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**Maine Department of Child & Family Services  
Program Improvement Plan  
2010-2012**

**The Maine Program Improvement Plan Format Includes The Following Sections:**

- I. PIP General Information
- II. PIP Narrative
- III. PIP Strategy Summary and TA Plan
- IV. PIP Matrix
- V. PIP Measurement Plan & Quarterly Status Report
- VI. PIP Agreement Form

**I. PIP General Information**

**CB Region: I                      State: Maine**

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**State CFSR/PIP Steering Committee**

Theresa Dube	OCFS- Federal Plan & PQI Program Manager
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Bette Hoxie	Resource Parent
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Janet Lola	Penobscot Nation Tribal Child Welfare Caseworker
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David McClusky	Community Care Therapeutic Foster Care Agency

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Sharon Kelly	Children's Behavioral Health Services Program Specialist
Jan Clarkin	Maine Children's Trust-Executive Director
Nancy Connolly	Department of Education
Daniel Despard	OCFS-Child Welfare Director
Jane Drake	Dept. of Health & Human Services, Division of Licensing and Regulatory Services- Program Manager of Out of Home Investigations/Customer Support Unit
Roxy Hennings	Department of Corrections-Director of Continuous Quality Improvement
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Pentheia Burns	University of Southern Maine, Muskie School of Public Service-YLAT Coordinator
Martha Proulx	OCFS-District Operations Manager
Gretchen Robbins	University of Southern Maine, Child Welfare Training Institute- Senior Policy Associate for Child Welfare Training
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Kara Sullivan	Administrative Office of the Courts- Court Improvement Plan Coordinator
Francis Sweeney	OCFS- District Operations Manager

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Timothy Swift	OCFS- Adoption Program Specialist
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Steven Chandler	GAL and Parents Attorney
Joan Smyrski	OCFS Children's Behavioral Health Services-Director

## **PIP Narrative**

### **A. Overall Strategy For PIP Development**

Maine initiated efforts to develop the Program Improvement Plan (PIP) during the state self-assessment process as well as through the creation of Maine's 5-year Child & Family Services Plan. Using data from the National Data Profile, the agency's Performance & Quality Improvements (PQI) system, and agency management reports along with information collected through a number of surveys, including staff and foster parents, Maine designed the state self-assessment while simultaneously identifying strategies for program improvement as well as to meet the agencies vision for the future. Both of these projects were completed through active input from the Maine Child & Family Services Review Steering Committee which consisted of key stakeholder groups for Maine's Office of Child & Family Services. The Steering Committee evolved from the 2003 PIP Committee to the 2009 CFSR/CFSP with the ultimate development of primary strategies and action steps a predictor of the areas in need of improvement and subsequent PIP development.

### **B. Strategies, Goals, Action Steps, Benchmarks**

Maine's PIP includes goals and strategies that address key findings from the CFSR Final Report. Maine has done significant work since the 2003 CFSR to improve outcomes for children and families and has the infrastructure for continued improvements.

Maine's Practice Model supports the PIP strategies as evident by the 5 key components of the Practice Model:

- Child Safety is First and Foremost
- Parents have the Right and Responsibility to Raise their Own Children
- Children are Entitled to Live in a Safe and Nurturing Family
- All Children Deserve a Permanent Family
- How We do our Work is as Important as the Work We Do

Maine has organized its PIP into 4 strategies, all of which are imbedded with the Practice Model components:

1. Develop and Implement Statewide Practice Model Implementation Initiative (PMII)
2. Improve and Sustain the Frequency and Quality of Family Team Meetings
3. Improve Effectiveness of Supervision as it Relates to Child Welfare Outcomes

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4. Improve OCFS Sharing of Responsibility with the Community to Help Families Protect and Nurture Their Children

**1. Develop & Implement Statewide Practice Model Implementation Initiative (PMII)**

Maine's goal is to promote sustainable systemic changes in the interviewing practice of OCFS staff through infusing the Signs of Safety framework in our practice. At the same time, Maine will develop a protocol for fact-finding interviewing which will aid in building stronger case assessment interviewing skills. This skill set will allow staff to complete better and more informed assessments through the life of a case, recognize and articulate strengths and challenges with families, and identify actual incidences of maltreatment and correlating that with parental behavior. The improved assessments will naturally ensure that the appropriate services will be provided to the family to address the identified issues/concerns and promote child safety and well-being. In addition, this skill set will also allow for improved quality of contact with children, birth parents and foster/adoptive families that will promote engagement in case planning, obtaining the right information to promote and preserve family connections and ultimately improve the timeliness and stability of permanency goals for children in Maine foster care. Case assessment interviews will allow Maine to improve the quality and effectiveness of its child welfare system in increasing the safety, permanency, and well-being for children and families.

Maine Office of Child & Family Services need is evidenced by the CFSR Final Report. While ACF acknowledged the hard work and progress of Maine in making positive changes in its practice and in enhancing services to children and families served by child welfare system, the CFSR supported Maine's own concerns around the consistency in which Maine is ensuring that children are safely maintained in their homes when possible and appropriate as well as ensuring that the needs and services of children, parents and foster parents are identified and addressed. Based on findings of the 2009 CFSR Maine intends to develop a process where better case assessment interviewing skills will improve Maine's practice in several outcome areas particularly as they relate to safety for children throughout the life of a case. The items which should improve include, but are not limited to, items 3, 4 and 17. These items were rated quite low during the 2009 CFSR as well as during Maine's internal 2007 site review process. Maine is confident that developing a case assessment interviewing skills process will allow Maine to make improvements and will afford Maine's children and family's better service. Permanency outcomes will also be impacted by this improved interview process as the key information needed to make critical decisions on needs and services will be available at the onset of a case, leading to appropriate service provision and ultimately timelier permanency decisions.

Increased knowledge of assessment interviewing will assist staff in gathering and analyzing information through the lenses of both the parent and child to determine what, if any, impact there is on child safety, risk and danger. This will change the way in which we view our role and responsibility to and for the family. Child welfare assessment interviewing skills will allow caseworkers to gather the right information, based on asking the right questions at any given point in a case, articulating that information in order for team decision making based on accurate analysis of the information. This project should allow for improvement in our ability to engage with family who we know are the best sources of information about themselves. In the future our interviewing and assessment

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activities will be consistent with the language in our practice model. The changes that will be made through use of assessment interviewing skills will naturally allow our staff to live the practice model.

Maine anticipates that the Practice Model Implementation Initiative and the Child & Family Fact Finding Protocol will be developed with delivery through a variety of methods which may include bringing experts in the field of forensic interviewing as trainers; developing the skills and knowledge in the field of current OCFS and Muskie staffs; development of supporting resource material and the use of distance learning technology to provide ongoing support, training and skill development of supervisors and caseworkers that will support the implementation and maintenance of skills and knowledge. Supervisors will be critical change agenda in the process of learning, training staff and supporting ongoing fidelity.

Maine has developed many initiatives to improve practice and outcomes but recognizes that it hasn't done a good job in ensuring sustainability for a particular initiative. In order to effect real change, Maine will need to ensure that this new initiative is able to sustain itself. One important component to ensure sustainability is through utilizing district supervisors as change agents, which relates to Maine's third strategy in the PIP.

A workgroup has been assigned the responsibility of planning for the roll out of this initiative and includes:

- Theresa Dube, PQI & Federal Plan Program Manager
- Daniel Despard, Child Welfare Director
- Paul Martin, OCFS Child Protective Specialist
- Virginia Marriner, Director of Policy & Practice, OCFS
- Bobbi Johnson, OCFS District 6 Program Administrator
- Sherle Heathers, OCFS District 4 Program Administrator
- Rebecca Austin, OCFS Casework Supervisor
- Kristi Poole, OCFS Casework Supervisor
- Nora Sosnoff, Assistant Attorney General
- Christopher Beerits, Cutler Institute
- Gretchen Robbins, Cutler Institute
- Lee Hodgin, Cutler Institute

In addition, Practice Leaders have been identified from each district that will be key in developing and implementing this project. Practice Leaders (PL) will be instrumental in championing this model in the districts and include 8 assessment workers, 8 permanency workers as well as their supervisors for a total of 32 district staff members.

## **2. Improve and Sustain the Frequency and Quality of Family Team Meetings**

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

Child and Family Services Policy IV. D-6. Family Team Meetings provides more detailed guidance on the Family Team Meeting process. Policy dictates when Family Team Meetings should occur and include:

- Development of initial and subsequent Family Plan (within 35 days of Report of Child Abuse or Neglect, if family is in need of Child Protective Services)
- Development of initial and subsequent Child Plan (The development of the Family Plan and Child Plan may occur during one meeting)
- Prior to the removal of a child from home or after an emergency removal prior to the 14 day hearing
- Before a change in case goal
- Prior to recommending group/residential placement
- Prior to a return home to parents or kinship care

Policy clarifies that when a child is in DHHS custody, birth parents, foster parents, the child (if age twelve or over if appropriate), and Guardians ad Litem, are essential members of the Team for developing the Child Plan. The policy also makes clear that when the Indian Child Welfare Act applies to the case, the tribal representative must be invited to the Family Team Meeting and will be co-facilitator of the meeting.

Through the focus groups conducted as part of Maine's 2007 in-house site review and information collected during the 2009 CFSR it is evidence that the success and effectiveness of the FTM process in moving a case forward is often based on the skills of the caseworker facilitating the meeting. Focus groups also indicated that FTMs did not always include appropriate people nor was it always believed to be an inclusive process.

While policy is clear and staff participates in training, consistent implementation of the policy is lacking. OCFS needs to improve the quality and frequency of Family Team Meetings as these meetings are key in terms of ensuring that family and children's safety, permanency and well-being outcomes are achieved.

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Family Team Meetings held following the assessment phase can allow for a gathering of family, their natural supports and service providers to develop its strengths and cohesiveness toward supporting the family making changes to increase child safety. In cases where children need to be removed from the home due to safety issues, a Family Team Meeting can be a venue to identify alternate placement options, other than foster care; or if the child needs to enter foster care, can focus on the child's important connections and thus preserving those connections for children from the point of entry into foster care. Permanency and well-being outcomes can also be achieved utilizing Family Team Meetings in terms of permanency planning and ensuring that needs and services are addressed for the family/child through the child and family case planning process.

Maine intends to improve the quality and frequency of Family Team Meetings through various action steps one of which includes collaborating with Casey Family Services through the Kinship Connections Project to train and mentor district staff in enhancing the partnerships in the Family Team Meetings with the goal of have an identified "expert" in each district specific for Family Team Meeting facilitation, particularly for those highly contentious meetings.

Maine has developed many initiatives to improve practice and outcomes but recognizes that it has not done a good job in ensuring sustainability of such initiatives, including Family Team Meetings. One important component to ensure sustainability is through utilizing district supervisors as change agents. As will be highlighted in a strategy 3, Maine recognizes that supervisory staff is key in the success of a strong child welfare system. In the last year, Maine has utilized a new approach to supervision, redefining the expectations of supervisors. This includes having supervisors engage in field observations, making note of practice and using that information to inform, teach and mentor district caseworkers. Family Team Meetings is one such venue which will help Maine strengthen its Family Team Meeting process.

### **3. Improve Effectiveness of Supervision as it Relates to Child Welfare Outcomes**

Maine recognizes that supervisory staff is key in the success of a strong child welfare system. Since 2003, supervisors have received Supervisory training, utilizing a curriculum developed by Tony Morrison, a child welfare social worker, author and trainer of international renown. This training is based on his handbook, *Staff Supervision in Social Care*. The training empowers supervisors, enhances supervisory ability to address interpersonal barriers and strengths in supervision, and trains supervisors to successfully use constructive criticism.

In 2008, all casework supervisors were trained in the utilization of the annual performance appraisal process to assess and enhance staff competencies. Freda Bernotavicz, USM, Muskie School, provided this.

In 2008, all casework supervisors received training in cultural sensitivity (*Cultural Humility*) from trainers from the University of Michigan. This was made available through the Child Welfare Training Institute.

In the last year, Maine has utilized a new approach to supervision, redefining the expectations of supervisors. Maine is moving towards the model of verifiable supervision where supervisors' interactions with caseworkers are based on data and case facts rather

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then anecdote. This includes having supervisors engage in field observations, making note of practice and using that information to inform, teach and mentor district caseworkers as well as the expectation that certain data reports are used routinely to monitor for staff practice. This change ensures that all clients are being afforded consistent casework practice across the state.

Through the learning of the 2007 Internal Reviews and the 2009 CFSR, Maine developed four priority areas that would need to be addressed in order for Maine to successfully complete its PIP as well as progress in the CFSP. Those four areas include:

- Safety response, including timeliness and quality of initial investigations.
- Family Team Meetings; that they are occurring when indicated by policy and the quality is consistent with good practice.
- Family Visitation, sound decision making and documented adherence to policy.
- Face to face contacts with children and caregivers; frequency and quality.

In response to this need, 3 of the 4 priority areas identified allow direct observations by supervisors. These observations will provide coaching and direct written feedback to workers as well as establishing any supervisory plans needed to change or correct any practice not consistent with good performance and/or the practice model. It will also reinforce good practice. Direct observations, feedback and practice change will increase the ability of OCFS staff to engage and assist families. Supervisors are expected to observe 2 observations per worker per quarter with the supervisor deciding which area of practice to observe based on workers main area of practice, questions of current or past performance, worker input into their own strengths and challenges, and input from the Program Administrator. Supervisors complete the electronic observation rating sheets as well as notes on the coaching component. Supervisors are expected to give a copy of the observation rating sheet as well as the direct feedback to the worker during the next face to face supervision session scheduled. A report will be developed by the District Operations' Managers that will monitor this practice.

In addition to these observations, each supervisor is expected to review custody cases for the compliance of visitation decisions with policy. Supervisors review each case quarterly to assure decisions around visitation are appropriate. The purpose being to assess if the level of supervision is required as well as identify what is required to move the visitation to a lesser level of restriction.

The 2008-2009 Cooperative Agreement between DHHS and the USM Muskie School contains provisions for ongoing supervisory curriculum development and delivery. This represents a re-tooling of the Supervisory Enhancement Initiative offered by USM, CWTI from 2004 to 2008. This previous initiative emphasized more district specific training and individual supervisory consultation, which as provided by both a CWTI staff member and a DHHS Child Welfare Program Specialist.

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In collaboration with the Cutler Institute, a series of skills based trainings for supervisors will be developed and delivered through a variety of modalities, including face-to-face classroom based delivery; web based delivery as well as other technology tools. Training will be designed to support supervisory expectations around utilizing tools that will be used by supervisors to observe, formulate feedback and coach casework staff. A component of the work will be to evaluate the extent that supervisory practice improves utilizing the methods introduced through training.

#### **4. Improve OCFS Sharing of Responsibility with the Community to Help Families Protect and Nurture Their Children**

Historically OCFS has collaborated with many community stakeholders to develop a system whereby communities and OCFS share in the responsibility to help families and protect children. Evidence of these efforts includes:

Wraparound Maine – Wraparound Maine is a statewide, multi-site initiative for youth with complex needs which complements other collaborative service planning approaches in Maine (Child and Family Teams, Family Team Meetings and Family and Systems Teams). The target population includes school age children and youth with complex needs (and their families), who have multi-system involvement and are either in residential treatment or at high risk of such placement. Wraparound is a process that follows a series of steps to help children and their families realize their hopes and dreams. The Wraparound process also helps make sure children and youth grow up in their homes and communities. With help from one or more facilitators, people from the family’s life work together, coordinate their activities, and blend their perspectives of the family’s situation. Though it may look different across communities, Wraparound should always be driven by the same principles and should always follow the same basic phases and activities.

Community Partnership for Protecting Children (CPPC), part of a nation wide initiative, began in two Portland neighborhoods in 2006. In this model, a team forms around the family to give the family support to protect their children and make necessary changes, allow for families to be strengthened, and children to be nurtured, and supported in a safe environment. As a result of the success of CPPC in the Portland neighborhoods, two neighboring communities have become active participants in the community partnership. There are now 34 Agencies signed up as members and we have trained approximately 45 supervisors from partnership agencies including DHHS in how to support workers engaged with families in CPPC neighborhoods, we have also trained staff directly working with families in CPPC neighborhoods in an overview of FTM so that they can either offer families FTM before DHHS involvement or be a better participant. Further expansion of this initiative is being considered for another region of the state.

Child STEPs - Evidence-based psychotherapy – In 2008 Maine began to participate in the Child System and Treatment Enhancement Projects (STEPs) Implementation Model. This model combines clinical training and supervision in evidence based treatments (EBT) with an electronic information system to guide treatment, and adds interventions to address family and organizational factors that are key to success of EBTS. The Child STEPs Project has been implemented in three sites in southern and central Maine. As of March 2010, 340 children are being served through the Child Step’s program.

The Family Reunification Program (FRP) – Implemented statewide by Maine DHHS Child Welfare Services in 2006, the purpose of this contracted private agency program is to achieve earlier and safer reunification. The Maine Family Reunification program is based

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on a successful model developed in Michigan. It is designed to serve families whose children have been in Department custody for less than six months and for whom the familial bonds are still very strong. Families in which a serious injury has occurred to a non-verbal child, with no parent taking responsibility, or families in which active signs of danger are still evident would not be considered appropriate for this program.

Reunification of children with their parents is supported by a team of social workers who provide four to six months of intensive in-home service, during non-traditional hours if necessary. During this time, the team assists the family in using its own unique strengths to resolve any continuing jeopardy issues. The team also supports the family in developing a sustaining, natural support system through extended family and community.

Single system of care for children’s behavioral health services – This endeavor has included: analyzing the treatment/support/social services currently purchased by OCFS; deciding which treatment services to purchase or enhance, deciding how to measure outcomes and performance standards; and designing and implementing oversight and monitoring activities through utilization review, performance and quality improvement, outcome assessments, and stakeholder meetings. This integration has benefited children served by Child Welfare Services, as medication reviews and clinical guidance in specific child welfare cases is more readily available.

Future Search – Utilizing *Future Search*, OCFS Leadership has worked to engage community stakeholders in integrated work toward strategic goals. Future Search is a methodology grounded in evidence that action is best achieved when a diverse group of people come together to discover and act upon common ground. Future Search seeks to change the ways in which people, communities and organizations interact with each other. District OCFS administrators, including Child Welfare Program Administrators; have been charged with continuing this work communicating information with their larger communities.

OCFS will continue to utilize these initiatives as well as conduct an assessment of Maine’s current service array.

### III. PIP STRATEGY AND TA PLAN

<b>PRIMARY STRATEGIES</b>	<b>KEY CONCERNS</b>	<b>TA RESOURCES NEEDED</b>
1. Implementation of the Practice Model Implementation Initiative (PMII)	<ul style="list-style-type: none"><li>• Need for better and informed assessments through the life of a case</li><li>• Provision of services will be focused and appropriate, leading to timelier permanency decisions</li></ul>	
2. Improve & Sustain the Frequency and	<ul style="list-style-type: none"><li>• Family Teams Meetings are not consistently held, nor</li></ul>	

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Quality of Family Team Meetings	always facilitated well which impacts the effectiveness of the meetings <ul style="list-style-type: none"><li>• Improvements are needed in assessing and addressing the needs of children and foster parents</li><li>• Better engagement and inclusion with all maternal and paternal family</li></ul>	
3. Improve Effectiveness of Supervision as it Relates to Child Welfare Outcomes	<ul style="list-style-type: none"><li>• Supervisors can be key change agents and lead to success in a child welfare program</li><li>• Historically, supervisors relied on the “story telling” model of supervision versus supervising in real time through field observations, teaching and mentoring of caseworkers</li><li>• Need for full implementation, statewide, of supervisory expectations</li></ul>	
4. Improve OCFS Sharing of Responsibility with the Community to help Families Protect and Nurture their Children	<ul style="list-style-type: none"><li>• Waiting lists for key services such as psychiatric evaluations, dental services, substance abuse treatment and contracted in-home services</li></ul>	

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**IV. PIP MATRIX**

**State:** Maine

**Type of Report:** **PIP:**  **Qrtly Report:**  **Quarter:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

<b>Primary Strategy:</b> 1. Implementation of Statewide Practice Model Implementation Initiative (PMII)					<b>Applicable CFSR Outcomes or Systemic Factors:</b> Safety Outcome 2; Well-Being Outcome 1 (Item 17 only)
<b>Goal:</b> To promote sustainable systemic changes in the interviewing process of OCFS staff through stronger case assessment interviewing skills.					<b>Applicable CFSR Items:</b> Items 3,4,17
<b>Action Steps &amp; Benchmarks:</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Completed</b>	<b>Quarterly Update</b>
1.1 Consultation with Dr. Debra Poole, expert in forensic interviewing, for development of Interviewing Protocol & training curriculum for delivery to OCFS staff at all levels. 1.1.a. Develop training curriculum	PMII Workgroup  Cutler Institute	Curriculum	Q2		
1.2 Develop Statewide Implementation Plan	PMII Workgroup	Implementation Plan	Q2		
1.3 Consultation and training for the trainers to deliver Fact Finding Protocol with Judy Welsch of Child Abuse Training Services	PMII Workgroup	Completed training	Q 3		
1.4 Develop PQI strategy to develop a baseline, and an ongoing means of measuring improvement	PMII Workgroup	Defined strategy & tool	Q4		
1.5 Training for all staff on new interviewing protocol	PMII OCFS Lead & Cutler Institute	Training roster	Q6		

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1.6 Consult with Dr. Andrew Turnell, expert in Child Safety Assessment for planning to improve integration of Signs of Safety protocol into OCFS assessment practice.	PMII Workgroup	Curriculum	Q6		
1.7 Development of materials for Management and supervisors to assist in monitoring for fidelity of the interviewing model.	CWAIS Workgroup Cutler Inst.	Materials	Q 7		

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State: Maine

Type of Report: PIP: Qrtly Report: Quarter:

Date Submitted: \_\_\_\_\_

<b>Primary Strategy:</b>					<b>Applicable CFSR Outcomes or Systemic Factors:</b>
2. Improve and Sustain the Frequency and Quality of Family Team Meetings					Permanency Outcome 1; Permanency Outcome 2 (with the exception of Item 13); Well-Being Outcome 1 (with the exception of Item 17); Well-Being Outcome 2; Well-Being Outcome 3; Systemic Factor Case Review System (Item 25 only)
<b>Goal:</b>					<b>Applicable CFSR Items:</b>
To improve and sustain Maine's child welfare practice in order to achieve safety, permanency and well-being outcomes for children and families.					Items 6, 7, 8, 9, 10, 12, 14, 15, 16, 18, 19, 20, 21, 22, 23, 25
<b>Action Steps &amp; Benchmarks:</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Completed</b>	<b>Quarterly Update</b>
2.1 Convene FTM policy workgroup to review current policy to ensure safety, permanency and well-being outcomes can be achieved utilizing the FTM process.  2.1.a Revise the policy to clearly reflect the key decision times when a Family Team Meeting needs to be held	Director of Policy & Practice or designee	Workgroup participants and dates of meetings  Summary of Workgroup findings & Finalized Policy	Q2		
2.2 PQI review of 20% of Family Team Meetings conducted to assess frequency, quality and adherence to policy expectations.	Federal Plan & PQI Program Manager	Report of findings	Q4 Q6 Q8		

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<p>2.3 Through PQI Consumer Feedback Survey process, consumers will be given the opportunity to provide feedback around their experience in the FTM process focused on evaluating the engagement and feeling of participation for youth &amp; families in the process</p>	<p>Federal Plan &amp; PQI Program Manager</p>	<p>Consumer Feedback Survey Tool</p>	<p>Q4 Q6 Q8</p>		
<p>2.3.1 Data from surveys will be compiled with outcome reviewed to evaluate engagement</p>	<p>Federal Plan &amp; PQI Program Manager</p>	<p>Report summary of aggregate data</p>	<p>Q4 Q6 Q8</p>		
<p>2.4 In collaboration with Child Welfare Strategic Group, conduct a statewide assessment of the Maine FTM process to determine why adequate outcomes have not been achieved as a result of the FTM process.</p>	<p>Child Welfare Director or designee</p>	<p>Outcome report</p>	<p>Q 5</p>		
<p>2.5 In collaboration with Casey Family Services through the Maine Kinship Connections Project, training and mentoring will be provided to district staff to enhance the partnerships in the FTM setting</p>	<p>Director of Policy &amp; Practice or designee; Casey Family Services</p>	<p>Training curriculum &amp; roster</p>	<p>Q6</p>		
<p>2.7 Development of District Action Plans to address challenges found in the PQI review of FTM's, Case Family Services Assessment and FTM surveys.</p>	<p>Program Administrators</p>	<p>Completed Actions Plans</p>	<p>Q6</p>		

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Type of Report: PIP:  Qrtly Report:  Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

<b>Primary Strategy:</b>					<b>Applicable CFSR Outcomes or Systemic Factors:</b>
3. Improve Supervision					Safety Outcome 1, Permanency Outcome 2(Item 13 only), Systemic Factor Case Review (Item 29 only)
<b>Goal:</b>					<b>Applicable CFSR Items:</b>
Strengthen child welfare supervision to ensure better safety, permanency, and well-being outcomes for Maine children and families.					Items: 1,13, 29
<b>Action Steps &amp; Benchmarks:</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Completed</b>	<b>Quarterly Update</b>
3.1 Supervisors will utilize the 72-hour report to assess if staff is seeing families within policy timelines. Supervisors will develop a plan with workers to assure that children are seen so safety can be assessed.	Casework Supervisors Program Administrators	Management Report	Q3		
3.2 Supervisors will participate in training to assist in conducting field observations; what to observe, what to focus on, how to identify areas that need constructive feedback/coaching.	District Operation Managers; Cutler Institute	Training roster and curriculum	Q3		
3.3 Each district will create and implement a plan to ensure court notifications are being documented and sent to caregivers in a timely manner (CFSR Report Baseline data=75%)	Casework Supervisors Program Administrators	Plans created and implemented	Q 3		

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3.4 Supervisors will engage in field observations of an initial CPS assessment, a monthly face-to-face contact for children in care, or a FTM. They will complete two observations per worker per quarter.	Casework Supervisors Program Administrator	DOM Report of Reviews	Q 4		
3.5 Supervisors will review the observations with caseworkers and plans for improvement will be developed	Casework Supervisors Program Administrator District Operation Managers	DOM Report	Q 4		
3.6 Supervisors will review each case quarterly to assure decisions around visitation are appropriate & document the review in the case narrative labeled as such	Casework Supervisors Program Administrator	MACWIS Report	Q7		
3.7 PQI will conduct an ad hoc review randomly selected cases to review for court notification compliance	PQI Unit	PQI Report	Q 7		



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<p>4.3 Survey district staff, birth parents, foster parents, service groups related to assessment of service array</p> <p>4.3.1 Decide on key services that should be available and accessible to families receiving child welfare services.</p> <p>4.3.2 Present findings to stakeholders and OCFS Management Team for decision-making and assignment to develop needed services</p>	<p>Federal Plan &amp; PQI Program Manager</p> <p>Child Welfare Director</p>	<p>Survey Results</p> <p>List of key services</p> <p>Report or minutes of OCFS Management team decision on next steps</p>	<p>Q 6</p> <p>Q7</p> <p>Q 8</p>		
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**V. PIP MEASUREMENT & QUARTERLY REPORT**

<b>State:</b> <u>Maine</u> <b>Type of Report:</b> _____ <b>PIP:</b> <u>X</u> <b>Quarterly Report:</b> _____ <b>Quarter:</b> _____ <b>Date Submitted:</b> _____												
<b>Part B: National Standards Measurement Plan and Quarterly Status Report</b>												
<b>Safety Outcome 1: Absence of Recurrence of Maltreatment</b>												
National Standard:	94.6%											
Performance as Measured in Final Report / Source Data Period	92.7%											
Performance as Measured at Baseline / Source Data Period	2008ab Baseline Performance= 92.3%											
Negotiated Improvement Goal	92.9%											
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

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<b>State:</b> <u>Maine</u> <b>Type of Report:</b> <b>PIP:</b> <u>x</u> <b>Quarterly Report:</b> _____ <b>Quarter:</b> _____ <b>Date Submitted:</b> _____												
<b>Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report</b>												
<b>Outcome/Systemic Factor:</b> <u>SO 1</u> <b>Item:</b> <u>1- Timeliness of initiating investigations of reports of child maltreatment</u>												
Performance as Measured in Final Report	83%											
Performance as Measured at Baseline / Source Data Period	80%											
Negotiated Improvement Goal	81%											
Method of Measuring Improvement	OCFS Management Reports											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Outcome/Systemic Factor:</b> <u>SO 2</u>		<b>Item:</b> <u>3- Services to family to protect child(ren) in the home and prevent removal or reentry into foster care</u>											
Performance as Measured in Final Report	60%												
Performance as Measured at Baseline / Source Data Period	49%												
Negotiated Improvement Goal	58.5%												
Method of Measuring Improvement	Performance & Quality Improvement Unit Case Reviews												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

<b>Outcome/Systemic Factor:</b> <u>SO 2</u>		<b>Item:</b> <u>4- Risk assessment &amp; safety management</u>											
Performance as Measured in Final Report	57%												
Performance as Measured at Baseline / Source Data Period	43%												
Negotiated Improvement Goal	50.5%												
Method of Measuring Improvement	Performance & Quality Improvement Unit Case Review												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

<b>Outcome/Systemic Factor:</b> <u>PO1</u>		<b>Item:</b> <u>7- Permanency goal for child</u>											
Performance as Measured in Final Report	67.5%												
Performance as Measured at Baseline / Source Data Period	82%												
Negotiated Improvement Goal	89%												

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Method of Measuring Improvement	Performance & Quality Improvement Unit Case Review											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Outcome/Systemic Factor: <u>PO 1</u></b>	<b>Item: <u>10 Other planned permanent living arrangement</u></b>											
Performance as Measured in Final Report	56%											
Performance as Measured at Baseline / Source Data Period	To Be Determined											
Negotiated Improvement Goal	To Be Determined											
Method of Measuring Improvement	Performance & Quality Improvement Unit Case Review											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Outcome/Systemic Factor: <u>WBO 1</u>      Item: <u>17- Needs &amp; services of child, parents, and foster parents</u></b>												
Performance as Measured in Final Report	46%											
Performance as Measured at Baseline / Source Data Period	33%											
Negotiated Improvement Goal	40.1%											
Method of Measuring Improvement	Performance & Quality Improvement Unit Case Reviews											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Outcome/Systemic Factor: <u>WBO 1</u>      Item: <u>18-Child and family involvement in case planning</u></b>												
Performance as Measured in Final Report	58%											
Performance as Measured at Baseline / Source Data Period	47%											
Negotiated Improvement Goal	54.9%											
Method of Measuring Improvement	Performance & Quality Improvement Unit Case Reviews											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Outcome/Systemic Factor: <u>WBO 1</u>      Item: <u>19- Caseworker visits with child</u></b>	
Performance as Measured in Final Report	83%
Performance as Measured at Baseline / Source Data Period	61%
Negotiated Improvement Goal	68.4%

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Method of Measuring Improvement	Performance & Quality Improvement Unit Case Reviews											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Outcome/Systemic Factor: <u>WBO 1</u>      Item: <u>20-Caseworker visits with parent(s)</u></b>												
Performance as Measured in Final Report	54%											
Performance as Measured at Baseline / Source Data Period	33%											
Negotiated Improvement Goal	40.7%											
Method of Measuring Improvement	Performance & Quality Improvement Unit Case Reviews											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter).	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

