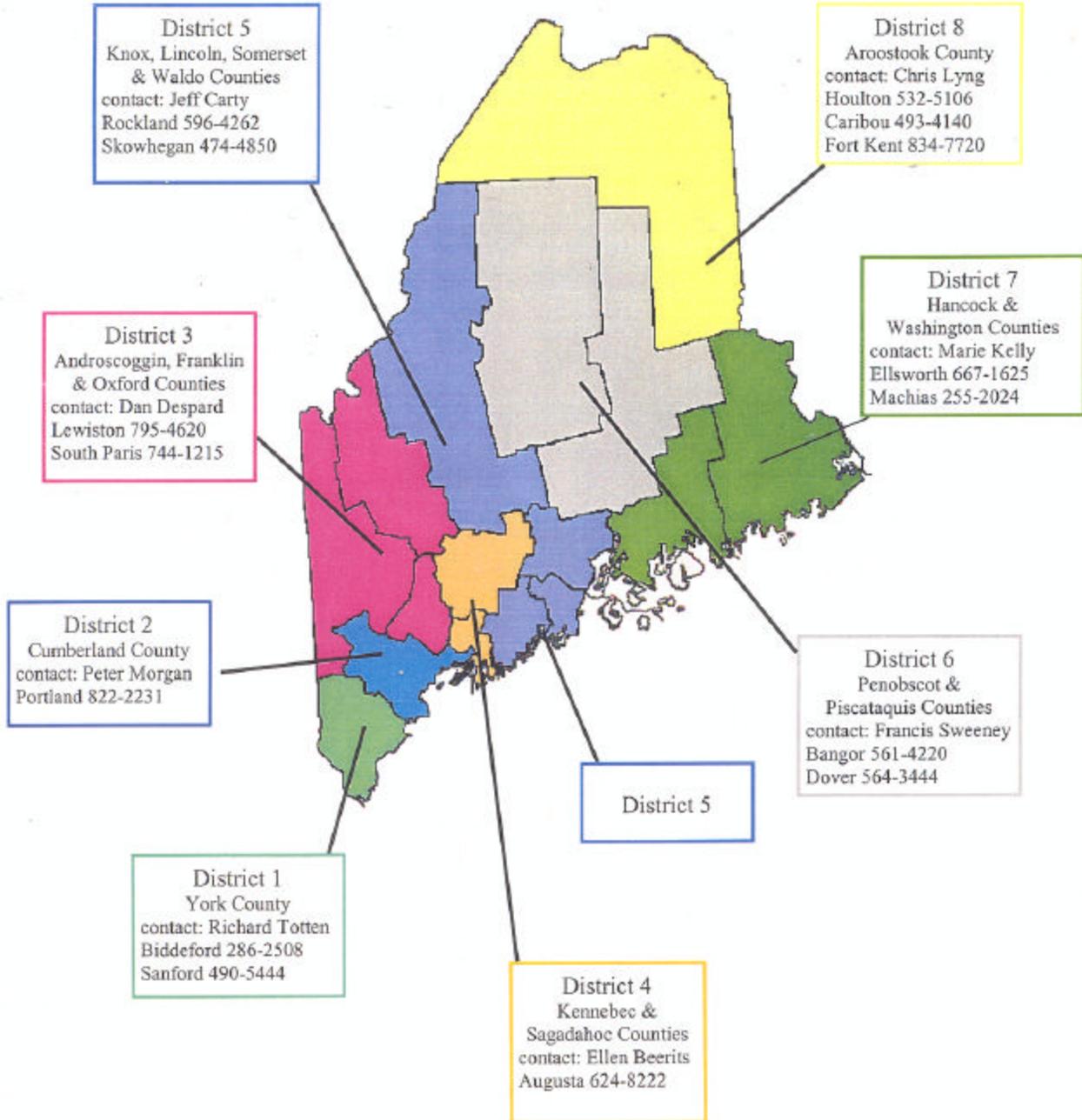
spell out the responsibilities of the Institutional Abuse Unit, BCFS staff, Foster Home Licensing, the Private Agency and Maine Caring Families staff and the foster parent from initial report through final decision. This will help to assure that when a child must be moved, it is done with recognition of the child's needs, relationships and stability.

**Item 35** is an **Area Needing Improvement** because there are services gaps in key areas that affect the achievement of permanency and well being for children.

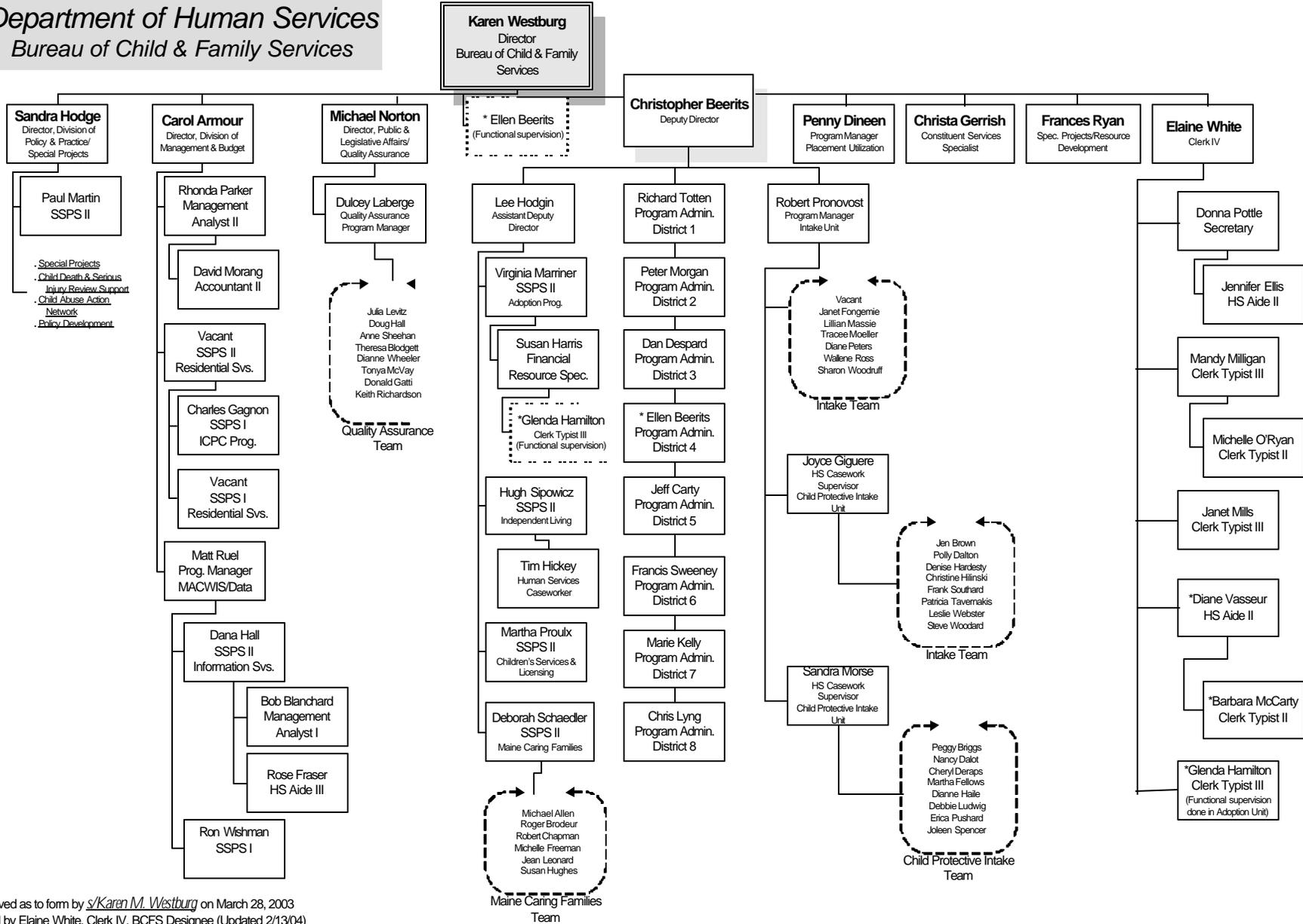
This has been discussed in other sections of this PIP (See Item 3 narrative). Following an assessment of available services statewide and determining areas of need, the Bureau will work with providers to try to fill those gaps. Fiscal restraints will no doubt continue for some time and will prevent development of all the services that might be needed. However, the Bureau, through work with the existing provider community can make improvements.

**Item 36** is an **Area Needing Improvement** because accessibility to services varies by geography and the willingness of health care providers to accept Medicaid.

## Child and Family Services District Offices



# Department of Human Services Bureau of Child & Family Services



Approved as to form by *s/Karen M. Westburg* on March 28, 2003  
Prepared by Elaine White, Clerk IV, BCFS Designee (Updated 2/13/04)

## BCFS Quality Improvement Review

**Date of review:**

Type of Case (CPS or CS/ADO):

Case Name:

MACWIS#:

Child(ren)'s Name/age(s):

**Reviewer:**

Supervisor:

Caseworker:

Office:

SAFETY 1: Children are First and Foremost Protected From Abuse and Neglect.

Substantially Achieved\_\_\_ Partially Achieved\_\_\_ Not Achieved \_\_\_ N/A \_\_\_\_\_

Item 1: Timeliness of initiating investigations of reports of maltreatment

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- **Date of Report:**
- **Assessment Begin Date:**
- **Respond By Date:**
- **Date of First Contact:**
- **Length of time from date of report to the date the report was assigned to the caseworker:**
- **Was the Safety Assessment Assignment Sheet completed:**
- \* **Was the Safety Assessment initiated in accordance with policy timeframes for a report of that priority:**
- \* **Were face-to-face contacts made within policy guidelines and were all critical case members interviewed:**
- **Rating Justification:**

Item 2: Repeat Maltreatment

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- \* **Within a 6-month period after a substantiated report, was there at least one additional substantiated report of abuse or neglect to the child(ren):**
- \* **If there were previous substantiations of abuse or neglect within a 6-month period, did they involve similar allegations and/or involve the same perpetrator:**
- **Number of prior reports; allegations; and disposition of each report:**
- \* **Were there incidents that should have been written as new reports per policy guidelines, but were not:**
- **Number of previous involvements with a CIP agency:**
- **Rating Justification:**

SAFETY 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate.

Substantially Achieved\_\_\_ Partially Achieved\_\_\_ Not Achieved \_\_\_ N/A \_\_\_\_\_

Item 3: Services to family to protect child(ren) in home and prevent removal

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- \* **Was a thorough assessment of needs done for all appropriate family members to protect the child(ren) and prevent removal from the home:**
- \* **Were services to prevent removal initiated timely (within 30 days):**
- \* **Comment on the appropriateness of the services provided to match the needs of the family to reduce the risk of harm:**

- **Comment on barriers to providing services or services that were not available:**
- **Rating Justification:**

Item 4: Risk of Harm to Child(ren)

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- **What length of time was the safety assessment open from report to completion of assessment:**
- \* **Was the Safety Assessment completed within policy guidelines (comment on the quality of the assessment):**
- \* **Was a Safety Plan warranted in the case and completed with the family:**
- \* **Were all critical case members interviewed according to policy guidelines (comment on the quality and completeness of the interviews):**
- **List substantiation(s) of the current assessment:**
- \* **Following the Safety Assessment, was a Child and Family Assessment initiated or was the case transferred to a CIP (if not, should it have been):**
- \* **Was the CFA completed within policy guidelines (comment on the quality and timeliness of the CFA/barriers):**
- \* **Comment on the management of risk of harm to the child(ren) during the intervention:**
- **Were there risk issues that were either not identified or not addressed in the case:**
- \* **Is the Child and Family Plan reviewed quarterly with the family:**
- \* **Does the Child and Family Review reflect issues related to risk of harm to the the child and document consideration of the efficacy of services being used by children and families:**
- **Rating Justification:**

PERMANENCY 1: Children have Permanency and Stability in Their Living Situations.

Substantially Achieved\_\_\_ Partially Achieved\_\_\_ Not Achieved \_\_\_ N/A \_\_\_\_\_

Item 5: Foster care re-entries

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- \* **Previous entries into custody for similar or different reasons:**
- **Rating Justification:**

Item 6: Stability of foster care placement

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- **Total number of foster care placements including type of placement:**
- \* **Number of placement moves within the previous 12 months:**
- **New placement require a change of school district (since 1/99):**
- \* **Were placement changes planned in accordance with the child's needs and permanency goals:**
- **Rating Justification:**

Item 7: Permanency goal for child

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- **Date the child entered DHS custody:**
- **Current Legal Status:**

- **Were court ordered services arranged timely:**
- Parents participating in services: \_\_\_1<sup>st</sup> 6 mo; \_\_\_2<sup>nd</sup> 6 mo; \_\_\_3<sup>rd</sup> 6 mo.
- \* **Is the current permanency goal appropriate for the child:**
- **Date of last JR:**
- \* **Do permanency hearings occur every 12 months (comment on the quality of the review):**
- \* **JR occur within timeframes (barriers):**
- \* **Notification to foster parents of court hearings:**
- **Case meets IV-E requirements: Immediate risk** \_\_\_  
**Reasonable Efforts**\_\_\_  
**Contrary to the Welfare**\_\_\_  
**Foster Home Licensed**\_\_\_
- **Comment on the quality of concurrent planning:**
- \* **If the child has been in foster care 15 of the most recent 22 months, has a petition to terminate parental rights been filed:**
- **Rating Justification:**

Item 8: Reunification, guardianship, or permanent placement with relatives

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- \* Was there a reasonable effort to identify and involve the absent father in a reunification case:
- \* Reasonable efforts to finalize the permanency plan within 12 months of the most recent entry into care has been established in court and with all relevant parties and there is a target date for achieving permanency:
- \* If appropriate, was a Family Team Meeting implemented in reunification cases:
- Comment on the level of engagement by parents in services:
- Comment on legal or other barriers to timely reunification:
- Rating Justification:

Item 9: Adoption

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- **Activities to locate an adoption placement:**
- **What was the length of time from the child's removal to TPR (comment on barriers):**
- **What was the length of time from TPR to an adoptive placement (comment on barriers):**
- \* **Will the child's adoption be finalized within 24 months of the most recent entry into care:**
- **Comment on any delays in achieving adoption goal:**
- **Rating Justification:**

Item 10: Permanency goal of other planned permanent living arrangement

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- \* **Compelling reason(s) for LTFC documented:**
- \* **LTFC Agreement meets policy requirements:**
- \* **Were all other permanency options explored and are they re-explored:**
- **Rating Justification:**

PERMANENCY 2: The Continuity of Family Relationships and Connections is Preserved for Children.  
Substantially Achieved\_\_\_ Partially Achieved\_\_\_ Not Achieved \_\_\_ N/A \_\_\_

Item 11: Proximity of foster care placement

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- Is child placed in the same community of origin\_\_\_ same county \_\_\_ out of county \_\_\_ out of state\_\_\_
- \* If child is placed outside community, is the reason to facilitate goal attainment:
- \* How does the placement support or inhibit the child's case plan goals:
- Rating Justification:

Item 12: Placement with Siblings

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- Identify whether the child has siblings.
- \* If applicable, is the child placed with sibling(s):
- \* If not, comment on the appropriateness of placing these siblings together and/or any efforts/barriers to placing siblings together:
- Rating Justification:

Item 13: Visiting with parents and siblings in foster care

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- \* Visits occur as planned with Parents (barriers):
- \* Visits occur with extended family members (barriers):
- \* Visits occur between siblings (barriers):
- Other contacts (phone, mail, e-mail, etc.) occur between siblings:
- Comment on innovative practices to maintain contact:
- Rating Justification:

Item 14: Preserving connections

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- What are/were the primary connections of the child to his/her community, family, friends, and/or faith:
- \* Are/were primary connections and characteristics of the child being preserved in the foster care placement:
- \* How are/were primary connections addressed in working with the family and child:
- \* Compliance with ICWA:
- Rating Justification:

Item 15: Relative Placement

Strength\_\_\_\_\_ Area Needing Improvement\_\_\_\_\_ Not Applicable\_\_\_\_\_

- \* Was placement explored with maternal and paternal relative resources:
- Was placement made with any relative:
- Comment on barriers to placement with relatives:
- Rating Justification:

**Item 16: Relationship of child in care with parents**

Strength                      Area Needing Improvement                      Not Applicable

- \* Where appropriate are efforts being made to promote a relationship between the child in foster care and the child's parent(s):
  - Is parental participation and decision-making the child's life encouraged:
  - **Comment on innovative practices to maintain relationships:**
  - **Rating Justification:**

**WELL-BEING 1: Families Have Enhanced Capacity to Provide for Their Children's Needs.**

Substantially Achieved\_\_\_ Partially Achieved\_\_\_ Not Achieved \_\_\_ N/A \_\_\_

**Item 17: Needs and services of child, parents, foster parents.**

Strength                      Area Needing Improvement                      Not Applicable

- \* Were the needs of parent(s) assessed and were appropriate services provided:
- \* Were the needs of the foster parents assessed and were appropriate services provided:
- \* Were the needs of the child assessed are were appropriate services provided:
  - Were appropriate evaluations/assessments/records requested and was there a pulling together of all of the information to assist in case planning:
  - Were substance abuse services needed and provided:
  - Were domestic violence services needed and provided:
  - Were there services that were needed but not accessed (comment on barriers):
  - **Rating Justification:**

**Item 18: Child and family involvement in case planning.**

Strength                      Area Needing Improvement                      Not Applicable

- \* Are the child \_\_\_\_, parents \_\_\_\_, other relatives \_\_\_\_, foster parents \_\_\_\_, and other interested parties \_\_\_\_ involved in case planning:
- \* Is the child(ren) and parent(s) involved in the formulation of child case plans, child and family reviews and family plans:
  - \* Did all participating parents and/or developmentally appropriate children sign off of their case plans:
    - Was the family considered for Family Team Meetings (FTM):
    - Did a FTM occur:
    - Who was involved in the FTM:
    - Comment on the appropriateness of and outcome of the FTM:
  - \* Is there documentation of birth parent participation using FTM documentation procedures implemented April 2004:
    - \* **For the child in foster care, was the child's case plan developed within 60 days of entering DHS custody and updated every 6 months:**
      - **Date of last case plan:**
    - \* **Per policy, was a life skills strengths-needs assessment completed within 30 days of the child's 16<sup>th</sup> birthday and is the IL plan reviewed every six months:**
    - \* **Is there documentation of birth parent participation using FTM documentation procedures (implemented April 2004):**
    - **Rating Justification:**

**Item 19: Worker visits with child**

Strength                      Area Needing Improvement                      Not Applicable

- What is the general frequency of worker visits with the child(ren)  
(Weekly \_\_\_ Bi-weekly \_\_\_ Monthly \_\_\_ Less than Monthly \_\_\_)
- \* Does the frequency of face-to-face contact meet the child(ren)'s needs:
- \* What is the quality and substance of visits (focus on issues pertinent to safety, case planning, service delivery, goal attainment):
- \* Is the caseworker meeting policy guidelines for required frequency of placement visits:
- \* For foster care cases, do Well-being/Safety (WB/S) checks meet policy guidelines:
  - Did the most recent WB/S check occur within three months \_\_\_
  - Was the child seen (alone if possible)\_\_\_
  - Were all caregivers interviewed \_\_\_ (if not, who was not interviewed)
  - Was the child's environment observed \_\_\_
  - Are the 4 Safety Questions in MACWIS answered \_\_\_
  - Is there supporting documentation in the narrative log \_\_\_.
- \* For the previous 12 months, do WB/S checks meet policy guidelines (provide dates/comments of ones that do not meet guidelines):
- \* For foster care cases, did caseworker follow policy guidelines for Frequency of Placement Visits and 6 week visits with the child:
- Comment on the quality of the documentation in MACWIS:
- **Rating Justification:**

**Item 20: Worker visits with parent(s)**

Strength                      Area Needing Improvement                      Not Applicable

- What is the general frequency of worker visits with the parent(s).
- \* Does the frequency of contacts meet the needs of the family:
- \* Does the frequency of caseworker face-to-face contacts with parents meet policy requirements (implemented May 2004):
- \* What is the quality and substance of visits (focus on issues pertinent to safety, case planning, service delivery, goal attainment, evaluating progress):
- **Rating Justification:**

**WELL-BEING # 2: Children Receive Appropriate Services to Meet Their Educational Needs.**

Substantially Achieved   Partially Achieved   Not Achieved   N/A

**Item 21: Educational needs of the child.**

Strength                      Area Needing Improvement                      Not Applicable

- \* If relevant to the case, are needs identified and appropriate referrals for services provided timely:
- \* For foster care cases, are educational records in the case file and are MACWIS screens completed:
- **Rating Justification:**

**WELL-BEING # 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs.**  
**Substantially Achieved**            **Partially Achieved**            **Not Achieved**            **N/A**           

**Item 22: Physical health of the child.**

**Strength**                            **Area Needing Improvement**                            **Not Applicable**                           

- \* If relevant to the case, are needs identified and appropriate referrals for services provided timely:
- Are there areas of unmet need and/or barriers:
- \* For foster care cases, are relevant medical records in the case file and are MACWIS screens completed:
- Was information provided to foster care providers:
- \* For foster care cases, was a medical evaluation for the child arranged within policy guidelines and are yearly physicals provided to the child:
- \* For foster care cases are dental visits provided to the child every 6 months:
- **Rating Justification:**

**Item 23: Mental health of the child.**

**Strength**                            **Area Needing Improvement**                            **Not Applicable**                           

- \* If relevant to the case, are needs identified and appropriate referrals for services provided timely:
- Are there areas of unmet need and/or barriers:
- \* For foster care cases, are mental health records in the case file and are MACWIS screens completed:
- \* If applicable, did child victim(s) of sexual abuse receive timely evaluations and treatment within 90 days:
- Was information provided to foster care providers:
- **Rating Justification:**

**Questions/ Issues/ Recommendations:**

**CHILDREN'S BUREAU  
CHILD AND FAMILY SERVICES REVIEWS  
PROGRAM IMPROVEMENT PLAN MATRIX (PIP MATRIX)**

**State: Maine**

**State Contact and Telephone: Carol Armour, Division Director, Budget & Management (207) 287-5064**

**ACF Contact and Telephone: Nancy Pickett (617) 565-2460**

**Date Submitted: July 12, 2004**

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

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment</p>	<p>1. Increase by 5% (from 55% to 60%) all child abuse and neglect reports assigned following revised face-to-face policy timeframes by August 2006.</p>	<p>1.a. . Rewrite policy to reflect shortened timeframes for initial face to face contact with clients.</p> <p>1.c. Revised policy will be discussed and disseminated with intent of implementation at Statewide Supervisory meeting followed by district staff unit meetings.</p>	<p>1.a. Completed revised policy</p> <p>1.c. Statewide Supervisor and Senior Management agenda to review revised policy. Program Administrators will report back to Central Office when district staff meetings are complete.</p>	<p>1.a. Timeframes policy revision by November '04.</p> <p>1.c. Policy dissemination and implementation complete by Oct. 2004</p>	<p>1.a. Chris Beerits or Designee.</p> <p>1.c. Lee Hodgkin</p>

July 12, 2004

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	<p>2. Increase by 5% the number of safety and child and family assessments completed within policy timeframes by August 2006.  <u>Baseline:</u> Safety – 35%          (from 35% to 40%)          Child &amp; Family – 30%          (from 30% to 35%)</p>	<p>2.a. Assessment Policy timeframes will be discussed at a statewide Supervisors meeting followed by district staff unit meetings. Part of the discussion will focus on our different use of the Community Intervention</p>	<p>2. Management data reports</p> <p>2.a. Statewide Supervisor agenda and minutes/ attendance</p> <p>District Supervisor report back that Assessment timeframes were discussed and plans to implement</p>	<p>2. Increase by 2% each Safety and Child and Family Assessments completed within policy timeframes by August 2005</p> <p>Increase by another 3% each of Safety and Child and Family Assessments completed within policy timeframes by August 2006.</p> <p>2.a. Statewide Supervisor meeting agenda item October 2004.</p> <p>Report back from Supervisors about unit agenda and plan to implement by December 2004</p>	<p>2. Dan Despard or designee</p> <p>2.a. Lee Hodgkin</p>
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Item or Systemic Factors Contributing to Area Needing Improvement or Non-Conformity	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
	<p>3. See Item 30 – Step 2 (Timeliness of institutional abuse investigations)</p>	<p>2.a. Agencies and using them to provide services to cases after an assessment as been completed by the Department. This frees up more time for the Department to complete more assessments.</p> <p>3. See Item 30 – Action Step 2</p>	<p>3. See Item 30 – Methods of Measuring 2</p>	<p>3. See Item 30 – Benchmarks 2</p>	<p>3. Jane Drake</p>

**Outcome Safety 2:** *Children are safely maintained in their homes whenever possible and appropriate.*

Item or Systemic Factors Contributing to Area Needing Improvement or Non-Conformity	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 3:</b>  <b>Services to family to protect children in home and prevent removal</b></p>	<p>1. . Increase by 4% from baseline percent the percent of cases considered a strength when providing services to families to prevent removal. Completed by August 2006.</p> <p>Baseline: 70%</p> <p>2. See Item 35</p> <p>3. Assessments will more accurately reflect issues related to harm to a child.</p> <p>Baseline for % of assessments that accurately reflect issues of harm to a child is 69%.</p> <p>4. Child and Family Plans will more accurately reflect issues related to harm to a child.</p> <p>Baseline 46%</p>	<p>2. See Item 35 – Action Steps</p> <p>3.a. Statewide Supervisory Initiative will provide focus and practice in this area.</p> <p>3.b. Improve Casework Staff assessment skills by continuing to provide Motivational Interviewing Training</p> <p>3.c. The Child Welfare Training Institute along with BCFS will review and revise Pre-service Training on doing quality assessments.</p> <p>4.a. Statewide Supervisory initiatives will provide focus and practice in this area.</p> <p>4.b. Improve Casework Staff assessment skills by continuing to provide Motivational Interviewing Training</p>	<p>1. Quality Assurance tool.</p> <p>2. See item 35 – Methods of Measuring</p> <p>3. Quality Assurance Reports</p> <p>3.a. Supervisory initiative training agenda</p> <p>3.b. training agenda and attendance sheets</p> <p>3.c. Committee recommendations and revised Pre-service Training agenda</p> <p>4. Quality Assurance Reports</p> <p>4.a. The Statewide Supervisory Initiative will provide focus and practice in this area.</p> <p>4.b. Training agenda and attendance sheets.</p>	<p>1. Increase by 2% by August 2005</p> <p>Increase by another 2% by August 2006.</p> <p>2. See Item 35 – Benchmarks</p> <p>3. Increase baseline % by 2% by August 2005.</p> <p>Increase by another 3% by August 2006.</p> <p>3.a. Initial phase of Supervisory Initiative complete by October 2004.</p> <p>3.b. 90% of all Casework staff will be trained in Motivational Interviewing by August 2006.</p> <p>3.c. Committee established to revise Pre-service Training on Assessments and recommendations by Dec. 2004.</p> <p>4. Increase baseline by 2% by August 2005.</p> <p>Increase baseline by another 3% by August 2006.</p> <p>4.a. Initial phase of the Supervisory Initiative complete by October 2004.</p> <p>4.b. 90% of all Casework Staff will be trained in Motivational Interviewing by August 2006.</p>	<p>1. Dulcey Laberge</p> <p>2. See item 35 – Person Responsible</p> <p>3. Dulcey Laberge</p> <p>3.a. Chris Beerits or Designee</p> <p>3.b. Gretchen Robbins</p> <p>3.c. Gretchen Robbins</p> <p>4. Dulcey Laberge.</p> <p>4.a. Chris Beerits or Designee</p> <p>4.b. Gretchen Robbins</p>

July 12, 2004

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		4.c. FTM* - new initiative to be trained to all BCFS Staff statewide	4.c. Statewide training plan	4.c. 90% of BCFS staff trained and using this model by August 2006.	4.c. Lee Hodgkin
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***\*Family Team Meetings (FTM) – Structured facilitated meetings which brings families together so that they may create a plan that ensures Child Safety and meets the family’s needs, with the support of their friends, relatives, professionals, and other community resources.***

***- See Program Improvement Plan narrative for additional information regarding Family Team Meetings (FTM)***

Item or Systemic Factors Contributing to Area Needing Improvement or Non-Conformity	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 4:</b> <b>Risk of Harm to a Child</b></p>	<p>1: Increase by 3% from baseline percent the percent of cases considered a strength when considering the risk of harm to children. Completed by August 2005.</p> <p>Baseline 29%</p> <p>3. Community Intervention Programs will increase by 3% each year for the next 2 years the number of families to whom they provide appropriate services that address risk after the Department has completed an assessment with a goal of decreasing the amount of assessments done by CIP.</p> <p><b>Baseline:</b> 604 service cases assigned to the Community Intervention Programs after assessment completed.</p> <p>4. Policies will be written and disseminated to determine how often children and families in opened child protection and reunification cases must receive direct face-to-face services from the assigned caseworker.</p>	<p>2.a. The Child Welfare Training Institute along with BCFS will review and revise Pre-service Training on doing quality assessments.</p> <p>3.a. Contracts with the Community Intervention Programs will be revised to reflect goal and the agencies will be informed of their new contractual expectations.</p> <p>3.b. See Item 1 – Goal 2</p> <p>4. Policies will be developed and disseminated and Program Administrators discuss with district staff and assure district staff will be ready to implement by August 2005.</p>	<p>1. Quality Assurance Reports</p> <p>2.a. Committee recommendations and revised Pre-service Training agenda</p> <p>3. Reports back from the Community Intervention Programs</p> <p>3.a. Meeting to inform Community Intervention Programs of newly revised contractual expectations by June 2004.</p> <p>3.b. Existing monthly management reports.</p> <p>4. Inclusion in the Policy Manual. Program Administrators will report back to Dan Despard, Acting Deputy Director, that staff have been informed and ready to implement policy changes</p>	<p>1. Increase by 3% from baseline percent the percent of cases considered a strength when considering the risk of harm to children. Completed by August 2005.</p> <p>2. a. Committee established to revise Pre-service Training on Assessments and recommendations by Dec. 2004.</p> <p>3. 3% increase in Service cases by August 2005. 3% increase in Service cases by August 2006.</p> <p>3.a. Meeting to inform CIP's of new expectation and going over newly revised contracts by Oct. 2004.</p> <p>3.b. Monthly management reports track progress or lack of progress.</p> <p>4. Workgroup comprised of participants representing all levels of Bureau staff convened by Oct. 2004. - Recommendations made to SMT by February 2005. - Final approval by Bureau Director by May 2005. - Policy finalized, disseminated and implemented by August 2005.</p>	<p>1. Dulcey Laberge</p> <p>2.a. Gretchen Robbins</p> <p>3. Michael Norton</p> <p>3.a. Michael Norton</p> <p>3.b. Dan Despard</p> <p>4. Chris Beerits and Dan Despard</p>

Item or Systemic Factors Contributing to Area Needing Improvement or Non-Conformity	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 4:</b>  <b>Risk of Harm to a Child</b>  <i>(continued)</i></p>	<p>5. Child &amp; Family Reviews will: reflect issues related to risk of harm to the child.                      Baseline is 28% of cases where Child and Family Reviews address risk and the services provided are appropriate.</p> <p>6. Document consideration of the efficacy of services being used by children and families.</p>	<p>5.a. Statewide Supervisory Initiative will provide focus and practice in this area.</p> <p>5.b. Improve Casework Staff assessment skills by continuing to provide Motivational Interviewing Training</p> <p>5.c. The Child Welfare Training Institute along with BCFS will review and revise Pre-service Training on doing quality assessments.</p> <p>6.a. Statewide Supervisory Initiative – supervisors train staff and impact practice through supervision and unit meetings.</p> <p>6.b. Quality Assurance will incorporate the risk of harm focus into their new internal review instrument.</p> <p>6.c. See Item 3, Goal 4, Action Step 4.c.</p>	<p>5. Quality Assurance reports will show improvement over time.</p> <p>5.a. Supervisory initiative training agenda</p> <p>5.b. Training agenda and attendance sheets</p> <p>5.c. Committee recommendations and revised Pre-service Training agenda</p> <p>6. Quality Assurance Reports will show progress over time.</p> <p>6.a. The Statewide Supervisory Initiative will provide focus and practice in this area.</p> <p>6.b. Quality Assurance reports will show progress over time.</p> <p>6.c. See item 3, Goal 4, Method of Measuring 4.c.</p>	<p>5. 2% increase from baseline % by August 2005.                      Another 3% increase by August 2006.</p> <p>5.a. Initial phase of Supervisory Initiative complete by October 2004.</p> <p>5.b. 90% of all Casework staff will be trained in Motivational Interviewing by August 2006.</p> <p>5.c. Committee established to revise Pre-service Training on Assessments and recommendations by Dec. 2004.</p> <p>6. Improvement in this area ongoing till August 2006.</p> <p>6.a. Initial phase of the Supervisory Initiative complete by October 2004.</p> <p>6.b. Review instrument revised by March 2004                      - Benchmark established by June. 2004                      - Review form utilized from Nov. 1, 2004</p> <p>6.c. See item 3, Goal 4, Benchmarks 4.c.</p>	<p>5. Dulcey Laberge</p> <p>5.a. Chris Beerits or Designee</p> <p>5.b. Gretchen Robbins</p> <p>5.c. Gretchen Robbins</p> <p>6. Dulcey Laberge</p> <p>6.a. Chris Beerits or Designee</p> <p>6.b. Dulcey Laberge</p> <p>6.c. Lee Hodgins</p>

**Permanency Outcome 1:** Children have permanency and stability in their living situations.

**Data Indicators** that do not meet National Standards:

Length of time to achieve reunification – increase the state’s percentage from 54.2% to 57.2% by August 2006.

Length of time to achieve adoption – increase the state’s percentage from 11.9% to 14.9% by August 2006.

Stability of foster care placements – increase the state’s percentage from 74.1% to 77.1% by August 2006.

**All data indicator percentage increases will be met by completing the action steps under Permanency Outcome I.**

Item or Systemic Factors Contributing to Area Needing Improvement or Non-Conformity	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 6:</b>  <b>Stability of Foster Care Placement</b></p>	<p>1. Increase by 4% from baseline percent of cases considered a strength when looking at the stability of foster care placements in a case. Completed by August 2006.                      Baseline 81%</p> <p>2. Continue with rolling out Concurrent Planning in two pilot Districts (Lewiston and Bangor) with a future goal of implementing statewide.</p>	<p>2.a. Meet with the Program Administrators in the two pilot Districts. Include Child Welfare Training Institute staff. Purpose of the meeting will be to determine who from the Legal and Provider Community should be informed and involved in the process. Program Administrators will also create a District Plan for roll out. Discussion of how to track outcomes will occur.</p> <p>2.b. Concurrent Planning policy created and presented to Senior Management Team for review and comment. Policy finalized and presented to statewide Supervisors meeting with a plan to discuss the new policy in the Districts.</p> <p>2.c. Training of BCFS staff and stakeholders according to individual Pilot District plans.</p> <p>2.d. Implement Concurrent Practice on individual cases in the pilot districts.</p> <p>2.e. Statewide roll out beginning with District meeting and trainings.</p>	<p>1. Quality Assurance reports</p> <p>2.a. Report back of meeting minutes and District Plans</p> <p>2.b. Created policy and agendas</p> <p>2.c. Curriculum and attendance sheets</p> <p>2.d. Cases listed and tracked</p> <p>2.e. Statewide roll out plan</p>	<p>1. Increase baseline % by 2% by August 2005.                      Increase baseline by another 2% by August 2006.</p> <p>2.a. Meeting will occur by September 2004.</p> <p>2.b. Draft policy created and presented to Senior Management Team for comment by October 2004. Policy finalized and presented to supervisors at a statewide meeting by January 2005.</p> <p>2.c. March 2005</p> <p>2.d. April 2005</p> <p>2.e. by January 2006</p>	<p>1. Dulcey Laberge</p> <p>2.a. Martha Proulx</p> <p>2.b. Martha Proulx</p> <p>2.c. Martha Proulx</p> <p>2.d. Martha Proulx</p> <p>2.e. Martha Proulx</p>

		<p>2.f. Statewide roll out of reviewing cases for all new children entering custody. Appropriateness of concurrent planning model will be determined. Concurrent planning model will be implemented on all appropriate cases.</p>	<p>2.f. cases listed and tracked</p>	<p>2.f. to start statewide roll out process in April 2006.</p>	<p>2.f. Martha Proulx</p>
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Item or Systemic Factors Contributing to Area Needing Improvement or Non-Conformity	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 6:</b> Stability of Foster Care Placement (continued)</p>	3. See Item 11, Goal 1		3. Management data reports.	3. <b>Goal dates</b> Increase by 5% statewide by December 2004 family foster homes in a child's community. Increase by 5% statewide by December 2005 family foster homes in child's own community	3. Martha Proulx
		3.a-e. See Item 11, Goal 1, Action Steps 1a-e.	3.a-e. See Item, Goal 1, Methods of Measuring 1a-e.	3.a-e. See Item 1, Goal 1, Benchmarks 1a-e.	3.a-e. See Item 1, Goal 1, Person Responsible 1a-e.
		3.a. Develop foster care recruitment strategies with the International Adoption Agency, augment AdoptUsKids National Recruitment Campaign, and utilize knowledge gained from Denise Goodman trainings.	3.a. Recruitment Strategies document.	3.a. Recruitment Strategies developed by October 2004.	3.a. Martha Proulx
		3.b. Implement Recruitment Strategies statewide	3.b. Statewide plan report of implementation of recruitment strategies.	3.b. Recruitment Strategies implemented by December 2004	3.b. Martha Proulx
		4. a. AFFM will continue retention and support activities.	4.a. Foster home satisfaction surveys distributed throughout the year will help us to focus on key issues that need to be addressed.	4.a. First round of foster parent satisfaction surveys sent out, received back, and collated to see key issues by October 2004.	4.a. Bette Hoxie and Martha Proulx
		4.b. Explore the use of the Community Intervention Programs to support placement/Foster Parent stability, Post Adoption Services, and Post Reunification Services.	4.b. Report back after exploration	4.b. Report submitted by March 2005.	4.b. Michael Norton
	5. BCFS and the Institutional Abuse Unit will work jointly to establish a protocol when possible removal of a child from a foster home is being considered or implemented. An implementation plan will also be developed and followed by Dec. 2004.				
		5.a. Develop a written protocol to address issues that surround removal	5.a. Establish written protocol.	5.a. Written protocol by August 2004.	5.a. Martha Proulx and Jane Drake

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	of a child from a foster home when appropriate.			
	5.b. 95% of BCFS Caseworkers and Supervisors & all IAU staff trained in protocol statewide.	5.b. Written implementation plan	5.b. 95% of appropriate staff trained in protocol statewide by August 2005.	5.b. Martha Proulx and Jane Drake

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 7:</b> <b>Permanency Goal for Child</b></p>	<p>1. By August of 2006 there will be a 5% increase from the established baseline regarding whether established permanency goals for children is considered a strength.</p> <p>Baseline: 58%</p> <p>2. Convene a guardianship workgroup to explore subsidized guardianship for relatives in Maine and make recommendations for implementation.</p>	<p>1.a. Through the Supervisory Initiative Training, supervisors will be trained on permanency and the proper use of permanency goals for children.</p> <p>1.b. Meet with Stakeholders to increase awareness and train and discuss permanency issues for children. Critical Stakeholders are the courts, therapeutic foster care agencies, and therapists.</p> <p>1.c. Train staff on appropriate use of APPLA. Staff will understand that LTFC and IL are services not goals.</p> <p>1.d. Statewide Guardian ad Litem and CASA training on appropriate use of APPLA as a permanency goal.</p> <p>2. Workgroup established. Philosophy, goals, and committees formed. - Apply for IV-E Waiver. - Work with Cornerstone Consulting Group</p>	<p>1. Quality Assurance tool</p> <p>1.a. Supervisory initiative statewide training agenda</p> <p>1.b. Agenda complete and list of invitees</p> <p>1.c. Training agenda and implementation chart.</p> <p>1.d. Training agenda and participation sheet.</p> <p>2. Completed Subsidized Guardianship Report of recommendations for implementation.</p>	<p>1. Increase the baseline % by 2% by August 2005. Increase baseline by another 3% by August 2006.</p> <p>1.a. 95% of supervisors will be trained on proper use of permanency goals by December 2004.</p> <p>1.b. Meeting/training held with Stakeholders by May 2005.</p> <p>1.c. Training delivered to staff statewide by August 2005.</p> <p>1.d. Training delivered by August 2004.</p> <p>2. Workgroup established by 11/03. - Philosophies, goals and committees formed by 12/03. - Apply for IV-E Waiver by 2/04. - Work with Cornerstone Consulting Group meeting held 1/04.</p>	<p>1. Dulcey Laberge</p> <p>1.a. Chris Beerits or Designee</p> <p>1.b. Gretchen Robbins</p> <p>1.c. Martha Proulx</p> <p>1.d. Wendy Rau</p> <p>2. Virginia Marriner</p>

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 8:</b>  <b>Reunification, guardianship, or permanent placement with relatives.</b></p>	<p>1. There will be increased reasonable effort to identify and/or involve absent Parents in all cases. Increase the baseline 90% by 4% By August 2006</p> <p>2. Safely and responsibly increase relative placements by 5% from a baseline of 517 by August 2006.</p> <p>3. Use results of Service Needs Assessment (under Item 35) to evaluate the accessibility of services statewide to aid in reunification</p> <p>4. See item 6, Goal 4</p>	<p>1.a. Legal and casework staff will be trained in understanding methods of paternity search.</p> <p>1.b. Supervisor of legal staff will continue to reinforce focus on paternity searches.</p> <p>2.a. See item 3, Goal 4, Action Step 4.c.</p> <p>2.b. Wendy Rau will work with Chief Judge to format Court Orders so that they contain language to identify steps taken to explore relative resources.</p> <p>2.c. Implement subsidized guardianship for relatives and fictive kin if waiver funds become available with a goal to apply for IV-E waiver to subsidize guardianship.</p> <p>3. See item 35 Action Steps</p> <p>4. See item 6, Goal 4, Action Step 4.b.</p>	<p>1. Quality Assurance reports</p> <p>1.a. Quality Assurance Reports.</p> <p>1.b. Quality Assurance Reports.</p> <p>2. Monthly Management Data Reports.</p> <p>2.a. See item 3, Goal 4, Method of Measuring 4.c.</p> <p>2.b. Court orders will contain language to identify steps taken to explore relative resources.</p> <p>2.c. Guardianship Committee will convene to set guidelines for implementation.</p> <p>3. See item 35 Method of Measuring</p> <p>4. See item 6, Goal 4, Method of Measuring 4.b.</p>	<p>1. Increase baseline by 2% by August 2005.                  Increase by another 2% by August 2006.</p> <p>1.a. Legal casework staff trained by AAG's Office by December 2004.</p> <p>1.b. Through supervision with AAG's, reinforce importance of paternity searches, especially early in case - throughout 2004.</p> <p>2. Increase relative placements by 2% by August 2005. Increase by another 3% by August 2006.</p> <p>2.a. See item 3, Goal 4, Benchmarks 4.c.</p> <p>2.b. Court orders contain language-identifying steps to identify and explore relative resources by December 2004.</p> <p>2.c. Guidelines completed by June 2005.</p> <p>3. See item 35 Benchmarks.</p> <p>4. See item 6, Goal 4, Benchmarks 4.b.</p>	<p>1. Dulcey Laberge</p> <p>1.a. David Hathaway</p> <p>1.b. Matt Pollack or Designee</p> <p>2. Dan Despard or Designee</p> <p>2.a. Lee Hodgkin</p> <p>2.b. Wendy Rau</p> <p>2.c. Virginia Marriner</p> <p>3. See item 35 Person Responsible</p> <p>4. Michael Norton</p>

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 9: Adoption</b></p>	<p>1. Maine BCFS will increase adoptive placements of children who are age 9 and above by 5% by August 2006. <u>Baseline:</u> 137 Adoptive placements of children age 9+ in 2003.</p> <p>2. Practice memo will be developed to improve transition of adoption cases between units by December 2004.</p> <p>3. 40% of TPR orders will be signed within 60 days of the close of a TPR hearing.</p> <p>4. Open Adoption Workgroup will produce a position paper on the potential impact of open adoptions on the total number of adoptions achieved for presentation to the legislature.</p>	<p>1.a. Using the Adoption Opportunities Grant, services will be implemented in Districts 1, 2 and 6 to facilitate Adoptive Placements of Children ages 9 and above.</p> <p>2. Practice memo developed and implemented through dissemination at statewide supervisor meetings as well as Senior Management meeting. The Practice Memo will be discussed at district unit meetings. Program Administrators will report back to Central Office that this has been done and a plan to implement in their Districts.</p> <p>3. District Court will develop a policy that TPR orders be signed within 60 days of the close of a TPR hearing.</p> <p>4. Workgroup developed and completes position paper to give to legislature.</p>	<p>1. Management data reports</p> <p>1.a. Children identified and receiving services from Casey Family Services.</p> <p>2. Developed practice memo. Program Administrators report back with plan for implementation in their Districts.</p> <p>3. Tracking of signed TPR Orders will be done through Court Records</p> <p>4. Completed position paper.</p>	<p>1. Increase by 2% adoptive placements by August 2005. Increase by an additional 3% by August of 2006.</p> <p>1.a. Children identified and services implemented by October of 2004.</p> <p>2. Practice memo developed and disseminated by Dec 2004</p> <p>Presented to Senior Management for discussion by February 2005. .</p> <p>Practice Memo presented at a Statewide Supervisory meeting by April 2005</p> <p>Memo discussed in District unit meetings with a report back to Central Office with implementation plan by August 2005.</p> <p>3. Developed policy by December 2004. -40% of TPR orders will be signed within 60 days by December 2005.</p> <p>4. – Workgroup developed by January 2005. - Position paper developed and submitted to Legislature by Jan. 2006.</p>	<p>1. Virginia Marriner</p> <p>1.a. Virginia Marriner</p> <p>2. Martha Proulx, Virginia Marriner,</p> <p>Dan Despard</p> <p>Lee Hodgjin</p> <p>Dan Despard</p> <p>3. Wendy Rau</p> <p>4. Virginia Marriner</p>

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 9: Adoption (continued)</b></p>	<p>6. Adoption paperwork reviewed to identify areas of possible reduction in the amount of paperwork by established committee.</p> <p>7. See Item 6, Goal 2</p> <p>8. See item 6, Goal 4</p> <p>9. Review and revise Pre-service to enhance BCFS Staff knowledge of adoption issues.</p> <p>10. Adoption Specialist will meet with Probate Court Judges Statewide to discuss ways to address delays in Adoption finalizations.</p>	<p>6.a. Establish Committee to review adoption paperwork.</p> <p>6.b. Recommendations of Committee presented to SMT</p> <p>6.c Implement agreed upon recommendations by SMT members bringing back to adoption supervisors to implement.</p> <p>7. See item 6, Goal 2 Action Steps</p> <p>8. See item 6, Goal 4, Action Step 4.b.</p> <p>9. Committee recommendations and revised Pre-service Training agenda</p> <p>10. Schedule and meet with Probate Court Judges statewide</p>	<p>6.a. Committee established.</p> <p>6.b. Completed recommendations</p> <p>6.c. SMT minutes for agreed upon recommendations.</p> <p>7. See item 6, Goal 2 Method of Measuring</p> <p>8. See item 6, Goal 4, Method of Measuring 4.b.</p> <p>9. Committee recommendations and revised Pre-service Training agenda</p> <p>10. Notes and a report back on the effectiveness of the meetings.</p>	<p>6.a. Committee established by September 2004.</p> <p>6.b. Completed recommendations to SMT by December 2004.</p> <p>6.c. Implemented in Districts by March 2005.</p> <p>7. See item 6, Goal 2 Benchmarks</p> <p>8. See item 6, Goal 4, Benchmarks 4.b.</p> <p>9. Committee established to revise Pre-service Training on Assessments and recommendations by Dec. 2004.</p> <p>10. Meetings complete and report back by November 2004.</p>	<p>6.a. Virginia Marriner</p> <p>6.b. Virginia Marriner</p> <p>6.c. Dan Despard</p> <p>7. See item 6, Goal 2 Person's Responsible</p> <p>8. Mike Norton</p> <p>9. Gretchen Robbins</p> <p>10. Virginia Marriner</p>
<p><b>Item 10: Permanency goal of other planned permanent living arrangement.</b></p>	<p>1. Increase by 5% from baseline percent the percent of cases considered to be a strength when considering Other Planned Permanency Living Arrangement as a goal. Completed by August 2006.</p> <p>Baseline 40%</p>	<p>1.a. Through the Supervisory Initiative Training, supervisors will be trained in permanency and the proper use of permanency goals for children.</p> <p>1.b. See item 7, Goal 2, Action Step 2.b.</p> <p>1.c. Train staff on appropriate use of APPLA. Staff will understand that LTFC and IL are services not goals.</p>	<p>1. Quality Assurance reports</p> <p>1.a. Supervisory initiative statewide training agenda</p> <p>1.b. See item 7, Goal 2, Method of Measuring 2.b.</p> <p>1.c. Training agenda and implementation chart.</p>	<p>1. Increase baseline by 2% by August 2005. Increase baseline by another 3% by August 2006.</p> <p>1.a. 95% of supervisors will be trained in proper use of permanency goals by December 2004.</p> <p>1.b. See item 7, Goal 2, Benchmarks 2.b.</p> <p>1.c. Training delivered to staff statewide by June 2005.</p>	<p>1. Dulcey Laberge</p> <p>1.a. Sandra Hodge</p> <p>1.b. Gretchen Robbins</p> <p>1.c. Martha Proulx</p>

		<p>1.d. Statewide Guardian ad Litem and CASA training on appropriate use of APPLA as a permanency goal.</p> <p>1.e. Subsidized Guardianship, see Item 8, Action Steps 2.c.</p>	<p>1.d. Training agenda and participation sheet.</p> <p>1.e. See item 8, Method of Measuring 2.c.</p>	<p>1.d. Training completed by August 2004.</p> <p>1.e. See item 8, Benchmarks 2.c.</p>	<p>1.d. Wendy Rau</p> <p>1.e. Virginia Marriner</p>
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**Outcome Permanency II: The continuity of family relationships and connections is preserved for children.**

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 11: Proximity of foster care placement.</b></p>	<p>1. Increase by 5% from a statewide baseline of 60% the percentage of children placed within their own districts/communities by August 2006.</p>	<p>1.a. Identify the 3 largest needs for community foster home placements within each district and target for recruitment.</p> <p>1.b. Completion of Denise Goodman recruitment and retention training by each district.</p> <p>1.c. Develop and implement recruitment strategies for 3 identified communities.</p> <p>1.d. Each District will create/maintain a foster home recruitment/support workgroup, which will enlist targeted recruitment assistance from AFFME.</p> <p>1.e. Create practice guidelines for returning children to communities they come from after placement outside, consistent with the child's best interests.</p>	<p>1. Quarterly management report – provides statewide data on the percentage of children placed in their own district.</p> <p>1.a. Completed foster home needs assessment.</p> <p>1.b. Agenda and participant sheet.</p> <p>1.c. Developed recruitment strategies.</p> <p>1.d. Developed foster home recruitment/ support workgroup.</p> <p>1.e. Practice guidelines created.</p>	<p>1. 2% increase by August 2005 Another 3% increase by August 2006.</p> <p>1.a. 3 largest needs communities identified for targeted foster home recruitment by November 2004.</p> <p>1.b. Completed training statewide by November 2005.</p> <p>1.c. Recruitment strategies developed and implemented by October 2004.</p> <p>1.d. Workgroups convened and enlist assistance from AFFME by March 2005.</p> <p>1.e. Practice guidelines created by August 2005.</p>	<p>1. Dan Despard or Designee</p> <p>1.a. Dan Despard and Martha Proulx</p> <p>1.b. Martha Proulx</p> <p>1.c. Martha Proulx</p> <p>1.d. Martha Proulx</p> <p>1.e. Dan Despard or designee</p>

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 13:</b>  <b>Visiting with parents and siblings in foster care</b></p>	<p>1. Increase by 4% from baseline percent the percent of cases considered a strength regarding child visits with parents by August 2006.                      Baseline 85%</p> <p>2. There will be an increase in the amount of visits children have with their parents. Baseline is 73% of cases with visits between children and parents.</p> <p>3. There will be an increase in the amount of visits siblings have.                      Baseline 65% of cases with sibling visits.</p>	<p>2.a. Implement Family Team Meetings (See Item 3, Goal 4, Action Step 4.c.                      2.b. Staff will document FTM's noting birth parent participation through new documentation procedures, when appropriate                      2.c. Increase and deliver training to foster parents and staff on fostering connections with birth families through core training delivered by CWTI.</p> <p>3.a. Work with therapeutic foster care agencies to plan 2-4 family events a year using their surplus recreation funds. The agencies will be required to submit an events plan by Jan. 2005.                      3.b. Increase education on the importance of sibling contacts for foster parents and caseworkers using core curriculum through CWTI. See item 13, Goal 2, Action Step 2.c.</p>	<p>1. Quality Assurance report</p> <p>2. Quality Assurance Reports</p> <p>2.a. See Item 3, Goal 4, Method of Measuring 4.c.                      2.b. Quality Assurance Reports.</p> <p>2.c. CWTI training outline and attendance.</p> <p>3. Quality Assurance Reports</p> <p>3.a. Reports from agencies discussing events conducted.</p> <p>3.b. See item 13, Goal 2, Method of Measuring 2.c.</p>	<p>1. Increase baseline by 2% by August 2005.                      Increase another 2% by August 2006.</p> <p>2. Increase visits by 2% by August 2005.                      Increase by another 3% by August 2006.</p> <p>2.a. See Item 3, Goal 4, Benchmarks 4.c.                      2.b. FTM documentation procedures implemented by November 2004.</p> <p>2.c. Core foster parent and staff training on fostering connections with birth families offered and trained by August 2005.</p> <p>3. Increase sibling visits 2% by August 2005 and increase visits by another 3% by August 2006.</p> <p>3.a. Events plan submitted by January 2005. Reports submitted by agencies about events conducted should have completed 2-4 events by March 2006.</p> <p>3.b. See item 13, Goal 2, Benchmark 2.c.</p>	<p>1. Dulcey Laberge</p> <p>2. Dulcey Laberge</p> <p>2.a. Lee Hodgkin                      2.b. Lee Hodgkin</p> <p>2.c. Gretchen Robbins and Leslie Rozeff</p> <p>3. Dan Despard or Designee</p> <p>3.a. Dean Bailey</p> <p>3.b. Gretchen Robbins and Leslie Rozeff</p>
<p><b>Item 14:</b>  <b>Preserving Connections</b></p>	<p>1. Place more children in foster homes closer to their communities of origin.                      Increase by 5% by August 2006 from baseline of 48%</p>	<p>1.a. FTM's See item 3, Goal 4, Action Step 4.c.                      1.b. BCFS will seek and utilize services from the NRC on Indian Child Welfare to review our partnership with</p>	<p>1. Quality Assurance reports</p> <p>1.a. See item 3, Goal 4, Method of Measuring 4.c.                      1.b. Final review of Maine BCFS and partnership with Native American Tribes.</p>	<p>1. 2% increase by August 2005                      Another 3% increase by August 2006.</p> <p>1.a. See item 3, Goal 4, Benchmark 4.c.                      1.b. Review results by August 2005.</p>	<p>1. Dulcey Laberge</p> <p>1.a. Lee Hodgkin                      1.b. Chris Beerits or Designee</p>

		<p>the Native American Tribes.</p> <p>1.c. See Item 11, Goal 1, Action Steps 1.a.- 1.e.</p>	<p>1.c. See item 11, Goal 1, Method of Measuring 1.a. – 1.e.</p>	<p>1.c. See item 11, Goal 1, Benchmarks 1.a. – 1.e.</p>	<p>1.c. See item 11, Goal 1, Person's Responsible 1.a. – 1.e.</p>
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**Outcome Well-Being 1: Families have enhanced capacity to provide for their children's needs.**

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 15:</b> <b>Relative Placements</b></p> <p>2. See item 8, Goal 2</p>	<p>1. Increase by 4% from baseline percent the percent of cases considered a strength regarding relative placements. Baseline 76%</p> <p>2. See item 8, Goal 2, Action steps 2.a., 2.b., and 2.c.</p>	<p>2. See item 8, Goal 2, Method of Measuring 2.a., 2.b., and 2.c.</p>	<p>1. Quality Assurance reports</p> <p>2. See item 8, Goal 2, Benchmarks 2.a., 2.b., and 2.c.</p>	<p>1. Increase baseline by 2% by August 2005. Increase by another 2% by August 2006.</p> <p>2. See item 8, Goal 2, Persons Responsible 2.a., 2.b., and 2.c.</p>	<p>1. Dulcey Laberge</p>
<p><b>Item 17:</b> <b>Needs and services of child, parents, foster parents</b></p>	<p>1. The needs and services of child, parents, and foster parents rated as a strength in cases. Baseline: 61%</p> <p>2. Improve Access to needed services statewide</p> <p>3. To more accurately and comprehensively assess the service needs of, and provide timely services to children, parents and foster parents.</p> <p>4. Increase by 10% by August 2006 the number of foster parents included in child's case planning process.</p>	<p>2. See Item 35 – Action Steps 1 and 2.</p> <p>3. See Item 3, Goal 4, Action Step 4.c.</p> <p>3.a. See Item 3, Goal 3, Action Steps 3.a.-3.c.</p> <p>4.a. Establish a baseline through Quality Assurance reviews of sample statewide cases.</p> <p>4.b. Documentation procedure for caseworkers to show foster parent inclusion created and implemented.</p> <p>4.c. Create policy to show that foster parent involvement in child case planning is mandatory if at all possible.</p>	<p>1. Quality Assurance reports</p> <p>2. See all Methods of Measuring for Item 35.</p> <p>3. See item 3, Goal 4, Method of Measuring 4.c.</p> <p>3.a. See item 3, Goal 3, Method of Measuring 3.a.-3.c.</p> <p>4. Quality Assurance reports.</p> <p>4.a. Baseline created.</p> <p>4.b. Documentation procedure</p> <p>4.c. Created policy</p>	<p>1 Increase by 2% from the baseline by August, 2005. Increase by another 3% by August 2006.</p> <p>2. See all of Item 35 Benchmark dates.</p> <p>3. See Item 3, Goal 4, Benchmarks 4.c.</p> <p>3.a. See Item 3, Goal 3, Benchmarks 3.a.-3.c.</p> <p>4. 4% increase in foster parent participation in child case planning by August 2005.  Another 6% increase by August 2006.</p> <p>4.a. Review of sample cases and baseline created by June 2004.</p> <p>4.b. Documentation procedure established and implemented by Nov 2004.</p> <p>4.c. Created policy by Nov. 2004</p>	<p>1. Dulcey Laberge</p> <p>2. Carol Armour or Designee</p> <p>3. Lee Hodgkin</p> <p>3.a. See Item 3, Goal 3, Person Responsible 3.a.-3.c.</p> <p>4. Dan Despard or Designee and Dulcey Laberge</p> <p>4.a. Dulcey Laberge</p> <p>4.b. Lee Hodgkin</p> <p>4.c. Chris Beerits or Designee</p>

		4.d. Inform Program Administrators of new policy and have them disseminate & implement in own districts.	4.d. Senior Management Team Minutes	4.d. Inform Program Administrators by Dec. 2004 and have implemented in districts.	4.d. Dan Despard
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Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 18:</b>  <b>Child and Family involvement in case planning.</b></p>	<p>1. Increase by 10% the participation of parents and/or children in the formulation of child case plans, child and family reviews and family plans from an established baseline. Baseline is 30 %</p>	<p>1.a. See item 3, Goal 4, Action Step 4.c.                      1.b. All participating parents and/or developmentally appropriate children will be required to sign off on their case plans.                      1.c. Add signature lines to case plans and document if the child can't sign. Inform Supervisors at Statewide Supervisor meetings of plan to add child participation line or documentation in narrative. Supervisors will be required to implement in districts</p>	<p>1. Quality Assurance reports.                       1.a. See Item 3, Goal 4, Method of Measuring 4.c.                      1.b. Quality Assurance reports.                       1.c. Case plan with signature line. Statewide Supervisor agenda. Supervisors will need to report back to Lee Hodgjin after implementation in districts</p>	<p>1. Increase by 4% parent and child participation by August 2005.                       Increase by another 6% by August 2006.                       1.a. See Item 3, goal 4, Benchmark 4.c.                      1.b. Parents and/or children will sign off on plans starting November 2004 after established baseline.                       1.c. Case plan with signature line complete by November 2004. Presented at Statewide Supervisor meeting by January 2005. Completely implemented in District with report back to Lee Hodgjin by March 2005.</p>	<p>1. Dan Despard or Designee and Dulcey Laberge                       1.a. Lee Hodgjin                       1.b. Dan Despard or Designee                       1.c. Lee Hodgjin</p>
<p><b>Item 19:</b>  <b>Worker Visits with Child</b></p>	<p>1. Increase by 5% and enhance caseworker face-to-face contacts with children in home and/or foster/pre-adoptive placements to expedite permanency goals. Caseworker will follow policy guidelines of visiting with children. <b>Baseline: 38%</b></p> <p>2. Revise CPS policy to establish guidelines regarding face-to-face visits with children in CPS service cases.</p>	<p>1.a. Established policy will be revisited at Statewide Supervisor meeting and Senior Management meeting to assure understanding of policy. Supervisors will ensure implementation with caseworkers in districts through ongoing supervision and unit meetings.                       2.a. Revise CPS service case policy regarding guidelines for face-to-face contact with children.                       2.b. Present policy for input from Senior Management team. Revise using input.</p>	<p>1. Quality Assurance reports.                       1.a. Agenda and Senior Management meeting minutes, Agenda and Statewide Supervisors meeting minutes.                       2.a. New revised CPS policy regarding face-to-face contact with children in CPS service cases.                       2.b. Senior Management Team agenda and minutes.</p>	<p>1. Increase the caseworker face to face contact with children by 2% by August 2005 and by another 3% by August 2006.                       1.a. Policy revisited and implemented by March 2005.                       2.a. Completed policy January 2005.                       2.b. March 2005.</p>	<p>1. Dan Despard or Designee an Dulcey Laberge                       1.a. Dan Despard and Lee Hodgjin                       2.a. Chris Beerits or designee                       2.b. Chris Beerits or designee</p>

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		2.c. Present newly revised policy to Supervisors at a Statewide Supervisor meeting. Supervisors will implement in Districts through unit meetings and then ongoing supervision.	2.c. Supervisor meeting agenda. Supervisors will report back to Lee Hodgkin when their caseworkers are informed of implementation	2.c. Supervisor meeting and caseworkers informed by May 2005.	2.c. Lee Hodgkin
	3. See item 3, Goal 3	3. See item 3, Goal 3, Action Step 3.c.	3. See item 3, Goal 3, Method of Measuring 3.c.	3. See item 3, Goal 3, Benchmark 3.c.	3. Gretchen Robbins

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 20:</b>  <b>Worker Visits with Parents</b></p>	<p>1. Increase and enhance caseworker face-to-face contacts with parents.</p> <p>2. See item 3, Goal 3</p>	<p>1.a. Clarify policy guidelines for parental visits in cases where child is still in parental custody and in cases where children are in states custody.</p> <p>1.b. Implement clarified parental visit policy by disseminating new policy at SMT and Statewide Supervisor meetings.</p> <p>1.c. See Item 3, Goal 4, Action Step 4.c.</p> <p>2. See item 3, Goal 3, Action Step 3.c.</p>	<p>1.a. Completed clarified policy.</p> <p>1.b. SMT and Statewide Supervisor meeting Agendas</p> <p>1.c. See Item 3, Goal 4, Method of Measuring 4.c.</p> <p>2. See item 3, Goal 3, Method of Measuring 3.c.</p>	<p>1.a. Policy clarified by May 2004</p> <p>1.b. Policy implementation by presenting to SMT and Supervisors completed by August 2004</p> <p>1.c. See Item 3, Goal 4, Benchmark 4.c.</p> <p>2. See item 3, Goal 3, Benchmark 3.c.</p>	<p>1.a. Chris Beerits or designee</p> <p>1.b. Dan Despard or Designee</p> <p>1.c. Lee Hodgkin</p> <p>2. Gretchen Robbins</p>

**Outcome Well-Being 3: Children receive adequate services to meet their physical and mental health needs.**

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 23:</b> <b>Mental Health of the child</b></p>	<p>1. See Goal on Item 35.</p> <p>2. Increase the percentage of child victims of sex abuse who receive timely evaluations and treatment by 5% by August 2006. <b>Baseline: 15%</b></p> <p>3. Child and Family Plans will more accurately reflect issues related to harm to a child.</p> <p>4. Continue piloting the Child Abuse and Neglect Evaluators Project (CANEP) with a goal to go Statewide. The program has been operating in Lewiston and Ellsworth.</p>	<p>1. See Item 35 Action Steps 1, 2, 3 and 4</p> <p>2.a. Develop training for caseworkers that focuses on identifying sexual victimization, family dynamics and need for treatment.</p> <p>3. Statewide Supervisory initiatives will provide focus and practice in this area.</p> <p><b>4. Statewide rollout to occur within 18-24 months</b></p>	<p>1. See Item 35 Method of Measuring.</p> <p>2. Quality Assurance reports</p> <p>2.a. Establish training agenda and caseworker participation sheet.</p> <p>3. Quality Assurance Reports.</p> <p>4. Expansion plan and report of progress from Phyllis Merriam who is the CANEP coordinator.</p>	<p>1. See Benchmark dates on Item 35</p> <p>2. Increase by 2% by August 2005. Increase by another 3% by August 2006.</p> <p>2.a. Delivered by CWTI to all caseworkers by August 2005.</p> <p>3. Initial phase of the Supervisory Initiative complete by October 2004.</p> <p>4. First report from project coordinator due Nov. 2004. Second progress report due August 2005. Third progress report due August 2006.</p>	<p>1. Carol Armour or Designee</p> <p>2. Dulcey Laberge</p> <p>2.a. Gretchen Robbins</p> <p>3. Sandra Hodge and Dulcey Laberge</p> <p>4. Wendy Rau</p>

**Systemic Factor 2: Case Review System**

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 25:</b>  <b>Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parents that includes the required provisions.</b></p>	<p>1. See Item 18, Goal 1.</p>	<p>1. See Item 18, Action Steps 1a, 1b, 1c, and 1.d..</p>	<p>1. Quality Assurance reviews of randomly selected cases.</p>	<p>1. See Item 18, Benchmarks 1a., 1b., 1.c., and 1.d.</p>	<p>1. See Item 18, Person Responsible 1, 1a, 1b,1.c., and 1.d.</p>
<p><b>Item 27:</b>  <b>Provides a process that ensures 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.</b></p>	<p>1. 95% of children in foster care will have had a permanency hearing or Administratively reviewed no later than 12 months after entering foster care and no less frequently than every 12 months thereafter by December 2005.</p>	<p>1.a. Judges and AAG staff will be provided training regarding permanency options and best practice in conducting permanency hearings.</p> <p>1.b. See item 7, Goal 2, Action Step 2.b.</p>	<p>1. Management Data reports.</p> <p>1.a. Agenda and attendance sheets.</p> <p>1.b. See item 7, Goal 2, Method for Measuring 2.b.</p>	<p>1. 95% of children in foster care will have had a permanency hearing or Administratively reviewed no later than 12 months after entering foster care and no less frequently than every 12 months thereafter by December 2005.</p> <p>1.a. Judges and AAG staff trained by June 2005.</p> <p>1.b. See item 7, Goal 2, Benchmark 2.</p>	<p>1. Wendy Rau and David Hathaway</p> <p>1.a. David Hathaway and Wendy Rau</p> <p>1.b. Gretchen Robbins</p>
<p><b>Item 28:</b>  <b>Provides a process for termination of parental rights proceedings in accordance with the provisions of Adoption and Safe Families Act.</b></p>	<p>1. See Item 9, Goals 1.</p> <p>2. See Item 9, Goal 3.</p> <p>3. See Item 9, Goal 4.</p> <p>4. See Item 9, Goal 5.</p> <p>5. See Item 9, Goal 6.</p>	<p>1. See Item 9, Goal 1, Action Steps 1a.</p> <p>2. See Item 9, Goal 3, Action Step 3.</p> <p>3. See Item 9, Goal 4, Action Step 4.</p> <p>4. See Item 9, Goal 5, Action Step 5.</p> <p>5. See Item 9, Goal 6a, Action Step 6a &amp; 6b.</p>	<p>1. See Item 9, Goal 1, Method of Measuring 1 &amp; 1a.</p> <p>2. See Item 9, Goal 3, Method of Measuring 3.</p> <p>3. See Item 9, Goal 4, Method of Measuring 4.</p> <p>4. See Item 9, Goal 5, Method of Measuring 5.</p> <p>5. See Item 9, Goal 6a, Method of Measuring 6a &amp; 6b.</p>	<p>1. See Item 9, Goal 1, Benchmarks 1 &amp; 1a.</p> <p>2. See Item 9, Goal 3, Benchmark 3.</p> <p>3. See Item 9, Goal 4, Benchmark 4.</p> <p>4. See Item 9, Goal 5, Benchmark 5.</p> <p>5. See Item 9, Goal 6a, Benchmark 6a &amp; 6b.</p>	<p>1. Virginia Marriner</p> <p>2. Sandra Hodge</p> <p>3. Wendy Rau</p> <p>4. Virginia Marriner</p> <p>5. Virginia Marriner and Dan Despard</p>

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	<p>6. BCFS Director will assure this is an agenda item at the Court Improvement Project's Child Protective Advisory Committee meeting and will assure that this is fully addressed.</p>	<p>6. BCFS Director will bring this up as an agenda item at the child abuse and neglect Court Improvement meeting. Director will ensure the issue is fully addressed and revisited.</p>	<p>6. Court Improvement meeting agenda. BCFS Director will report back to Division Directors at their weekly meeting when she has discussed at the Court Improvement meeting and the results.</p>	<p>6. May 2005.</p>	<p>6. Chris Beerits</p>
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Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 29:</b> Provides a process for foster parents, pre-adoptive parents and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child.</p>	<p>1. Ensure district offices follow established procedure that supports ASFA requirements that require notification of child court reviews for foster, pre-adoptive and relative caregivers.</p> <p>2. Provide training and guidance to foster parents and caregivers about the role they play in court.</p>	<p>1. Each district will create and implement a plan to ensure notifications are being sent in a timely manner.</p> <p>2. Provide as a core training and ensure that it is an ongoing topic in foster parent pre-service training.</p>	<p>1. Quality Assurance reviews of randomly selected cases and monitoring of district plans and district plan submission.</p> <p>2. Curriculum</p>	<p>1. December 2004</p> <p>2. Develop a core training curriculum and offer training start date of August 2005. Pre-service training to foster parents implemented by March 2005.</p>	<p>1. Dan Despard or designee and Dulcey Laberge</p> <p>2. Leslie Rozeff</p>
<p><b>Item 30:</b> The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.</p>	<p>1. 95% of well being and safety reviews will be completed and checked for quality of review by Dec. 2004.</p> <p>2. Increase the timeliness of response by the Institutional Abuse Unit to reports of maltreatment in foster care by creating a protocol with timeframes that establish face to face contact by Institutional Abuse Unit Staff or BCFS staff within 5 days of assignment.</p> <p>3. Increase the total number of assessments completed by IAU by 6% by August 2006. Baseline: 144</p>	<p>1. Send information to regions that well being policy will be adhered to and quality of reviews will be checked. – Done at statewide supervisor meetings.</p> <p>2. Convene a workgroup to develop protocol regarding timeframes for IAU response to reports of maltreatment.</p> <p>2.a. Protocol will be implemented statewide. It will be presented at statewide BCFS Supervisors meeting and Institutional Abuse Unit Supervisor will inform all staff of implementation of the new protocol.</p> <p>2.b. Jane will develop and use a tracking tool to track first face to face contact</p> <p>3.a. Jane Drake, Supervisor IAU will establish a work plan to increase the</p>	<p>1. Quality Assurance Reports.</p> <p>2. Developed Protocol</p> <p>2.a. Protocol and agendas</p> <p>2.b. Developed tool</p> <p>3. Management data reports.</p> <p>3.a. Developed Work Plan</p>	<p>1. Quality checked on completed 95% of well being reviews by December 2004. – Random Sample.</p> <p>2. Protocol developed by September 2004.</p> <p>2.a. Supervisors and staff informed and told to implement by December 2004.</p> <p>2.b. Tool completed by Dec. 2004</p> <p>3. Increase assessments done by 6% by August 2006.</p> <p>3.a. Work Plan developed by Dec. 2004</p>	<p>1. Dulcey Laberge</p> <p>2. Jane Drake and Martha Proulx</p> <p>2.a. Jane drake and Martha Proulx</p> <p>2.b. Jane Drake</p> <p>3. Jane Drake</p> <p>3.a. Jane Drake</p>

	<p>number of assessments in the IAU.</p> <p>3.b. Jane Drake, Supervisor, IAU, will implement a work plan in her unit and keep statistics of work done by each worker.</p>	<p>3.b. Running statistics of each worker of assessments completed.</p>	<p>3.b. Work Plan implemented by Dec. 2004.</p>	<p>3.b. Jane Drake</p>
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**Systemic Factor 5: Service Array**

Item or Systemic Factors Contributing to Non-Conformity or Area Needing Improvement	Goal and % of Improvement	Action Steps	Method of Measuring Improvements	Benchmarks and Dates	Person Responsible
<p><b>Item 35:</b> 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, safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.</p>	<p>1. Improve access to needed services</p>	<p>1. Conduct statewide assessment of service array</p> <ul style="list-style-type: none"> <li>• Review contracted services</li> <li>• Seek input from provider groups</li> <li>• Review findings of CFSP</li> <li>• Meet with district staff to discuss service needs</li> <li>• Survey a sample of birth and foster families</li> </ul> <p>2. Develop a report based on the results of the statewide assessment</p> <p>3. Share report with provider groups and districts to review and solicit feedback</p> <p>4. Convene meetings to discuss findings and possible solutions</p>	<p>1. Completion of assessment</p> <p>2. Written report of services available, gaps and recommendations</p> <p>3. Report sent and received by districts and providers</p> <p>4. Meetings scheduled to discuss findings</p>	<p>1. Assessment completed by August 2004</p> <p>2. Report completed by September 2004</p> <p>3. Report sent to districts and provider groups by Oct. 2004</p> <p>4. Meetings scheduled by November 2004</p>	<p>1.- 4. Carol Armour or designee</p>
<p><b>Item 36:</b> The services in item 35 are accessible to families and children in all political jurisdictions covered in the States CFSP.</p>	<p>1. See item 35, Goal 1</p>	<p>1. See item 35, Goal 1, Action Steps 1, 2, 3, and 4.</p>	<p>1. See item 35, Goal 1, Method of Measuring 1, 2, 3, and 4.</p>	<p>1. See item 35, Goal 1, Benchmarks 1, 2, 3, and 4.</p>	<p>1.-4. Carol Armour or designee.</p>

**Amendment to State of Maine Program Improvement Plan  
Dated July 12, 2004**

On page 16 of the matrix --- Item 20, Goal 1, Benchmark 1.a. should read as: 1.a. Policy clarified by May 2005.

On page 16 of the matrix --- Item 20, Goal 1, Benchmark 1.b. should read as: 1.b. Policy implementation by presenting to SMT and Supervisors completed by August 2005.