



Child and Family Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Maine Statewide Assessment

for the

Child and Family Services Review

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General Information

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I. Introduction

Maine Child Welfare Services Reform

Since 2000, the Maine Child Welfare Program has been directed by committed social workers with significant child welfare experience. This leadership has been a key factor in commencing, sustaining, and expanding child welfare reform in Maine. In particular, the vision, convictions, and commitment of James Beougher, Director of the Office of Child and Family Services (OCFS) since 2004, have enabled managers and staff to place more children with families instead of in residential settings, place more children with kin, reform practice in cases of domestic violence, develop statewide high fidelity Wraparound and Family Reunification Services, and establish a network of staff committees for continuous quality improvement.

In 2001, in response to the death of a child in foster care and concerns from legislators and the media, the Department's Commissioner arranged for the services of the Casey Strategic Consulting Group (CSCG) to assist senior Child Welfare managers in reviewing processes and outcomes for children and families with whom DHHS was involved. CSCG provided consultation and assistance to Maine Child Welfare program reform for a four-year period. During this same time period, a larger Departmental merger and three changes of DHHS Commissioners occurred.

With the help of CSCG, senior Child Welfare (CW) managers developed a Beliefs Statement and chartered a Child Welfare Senior Management Team committed to reforming the program. With the assistance of CSCG, a review was conducted which made clear that many Maine children stayed too long in foster care. This review also found that a relatively high percentage of youth were placed in therapeutic foster care and residential care, rather than in family foster homes or with kin. In 2002 the CW Senior Management Team made a strategic plan to work toward processes and outcomes consistent with their Child Welfare beliefs statement. Along with the first strategic plan came increased emphasis on data-driven management toward reform targets. Beginning with the introduction of Family Team Meetings in 2003, CW Senior Management has worked toward strength-based policies and practices to better engage and include youth and families.

In 2003 Maine had its first Child and Family Services Review, which found Maine to be an outlier compared to most other states in its poor performance on achieving permanency for children. The OCFS Child Welfare Service Division successfully completed all 92 action steps of the Program Improvement Plan (PIP) that was designed to address the 2003 Federal Child and Family Services Review findings.

In 2004, the OCFS Child Welfare Service Division began a sustained effort to place more children with families and reduce reliance on residential care. At that time over 26% of Maine foster children were in residential placements. As of December 2008 only 12% of Maine foster children were in residential care. During an overlapping time period, the percentage of kinship placements increased from 16% to 27.8%.

In 2005, making a concerted effort to formally move beyond the traditional practice model of the old organizational culture, child welfare senior management engaged staff from all districts in developing a new, strength-based Child Welfare Practice Model. The new Practice Model is consistent with the earlier 2002 Beliefs Statement as well as with the beliefs underlying Family Team Meetings. Also during 2005, key policies were revised to make them consistent with the new Practice Model. Each district took the lead in revising a key policy.

In 2006, as a means of institutionalizing and expanding Child Welfare reform, DHHS Child Welfare Services formally applied for accreditation through the Council on Accreditation (COA). During the next two years, reform efforts largely driven by the accreditation self-study process and the policy, procedure, and practice changes resulting from it.

In 2008, OCFS leaders decided that several factors required withdrawal from the accreditation endeavor. These factors included: funding reductions to contracted agencies that shifted workload to DHHS, reductions to the Cooperative Agreement with the University of Southern Maine, several critical vacancies in the DHHS Central Office, and most importantly, an overlapping time frame with the 2009 upcoming Child and Family Services Review.

Available staff resources are now re-deployed to engage in the 2009 CFSR and to meet the June 2009 deadline for the federally required 2010-2014 Child and Family Services Plan (CFSP). DHHS Child Welfare Senior Management expects to use findings from the current CFSR and the final review of the previous CFSP to develop a new Child and Family Services Plan. This new CFSP is intended to become a true, widely shared multi-year strategic plan that will include and build on the anticipated Program Improvement Plan resulting from the current CFSR.

While OCFS is proud of the progress it has made in meeting the needs of children and families in Maine, we also recognize the need for continued improvement. OCFS anticipates that the upcoming Child and Family Services Review will afford Maine the opportunity to continue progress. Strengths will be highlighted and focus brought to those areas needing improvement.

In preparing for the CFSR, OCFS developed the CFSR Statewide Assessment through consultation with a steering committee that had initially been formed following the 2003 CFSR and PIP process. This has become the CFSR Steering Committee and includes representatives from OCFS, Treatment Foster Care agencies, foster parents, the legal community (AAG, GAL, parents' attorney), Department of Education, Department of Corrections, Alternative Response Programs, and the University of Southern Maine. This committee has been the consulting body for the Statewide Assessment, and is expected to actively consult on the development and implementation of the anticipated Program Improvement Plan, as well as the upcoming Child and Family Services Plan. OCFS believes that this inclusive approach ensures a thorough assessment of Child Welfare policy, data, and practice and will ultimately lead to improved outcomes.

Reform in Maine Child Welfare Services is still very much a work in progress. To the extent that the organizational culture has become transformed, a review will see implementation of the new Child Welfare Practice Model:

- Child Safety first and foremost
- Parents have the right and responsibilities to raise their own children
- Children are entitled to a safe and nurturing family

- All Children deserve a permanent family
- How we do our work is as important as the work we do

To the extent that the new Practice Model has taken hold, staff work to engage and empower the family, view parents as partners, and build on strengths to address needs. Caseworkers are more responsive and inclusive, using a team-based approach.

In measuring and improving processes, outputs and outcomes, Child Welfare Management is increasingly data driven. “Hard data to show” has replaced “thinking you know.” For district management, performance expectations are tied to reform targets and data is reviewed in rating performance. A Monthly Management Report provides regular information on key activities, such as child protective response time, relative placements, and monthly caseworker contacts with foster children. A Weekly Residential Report provides information on numbers and percentages of children in residential placements, district by district. A central Performance and Quality Improvement Unit provides quarterly quality measures based on monthly supervisory case record reviews. In 2007 this unit conducted an in-house site review of all eight Child Welfare Districts, issuing findings to inform subsequent District Program Improvement Plans.

The success of this data-driven management is best illustrated in the reduction of Maine children living in foster care. Since 2001, the number of children in foster care in Maine has steadily dropped from over 3,000 to less than 2,000.

Current Innovations in Maine Child Welfare Services

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 will bring together the wisdom/expertise of family and friends as well as the resources, experience and expertise of formal supports.

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.

Managed behavioral health care – In the fall of 2007 a contract was awarded to APS, an Administrative Service Authorization Organization that will perform Prior Authorization and Utilization Review functions. This contract is designed to improve the cost-effective management of behavioral health services currently purchased through the State's Office of MaineCare Services and administered by the State's programs in Adult Mental Health Services, Children's Behavioral Health Services, and the Office of Substance Abuse.

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.

Family Reunification Program (FRP): In October 2006, Maine implemented the Family Reunification Program to return children home sooner by providing an intensive array of services to meet the family's individualized needs. The focus of services is to help the family internalize behaviors and skills that strengthen the family system and prevent further out-of-home placements for children. Maine has contracted with six agencies to provide this service in each of the State's eight districts.

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. Since the inception of the CPPC, two neighboring communities have expressed interest in developing such a program in their local areas.

Child STEPs - Evidence-based psychotherapy – In 2008 Maine begun 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.

In 2008 Maine joined the other New England States in a Safety and Risk Assessment Breakthrough Series Collaborative sponsored by Casey Family Services. Five Maine teams receive consultation from Casey and work with national experts to address gaps in policy and practice, with emphasis on engagement with the family. A system of monthly measures will

monitor improvement in family engagement and satisfaction, in addition to child safety and well-being.

Maine Budget Challenges

The budget picture for the State of Maine has deteriorated dramatically since the Maine State Legislature's Biannual Balanced Budget Agreement of June 2007. Revenue problems for Maine are largely caused by declining consumer and corporate sales taxes associated with the national recession. Reductions in Federal Medicaid reimbursements are also a significant factor for Child Welfare and other health and social services. In April 2008, the Maine State Legislature again had to balance the State budget to meet a \$220 million projected shortfall. Further declines in state revenue required the Governor to issue an \$80 million curtailment order in November 2007. In January 2009, the Legislature once more had to reduce the current budget by \$200 million to realize sufficient savings for the remainder of the state fiscal year. The Governor's proposed budget for the coming biennium contains further significant reductions in costs and services in response to an anticipated \$800 million decline in state revenue during the upcoming two years.

Balancing the budget will require significant changes in the private/public infrastructure, systems, staff, and numerous services on which service recipients, staff and the public presently rely. For Child Welfare Services these reductions thus far have resulted in frozen or eliminated positions, reductions in foster board rates, adoption subsidies, reductions in funds available for services to reduce abuse and neglect, elimination of contracted home studies, and reduced funding for training. While vacant caseworker and casework supervisor positions have been subject to the state hiring freeze, no such positions have been eliminated. DHHS remains committed to providing the high quality essential services to Maine's children and families.

Organizational Overview – Child Welfare Within the Larger Department

Child Welfare Services is one of four Divisions (Child Welfare Services, Children's Behavioral Health Services, Early Childhood, and Public Service Management), positioned within the Office of Child and Family Services (OCFS) and housed within the Department of Health and Human Services (DHHS). OCFS was created in May 2004 as part of the merger between the legacy Department of Behavioral and Developmental Services and the legacy Department of Human of Services in order to improve access, services and outcomes for the people of Maine.

The Office of Child and Family Services is working toward a system of care that is child-centered and family-focused, with the needs of the family and child dictating the mix of services. The OCFS system of care will be largely community based, with the locus of services, as well as management and decision making responsibility, resting at the community and family level.

The OCFS 2008 Strategic Plan is organized by four Department-wide priorities:

1. DHHS supports infrastructure that is easily accessible, well integrated, and uses best practices

2. Staff and Culture: Caring, responsive, and well-managed staff work in an efficient and effective culture.
3. DHHS service system is easily accessible, well integrated, and uses best practices.
4. DHHS is a responsive, caring, and well-managed organization that communicates effectively.

Beginning in 2009, the OCFS Strategic Plan will be developed biennially to coincide with the state budget cycle.

The Maine DHHS Child Welfare program is organized and managed through eight districts (see map), each headed by a Child Welfare Program Administrator. Each Child Welfare Program Administrator is supervised by one of two District Operations Managers. One District Operations Manager supervises Districts 1-4; the other supervises Districts 5-8. The Child Welfare Director in the OCFS Central Office supervises the District Operations Managers.

Most district services – Child Protective, Foster Care, Adoption, Kinship Care, and Youth Transition Services – are directly provided by district casework staff and are supervised through the district chain of command. Three specialized district functions (and designated staff) are directly supervised by Central Office positions rather than through the district chain of command. These include Performance and Quality Improvement Specialists, Youth Transition workers, and IV-E eligibility staff. Child Protective Intake is also a centralized function, with all intake staff housed in the OCFS Central Office.

District Child Welfare Program Administrators participate on the Child Welfare Senior Management Team, which meets monthly. The District Operations Managers and the Child Welfare Director chair these meetings.

Geographic Overview

Maine is the largest state in New England, accounting for nearly half the region's entire land area. The state is known for its scenery — its jagged, mostly rocky 1,600 miles of coastline, its low, rolling mountains, and its heavily forested interior — as well as for its seafood, especially lobsters and clams.

As of 2007, the organized municipalities of Maine consist of 22 cities, 432 towns, and 34 plantations. Maine also has three Reservations: Indian Island, Indian Township Reservation, and Pleasant Point Indian Reservation. Maine is divided into 16 counties.

Maine's population density is greatest in its coastal counties and along the 'interstate corridor' of I-95. Maine citizens tend to have relatively low income and pay relatively high taxes. With the erosion of Maine's manufacturing base, many young adults leave the state in search of better jobs and income elsewhere.

Maine is the most sparsely populated state east of the Mississippi River; ninety percent of its land is forest. In the forested areas of the interior there is much uninhabited land. For example, the Northwest Aroostook unorganized territory in the northern part of the state has an area of 2,668 square miles and a population of 27, or one person for every 100 square miles.

Maine is a popular tourist destination, but it also experiences harsh winters and, consequently, the great temporary influx of visitors occurs during the warmer months. Many of these visitors establish an alternate secondary residence in Maine during some or all warm months and then depart for their primary residence in the off-season. These are the summer people of Maine lore, often referred to, along with all other out-of-staters, as “flatlanders” or people “from away”. Official census figures normally count a person as a resident only once, at the place of the primary home. Therefore, in some situations official census figures could be misleading for Maine.

Maine Census Data

At the time of the 2000 U.S. Census, the State of Maine had 1,274,923 people living within its borders. Of those, 96.5 % were White Alone with no Hispanic or Latino heritage. Of the remaining population 0.5% was Black, 0.6% was of American Indian heritage, 0.7% was Asian, 0.2% described themselves as Other Race, 1% listed themselves as belonging to Two or More Races, and 0.7% was of Hispanic or Latino origins (U.S Census website).

Maine’s ancestry heritage is commonly from the British Isles and Canada, with French and French-Canadian being the largest ethnic group. Other ethnic groups with a strong presence throughout Maine include Irish, Italian, Polish, German, and Scandinavian cultures (U.S. Census website).

Two Native American tribes and two Native American bands reside in Maine: The Penobscot Nation (Indian Island, Penobscot County), the Passamaquoddy Tribe (Indian Township and Pleasant Point, Washington County), Houlton Band of Maliseets and the Aroostook Band of MicMacs (Aroostook County).

By 2005, the population in Maine was estimated to have grown to 1,283,673, with 1,244,946 of the population being native to Maine, and 38,727 being foreign born. The White Alone population had declined to 96%, the Black population had increased to 0.7%, the American Indian population had slightly declined to 0.5%, the Asian population had slightly increased to 0.8%, Other Race was listed at 0.4%, those belonging to Two or More Races remained at 1%, and the Hispanic/Latino population increased to 0.9% (U.S. Census). These are not dramatic changes.

In the 2000 U.S. Census, Washington County had the largest minority population, due to the large percentage of American Indians living there. Also of interest in the Census data, eleven per cent of Maine residents 25 years old or older did not graduate from high school. Of the population five years old and older, 7.6% speak a language other than English at home, and 2.0% speak English less than “very well.” Of the population for whom the poverty status could be determined, 160,627 individuals or 12.6% fell below the poverty level (U.S. Census website).

The Maine population for all children in 2005 showed White at 94%, Black at 1%, American Indian at 1%, Asian at 1%, Two or More Races at 2%, and Hispanic/Latino at 1% (ME DOE website). In contrast, the breakdown for the total United States population for all children in 2005 shows a White population at 58%, Black at 15%, American Indian at 1%, Asian at 4%, Two or More Races at 2%, and Hispanic/Latino at 20% (U.S. Census website).

The school age population data shows more dramatic changes. Minority children were represented in schools in Maine in larger percentages than in the general population. At the same time, the general school population declined substantially.

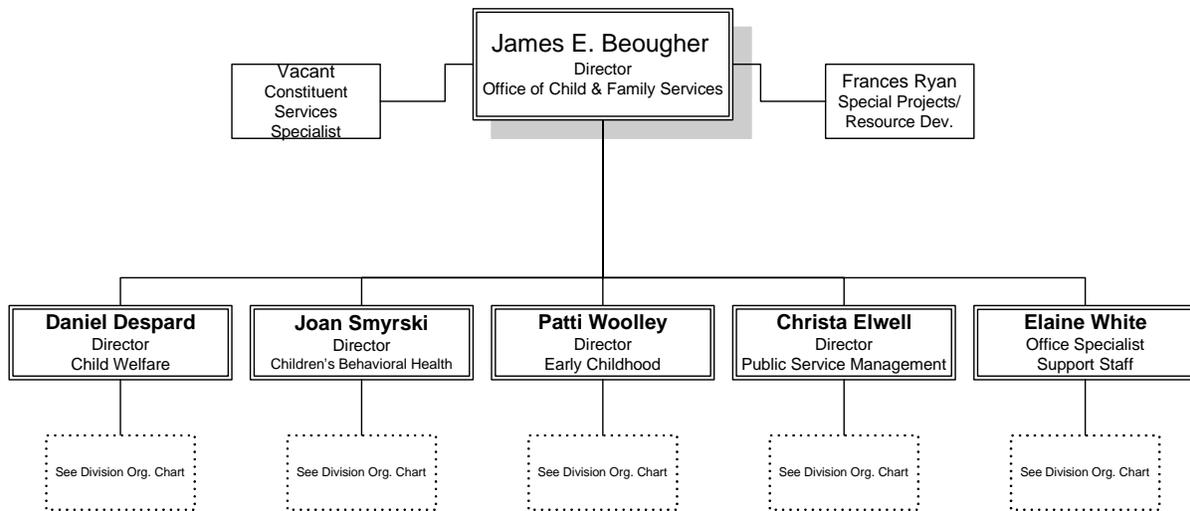
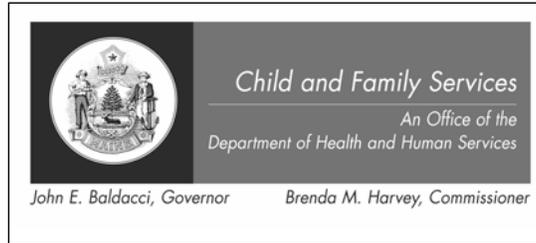
There appears to be a smaller percentage of children in immigrant families in Maine than the national average and more of these children seem to be better off financially. According to the Kids Count State-Level Data Online for 2005, five per cent of Maine's children live in immigrant families compared to 21% for all of the United States. Of the immigrant children in Maine between 2002-2004, fifteen per cent live below the poverty threshold (the same as for non-immigrant children), compared with 22% for the national average. For children living in low-income families (defined as below 200% of the poverty threshold), children from immigrant families in Maine for 2002-2004 were at 29%, while children for the same time period who were in American born families in Maine were at 35%. At \$60,400, the median annual family income for Maine immigrant families well exceeded the national average of \$44,700, while the U.S. born families' median income for Maine was at \$47,500, down from the national average of \$51,200 (Kids Count website).

Children in Maine are most likely to be living in married couple households (69% - the same as the national average). They are more likely than the national average to be in father-only households (10% - national average 7%), and are less likely to be in mother-only households (21% - national average 25%). The children are less likely to be in single parent families at 31% (national average 32%) and less likely to be in the care of their grandparents at 3% (national average 4% - 2004). Maine children were also more likely to be living with cohabiting domestic partners (10%, compared to national average of 6%) (Kids Count website).

In general, Maine has fewer children in poverty than the national average, but slightly more children than the national average who are under 5 years old and in poverty (Kids Count website).

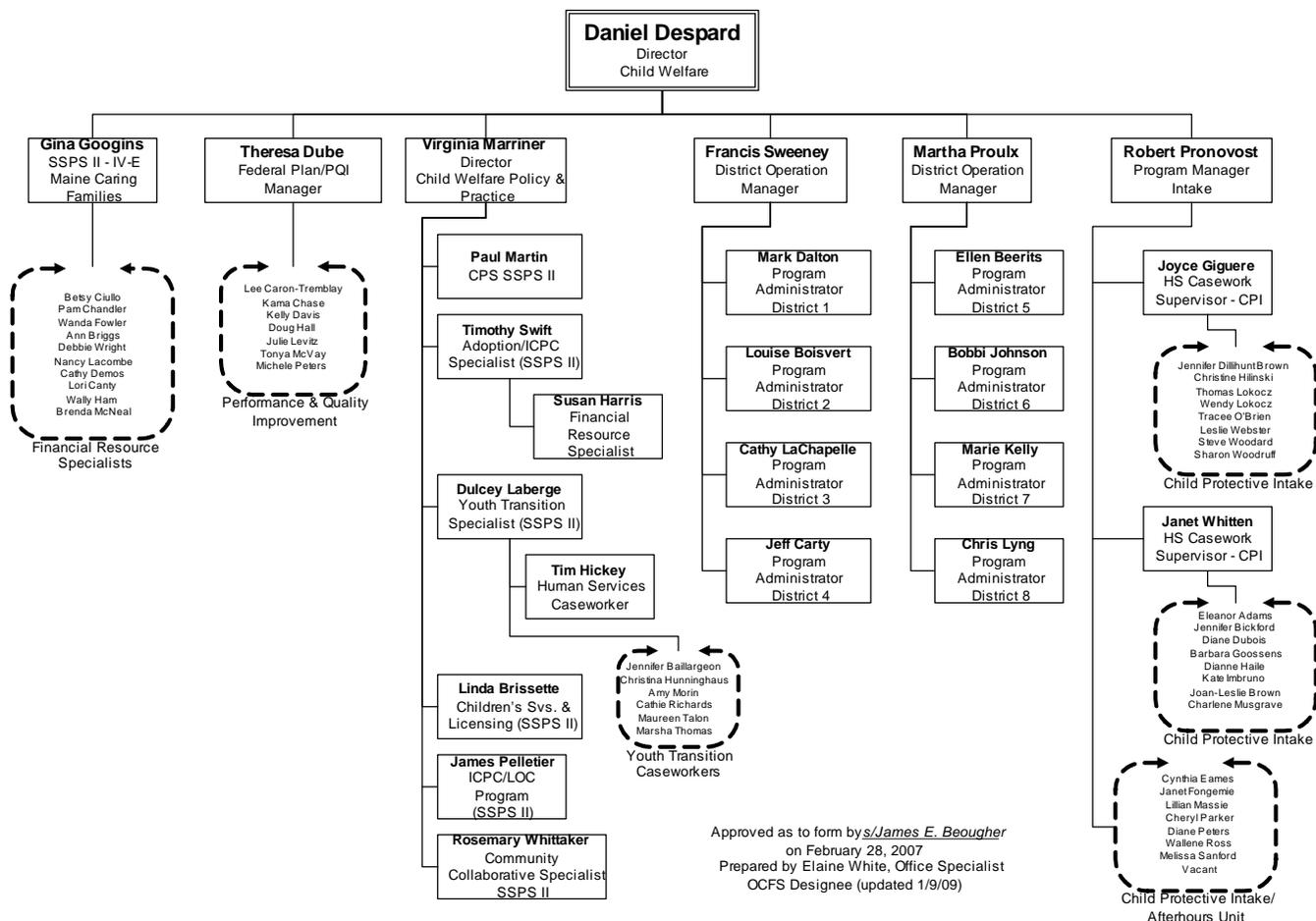
(source: Lynn Caldwell, "Demographic Profile of Maine's General Population and of Child Welfare Service Recipients", 2007)

DHHS Organizational Chart



Approved as to form by s/James E. Beougher
 on February 28, 2007
 Prepared by Elaine White, Office Specialist
 OCFS Designee (updated 9/16/08)

Office of Child and Family Services Child Welfare



Child and Family Services joins with families and the community to promote long-term safety, well-being, and permanent families for children. This practice model guides our work with children and their families.

CHILD SAFETY, FIRST AND FOREMOST

- Making children and families safe is a collaborative effort. We create a team for each family, consisting of family, staff, and community members to find safe solutions for children.
- In our response to child safety concerns, we reach factually supported conclusions in a timely and thorough manner. Input from parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We engage families with honesty and open minds. By exploring and listening, we help families use their strengths to meet safety needs of children.
- We value family perspectives, goals, and plans as critical to creating and maintaining child safety.
- We separate dangerous caregivers from children in need of protection. When court action is necessary to make a child safe, we will use our authority with sensitivity and respect.
- When children are placed in foster care, we ensure ongoing safety through frequent, meaningful contact with children and their caregivers. We welcome foster parents as a vital part of the family team.
- In our work to place children in adoption, safety is the first priority.

PARENTS HAVE THE RIGHT AND RESPONSIBILITY TO RAISE THEIR OWN CHILDREN

- We recognize that family members know the most about their own families. It is our responsibility to understand children and families within the context of their own family rules, traditions, history, and culture.
- Parents' voices are valued and considered in decisions regarding the safety, permanency, and well-being of their children and family.
- We believe that people can change. Their past does not necessarily define their potential.
- Family teams develop and implement creative, individualized solutions that build on the strengths of families to meet their needs.

CHILDREN ARE ENTITLED TO LIVE IN A SAFE AND NURTURING FAMILY

- As family team leaders, we share responsibility with the family and community to help families protect and nurture their children.
- We support caregivers in protecting children in their own homes whenever possible.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- We believe that children's needs are best served in a family that is committed to the child. We support placements that promote family, sibling and community connections, and encourage healthy social development.
- We listen to children. Their voices are heard, valued, and considered in decisions regarding their safety, well-being, and permanence.

ALL CHILDREN DESERVE A PERMANENT FAMILY

- Permanency planning for children begins at first contact with Child and Family Services. We proceed with a sense of urgency until permanency is achieved.
- All planning for children focuses on the goal of preserving their family, reunifying their family, or achieving permanent placement in another family.
- Permanency is best achieved through a legal relationship such as parental custody, guardianship, or adoption. 'Stability' is not permanency.
- Life-long family connections are critical for children. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.

HOW WE DO OUR WORK IS AS IMPORTANT AS THE WORK WE DO

- Our organization is focused on providing high quality, timely, efficient, and effective services.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open communication and accountability at all levels.
- As we work with children, families, and their teams, we clearly share our purpose, role, concerns, decisions, and responsibility.
- Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.
- Our staff is our most important asset. Children and families deserve trained, skillful staff to engage and assist families.

Acronyms and Terms

AAG	Assistant Attorney General
ACES	Adult and Children's Emergency Services
ACF	Administration for Children and Families (federal)
ACTR	Adoptions Created Through Relationships
AFCARS	Adoption and Foster Care Analysis and Reporting System
AFFM	Adoptive and Foster Families of Maine
AFFME	A Family For ME
AFFT	Adoptive and Foster Family Training
APOC	Administrative Processes Oversight Committee
APPLA	Another Planned Permanent Living Arrangement
ARP	Alternative Response Program
ASFA	Adoption and Safe Families Act
ASPIRE	Additional Support for People in Retraining and Employment
BHR	Bureau of Human Resources
BIS	Bureau of Information Services, Dept. of Administration and Financial Services
BMS	Bureau of Medical Services
BMV	Bureau of Motor Vehicles
CA/N	Child Abuse and Neglect
CAAN	Child Abuse Action Network
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CBHS	Children's Behavior Health Services
CDS	Child Development Services
CFSR	Federal Child and Family Services Review
Child STEPs	Child System and Treatment Enhanced Projects
CIP	Community Intervention Program
COA	Council on Accreditation
CPPC	Community Partnerships for Protecting Children
CPS	Child Protective Services
CSCG	Casey Strategic Consulting Group
CTBM	Camp to Belong Maine
CW	Child Welfare
CWI	Child Welfare Institute
CWS	Child Welfare Services
CWTI	Child Welfare Training Institute
DAFS	Department of Administrative and Financial Services
DHHS	Department of Health and Human Services
DHSTI	Department of Human Services Training Institute
DLRS	Division of Licensing and Regulatory Services

DOC	Department of Corrections
DOE	Department of Education
DOM	District Operations Manager
EDSDT	Early and Periodic Screening Diagnosis and treatment
ETV	Education and Training Voucher
FBI	Federal Bureau of Investigation
FFTA	Foster Family Treatment Association
FRP	Family Reunification Program
FTM	Family Team Meeting
GAL	Guardian ad Litem
IASC	International Adoption Service Centre
IAU	Institutional Abuse Unit
ICPC	Interstate Compact on Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Educational Plan
IL	Independent Living
IRR	Interdepartmental Resource Review
ITRT	Intensive Temporary Residential Treatment
JR	Judicial Review
LOC	Levels of Care
LSW	Licensed Social Worker
MACWIS	Maine Automated Child Welfare Information System
MAGCP	Maine Association of Group Care Providers
MAMHS	Maine Association of Mental Health Services
MCF	Maine Caring Families
MEPA	Multi-Ethnic Placement Act
MFPA	Maine Foster Parents Association
MH	Mental Health
MI	Motivational Interviewing
MOU	Memorandum of Understanding
MSHA	Maine State Housing Authority
MYTC	Maine Youth Transition Collaborative
NCANDS	National Child Abuse and Neglect Data System
NRC	National Resource Center
NWI	National Wraparound Initiative
OCFS	Office of Child and Family Services
OPEGA	Maine Office of Program Evaluation and Government Accountability
OSA	Office of Substance Abuse
PA	Program Administrator
PDSA	Plan, Do, Study, Act
PET	Pupil Evaluation Team

PFC	Program Fiscal Coordinator
PHN	Public Health Nursing
PIP	Program Improvement Plan
PNMI	Private Non-Medical Institution (a Medicaid program)
PPO	Preliminary Protection Order
PQI	Performance and Quality Improvement
RAM	Regional Administration Manager
RCC	Regional Children's Cabinet
RFP	Request for Proposals
RGCC	Residential and Group Care Committee
ROM	Results Oriented Management System
RTC	Residential Treatment Center
SACWIS	Statewide Automated Child Welfare Information System
SAMHSA	Substance Abuse and Mental Health Services Administration
SBI	State Bureau of Identification
SEI	Supervisory Enhancement Initiative
SERU	Support Enforcement and Recovery Unit
SETU	Staff Education and Training Unit
SMT	Senior Management Team
TANF	Temporary Assistance for Needy Families
TNT	Treatment Network Team
TPR	Termination of Parental Rights
UNCOPE	Used, Neglected, Cut down, Objected, Preoccupied, Emotional Discomfort
YLAT	Youth Leadership Advisory Team

Additional Safety Measures For Information Only (no standards are associated with these):																			
	Fiscal Year 2007ab						12-Month Period Ending 03/31/2008 (07B08A) (not submitted)						Fiscal Year 2008ab (not submitted)						
	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%	
VIII. Median Time to Investigation in Hours (Child File) ⁹	<96 but >120																		
IX . Mean Time to Investigation in Hours (Child File) ¹⁰	104																		
X. Mean Time to Investigation in Hours (Agency File) ¹¹	72																		
XI. Children Maltreated by Parents While in Foster Care. ¹²					8 ^C of 2,897	0.28													
CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)																			
	Fiscal Year 2007ab						12-Month Period Ending 03/31/2008 (07B08A) (not submitted)						Fiscal Year 2008ab (not submitted)						
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	
XII. Recurrence of Maltreatment ¹³ [Standard: 6.1% or less]					139 of 1,909	7.3													
XIII. Incidence of Child Abuse and/or Neglect in Foster Care ¹⁴ (9 months) [standard 0.57% or less]					3 ^C of 2,646	0.11													

NCANDS data completeness information for the CFSR			
Description of Data Tests	Fiscal Year 2007ab	12-Month Period Ending 03/31/2008 (07B08A) (not submitted)	Fiscal Year 2008ab (not submitted)
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	7.5		
Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]*	100		
Percent of perpetrators with relationship to victim reported [File must have at least 95%]*	85.4 ^C		
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	92.1		
Average time to investigation in the Agency file [PART measure]	Reported		
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]	100		

**States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.*

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the

death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of

maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

- A. Maine has been slowly shifting staff resources to CPS Assessment in order to increase the percentage of appropriate reports that receive a CPS response. There has been a decrease in the number of reports assigned for alternative response as a result of this shift. In addition, the number of appropriate CPS reports received has increased compared to last year.
- B. In FFY 2007, the State reported one fatality in the Agency File.
- C. The State has a known data quality issue with regard to perpetrator relationship. There is no hard edit that requires entering a relationship code for all participants on an assessment. This issue will be referred to the SACWIS system Manager.

<i>POINT-IN-TIME PERMANENCY PROFILE</i>	Federal FY 2007ab		12-Month Period Ending 03/31/2008 (07B08A)		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year ¹	2,062		1,977		1,961	
Admissions during year	835		920		892	
Discharges during year	929		924		961	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)	5	0.5% of the discharges	15	1.6% of the discharges	18	1.9% of the discharges
Children in care on last day of year	1,968		1,973		1,892	
Net change during year	-94		-4		-69	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	131	6.7	125	6.3	118	6.2
Foster Family Homes (Relative)	358	18.2	421	21.3	456	24.1
Foster Family Homes (Non-Relative)	911	46.3	956	48.5	878	46.4
Group Homes	280	14.2	262	13.3	239	12.6
Institutions	47	2.4	56	2.8	39	2.1
Supervised Independent Living	18	0.9	13	0.7	10	0.5
Runaway	26	1.3	19	1.0	10	0.5
Trial Home Visit	123	6.3	99	5.0	134	7.1
Missing Placement Information	74	3.8	22	1.1	8	0.4
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	616	31.3	753	38.2	804	42.5
Live with Other Relatives	60	3.0	54	2.7	47	2.5
Adoption	534	27.1	557	28.2	586	31.0
Long Term Foster Care	83	4.2	77	3.9	67	3.5
Emancipation	252	12.8	248	12.6	194	10.3
Guardianship	55	2.8	69	3.5	51	2.7
Case Plan Goal Not Established	97	4.9	103	5.2	116	6.1
Missing Goal Information	271	13.8	112	5.7	27	1.4

<i>POINT-IN-TIME PERMANENCY PROFILE</i>	Federal FY 2007ab		12-Month Period Ending 03/31/2008 (07B08A)		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	655	33.3	702	35.6	680	35.9
Two	446	22.7	413	20.9	399	21.1
Three	255	13.0	264	13.4	245	12.9
Four	127	6.5	149	7.6	134	7.1
Five	103	5.2	89	4.5	100	5.3
Six or more	381	19.4	356	18.0	324	17.1
Missing placement settings	1	0.1	0	0.0	10	0.5
V. Number of Removal Episodes						
One	1,687	85.7	1,684	85.4	1,634	86.4
Two	230	11.7	243	12.3	223	11.8
Three	38	1.9	31	1.6	26	1.4
Four	9	0.5	11	0.6	7	0.4
Five	4	0.2	4	0.2	2	0.1
Six or more	0	0.0	0	0.0	0	0.0
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)	321	37.5	298	34.0	270	32.1
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	18.1		15.6		15.6	
VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	343	12.4	347	11.7	391	12.0
Adoption	327	35.2	313	32.0	312	29.6
Guardianship	49	29.4	64	27.7	64	22.0
Other	210	57.8	200	52.1	194	53.0
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	0	--
						21.8
Dates are problematic (footnote 4, page 16)	0	N/A	0	N/A	0	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07B08A)	Federal FY 2008ab
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 100.6	State Score = 98.7	State Score = 97.8
National Ranking of State Composite Scores (see footnote A on page 12 for details)	40 of 47	40 of 47	40 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 th percentile = 75.2%]	58.3%	57.6%	55.3%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 th Percentile = 5.4 months (lower score is preferable in this measure ^B)]	Median = 10.4 months	Median = 10.0 months	Median = 10.4 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 th Percentile = 48.4%]	29.1%	23.6%	22.3%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 th Percentile = 9.9% (lower score is preferable in this measure)]	10.4%	12.0%	13.2%

	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07B08A)	Federal FY 2008ab
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 82.5	State Score = 97.6	State Score = 105.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	31 of 47	21 of 47	14 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 th Percentile = 36.6%]	22.6%	28.1%	34.6%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 th Percentile = 27.3 months(lower score is preferable in this measure)]	Median = 35.2 months	Median = 32.0 months	Median = 29.6 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 th Percentile = 22.7%]	22.3%	23.2%	23.5%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 th Percentile = 10.9%]	9.6%	10.3%	12.3%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 th Percentile = 53.7%]	37.5%	45.3%	48.1%

	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07B08A)	Federal FY 2008ab
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 95.7	State Score = 94.7	State Score = 97.2
National Ranking of State Composite Scores (see footnote A on page 12 for details)	43 of 51	44 of 51	42 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 th Percentile = 29.1%]	26.8%	26.9%	27.8%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 th Percentile = 98.0%]	89.8%	88.8%	88.3%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 th Percentile = 37.5% (lower score is preferable)]	71.2%	70.8%	65.4%

	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07B08A)	Federal FY 2008ab
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates no components but three individual measures (below)	State Score = 96.9	State Score = 95.3	State Score = 94.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	20 of 51	22 of 51	23 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]	87.6%	85.1%	86.1%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75th Percentile = 65.4%]	64.3%	65.3%	64.2%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75th Percentile = 41.8%]	28.5%	28.1%	26.4%

Special Footnotes for Composite Measures:

- A. These National Rankings show your State’s performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, “1 of 47” would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these “lower are preferable” scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE <i>FIRST-TIME ENTRY COHORT GROUP</i>	Federal FY 2007ab		12-Month Period Ending 03/31/2008 (07B08A)		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	340	85.4	373	85.2	421	86.3
II. Most Recent Placement Types						
Pre-Adoptive Homes	4	1.2	3	0.8	4	1.0
Foster Family Homes (Relative)	81	23.8	102	27.3	148	35.2
Foster Family Homes (Non-Relative)	142	41.8	174	46.6	170	40.4
Group Homes	39	11.5	27	7.2	27	6.4
Institutions	2	0.6	8	2.1	4	1.0
Supervised Independent Living	3	0.9	3	0.8	0	0.0
Runaway	3	0.9	2	0.5	5	1.2
Trial Home Visit	48	14.1	45	12.1	63	15.0
Missing Placement Information	18	5.3	9	2.4	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	206	60.6	263	70.5	342	81.2
Live with Other Relatives	7	2.1	2	0.5	1	0.2
Adoption	20	5.9	39	10.5	40	9.5
Long-Term Foster Care	0	0.0	3	0.8	2	0.5
Emancipation	12	3.5	11	2.9	6	1.4
Guardianship	1	0.3	11	2.9	2	0.5
Case Plan Goal Not Established	21	6.2	23	6.2	26	6.2
Missing Goal Information	73	21.5	21	5.6	2	0.5
IV. Number of Placement Settings in Current Episode						
One	183	53.8	193	51.7	236	56.1
Two	100	29.4	104	27.9	105	24.9
Three	41	12.1	44	11.8	47	11.2
Four	9	2.6	19	5.1	22	5.2
Five	4	1.2	5	1.3	5	1.2
Six or more	3	0.9	8	2.1	6	1.4
Missing placement settings	0	0.0	0	0.0	0	0.0

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2007ab		12-Month Period Ending 03/31/2008 (07B08A)		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	53	89.8	59	89.4	78	89.7
Adoption	2	3.4	1	1.5	1	1.1
Guardianship	1	1.7	2	3.0	1	1.1
Other	3	5.1	4	6.1	7	8.0
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	14.4		not yet determinable		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2007ab		12-Month Period Ending 03/31/2008 (07B08A)		Federal FY 2008ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	6	0.6 %	2	0.2 %	5	0.5 %
Missing discharge reasons	0	0.0 %	0	0.0 %	0	0.0 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	3	0.9 %	4	1.3 %	4	1.3 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	2	0.6% fewer in the foster care file.	1	0.3% fewer in the foster care file.	8	2.6% fewer in the adoption file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	1	0.1 %	0	0.0 %	10	0.5 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2007ab		12-Month Period Ending 03/31/2008 (07B08A)		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more]	168	49.0	178	51.3	196	50.1
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	74	22.6	88	28.1	108	34.6
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	807	88.0	851	85.7	845	85.5
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	49	5.9 (85.3% new entry)	52	5.7 (85.7% new entry)	53	5.9 (87.0% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY 07, 07b08a , and FY 08 counts of children in care at the start of the year exclude 12 , 19 , and 13 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵ This First-Time Entry Cohort median length of stay was 14.4 in FY 07. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁶ This First-Time Entry Cohort median length of stay was Not Yet Determinable in 07b08a. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

⁷ This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 08. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

III. Narrative Assessment of Child and Family Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child abuse or child maltreatment.

- *How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?*

What do policy and procedure require?

Child Protective Intake Services are provided 24 hours a day from a single location utilizing a national toll-free voice telephone number and separate TTY toll-free number. The Intake Unit utilizes Call Center technology, so that callers never get a busy signal. Reports may also be made in person at any of the 14 DHHS Child Welfare Services Offices throughout the State.

All reports are reviewed by a Child Welfare Supervisor to determine whether the report is appropriate and how quickly the family is to be seen. Reports which meet the Appropriate for Assessment Criteria (see Section IV.C. Intake Screening and Assignment Policy) are electronically forwarded by Intake to the Child Protective Services (CPS) Unit covering the geographical area where the family resides. Appropriate reports may be assigned for a CPS Assessment (Investigation with Findings) or assigned to a Contracted Alternative Response Program (ARP) Agency (Voluntary participation in Family Assessment and Services, with no Findings). Reports that do not meet the “Appropriate” criteria are closed with no further action.

All calls requesting CPS intervention with a family are documented in MACWIS (Maine Automated Child Welfare Information System) as a CPS Report. Reports that may need an immediate response (Emergency Reports) are documented immediately. All reports that are Appropriate for CPS Assessment are documented as soon as possible, usually within 4 hours, but no later than the end of the Intake Caseworker’s workday. All reports that are Inappropriate for CPS Assessment (Screened out) are documented within 24 hours of receipt.

During the past several years, Child Protective Services has improved its relationships with Maine Indian Tribes. Tribal information is sought during the Intake process. Staff in all district offices have readily available information on Indian Child Welfare Office locations and contact persons. Reports are to be shared with Indian Child Welfare staff as soon as tribal members are identified. In ICWA cases, the tribal representative is to be informed whether the case is in need of child protective services, is referred for Alternative Response, or closed.

Casework and Supervisory staff are available to respond immediately 24 hours a day, seven days a week. There are a variety of methods utilized by local offices to ensure availability to respond

immediately. In order to ensure that all other children (not in imminent danger) are seen within a timeframe to ensure their safety, local offices utilize any one or more methods in combination to ensure the ability to make initial contact with alleged victims of maltreatment within 72 hours of the intake decision.

The Child Protection Assessment is completed in integrated, progressive, steps that cover the investigation of maltreatment and the assessment of strengths and needs. Maine does not use a Risk Assessment tool.

During the initial investigative phase of the Child Protection Assessment, the caseworker's focus is on child safety and whether abuse or neglect has occurred and/or whether a threat of abuse or neglect exists. The caseworker must make one of the following findings:

- A *Substantiated* finding means that, by a preponderance of the evidence, a parent(s)/caregiver(s) has caused and /or is likely to cause high severity child abuse and neglect. This person is considered a danger to children.
- An *Indicated* finding means that, by a preponderance of the evidence, a parent(s)/caregiver(s) has caused and /or is likely to cause low/moderate severity child abuse. Signs of risk may also be present.
- An *Unsubstantiated* finding means that, by a preponderance of the evidence, a parent(s)/caregiver(s) did not abuse or neglect a child. However, signs of risk may be present.

Policy was revised in 2005 to establish the "indicated" finding in order to minimize the effect on the family when the abuse is not found to be a danger to children. Under this policy, assuming the subject of the investigation signs a release, we will only disclose "substantiated" abuse and neglect (high severity). If abuse or neglect is "indicated" (low/moderate severity), we will not disclose that information.

When no maltreatment is found or the maltreatment findings are of low/moderate severity, the Child Protective Assessment can be closed with or without recommendation for community services.

When a family is identified as being in need of Child Protective Services, the Child Protection Assessment continues with additional face-to-face contacts; planning and conducting a Family Team Meeting to develop a case plan; opening a service case; and closing the Child Protection Assessment. Closing of the Assessment should occur within 35 days of the decision to "Assign the Report for Assessment."

Safety plans are to be developed and updated whenever signs of danger are present. See Child and Family Services Policy IV. D. Child Protection Assessment Activities, #11, for format for a safety plan. The purpose of a safety plan is to manage threats to safety. A safety plan has a more limited focus than a family plan, which is a plan of change that addresses underlying needs that result in danger to children

Reports with the final decision to "Refer to Contract Agency for Alternative Response" are immediately forwarded electronically by the DHHS district CPS supervisor to the supervisor of the appropriate contracted Alternative Response Program (ARP). ARPs have limited secure remote access to MACWIS, providing them with immediate electronic notification of the referral

and the ability to review the referral online immediately upon referral decision by the local CPS supervisor.

Alternative response coverage is provided by contracted ARP agencies in every district. Creation of this program in 2000 enabled a private/public response to all valid reports of child abuse and neglect. Prior to the ARP, numerous reports went unassigned due to chronic understaffing of child welfare caseworkers. Effective July 2008, response and assessment completion timeframes for ARPs are essentially the same as for DHHS Child Protective Services. For families who choose to receive services from the ARP to increase child safety, a Family Team Meeting and case plan are to be developed within 35 days of receipt of referral. ARP staff are expected to maintain monthly contact with the child and the family. ARP involvement is to be no longer than six months.

The Child and Family Services Policy IV. C. Intake Screening and Assessment guides the intake process, timeframes, and decision-making for screening and assigning reports of child abuse and neglect. This policy also specifies criteria for reports that are appropriate for Department response.

The Child and Family Services Policy IV. D. Child Protective Assessment guides the response process, timeframes and decision-making for the investigative response to child abuse and neglect.

The Child and Family Services Policy IV. D-1. Child Abuse and Neglect Findings defines the three possible findings, the standard of decision-making, guidelines for making finding determinations, notification requirements to parents, caregivers, and their rights to review and appeal.

The Child and Family Services Policy IV. M. Alternative Response guides the response process, timeframes and decision-making for Alternative Response Programs under contract with the Office of Child and Family Services. Maine DHHS may refer reports of child abuse and/or neglect of low to moderate severity to these Alternative Response Programs.

Although not included in Child and Family Services policy, an *Institutional Abuse Unit Protocol* was finalized in January 2005. This protocol, developed collaboratively with the DHHS Out of Home Investigations Unit (previously called the Institutional Abuse Unit) and Adoptive and Foster Families of Maine (AFFM), specifies time frames for investigative response in licensed foster homes. In addition, it makes clear the roles and responsibilities of the Out of Home Investigations Unit, the child's caseworker, and the Adoptive and Foster Families of Maine Allegation Support Team (the AFFM Allegation Support Team provides information and support to the foster parent during the investigation process). A report is made to the Out of Home Investigations Unit, which conducts these investigations and recommends regulatory action. This unit is housed in the Office of Licensing and Regulatory Services, and is separate from the Child and Family Services.

What changes in performance and practice have been made since the previous CFSR?

In the 2003 CFSR, Item 1 was found to be an area needing improvement, with a finding that Maine Department of Health and Human Services (DHHS) did not initiate investigations of a child abuse and neglect report in a timely manner in 58% of the applicable cases. The Department assessment policy at the time of the 2003 CFSR did not clearly define specific response timeframes for caseworkers to see essential family members “critical case members” in an assessment process. The CFSR found that in some situations up to 21 days passed before children were seen, even for cases that were classified as “high risk”.

Maine’s screening and response has improved dramatically since the 2003 CFSR and even from the 2004 Program Improvement Plan (PIP) achievements. At the time of the 2003 CFSR, intake staff could take a week to screen the report. District supervisors could take another week to assign or refer it for Alternative Response. Depending on the “respond by” date, the assigned caseworker could take as long as another week to see the child. If referred by the District supervisor for Alternative Response, the contract agency was allowed two weeks to make contact with the family. As part of the Department’s PIP, policy was revised to specify investigative face-to-face response to within 120 hours of receipt of the report by the Intake Unit.

In September 2007, when the Department initiated an even more timely 72-hour response policy, the statewide average for successful implementation of the 120-hour response was 83%, which was a high for the prior 12 months.

On 12/31/07, these revised intake and assessment policies (Intake decision within 24 hours; caseworker to see child within 72 hours of intake decision) were issued as final after a 4-month phase-in period.

In 2007, a Performance and Quality Improvement (PQI) Unit review of screened out child abuse/neglect reports validated stakeholder concerns regarding consistency and nature of reports designated as appropriate for CPS assignment. As a result, the Child Protective Intake Manager revised the assignment protocol. Intake supervisors now document the basis for their decision that a report is not appropriate for investigation and intake staff makes more collateral contacts to clarify information when reports lack specifics. In addition, policy was revised so that district supervisors could no longer make a “second level decision” to screen out a report found by the Intake Unit to be appropriate for assessment.

Child Welfare senior management directed the PQI Unit to conduct this review on an annual basis to assure that the needs of children and families are being met. The 2008 Intake review found improved documentation of decision-making when reports did not meet the criteria for Child Protective Assessment assignment.

Current practice - what does the data show?

The Monthly Management Report tracks by district the numbers and percentages of initial contacts made within 72 hours. For December 2008:

District	1	2	3	4	5A	5S	6	7	8	State
Percent contacted within 72 Hours	67%	73%	72%	59%	75%	56%	73%	65%	70%	69%

(SOURCE: OCFS Monthly Management Report, December 2008)

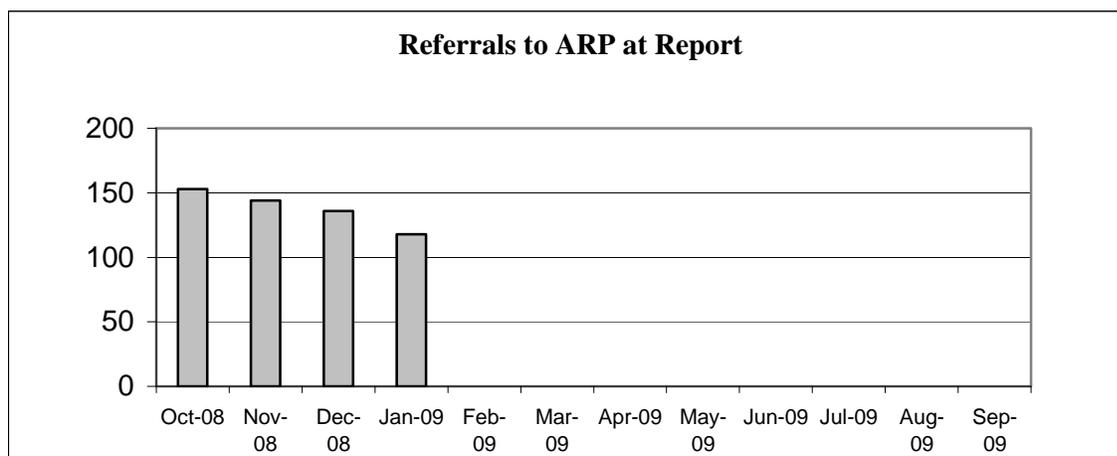
Available data shows that present implementation of the Child Protective Assessment Policy is still partial at 69% statewide.

Although many supervisors and managers think that most cases are seen within four or five days, if not always within 72 hours, this was not borne out by a November 2008 MACWIS Data Query. This query found that in a recent month, 73% of cases were seen within 72 hours, only another 4% were seen within 96 hours and only an additional 4% were seen within 120 hours of the approved report.

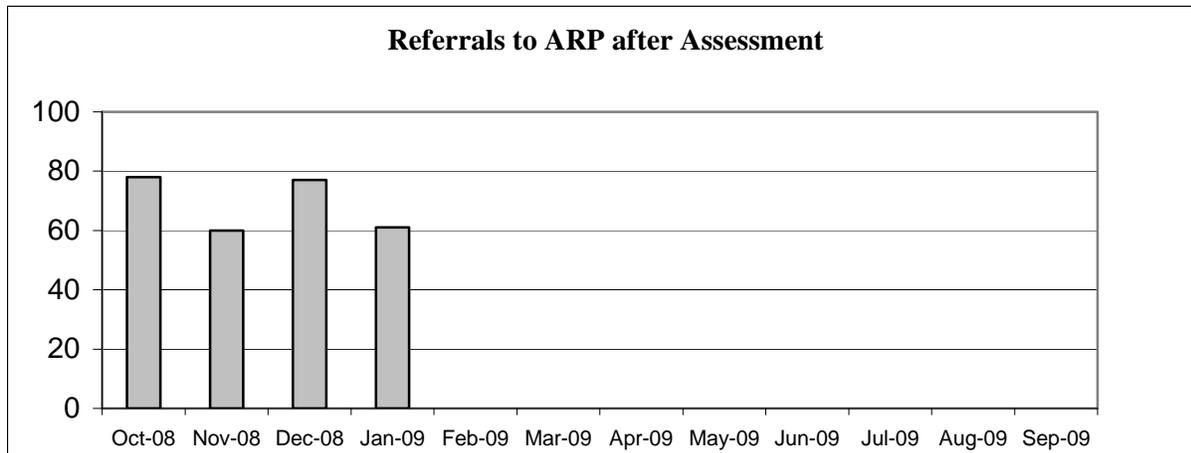
In July 2008 Alternative Response Program contracts were revised to include the expectation that children would be seen in three days, substantially the same response timeframe as a DHHS Child Protection Assessment. The Alternative Response Policy has not yet been revised to reflect this new contractual expectation. Available data from calendar year 2007 (when the expected response time frame was five days) indicates that the previous response expectation was partially achieved by contract ARP agencies.

- CPS Reports assigned to ARP agencies – **2,538**
- Initial Face-to-Face contact within 5 days of receiving report – **1,856**

Data is not yet available as to the progress of ARP agencies in 2008 in meeting their response timeframe for reports of child abuse/neglect. Numbers of referrals both at the time of report and after child protection assessment are tracked monthly.



(SOURCE: DHHS Intake Data Unit, 2009)



(SOURCE: DHHS Intake Data Unit, 2009)

ARP services receive quality assurance monitoring from DHHS through data tracking, ARP report submissions, DHHS participation in Monthly Statewide ARP Meetings, and annual on-site reviews by the OCFS Public Services Management Division.

PQI Unit reports track timeliness of response together with assessment planning and prevention of repeat maltreatment. As a result, the PQI findings are not specific to timeliness only. Similarly, the 2007 in-house site review aggregated all item-specific findings together under Safety Outcome 1; again, timely response was not measured by a “stand alone” finding.

In a 2008 Safety Survey administered to the Youth Leadership Advisory Team (YLAT), youth gave DHHS a grade of ‘C+’ to the question, “Did DHHS respond quickly enough?” in terms of providing response and services to children/youth and families prior to a child entering custody.

Although Maine DHHS has significantly increased policy expectations for response to reports of child abuse and neglect and has made significant progress, implementation is not yet fully achieved.

Key collaborators:

- Law Enforcement
- District Attorney’s Offices
- Alternative Response Programs

What are the casework practices, resources, issues, and barriers that affect the overall performance of Maine’s child welfare system?

Barriers most frequently cited by districts are difficulties in successfully utilizing available staff to fully implement the reduced response time, a lack of technology (cell phone reliability, lap tops) in the field to assist in meeting the goal, and geographical factors. Distances and weather can challenge time efficiency. Maine is a predominately rural state, 90% forested and larger than the rest of New England combined. Districts 2, 4, and 7 have geographical issues involving islands off the coast, which are inaccessible except by ferry, boat, or plane. Parts of Districts 3, 5, 6, 7, and 8 have remote areas which only be accessed via dirt logging roads, some of which are privately owned by paper companies. District 8 is a very large and sparsely populated county, the size of the states of Connecticut and Rhode Island combined. The CFSR Steering Committee notes that another barrier, at times, is that of locating families who move frequently.

At present, timeframes for CPS investigations and Out of Home abuse investigations differ:

CPS	Out of Home Investigations Unit
Assign, refer or screen-out report within 24 hours	Assign to the Out of Home Investigations Unit worker within three business days of receipt form Intake Unit
Initial face-to-face contact with child victim within 72 hours of intake approval or report	Foster children in the home will be seen within five days of assignment by either Out of Home Investigations Unit worker or OCFS caseworker
Complete and document investigations within 35 days of report (effective 5/27/08)	Complete investigation within 90 days of report

Given this disparity in expected response times between CPS and Out of Home Investigations Unit, the fact that this updated Institutional Abuse Unit Protocol is not actually policy, and the lack of conjoint monitoring of this protocol by Child Welfare and Out of Home Investigations Unit, this is an area that would benefit from review and revision.

Largely due to state demographics, casework issues related to racial, ethical, or cultural diversity are limited in Maine. Although York (District 1), Cumberland (District 2), and Androscoggin (District 3) counties have communities with more diverse racial and cultural populations, Maine is 96% white and the current DHHS Child Welfare Services workforce reflects that overall lack of diversity.

There are some bilingual caseworkers, especially those who are fluent in French, but this information is not generally known or well tracked.

Strengths and promising approaches:

- Maine has improved its response time expectations from as long as three weeks down to 72 hours.
- Using its PQI process, Maine has improved its decision-making on reports to assign and increased accountability in assignment decision-making.
- Maine has made Alternative Response Program timeframe expectations consistent with in-house CPS response timeframes.

Item 2: Repeat maltreatment.

- *How effective is the agency in reducing the recurrence of maltreatment of children?*

What do policy and procedure require?

The Child and Family Services Policy IV. D. Child Protection Assessment gives specific guidance in “Child Protection Assessment Decisions” as to when families are in need of child protective services. This policy is designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan
- Safety plan failure
- Findings of maltreatment with specific signs of risk that are likely to result in recurrence of maltreatment
- Finding of child abuse or neglect (CA/N) within previous 12 months
- Parental unwillingness to accept services or to change dangerous behaviors or conditions

This policy also permits referral to Alternative Response Programs when significant risk is found without findings of CA/N.

The Child and Family Services Policy IV. M. Alternative Response guides the response process, timeframes and decision-making for Maine’s contracted Alternative Response Program agencies. Casework supervisors refer CA/N reports of low to moderate severity to ARP agencies (refer to Item 1 for more information).

Child and Family Services Policy IV.D-6. Family Team Meeting – This 2005 policy, in accordance with the Child and Family Services Practice Model, integrates the Family Team Meeting (FTM) into our work. It streamlines the work of teaming (preparation and meetings) into the workflow of engagement, collaborative assessment, planning, and intervention. This policy makes clear when FTMs must be held and who is to be included in the process. The FTM process establishes a team to support the family in a plan of change to increase the safety of the

children. This process also enables monitoring from multiple sources. The family becomes accountable to their informal support system, as well as to agency professionals. Ensuring that families have a team supporting them reduces the likelihood that future maltreatment will occur.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 1 as a strength. Since 2003 the rate of repeat maltreatment has slowly been increasing. Most recently it has increased 1.0% between 2006 and 2007.

In 2006 Child Welfare staff in each district reviewed NCANDS data on repeat maltreatment to improve understanding as to why Maine's repeat maltreatment rate had begun to increase beyond the US HHS national data standard. From information gained by this case-by-case review in each district, the Child Protective Intake Manager identified increased likelihood of repeat maltreatment when children were under the age of six and one or more of the following factors was identified in addition to the finding of abuse and neglect:

- Substance abuse
- Uncontrolled mental illness
- Domestic violence

In December 2007 the Children Protection Assessment Policy was revised to include the previously identified risk factors as well as the following five additional risk factors identified by child welfare Central Office management:

- Findings of neglect
- Maternal depression
- Multiple unrelated caregivers
- Lack of social reports
- Child has multiple prior child abuse or neglect findings

Based on the available NCANDS data in 12/08, the PQI Unit reviewed cases of those children identified as having experienced repeat maltreatment. Although the identified children were those involved in assessments that pre-dated the 12/07 Child Protective Assessment policy revision, this PQI review supported the finding of the 2006 review – particularly that children under age six are at increased risk of repeat maltreatment if the child protection assessment also finds either neglect, parental substance abuse, domestic violence, or uncontrolled mental illness. The results of this review can be used to further refine existing policy to assure that the most predictive risk factors are fully considered in decisions about providing services to reduce abuse and neglect.

Current practice – what does the data show?

According to the 12/16/08 US HHS Administration for Child and Families (ACF) Data Profile, Maine's absence of maltreatment recurrence was 92.7% – down from 93.7% in 2006. Additional NCANDS data on repeat maltreatment for calendar year 2007 shows that the national standard was met in three of Maine's sixteen counties – Kennebec, Hancock, and Washington Counties. Repeat maltreatment was the highest during the same time period in Franklin, Somerset, and Knox Counties.

Although recurrence of maltreatment is reviewed in PQI record reviews, these findings are combined with assessment preparation and response time findings. Similarly, the 2007 in-house site review findings report combines timeliness of assessment with the repeat maltreatment issue. Because of Maine's procedures that review and report such findings in combination, Maine has no data in addition to ACF analysis data and NCANDS data on repeat maltreatment.

Key collaborators:

- Alternative Response Programs
- Substance abuse treatment providers
- Service providers for parents with uncontrolled mental illness
- Family Violence Program advocates

What are the influences, resources, issues and barriers that affect overall performance of the Maine child welfare system?

Barriers that impact Maine child welfare practice have included inconsistent and insufficiently integrated substance abuse services, family violence services, and services to control mental illness. Distance and transportation issues have presented problems for families seeking services. Although the FTM process was credited as being instrumental in effecting positive change for families, the 2007 in-house site reviews also affirmed that the success of the FTM process is dependent on the training and skills of the caseworkers facilitating the meetings.

Districts 7 and 8 in particular struggle with a lack of accessible resources. Washington County in District 7 has the lowest median household income in Maine and is one of the poorest counties in the country. It has a high rate of unemployment, adult disability, and child poverty, as well as a high rate of drug use (mainly synthetic opiates).

Aroostook County (District 8) has no inpatient psychiatric facility within its borders.

Strengths and promising approaches:

In 2007 in collaboration with Casey Family Services, the Children's Advocacy Council (Cumberland County), and the Child Abuse and Neglect Council, Maine DHHS Office of Child

and Family Services developed the *Community Partnership for Protecting Children* (CPPC) in two neighborhoods in Portland – Maine’s largest metropolitan area. Part of a nationwide initiative, CPPC forms a team around a family to support that family in protecting their children and making necessary changes in their life. The goal of CPPC is for families to be strengthened and for children to be nurtured and supported in a safe environment. This initiative looks at the full spectrum of families in the community and intervenes with families not only in conjunction with child protection assessments, but also when families are in crisis and in need of support before any abuse or neglect occurs. CPPC was initiated in the two Portland neighborhoods that generated the most Child Protective and Alternative Response Assessments. A third Portland neighborhood has since asked to join the partnership, as have two other neighboring communities.

In 2008 Maine was selected to participate in the *New England District Breakthrough Series Collaborative on Safety and Risk Assessments*, sponsored by Casey Family Services and the American Humane Association. The purpose of the study is to identify the core principles and components of an effective system of safety and risk assessments and decision-making. Teams from five of Maine’s eight districts each with five district-specific areas of focus are participating to reduce recurrence of maltreatment. These areas of focus include:

- Improved assessment of domestic violence impact on safety and future risk of harm
- Improved assessment of safety and risk of harm in the context of Community Partnerships for Protecting Children
- Improved assessment of safety and risk assessment as related to the impact of parental substance abuse
- Improved safety assessment at initial intervention and throughout the reunification process, with specific focus on reunification decision-making.
- Improved assessment in ongoing service cases and resultant consequences related to repeat maltreatment.

This Series recognizes that, in the work of the agency, decisions regarding safety and risk cannot be isolated from permanency or well-being, and that work on safety and risk assessments are key elements in an integrated approach to achieving positive outcomes for children and families. The goal of this approach is to increase the capacity to conduct assessments and make related decisions that keep children safe from imminent danger and protect them from future maltreatment.

Additional noteworthy strengths and promising approaches include:

- The inclusive FTM process to improve assessment, planning, implementation, and support
- The placement of family violence advocates in each district office
- The general use of UNCOPE questions for substance abuse screening
- Family Drug Courts in several locations, which have improved working relationships with substance abuse treatment services
- Breakthrough Series Collaborative (BSC) on safety and risk assessments

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.

- *How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?*

What do policy and procedure require?

Child and Family Services Policy IV. D. Child Protection Assessment – specifies situations when families are in need of child protective services. This policy provides guidance on continuing assessment combined with identification of persons who can be formal and informal supports to a family. A Family Team Meeting (FTM) is convened to bring the assessment to a shared conclusion, then to make a plan that identifies:

- Family strengths
- Family needs related to child safety, permanency and well-being
- Services/supports needed to assist the family with regard to child safety and well-being
- Who will do what to carry out the plan
- How progress and change will be measured

This policy also specifies that all adults in the home will be screened using the UNCOPE (Used, Neglected, Cut down, Objected, Preoccupied, Emotional Discomfort) tool which assesses each adult's substance use. When concerns are raised about parents and caregivers who live outside the home – but have regular contact with or responsibility for children who are the subject of the assessment – caseworkers should consider using the UNCOPE tool with them as well.

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

This policy clarifies that when a child is in DHHS custody, birth parents, foster parents and the child (if age twelve or over) 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.

Child and Family Services Policy IV. E. Case Management for Children with Behavioral Health Needs – Effective 7/08, this policy provides specific guidance for early assessment and identification of those children who – having experienced trauma, abuse and neglect – receive appropriate intervention for behavioral health services if/when warranted.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFRS, Item 3 was rated as an area needing improvement. A key finding of the CSFR was that BCFS (OCFS) was not consistent in providing appropriate services to families to protect children in the home and prevent their removal, and was not consistently effective in reducing the risk of harm to children. The key concern identified pertained to inadequate assessments leading to services that were not appropriate to ensure the child's safety and reduce risk of harm. In particular, case reviewers reported a lack of appropriate assessments in cases in which sexual abuse was a primary or secondary reason for agency contact with the family.

As a way to address the key concern of inadequate assessments, DHHS implemented FTMs and developed a Practice Model that is consistent with the strength-based proactive philosophy of Family Team Meeting (refer to the Practice Model, page 16). This was accomplished in 2005 along with reform-related revisions to key policies, including the Child Protective Assessment Policy.

As part of the 2004 PIP, the DHHS Child Welfare Program developed a requirement of monthly contact with children and families in service cases.

As part of the 2004 PIP, a Statewide Assessment of the service array was completed. As an initiative of Governor Baldacci that same year, legislation was enacted that combined Child Welfare Services, Children's Behavioral Health Services and Early Childhood Services within a new Office (Bureau) of Child and Family Services. From this merger came increased emphasis and training on evidence-based practice, clarification as to when to request different types of evaluations, and standardization of payments for clinical services so that they are the same as Maine Medicaid rates. Revision of the Service Authorization Policy began in 2006 and was completed in 2008.

In 2006 the Director of Office of Child and Family Services obtained legislative approval for reinvesting budget savings to improve services to maintain children in families. These savings resulted from a child welfare initiative to place more foster children with families, thus reducing reliance on high cost, residential care placements. A major achievement of this reinvestment was the establishment of community-based, high fidelity Wraparound in every DHHS district (please refer to page 8 in the Introduction).

In the Office of Child and Family Services, a major conceptual shift has been made to meet the needs of families with a single system of care, rather than maintaining the prior separate system for child welfare clients. Service availability for in-home counseling and support services for child welfare clients has increased due to the establishment of an Administrative Service Organization (ASO) for prior authorization and utilization review, which is resulting in more time-limited services and reduced waiting lists for all Maine families in need.

In 2007 through a Family Violence Prevention Grant (FVPG) a Family Violence Program advocate was housed in each district.

The Alternative Response Program (ARP) increases and enhances Maine's capacity to provide services to families to protect children. District casework supervisors refer child abuse/neglect reports of low to moderate severity to ARP contract agencies for assessment. Agencies then can make plans with families to increase child safety and provide services to implement these plans. District casework supervisors also refer a number of families that DHHS has already assessed, so that the ARP can provide agreed upon services and case management. DHHS can also refer families when significant risk factors are evident, although no abuse and neglect has been found. In calendar year 2007, ARP agencies completed 1,155 plans with families with 35 days of receiving reports. These agencies accepted 1,084 "post-assessment" cases from DHHS so that these families could receive services and case management.

In 2008, The DHHS Office of Child and Family Services received a grant through the MacArthur Foundation to train clinicians in three agencies in evidence-based clinical services. Two of the selected sites handle the southern portion of the state with the third site handling the central Maine area. During the three-year term of the project, children will receive an evidenced-based evaluation before treatment is initiated. The type of treatment the child receives will be specific to the needs of the child, as identified in the evaluation. Core elements of this model include training and weekly consultation; clinical management information system to monitor progress and outcomes; family engagement and empowerment; and organizational and intervention assessment. The starting date for this project was December 2008.

Current practice – what does that data show?

Maine Child Welfare managers, supervisors, and staff have worked hard to improve assessment, planning, and service delivery so that case process with the family is more inclusive, the plan is strength-based, and needed services are evidence-based. Maine lacks current data, though, which would make clear the extent to which policy, procedural, and practice reforms have improved the effectiveness of the Department in providing services. Maine's 2007 in-house site review in all districts indicates that reforms are not yet fully implemented. Through the focus groups conducted as part of Maine's 2007 in-house site review, information was obtained indicating that the success and the effectiveness of the FTM process in moving a case forward is often based on the skills of the caseworker facilitating the meeting. FTMs were seen as helpful, but this is also based on the skill and attitude 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. In addition, the in-house site review identified problems in

identifying, reporting, and interviewing when new alleged threats to safety arose after initial assessments.

Current PQI data validates that the child welfare program has passed the tipping point in terms of cultural change, but that implementation of reform and the new Practice Model has not yet fully transitioned from partial to substantial implementation. As evidenced by the PQI case review data, implementation of FTMs for case planning and at other necessary times is best described as partial. PQI reviews indicate that FTMs are offered per policy 57% of the time. Thorough assessments were completed 71% of the time with UNCOPE substance abuse screening being conducted in 81% of cases reviewed. UNCOPE screenings should occur in all child protection assessments. Limitations of effectiveness in assessment and planning can result in limitations of effectiveness in providing services to the family to increase child safety and prevent removal.

Based on available information, this remains a challenge for OCFS. The reforms established since the 2003 CFSR are a strong foundation for further work – and this work is ongoing. In December 2007, based on the findings of the in-house site reviews, which identified a need for improved correlation among abuse/neglect findings, the family plan, and the services within it, the Child Protection Assessment Policy was revised regarding monthly contacts. In addition to safety and well-being, the caseworker visits are now expected to have three additional purposes. The Continuing Assessment Activities section of the Child and Family Services Policy IV. D. Child Protective Assessment states:

Frequency and type of the caseworker's face to face visits with the child and family shall be appropriate to the family's needs and risk to the child and visits occur at least once a month in the home to:

- a) Establish effective working relationships;
- b) Assess safety and well-being;
- c) Monitor service delivery; and
- d) Measure and support the achievement of agreed upon goals.

Service monitoring includes confirmation services were initiated and are appropriate and response to complaints that develop regarding service delivery.

To the extent that the policy becomes enacted in practice it should improve implementation of services specified in the family plan.

Key collaborators:

- Alternative Response Program Agencies
- Children's Behavioral Health Services
- Muskie School of Public Service, University of Southern Maine
 - Training for Family Team Meetings
 - Pre-service training in Child Protection Assessment
 - Coordination of the Wraparound Initiative (2006-2008)

- Spurwink Institute for Child Abuse and Neglect
- Child Abuse Action Network
- Casey Family Services
- Community Partnerships for Protecting Children
- Department of Education
- Department of Corrections
- CASA/GAL community
- Wraparound Maine
- Community Collaborative Boards (Wraparound Maine)
- Child Abuse and Neglect Councils
- Public Health Nurses
- Children's Cabinet

What are influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

A significant number of families struggle with substance abuse, domestic abuse, and mental health issues, yet accessible services to meet those needs can be limited. Needed clinical evaluation and treatment services are not always accessible. These services tend to develop (or not) based on entrepreneurship, rather than a public health agenda to assure needed services in each catchment area. Districts 7 and 8 report a shortage of mental health professionals trained to work with children and families involved in the child welfare system.

Maine geography (remote areas, islands, severe weather) can, at times, render services less accessible. Public transportation is limited or lacking in most areas of the state.

During the 2007 in-house site reviews, a stakeholder focus group identified concerns around caseworkers failing to follow ICWA mandates and that staff needed to be more culturally sensitive to the Native American community, particularly when looking at service provisions.

The following additional barriers have been reported by individual districts:

- There is an increasing homeless population in Southern Maine due to rising cost of housing.
- There is significant substance abuse issue, which exceeds available services in some areas.
- A large transient population in some areas is associated with high crime.
- Some areas are becoming increasingly culturally diverse, especially among school age children.

- Some areas are more rural with high poverty rates.
- Some areas (District 7 – Washington County) have a large disabled adult population (over 25% of the adult population).

Strengths and promising approaches:

Strengths that Maine has demonstrated include:

- Systemic reform to promote inclusive, strength-based assessment and planning to overcome a prior deficit-based, prescriptive model of practice
- Use of Family Team Meetings to make plans and solve problems utilizing client engagement and empowerment
- Integration of Child Welfare Services and Children’s Behavioral Health Services resources toward a unified system of care for children and families
- New emphasis on evidence-based services

A promising approach is the *Wraparound Maine* Initiative. This is a statewide, multi-site initiative that complements and enhances existing collaborative service planning approaches in Maine (Child and Family Teams, Family Team Meetings, and Systems Teams) and supports an integrated planning approach for youth with complex needs. 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. Phase One of Wraparound Maine was initiated in January 2007. Phase Two of Wraparound Maine began in January 2009 to expand this service to all of Maine’s eight DHHS districts. With this second phase, the statewide enrollment for those involved in Wraparound Maine could be over 200 at any given time.

Another promising approach is the *Community Partnership for Protecting Children (CPPC)*, which was previously discussed in Item 2, page 45.

Maine Child Welfare Services and Children’s Behavioral Health Services officials also engage in interdepartmental meetings with the Department of Corrections to address the challenges of youth who require services from multiple child-serving departments. Specific cases are identified by district staff who may be having difficulty locating an appropriate placement. This work also includes developing strategies in which all three departments could work more collaboratively at the beginning of involvement with children/youth and families to provide appropriate services and prevent the need for detention.

Item 4: Risk assessment and safety management.

- *How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own home?*

What do policy and procedure require?

Child and Family Services Policy IV. D. Child Protective Assessment states that the frequency and type of caseworker face to face visits with the child and family will be appropriate to meet the family's needs and risk to the child and will occur at least monthly. More frequent contact with families helps to establish more effective working relationships, allows for a better assessment of safety and well-being, facilitates monitoring of service delivery, and better enables the caseworker to measure and support the achievement of the agreed upon goals of the family. This policy also guides staff as to the nature and frequency of the reviews to determine if/when the Department's involvement should continue. This review should occur as needed, but at least every six months. For this review, caseworkers are to explore with the family the current signs of safety, risk, and danger, as well as the changes made by the parents/caregivers. To facilitate this review, comprehensive lists of signs of safety, risk, and danger are included in this policy. Additional strengths and needs may be identified. Staff are expected to share information at the Family Team Meeting and document it in the MACWIS (Maine SACWIS) case record.

Child and Family Services Policy V. D-1. Selection of Placement – This policy specifies the need for frequent and meaningful contact between the child in foster care and their caseworker. Children and their families are best served when a positive, meaningful relationship exists between the caseworker and family members. Such relationships are built through regular contact. This policy specifies expectations for frequency of face-to-face contact with newly placed children and their caregivers, including:

- Visit at least once within the first two weeks of the placement. The caseworker should have at least one telephone contact with the child and caregiver within the first week of placement if unable to visit during the first week;
- Visit once per month thereafter, in the child's environment, unless there is clear documentation as to why the contact should occur elsewhere.

Child and Family Services Policy V. D-7. Relative Placement and Kinship Care revised in 2005, requires a kinship care assessment, which contains screening questions related to child safety. This assessment was developed in consultation with Thomas Morton of the Child Welfare Institute (CWI) and reflects CWI findings. Caseworkers must complete this assessment for children in DHHS care or custody when placed with relatives who are not licensed as foster parents.

Although not specified in policy, a clear, long-standing expectation exists that the Intake Unit or Program Administrator will report deaths or serious injuries of children in a foster care or in-home service cases, or children who have previously received child welfare services to the Director of Child Welfare Services. The Director then ensures that the case is internally reviewed and that information is provided to the Child Death and Serious Injury Panel for their review.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 4 as an area needing improvement. Key concerns pertained to the provision of services that were not sufficient to reduce risk of harm or that did not address all of the apparent risk factors in the family, particularly risk factors associated with sexual abuse.

The changes in performance since the 2003 CFSR are profound. No policy requirement existed for frequency of ongoing face-to-face visits with families and children in in-home service cases in 2003. The policy change was required by the 2004 Program Improvement Plan (PIP).

For children in foster care, policy was revised in 2006 to require that caseworkers see children in foster care monthly, with some latitude allowed for adolescents. In 2008, relevant policy was revised to require that all children be seen individually, every month in their own environment as well as requiring a meeting with the child(ren)'s caregiver.

The Institutional Abuse Unit Protocol was developed and finalized in January 2005, which addressed how to conduct out-of-home investigations (refer to Item 1, page 38).

In response to findings that Department services did not adequately address issues of sexual abuse, 424 managers, staff, and supervisors received training on sexual abuse issues and intervention from Sue Righthand, PhD. Dr. Righthand is a published authority on evaluation and treatment of sexual offenders.

In 2006 Child Welfare Services Central Office Management implemented a procedure for a prompt internal review with district staff in event of a child death or serious injury. The purpose of these reviews is to learn, to teach, to challenge, and to probe in order to reflect on the events that occurred to prevent another occurrence. Invited participants include, but are not limited to the District Operations Manager, the Program Administrator, the Director of Child Welfare, the Director of Policy and Practice, the assigned caseworker at the time of the incident, as well as those who had previous involvement. Following the review, the Program Administrator prepares a memo detailing the review, which is shared with a larger audience in order for others to learn from the review and reflect on their own practice.

Current practice – what does the data show?

Regarding absence of maltreatment in foster care, Maine does well – meeting ACF national data standards. While 0% is our goal, we remain in the top percent nationally as evidenced by 0.13% of children maltreated by their foster parents or residential care provider while in care vs. the national data standard of 0.70%. The incidence of children in foster care maltreated by a parent while in foster care is 0.28%. Per the data from the Out of Home Investigations Unit:

	2007	2008
Number of foster home CA/N investigations	72	66
Number of foster home investigations where no CA/N was found	68	62
Number of foster home investigations where CA/N was found	4	4

The following may account for why Maine appears to meet national standards in this area:

- Caseworkers monitor child safety in foster care through monthly visits or contacts. 96% of children seen face-to-face (Monthly Management Report, December, 2008).
- With Child Abuse and Neglect Evaluation Project (CANEP) forensic psychological evaluations ordered by the court, and court oversight, the quality of reunification plans and their implementation may be superior to driven plans developed in Family Team Meetings.
- Caseworkers must visit families and children in trial reunification placements weekly or biweekly (Child and Family Services Policy VII. E-1. Trial Home Placements).
- Licensed foster parents receive extensive pre-service training, a thorough home study, ongoing training, and support through Adoptive and Foster Families of Maine (AFFM).
- A significant percentage (57%) of Maine's foster children are in therapeutic foster care, which provides increased case management, supervision, and support services that may reduce the risk of child abuse and neglect.

For children receiving services in their own home, revisions in the Child Protection Assessment Policy should be resulting in more effective reduction of risk of harm.

- Revised assessment process more clearly identifies signs of safety, risk, and danger.
- Interventions with families are more timely.
- Level of safety must be reviewed and must be assessed at time of first contact, monitored during monthly contacts, and reviewed with supervisor prior to case plan revision or case closing.

The 2009 on-site review should provide useful information for Maine on progress made and progress needed.

As noted in the most recent Report of the State of Maine Child Fatality and Serious Injury Review Panel (2006), 78 child deaths were reported to the State of Maine Office of the Child Medical Examiner. 44% of the deaths were the result of accidents including motor vehicle

deaths and drowning, while 4% were homicides. The multidisciplinary Child Death and Serious Injury Review Panel reviewed eight cases in 2006. Of those deaths three resulted from inflicted injuries. The Panel determined that 50% of the injuries or deaths were preventable. The annual report contains specific recommendations and OCFS responses.

Presently available information does not enable a clear determination to be made as to how well the policy requirements are reflected in practice, particularly the new monthly contact requirements. PQI reports track monthly contact with children, parents and caregivers; however, there is no separation between in-home cases and foster care cases in those findings. PQI data documents that children are safely maintained in their homes whenever possible and appropriate in 58% of the records reviewed. PQI also tracks whether FTMs occur per policy expectations but, again, does not separate out which of those FTMs are occurring are in in-home service cases as part of a caseworker's review of case process. The most recent PQI data indicates that policy guidelines for frequency of visits with children were followed in 63% of the cases reviewed (PQI 4th Quarterly stats – 2008). The 2007 in-house site reviews found that for Safety Outcome 2 (Items 3 and 4), the outcome of safely maintaining children in their homes was substantially achieved in 49% of the cases reviewed. Available data indicates that opportunity continues to exist to increase effectiveness in reducing risk of harm to children.

Current practice indicates need for additional policy development and related staff training.

- Although Maine has clear policy around reporting child abuse and neglect, this policy is not always followed. The 2007 in-house site review found repeated instances of failure to formally report new incidents of child abuse and neglect in open cases. This, at times, was due to failure to recognize incidents or, although recognizing and intervening, a failure to consistently create a report of CA/N.
- The above finding points to a possible need for clear policy regarding specific changes in a family situation which should trigger a new safety assessment.
- The 2006 Institutional Abuse Unit Protocol was never added to policy and is not available online. According to the Program Manager for the Out of Home Investigation/Customer Support Unit, the protocol is no longer well known or well followed by DHHS Child Welfare casework staff. At this point the protocol would benefit from review and possible revision.

In reviewing available information on Maine's practice regarding this item, it is clear that significant changes and substantial progress has been made. Still, concerns exist as evidenced by PQI record reviews, the 2007 in-house site review, and from the Program Manager for the Out of Home Investigation/Customer Support Unit.

Key collaborators:

- Out of Home Investigations Unit
- Adoptive and Foster Families of Maine (AFFM) (allegation support)
- Local and state law enforcement

- Child Death and Serious Injury Review Panel
- Maine Drug Enforcement Agency
- United Somali Women of Maine (District 3)
- Tribal Social Services Directors

What are the influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

- Tendency towards incident-based investigations/assessments (this was a recurring finding of the 2007 in-house site reviews)
- Lack of clear policy guidelines for ‘milestones’ in the case where safety assessments should be conducted
- After initial investigations, recurrent tendency to “lose our way,” focusing on arranging services rather than the family problems/needs that compromise safety
- District-specific issues that are barriers to effective service delivery can also limit agency effectiveness in reducing risk of harm to children.

Strengths and promising approaches:

- Collaboration between DHHS and tribal partners in the ICWA policy. Currently this is in draft form and will be reviewed by tribal partners.
- Monthly contacts in 96% of cases of children in foster care
- Prompt internal review of all serious injuries and deaths
- New DHHS system for tracking surveillance of serious injuries and deaths

Promising approaches that Maine has utilized to address this item have included:

- All districts now have Family Violence Advocates in their main offices to provide consultation and assessment. Three Districts (4, 5 and 7) have substance abuse specialists who come to district offices to provide consultation and assessment.

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

Item 5: Foster care re-entries.

- *How effective is the agency in preventing multiple entries of children into foster care?*

What do policy and procedure require?

Maine does not have a policy with respect to multiple re-entries of children into foster care.

What changes in performances and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 5 as a strength. Since the 2003 CFSR, the State's performance with respect to foster care re-entries has remained lower than the national standard of 15%.

Practice issues that may positively affect this item include the Department's screening/preliminary assessment practice for relative placements. Described in Child and Family Services Policy V. D-7. Relative Placement and Kinship Care, this protocol was developed in 2005 with the advice and consultation of Thomas Morton of the Child Welfare Institute. A resource issue that positively affects this item is the permanency guardianship legislation and policy (Child and Family Services Policy IX. A. Permanency Guardianship). Children who are dismissed from DHHS custody to permanency guardianship usually go to relatives who must meet the same family standards as foster and adoptive homes. For these children, the court must have ruled out reunification. In 2006, 27 children who otherwise would have remained in foster care were placed in permanency guardianship. In 2007 the annual number increased to 50 and in 2008 the annual number grew to 64. For children who otherwise would have remained in foster care, these are dismissals with safeguards, subsidies, and presumably a low risk of disruption.

Current practice – what does the data show?

On foster care re-entries, the only available measures of effectiveness are AFCARS-derived permanency data profile numbers from ACF.

Federal Fiscal Year	Percentage of children who re-enter care within 12 months of foster care episode
2006	7.7%
2007	10.4%
2008	13.2%

Foster care re-entries were not addressed in the PIP. Due to this more recent, steady increase, we are aware that this is an area that needs monitoring and further analysis.

Key collaborators:

- District Courts
- Assistant Attorneys General
- Guardians ad litem
- Therapeutic foster care agencies

What are the influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

As noted earlier, closer review and monitoring is now indicated for foster care re-entries within 12 months.

Strengths and promising approaches:

Most districts report that they manage foster care re-entries well. The 2009 CFSR on-site review will be beneficial in highlighting Maine’s strengths and challenges.

Item 6: Stability of foster care placement.

- *How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?*

What do policy and procedure require?

Child and Family Services Policy V. D-3. Placement in Family Foster Homes addresses selection and placement procedures for family foster homes. It also makes clear that one of the purposes of routine contact is to identify and resolve problems in order to promote placement stability.

Child and Family Services Policy V. D-7. Relative Placement and Kinship Care addresses selection and placement procedures for relative placements. The policy also provides guidance for assessing kinship provider capacity to protect, assessing caregiver's ability to recognize and respond to child vulnerability, and to assess the physical safety and adequacy of the home. Stability of placement is improved when providers/kin are well informed from the beginning as to potential issues.

Child and Family Services Policy V. D-1. Child Assessment and Plan addresses monthly contacts with children and communication with foster parents, in addition to child assessment and planning, which includes planning for support system needs. This assessment enhances placement stability.

Child and Family Services Policy V. G-1. Levels of Care – the Maine Levels of Care System (LOC) was designed as a comprehensive process for assessing the service needs of all children currently in foster home care, as well as those entering care. The goal of the assessment process is to ensure all children are regularly assessed in a standardized way, so they receive the appropriate level of care and service in the least restrictive placement alternative, with care and services delivered to support achieving the goal of permanency.

Child and Family Services Policy IV. D-6. Family Team Meeting provides guidance on the Department's practice for collaborative planning and problem resolution, including problems that threaten placement stability.

Child and Family Services Policy V. D. Selection of Placement provides standards for selection of placement for children when out-of-home placement is necessary. This policy addresses the importance of matching children with providers, which serves to promote placement stability.

What changes in performance and practice have been made since the previous CFSR?

In the 2003 CFSR, Item 6 was rated an area needing improvement. A key finding was that placement instability often could be attributed to inadequate matching of children with appropriate resources, resulting in placements that eventually disrupted.

Since 2002, DHHS has focused on increasing kinship care, because relative placements tend to provide better stability. Policy has been developed that requires exploration of all potential kin resources for children brought into care. Searching for kin connections is an on-going process throughout the child's involvement with the Child Welfare system. In our policy, the definition of kin includes those "fictive kin", individuals connected to the child through a significant emotional attachment. Our policy also allows caseworkers to assess and approve kinship

placements prior to the kin becoming licensed resource providers, which enables us to avoid interim placements in foster homes. Policy expectation is that we assist unlicensed kinship providers to expedite their licensure.

Changes in practice since the 2003 CFSR include:

- Regular Family Team Meetings, which include foster parents
- Monthly face-to-face contacts with children in foster care (a PIP reform)
- Improved relative placement policy and steady increase in percentage of relative placements
- At the time of the 2003 CFSR, only 13% of foster children were placed with relatives. That percentage has steadily increased and is now 28.9% (Monthly Management Report – December 2008).
- Full implementation of level of care assessments
- More frequent, regular contact between caseworkers and children. Caseworkers now are regularly seeing their children in foster care 96% of the time (Monthly Management Report – December 2008- state average).

These changes have contributed to improved placement stability. In 2007, Maine achieved the incremental PIP data target for increased stability of placements for children in their first year of foster care.

Current practice – what does the data show?

Measures of the effectiveness of Maine’s functioning for this item include the ACF data profile, which indicates that Maine fluctuated in the past three years, hovering very close to the national standard of excellence (75th percentile) for two of the three measures.

	FFY 2006	FFY 2007	FFY 2008
2 or fewer placements settings within 12 months (75 th percentile-86.0%)	83.8%	87.6%	86.1%
2 or fewer placement settings within 12-24 months (75 th percentile-65.4%)	57.4%	64.3%	64.2%
2 or fewer placement settings 24+ months (75 th percentile-41.8%)	19.7%	28.5%	26.4%

Placement stability during that same time period for children in foster care for longer time periods remains below the national standard and has not substantially changed. A reasonable inference is that Maine does well with stability of first year placements, but Maine's long standing challenge to achieve timely permanency has resulted in a population of "stock" children and youth who stay in care and tend to have additional placements as time passes.

Increased use of kinship care furthers the goal of stability.

Monitoring PQI record review data, specific to the use of FTMs and other placement matching activities, confirms that significant improvement has occurred since the 2003 CFSR.

Key collaborators:

- Foster parents
- Therapeutic Foster Care Treatment Agencies

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

A resource issue that positively affects placement stability has been the closing of all bridge homes due to decreased placement demand. These were short-term placement resources that were supposed to thoroughly assess a child's needs and assure a more appropriate, longer-term placement. This caused an additional placement setting for every child who cycled through one of these facilities. Another change in practice was the discontinuance of diagnostic residential placements due to increasing evidence that this could not reliably predict a child's future behavior in a different setting. Again, this caused an additional placement setting for every child who cycled through one of these facilities. Another practice/resource issue that positively affects this item is the expectation that children be placed in their "home" community school district, which contributes to stability.

Staff cite that placement stability is impaired when traumatized children are placed with foster families who lack the appropriate skills and training. They also report a lack of resources for older youth in custody as a continuing challenge that impacts placement stability.

Perhaps the primary barrier to stability is the continuing struggle that casework staff, judges, and GALs have in achieving timely permanency for children and youth. Foster care is intended to be temporary. Children who stay in care longer are likely to have more placements, and children who have more placements tend to have reduced capacity to adjust successfully to new placements.

Strengths and promising approaches:

Promising approaches include revised, reform-related policies. Policy requires monthly visits to the foster home in addition to regular communication with the foster parents. Policy also requires Family Team Meetings to avert placement disruptions or to plan the placement transition when disruption is unavoidable.

Some district offices are assigning casework staff to Placement Resource Coordinator roles that require thorough knowledge of resource families' levels of expertise and capabilities to care for children with specific special needs. Involving these staff in team placement decisions increases the likelihood of good matching and placement stability.

Item 7: Permanency goal for child.

- *How effective is the agency in determining the appropriate permanency goal for children on a timely basis when they enter foster care?*

What do policy and procedure require?

Maine Child Welfare Services does not have policy specific to the agency determining the appropriate permanency goal. OCFS follows federal requirements in developing a child case plan within 60 days of the child entering foster care and every six months thereafter (refer to Item 18, page 112). This includes identifying an appropriate case plan based on the circumstances of the specific case.

In most cases when a child enters foster care, the Department appropriately determines the permanency goal. Basically, the initial goal must be family rehabilitation and reunification unless the court finds an “aggravating factor” with regard to the parent or finds parental abandonment. Findings of aggravating factors are believed to be rare as are Department efforts to present evidence of these to the courts. No data is available regarding this.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 7 as an area needing improvement. This was based on the finding that in 52% of the applicable cases reviewed, reviewers determined that the agency had not established an appropriate goal for the child in a timely manner. Key concerns were delays in establishing goals in a timely manner and that the goal of reunification was often maintained for a long time, even when achieving this goal was unlikely.

With respect to Item 7, a review of the 2004 PIP was efforts educate staff and stakeholders as to appropriate permanency goals.

- In 2005 DHHS held the *Child Welfare Conference on Permanency* to which all Judges, as well as many attorneys and clinicians, were invited.
- DHHS and the USM Child Welfare Training Institute held a *Fall Conference on Permanency* in 2005 for child welfare staff on permanency with Pat O'Brien, Executive Director of "You Gotta Believe! The Older Child Adoption and Permanency Movement, Inc.", as keynote speaker.
- In the 2007 Child Welfare Services was successful in advocating for a legislative amendment that *eliminated long-term foster care agreements as a "permanency" option* in Maine law.
- DHHS Child Welfare Services Management and the USM Muskie School held a permanency summit in 2007. The first annual *Permanency Summit* brought together 200 youth and child welfare staff, equally represented, to discuss permanency issues and action plans which were then reported out to a listening panel comprised of agency, legislative, association and judicial representatives, Maine's First Lady, and a representative from the Administration for Children and Families. This summit is now convened annually.

Current practice – what does the data show?

The state does not systemically monitor the timeliness of permanency goal setting, changing goals, or the appropriateness of new goals selected.

The PIP-related training and subsequent monitoring of case plan goals has resulted in a decrease of missing permanency goal information in AFCARS for foster children. In 2006, case goal information was missing for 20.0% of Maine foster children; in 2007 only 5.7% of foster children had missing permanency goals.

In a 2008 Permanency Survey administered to youth participating in YLAT, 70.8% agreed that DHHS caseworkers work collaboratively with them towards achieving their permanency goals. However, a combined 20.4% of the youth either reported that collaboration wasn't occurring or the youth did not know if it was occurring.

Although much effort and significant improvement has already occurred, challenges remain.

Key collaborators:

- Assistant Attorneys General
- Guardians ad Litem
- Parents' attorneys
- District Court judges
- Therapeutic foster care providers

- Therapists

What are the influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

Casework practice issues that can affect this item are:

- Failure to attempt to fully explore relative resources of both parents with a sufficient sense of urgency
- Failure to schedule permanency hearings within 12 months of entry into foster care
- Failure to actively and repeatedly explore for relatives to care for the child
- Confusing the stability of a long-term foster placement with the permanency goal of APPLA (Another Planned Permanent Living Arrangement)
- Lack of a clear policy that would guide staff on this issue

Court-related issues include:

- Although improved scheduling and the training docket system have promoted timely Court hearings, DHHS casework staff can still experience scheduling challenges for contested TPR hearings.
- Casework staff have reported challenges in families’ efforts to schedule timely adoption legalizations in Probate Courts.

Strengths and promising approaches:

The use of FTMs at critical junctures, including when a change in permanency goal is being considered, is a strength. In some cases, FTMs have resulted in collaborative permanency goal decisions which otherwise could have been contested in protracted court proceedings.

The court’s case management conferences have also facilitated more focused, efficient hearings on permanency goals.

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

- *How effective is the agency in helping children in foster care return safely to their families when appropriate?*

What do policy and procedure require?

Child and Family Services Policy VII. Family Reunification – This 1987 policy is still in the manual but is largely obsolete due to changes in state law to make it consistent with the federal Adoption and Safe Families Act. One section on trial home placements was revised in 2002 and is current.

Title 22 MRSA, section 4041, subchapter V- Family Reunification specifies statutory requirements for family reunification planning, commencement, and discontinuance.

Child and Family Services Policy IX. A. Permanency Guardianship – This 2006 policy specifies how and under what conditions a child in foster care can be placed in subsidized permanency guardianship with a relative or other person with whom s/he has resided for 12 months, provided that the caregiver can meet the family standards for a licensed foster or approved adoptive home.

Child and Family Services Policy V., appendix 1, ICWA Checklist – This 2003 checklist provides guidance for case specific compliance with the Indian Child Welfare Act, including determination as to whether ICWA applies, notice requirements, placement requirements, and adoption requirements.

The following policies were developed to better engage, assess, plan, and implement services with families and children in an inclusive, strength-based way:

Child and Family Services Policy IV. D. Child Protection Assessment – This 2005 policy guides assessment and planning work with families, including reunification planning.

Child and Family Services Policy V. D-1. Child Assessment and Plan – This 2005 policy guides the assessment of a child's needs and development of a child's plan for children in foster care.

Child and Family Services Policy V. D-7. Relative Placement and Kinship Care – This 2005 policy addresses the screening and assessment of relative caregivers for placement, although it does not address permanent placement.

Child and Family Services Policy IV. D-6. Family Team Meeting – This provides guidance in partnering with families to make plans and decisions outside of court.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 8 an area needing improvement. In 56% of the applicable cases reviewed, reviewers determined that the agency had not made diligent efforts to attain the goals of reunification or permanent placement with relatives in a timely manner.

The Department has improved in this area since the 2003 review. In 2003, Maine had over 3,000 children in foster care. Relative placements were at 13%. District staff were just being trained in how to conduct FTMs – an inclusive, strength-based way of working with people that proved to be very inconsistent with traditional, prescriptive Maine policies and practices. Partly in conjunction with the 2004 PIP and partly through implementation of reform strategies begun in 2002 with consultation and support from the Casey Strategic Consulting Group, the Department

developed a new Practice Model in 2005 and revised numerous key policies to make them consistent with this more inclusive, strength-based way of working with families.

In addition to policy and practice changes, two new permanency-related initiatives were developed and funded to facilitate permanency:

- *Permanency Guardianship* (instituted in 2006) – As one of the dispositional alternatives available in child protective cases, District Courts can now appoint a permanency guardian. This option is beneficial to children who might otherwise show up in foster care, including older children who are unwilling to be adopted. The child must be in the legal custody of the Department or a Tribe; reunification must have been determined to no longer be an option for the child; the child must meet the definition of ‘special needs’; adoption must have been fully explored and ruled out; the permanency guardianship must be determined to be in the best interest of the child; and the family must meet all the required standards to qualify for permanency guardianship. Inherent in permanency guardianship is the importance of maintaining connections with the child’s family and its cultural norms. Based upon the family’s level of need and resources, subsidies are available to families who choose this option. The rate, which is not to exceed the rate of reimbursement for regular foster care, is negotiated with the family.
- *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 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 helps the family to develop a sustaining, natural support system through extended family and community.

With the implementation of these two programs, Maine has become much better able to reach permanency goals of reunification, guardianship, and permanent placement with relatives.

Numerous data indicators point to successful changes in the organization’s processes and outputs. The reduction of numbers of children in foster care and the increase in relative placements are indicators of trends toward increasing success. Changes vary by district but with an improved data management system, senior management will soon be able to easily track district performance in key areas and manage to improve results.

Current practice – what does the data show?

In measuring the effectiveness, a key indicator is the significant reduction of children in the Maine foster care system, from 3,108 (September 2003) to 1,995 (December 2008) – a reduction

of 36%. During that same time, relative placements increased from 14% to 28.9% (December 2008 Management Report). In 2007, 385 children were dismissed to parents. Also in 2007, 50 children were placed in permanency guardianship – up from 17 the prior year.

PQI measures indicate that good work is evident. In 83.5% of cases reviewed in 2008, reasonable efforts had been made to finalize a permanency plan within 12 months.

Regarding ACF December 2008 permanency composites, the data for a three-year period shows an improving trend:

Federal Fiscal Year	Exit to reunification in less than 12 months (75 th Percentile-75.2%)	Median length of stay (months) (25 th percentile-5.4 months)
2006	47.1%	13.4
2007	58.3%	10.4
2008	55.3%	10.4

Key collaborators:

- Family Reunification Program Agencies
- District Courts
- Legal community
- Child Welfare Training Institute
- Foster parents
- Therapeutic Foster Care programs

What are the influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

Given the relatively rapid implementation of the new Family Reunification Program, it has been challenging to thoroughly educate all DHHS Child Welfare Staff, Judges, and the public about the program and its philosophy. Without education about the intensive nature of the program, some community members are more likely to question this early reunification effort. As more awareness of the model spreads, and as families involved in the program achieve successful outcomes, increasing support and enthusiasm is expected.

For agencies that have contracted with the Department to provide the Family Reunification Program in their district, it has been challenging in some parts of the state to hire staff willing to

work the non-traditional hours required for the model. In some districts, the program was initially underutilized. Weekly tracking and reporting of open cases and pending referrals, coupled with clear expectation for referrals, have increased the appropriate use of this program.

A challenge Child Welfare staff face with some prospective permanency guardians is their worry that the child may not be able to access as many services as would be available if the child remained in care. Frequently, too, the maximum allowable subsidy payment is less than the Level of Care board and care payment that a foster family has been receiving for the child.

The Interstate Compact for the Placement of Children process can be cumbersome and time-consuming and the quality of service in other states varies considerably.

Kinship placements could benefit from increased availability of supportive services to help them maintain placements. While caseworkers and licensing staff value kinship placements, they have frequently noted that searching for, licensing, and maintaining these placements involves more effort on the part of Child Welfare staff than is required to license and provide services to non-relative foster parents. In 2006, the DHHS Child Welfare Program developed a proposal for contracted Kinship Support Services based on the highly successful Allegheny County, Pennsylvania model, but has not been able to fund it.

Strengths and promising approaches:

The Maine DHHS District 2 Child Welfare program participated in a *Breakthrough Series Collaborative on Adolescent Permanency* from Fall 2005 to Spring 2007.

Using the Breakthrough Series Collaborative methodology of Plan, Do, Study, Act (PDSA) for short-term idea testing that does not require consensus from the organization, the team tested many innovative ways to achieve permanency. Examples include:

- Adding Youth Panels to the Child Welfare Training Institute (CWTI) foster parent training
- Adding support groups for foster homes parenting teens
- Presenting older youth monthly to the therapeutic foster home agencies
- Developing a kinship caseworker line to quickly study the family and fictive kin options identified by teenagers
- Focusing on involving older youth in all of the Family Team Meetings
- Educating the community through speaking to District Attorneys, Guardians ad litem and schools about the poor outcomes for children associated with growing up in residential and less permanent settings

Most importantly staff learned that by adding goals, small changes, and an “I’ll try anything once” attitude to existing practice, they could produce long term, positive results for the adolescents they serve.

Two other promising approaches already described under this item are *Permanency Guardianship* and the *Family Reunification Program*.

A basic strength for Maine DHHS is the change it has made in working with families and children. The Child Welfare Practice Model, key reform-related policies, and the Family Team Meeting process all rely on an inclusive, strength-based, solution-focused approach.

Item 9: Adoption.

- *How effective is the agency in achieving timely adoption when that is appropriate for a child?*

What do policy and procedure require?

Child and Family Services Policy VIII. A. Family Standards for Foster and Adoptive Care specifies standards and procedures for becoming an approved adoptive home.

Child and Family Services Policy VIII. B. Termination of Parental Rights and Placement for Adoption specifies necessary content for Termination of Parental Rights (TPR) summaries, originally developed to assure a legally sound case for termination of parental rights. According to knowledgeable members of the CFSR Steering Committee, these summaries are no longer used in practice. This policy also specifies the procedure for approval to proceed toward adoptive placement.

Child and Family Services Policy VIII. B-1. Adoption, Recruitment, Placement and Supervision provides guidance in how these procedures are to be carried out.

Child and Family Services Policy VIII. C. Adoption Assistance specifies assistance that may be provided and how this is to be negotiated and approved.

Child and Family Services Policy VIII. Appendix 1- Legal Risk Adoptive Placement specifies how placements may be made when a child's permanency goal is adoption but the child is not yet legally freed.

Child and Family Services Policy V. ICWA Checklist provides guidance for adoptive placements in compliance with ICWA.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 9 an area needing improvement. In a significant percentage of cases, reviews determined that the agency had not made concerted efforts to achieve a finalized adoption in a timely manner.

The 2004 Program Improvement Plan included numerous actions:

- Increase adoptive placements of older children.

- Improve (speed up) transition of adoption cases to district adoption units from other district units.
- District Courts to develop a policy that TPR orders be signed within 60 days of the completion of a TPR hearing and implement this for 40% of TPRs.
- Develop a position paper on the potential impact of open adoptions and present to the Legislature.
- Review adoption paperwork with the goal of streamlining and reduction.
- Develop concurrent planning through piloting, demonstration, policy development, and training.
- Improve Pre-service Training to provide more focus on adoption issues.
- Meet with Probate Court Judges to discuss ways to address delays in adoption finalizations.

In addition, the Child Welfare Senior Management Team continued setting annual strategic targets for adoptions for several years.

One barrier to timely permanency through adoption was the length of time it took for a family to become an approved adoptive resource. In November 2005, the Child and Family Services Policy VIII. A. Family Standards Foster and Adoptive Care was revised to create a clear timeline from inquiry to approval, enabling DHHS to render a decision within 90 to 120 days of initial inquiry.

A significant endeavor to increase adoptions of older children has been *Adoptions Created Through Relationships* (ACTR), a project that was funded by ACF through an Adoption Opportunities Grant to the State of Maine. The purpose of this initiative was to find ways to assist selected youth in foster care in establishing more permanent connections with families/caring adults-the ultimate goal being a legal change in status to adoption. A total of 116 youth were referred to the ACTR program for May 2004 through September 2008 with 82 youth receiving services and 55% of those youth achieving permanency.

Although not required by the PIP, a particularly noteworthy initiative has been an attempt in Maine to apply Lean Management principles to the adoption process. In 2006, Child Welfare Program Administrators, adoption supervisors, and caseworkers joined with the Maine DHHS Office of Lean Management to study the paper trail and step-by-step process from TPR to completing an adoption. In August 2007 a draft report on the process was completed. Recommendations from the Lean Process included:

- Encourage adoptive families to file their own probate documents. A handbook was developed to assist families with the process. (implemented)
- Develop and implement a statewide protocol for the transfer of cases from Children Services to Adoption. (implemented)
- Standardize the legal clearance process statewide.
- Require adherence to the Kinship Policy. Recommend an addition to policy that requires genograms and/or eco-maps to be completed when a child enters custody, FTMs at the

end of the 35-day assessment to include exploration of relative resources and quarterly reviews of relative resources. (implemented)

- Improve MACWIS functionality by developing a single, consolidated resource module for licensing and adoption. (in process)
- Improve timeliness of recruitment efforts. Require photo listings within 60 days of a TPR order, as well as early referral for child specific recruitment with A Family for ME. (implemented)
- Improve timeliness for the home study process. DHHS revised the Family Standards and Adoptive Care Policy in November of 2005. The Lean report made additional recommendations included: reference checks completed by phone; medical questionnaire sent to physicians by DHHS staff rather than the family; require that International Adoption Services Center (IASC), a contracted agency for adoption studies, complete all interviews within 30 days of receiving complete referral; IASC to send completed studies to DHHS within 10 days of sending to family for review and DHHS to make final decision within one week of receiving home study. (implemented)
- Give older children a more active role in selecting their adoptive family and allow the child and family to meet earlier in the process. (implemented)

By the end of 2008 most of these recommendations had been implemented as note above.

While no single activity has proved to be a “magic bullet” and not all are fully completed, together they have served to repeatedly highlight for staff and stakeholders the importance of increasing the number and timeliness of Maine adoptions. This has resulted in significant improvement.

Current practice – what does the data show?

Maine has improved dramatically in achievement of timely adoptions. With a Federal CFSR goal of 32% timely adoption finalizations and Maine’s baseline of 12.2%, Maine’s Program Improvement Plan set a goal of 13.6% of children exiting foster care into a finalized adoption within 24 months of entry into care, to be reached by 9/30/07. For 2006, Maine had reached 16.5% and at the end of FFY 2008 that percentage had risen to 34.6%. Of particular note is Maine’s progress in the adoption of children who have been in foster care 17 months or longer. As documented by ACF Data Composites, Maine is now above the 75th percentile (the federal data standard for excellence). For number of children in care over 17 months adopted by the end of the year:

75 th Percentile	FFY 2008
22.7%	23.5%

A related area where Maine is close to the 75th percentile is for children in care over 17 months achieving legal freedom within 6 months. As documented by ACF Data Composites:

75th Percentile	FFY 2008
10.9%	12.3%

Three other Federal Permanency Composite Data Measures document steady improvement by Maine in approaching or surpassing national medians for adoption timeliness.

Maine has improved in more timely adoptions of children in foster care as well as more timely decision-making to free these children for adoption.

Time Period	Avg. time from TPR to adoption (months)	Avg. time from removal to TPR (months)
Oct. 05- Sept. 06	22.5	21.7
Oct. 06- Sept. 07	19.0	20.4
Oct. 07- Sept. 08	16.4	21.0

(SOURCE: OCFS Information Unit data)

Regarding PQI measures, record reviews for calendar year 2008 indicated that in 61% of the applicable cases reviewed, the child’s adoption was to be finalized within 24 months of entry into care, a significant improvement from 2007 when this was met in only 28.5% of the cases reviewed.

Key collaborators:

- International Adoption Services Centre (IASC) is a key collaborator for adoption recruitment and limited post-adoption services.
- Casey Family Services has been a key collaborator in the ACTR program (discussed previously) and the Adoption Guides Program (discussed below).
- AFFM is a key collaborator in terms of ongoing training and support for adoptive and foster parents.

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

Pre-existing, traditional beliefs and ways of providing services and making decisions have represented barriers that have taken years to overcome. Caseworkers and courts have often opted for a child's apparent stability in a foster placement instead of proceeding toward permanency. Staff was resistant to placing with relatives because of the belief that "the apple does not fall far from the tree." Children's behaviors were believed to be exaggerated to justify therapeutic foster care or residential care, and they then were considered "damaged" and probably un-adoptable. Therapeutic foster care board rates were more substantial than adoption subsidies, which created a financial disincentive for foster parents to adopt. Older children, who comprised over 40% of Maine's foster care caseload, were also considered poor prospects for adoption. Another barrier has been a lack of data in the District Court system that would help better identify barriers and solutions to timely adoptions.

The process in Maine to achieve permanency through adoption is involved and complex. Continuing challenges include:

- Availability of court time for TPR hearings
- The approval process from the AAG's office required before placing the child in adoption
- Transferring the case from the children's services caseworker to an adoption caseworker
- All child protective proceedings take place in District Court except for adoption finalizations, which take place in Probate Court.
- Adoptive parents can hire their own lawyers to handle adoption legalization, but if either the parents or their attorney is not in a hurry, the process slows to their pace.

In March 2007, a study by the Muskie School of Public Service of the foster parent and licensing and adoptive family approval process indicated that on a statewide basis Maine continued to struggle with timely completion of the licensing/approval process. Adoption home studies had usually been completed through a private agency and delays were too common in the process. Funding for the private agency studies through IASC was eliminated in November 2008 as a curtailment by Maine's Governor to balance the State budget. All studies are now done by DHHS staff and no information is yet available on how this change in practice will impact timely completion of adoptive home studies.

Currently policy has no timeframe expectations for accomplishing TPR or finalized adoptions.

Maine does not track its disruption rate in adoptive placements.

Strengths and promising approaches:

Caseworkers assist the family in securing needed supports to help the family and child fully develop their relationship. Services provided include referrals to community services for in-home supports, family therapy, individual therapy, and support groups.

Caseworker visits with the child and family occur twice during the first month of placement and then monthly thereafter until the adoption is finalized. These visits are consistent with the Department's Child and Family Services Policy Child IV. D. Assessment and Plan regarding frequency of visits following a new placement. The purposes of the caseworker's visits are to assess the child's safety, permanency and well-being and to provide support and supervision to the family. For out-of-state adoptions, the Child Placing Agency is expected to assist the family in securing services, as well as to provide the support and supervision that the caseworker would otherwise provide.

Maine's Adoption Assistance Program offers each adopted child ongoing medical coverage until the age of 18 or until 21 if the child has additional needs or is in a post secondary education process. This coverage enables the child to access ongoing behavioral health services. Within the DHHS Office of Child and Family Services, Child Welfare Services and Children's Behavioral Health Services work jointly to provide services to families whose children have significant behavioral health needs and who may require temporary out-of-home placement.

DHHS will assist in paying for Post Adoption Services when eligibility criteria are met. Families wishing to access Post Adoption Services are able to apply to the adoption unit that facilitated the adoption or to the adoption unit in the district where the family lives. Recognizing that adoption is a lifelong experience and that the needs of the adoptive family and children change over time, the DHHS Child Welfare Services Division is committed to helping these families access support through information and resources as needed. Frequency, severity and duration of the child's problems, supports that have been tried and the specific request are considered in developing a plan with the family. The adoption unit may make an assessment of the eligible family or a referral may be made to an adoption-competent provider for an assessment. Allowable services include: case management, record search, funding for adoption-related training, advocacy (in areas such as PET/Special education services or Behavioral Health Services, transportation, one-on-one aide in the home (if not covered by another source such as MaineCare) and respite services.

DHHS contracts with International Adoption Services Centre and its subsidiary, A Family for ME (AFFME), for recruitment and resource development. AFFME utilizes a multi-media approach in its recruitment efforts including television, newspapers, Internet, Heart Gallery (see Item 44, page 233 for a description of Heart Gallery), and participation in community events. Recruitment strategies are designed to attract parents who have an interest in and capacity to adopt special needs children including older children, sibling groups and children with exceptionally high medical and developmental needs. Maine DHHS Child Welfare staff often joins with AFFME staff at community events to reach out to prospective foster and adoptive families.

The Department repeatedly has been willing to engage in innovative efforts to improve adoption-related performance, such as the Lean Study, Maine Adoption Guides, Heart Gallery, Adoption Created Through Relationships, policy revision to shorten the time from initial inquiry to home study approval, and Family Standards – which are the same for both licensed foster care and adoption – to end the prior practice of two studies. Both the Adoption Guides Program and the

Lean Study have been promising approaches. Compared to the control group, the Adoption Guides Program was more cost effective for families and the families were happier with it. Other promising approaches include child-specific recruitment plans through A Family for ME as well as, (according to many of the 2007 District Self Assessments) the ‘Adoption Teas’, and ‘Meet and Greets’ that are held to facilitate matching children with adoptive homes.

Item 10: Other planned permanent living arrangement.

- *How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?*

What do policy and procedure require?

Maine has no policy that defines “Other Planned Permanent Living Arrangement” as a goal or provides guidance as to when to select it.

Maine’s Child and Family Services and Child Protective Act, Title 22, Chapter 1071, Section 4003 B states:

...the District Court may adopt another planned permanent living arrangement as the permanency plan for the child only after the Department has documented a compelling reason for determining that it would not be in the best interests of the child to be returned home, be referred for termination of parental rights or be placed for adoptions, be cared for by a permanency guardian or be placed with a fit and willing relative.

Maine does have policies to prepare children for independent living:

Child and Family Services Policy V. T. Maine Title IV-E Independent Living – All Maine children in foster care, regardless of permanency goals, are required at age 16 to have a life skills strengths/needs assessment and an independent living case plan as part of the Child Plan. The plan should have mandated education and training services as well as mandated “resource listing/training” services.

Child and Family Services Policy V. L-1. Extension/Termination of Care at Age 18 enables a youth to voluntarily continue in foster care under certain conditions, usually to continue education.

Child and Family Services Policy V. L-2. Apartment Living and Leases – This policy guides decisions on assisting youth to obtain an apartment and pay rent.

Protocol for Coordination of Transition of Children under BCFS care to the Adult Services Program under BDS or BEAS (October 2002) – Although not in Child and Family Services Policy, this formal agreement between the Child Welfare Services Division, the Adult Services Division, the Children’s Behavioral Health Services Division, and the Mental Retardation

Division of DHHS specifies the referral and decision-making procedure for mental health, mental retardation, and adult guardianship services for youth who exit Department custody or care as young adults. Formal referrals to determine service eligibility are expected when the youth in care reaches age 17.

The agency believes that youth deserve key services in preparation for transitioning out of foster care into adulthood. There are guidelines in policy for staff as to how a youth is to be prepared for adulthood. In addition to continuing to focus on permanency and life long connections for older youth, a Family Team Meeting is to be held three months prior to the youth's 16th birthday to begin looking at areas of strength and need. The agency uses an assessment tool, located in the Maine Automated Child Welfare System (MACWIS), to help staff determine the youth's strengths and needs. A plan is then developed to address these needs. The DHHS Child Welfare program uses Federal Chafee funding for six Youth Transition Worker positions to help youth identify areas on which they would like to focus in order to achieve self-sufficiency.

Service components are provided directly by DHHS Child Welfare staff or by referral. The only exception to this is independent living assessments of youth placed in care of private agencies. These agencies are required by contract to complete an independent living needs assessment for youth in their care.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 10 as needing improvement. Reviewers found that in 62.5% of applicable cases, the agency did not make concerted efforts to: (1) ensure the child was in placement with a family who was committed to long-term care or (2) provide services to help that child transition to independent living. During the time period of the last CFSR, stability was viewed as permanency and caseworkers may have been reluctant to consider other options.

The main goal of the Department's PIP was to train casework supervisors, stakeholders, and GALs as to appropriate use of APPLA as a permanency goal and that "long term foster care" and "independent living" were not appropriate permanency goals. In addition, very effective training at the 2005 Child Welfare Conference and the Fall Conference for staff made it clear to many participants that children and youth need permanent families as young adults and that APPLA was an undesirable permanency goal.

Another major reform that has minimized use of APPLA is the effort to increase permanency placement with relatives. Family Team Meetings which at times facilitate relative placements, served as a venue for recommendations and decision-making on kinship care. The current OCFS Director, James Beougher, is an advocate for kinship care and his convictions have influenced Child Welfare management and staff from the time he assumed that position in 2004. In 2005 the Relative Placement and Kinship Care Policy was revised to facilitate placements.

In 2006, subsidized permanency guardianship became a permanency option for children in foster care. This has facilitated legal permanent relationships for an increasing number of children in licensed kinship or foster family placements.

With the above changes, practice has shifted to an assertive sustained exploration of possible maternal and paternal relative resources in a continuing effort to find a permanent family in the child's extended family system, should reunification be ruled out.

Current practice – what does the data show?

According to the ACF Data Profile of 12/16/08, the following percentages of foster children have permanency goals that may be indicative of APPLA:

- Long-term foster care 0.5%
- Emancipation 1.4%
- Case goal not established 6.2%
- Missing goal information 0.5%

A significant decrease has been achieved in missing goal information, but use of other goals above have not changed significantly (greatest change is 1.2%) in the two years captured on the Data Profile. In contrast, the use of reunification as a goal has increased over 11% since FY 2007 and the goal of adoption has increased by almost 4%.

Maine's PQI case record reviews have two relevant quality measures. Regarding relative resources (relative placement is assumed to be a primary permanency alternative to APPLA), policy was met to document maternal and paternal relative resources in 56% of cases reviewed (PQI, 4th quarter, 2008).

Another relevant source of data are the results of the 2007 Youth Transition Readiness survey, which was given to all 17 year olds in foster care with 142 completing the survey. 41% had been in care 4-12 years. 41.5% were living in foster homes; 30% were living in group homes.

While this does not pertain directly to APPLA, it does indicate a prognosis at the time for 17-year-olds with respect to permanency and independent living. It appears that approximately 60%-80% of 17-year-old youth are in school, have had a job, have a plan for lifelong family connections, and expect to go on to either college or vocational school. A significant minority of 30% was in residential care – roughly twice the overall residential care percentage for children in DHHS custody. A significant minority of 41% had been in care for several years or more.

The 2009 CFSR could help clarify factors affecting Maine's data profile on permanency for children and youth in care for long periods of time. Of children who reach their 18th birthday while in foster care, 70.8% were in foster care three years or longer (federal data standard is 37.5%). This number has hovered near 70% for the past three years. Although Department staff have increased their effort and commitment to help youth in foster care achieve permanency, ACF Permanency Composites document that this continues to be a challenge.

Key collaborators:

- Youth Transition Program Specialist, DHHS
- Children's Services Program Specialist, DHHS
- Muskie School of Public Service, USM (they support YLAT and they obtained the Maine Youth Transition Collaborative grant)
- Therapeutic foster care and residential programs, which are contractually required to do independent living assessments and to provide some services.
- Maine Youth Transition Collaborative (MYTC)

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

Although more clarity is now being provided, historically expectations of the primary responsibilities of youth transition workers have not been well defined. The centralizing of supervision of these staff should provide more consistency in the work being conducted by staff. An additional barrier is the management allocation of youth transition worker's time, which among districts is not yet equitable. The State's six youth transition workers are not distributed with respect to actual incidence of older youth in care. As a result, some offices have had significantly better access to their services than others. Since December 2007 these staff report directly to the Central Office Youth Transition Program Specialist, so that a new opportunity exists to address this inequity.

Many casework staff are not sufficiently trained to provide appropriate services specific to this group.

Strengths and promising approaches:

It is the philosophy of Maine's Child Welfare Services that each youth served by the Transitional Services Program have the opportunity to receive assistance to prepare for a healthy, productive life so that s/he can transition successfully out of care. In order to reach that goal for the youth served, the agency offers many opportunities for older youth and partners with private agencies:

- A Youth Leadership Advisory Team (YLAT)
- 30 Scholarship slots for foster, adoptive and permanency guardianship youth in the University of Maine system
- Six Youth Transition workers, whose jobs are dedicated to this service
- Contractual responsibility of agencies to provide independent living assessment and some youth transition services for youth in therapeutic foster care and residential care

- An increasing success in placing youth in family settings, rather than relying on residential care

Maine has done exceptionally well in providing funding and supports for Transitional Services Program.

Promising approaches in this area include the Jim Casey initiatives, centralized accountability for monitoring the youth transition function (Youth Transition workers now are supervised from Central Office), Permanency Summits, and the Breakthrough Series Collaborative on adolescent permanency that was conducted in District 2.

The agency involves the community in many different facets of the services offered to older youth. Maine is a Maine Youth Transition Collaborative (formerly the Jim Casey Youth Opportunities Initiative) site. This program offers older foster children the opportunity to develop job skills through the door-opener initiatives, financial literacy classes and a matched passport savings account program. Maine was the first state in which the Jim Casey Foundation permitted this program to commence on a statewide basis. It is the Department's position that youth at the northern end of the State, a remote rural area, deserve the same quality of services as the youth at the more populated southern end of the State, which is an area of greater service availability. MYTC established community boards that help oversee the initiative and work toward its long-term sustainability.

Older youth are involved in community mentoring programs. There are also community partnerships with the local immigrant communities in Portland and Lewiston.

The agency has a very active Youth Leadership Advisory Team, coordinated through the University of Southern Maine's Muskie School of Public Service. This group of young people:

- Advocates for youth in care, as well as provides education on the needs of foster children. They run statewide and local committees, which also serve as support groups.
- Organizes and holds an annual teen conference, inviting all Maine youth in care over age 16 to attend.
- Holds an annual leadership conference for youth. At the leadership conference, senior Child Welfare Management attend to hear the concerns and suggestions of these youth regarding the system and how it can be improved.
- Developed and planned the Youth Permanency Summit, including an equal number of staff and youth from each district. This successful summit was held in February 2008 and is being repeated in 2009 with ongoing work being done by the individual district teams.
- Participates in many trainings including: caseworker Pre-service Training, Foster/Adoptive Parent training, GAL training, and judicial training. Native American youth have presented at our ICWA Summit.
- Participated in the 2007 in-house site reviews.
- Helped write agency policies that affect youth, including the Independent Living Policy, Driver's License Policy, and the Sibling Placement and Visitation Policy.

- Testified regarding proposed legislation in addition to advocating for specific legislation. They were active in the passage of our tuition waiver law and successfully advocated for a law to empower judges to order sibling visits for children in foster care whose siblings remain in parental custody.
- Wrote the book *Answers* for children entering foster care.

The Maine Youth Leadership Advisory Team and its achievements have become a model for other states.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement.

- *How effective is the agency in placing foster children close to their birth parents or their own communities or counties?*

What do policy and procedure require?

The Child and Family Services Policy V. D. Selection of Substitute Care Placement specifies that for foster family placements, a child should be placed in his/her home community or school district, if possible, or at least within his/her DHHS district. If this is not possible a child may be temporarily placed in another DHHS district, provided that the Child Welfare Program Administrator (PA) in the receiving district approves. For kinship placements, residential, or group care, the “home district” priority does not apply.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 11 an area needing improvement. In 20% of the cases reviewed, reviewers determined that Maine DHHS had not made diligent efforts to ensure that children were in foster care placements in close proximity to their families and communities of origin.

As part of the 2004 PIP, each district was charged with identifying the three communities where DHHS had the greatest need for more foster homes, develop a recruitment plan, and develop and maintain a recruitment/support workgroup. The casework effort to keep children closer to their home communities countered a prior trend by DHHS to contract out all recruitment activities and to rely heavily on therapeutic foster care and residential care for placements. This had resulted in a disproportionate number of placements of southern and central Maine children in northern Maine. In 2004 a data analysis revealed a “ladder effect” caused by one district. District 3 had a shortage of foster placements and placed many children in neighboring District 5, which resulted

in District 5 having to use homes in its neighboring district where the cycle was continued. Using this data analysis, Child Welfare management worked to make in-district placements a priority for therapeutic foster care agencies. These agencies had not previously considered proximity a significant factor in making placements.

In 2005 Standards for Selection of Foster Home Placements were revised, as described in the Policy and Procedure section above. By 2005, 67% of children were placed within their home districts.

In 2007 there was an increased management emphasis toward kinship care and reduced emphasis on development of proximate foster family care, but this has not adversely affected the gradual increase of in-district placements. By October 2008, the number of in-district placements had increased to 70% statewide.

Current practice – what does the data show?

As of January 2009, the statewide average of children placed in their own district is 70% with a high of 78.6% in District 8 (Aroostook County) and a low of 62.9% in District 1 (York County):

District	January 2009	Number of Children Placed Within District	Percent of Children Placed within District
1	329	207	62.9%
2	287	205	71.4%
3	299	186	62.2%
4	148	104	70.3%
5A	260	176	67.7%
5S	145	109	75.2%
6	310	238	76.8%
7	117	89	76.1%
8	103	81	78.6%
Statewide	1,998	1,395	70%

(OCFS Data Unit, 1/09)

It should be noted that placement within district boundaries is a crude way to measure proximity of placement. A primary purpose that it serves is to protect the placement resources developed and maintained by a district office so that they can be used for children whom staff in that office place in foster care. A world of difference may exist between different communities in the same county and five of Maine's eight Child Welfare districts contain two or three counties. Of the 30% of foster children not currently placed in home districts, data is not available as to how many are with relatives or in some kind of residential care (such placements would be considered acceptable).

The upcoming CFSR could be helpful in providing additional information on the extent of Maine's progress in respect to Item 11.

Key collaborators:

- Adoptive and Foster Families of Maine offers foster parent training and support services through contract with DHHS.
- International Adoption Services Centre (A Family for ME) provides foster and adoptive home recruitment through contract with DHHS.
- Child Welfare Training Institute, Muskie School, University of Southern Maine provides adoptive and foster family training – both pre-service and in-service training.
- Maine State Fire Marshals Office – all licensed foster and approved adoptive homes must pass a fire safety inspection.
- Foster families
- Treatment Foster Care Programs

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

Several barriers that may impact Maine's successful implementation of this item are as follows:

- As part of the budget balancing in 2008 by the Legislature and Governor, there was a decrease in foster home board rates, with the exception of the base rate. The effect of these decreases on foster family recruitment and retention is unknown at this time.
- Caseworkers have many competing tasks, which may make inroads on the time they can devote to recruitment.
- Maine has been less successful in developing foster homes in Southern Maine counties with relatively high median incomes.

- Resource families can be apprehensive about providing care to children in their home community when domestic violence or other violence has occurred in the child's birth family.
- Currently there is no tracking of policy implementation of timely recruitment/home study/licensing policy.
- Many school districts do not promote, and some actively discourage, the recruitment of their staff to become foster parents.

Several district-specific issues include:

- The ratio of foster homes to foster children is less favorable in the southern districts, especially District 1 and 2. Within the two districts there are 330 licensed foster homes and 613 children in foster care.
- Housing is very expensive (for Maine) in Districts 1 and 2.
- Even if children are placed within the same district, large travel distances often exist in Districts 3 (rural areas), 4, 6, 7, and 8.

Strengths and promising approaches:

Strengths that Maine has demonstrated in addressing this item include:

- District plans for foster home recruitment and support following training and consultation for all staff in 2003 by Denise Goodman, a national expert
- Identification of priority communities in each district where more foster homes were needed in 2003
- Revision of policy in 2005 specifying that children should be placed in family foster care in home communities or school districts – or at minimum in their DHHS district
- Revision of policy in 2005 to shorten the time period from inquiry to foster home licensing, decreasing it to 3-4 months
- Regularly scheduled Foster Parenting Informational meetings and Foster Parent Pre-service Trainings in district locations throughout the state
- Revision of the home study in 2008 to increase the active engagement of the family in discussions about the family's strengths, needs, and unique culture

In District 2 (Portland office), OCFS and area child placing agencies have made promising collaborative efforts to plan recruitment activities and hold monthly meetings.

<p>Item 12: Placement with Siblings.</p> <ul style="list-style-type: none"> • <i>How effective is the agency in keeping brothers and sisters together in foster care?</i>

What do policy and procedure require?

The Child and Family Services Policy V. E. Sibling Placement and Visitation makes it clear that the placement of siblings together shall be a priority in case planning and implementation of the case plan. In addition, it provides guidelines for decisions regarding sibling placements. This policy was developed and finalized in 2002 in consultation with youth in foster care through the Youth Leadership Advisory Team (YLAT).

The Child and Family Services Policy VIII. A. Family Standards Foster and Adoptive Care specifies under what circumstances the District Foster Care Licensing Supervisor may grant exceptions around the number of placements allowed in a foster home. An exception may be granted to keep siblings together.

Rules Providing for the Licensing of Family Foster Homes for Children and Rules for Providing for the Licensing of Specialized Children’s Foster Homes- allows for exceptions to be made to the number of children in the home, in order to allow siblings to be placed together.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 12 a strength because 90% of the applicable cases it was found that diligent efforts were made to place siblings together. Consequently no changes in performance or practice have been initiated since that time.

Current practice – what does the data show?

In terms of measuring Maine’s effectiveness on this item, following are the results of a recent PQI query regarding sibling groups in each district:

District	# of children who have siblings:	# of children placed with siblings	# of children not placed with siblings
1	98	73 (74%)	25 (26%)
2	135	104 (77%)	31 (23%)
3	133	91 (68%)	42 (32%)
4	73	52 (71%)	21 (29%)

District	# of children who have siblings:	# of children placed with siblings	# of children not placed with siblings
5	218	134 (61%)	84 (39%)
6	149	86 (58%)	63 (42%)
7	71	56 (79%)	15 (21%)
8	32	24 (75%)	8 (25%)
Statewide Total:	909	620 (68%)	289 (32%)

(SOURCE: PQI Unit, November 2008)

PQI case record reviews do assess whether siblings have been placed together and, if not, why not. This information is not specifically identified, though, in the monthly/quarterly reports. Reviewers consistently find that valid reasons exist when siblings are not placed together, such as:

- Youth aged 18 or older in extended care (V9s) living in their own apartments or in college and are unable to have their siblings live with them
- One sibling in residential group care based on high level of need
- In some situations, different relatives may volunteer to care for different siblings. When all cannot be cared for together as a sibling group, these siblings are still able to maintain their family connections.
- In some situations of children in foster care who are half siblings, the biological parent of one child is not willing or able to take the half sibling of that child

Based on record reviews, the PQI Unit Manager and staff are confident that that caseworkers attempt to place siblings together whenever they can and that this continues to be an area of strength for Maine.

Key collaborators:

- Therapeutic foster care programs
- Kin Connections – support program for kinship care
- International Adoption Services Centre does general and targeted recruitment through A Family for ME, funded by contract with DHHS. In addition, DHHS contracts with IASC

to pay for physical plant improvements needed to keep siblings together, in order to facilitate kinship placements.

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

For a sibling group of three or more, it is often challenging to find a home that has sufficient space and where the caregivers can meet the needs of all of the children for supervision and care. In some cases one child may be eligible for therapeutic foster care, but not the other child.

Kinship placements tend not to have the array of supports available to them that would be available in a therapeutic foster care placement.

As previously mentioned, there are situations where siblings have different fathers and one is placed with his/her biological father, but the other sibling is not able to live there.

Strengths and promising approaches:

Strengths that Maine has demonstrated include:

- Development of a sibling placement policy in consultation with youth
- Establishment of a district-level procedure to grant exceptions to licensing law and rules so that siblings may be placed together
- Contracted capacity for targeted recruitment
- Available funding for necessary physical plant improvements
- An overall shared recognition by staff and stakeholders of how important it is to place siblings together

Item 13: Visiting with parents and siblings in foster care.

- *How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?*

What do policy and procedure require?

The Child and Family Services Policy V. E-10. Sibling Placement and Visitation provides guidance on sibling visitation/contact.

The Child and Family Services Policy V. E. Visitation provides guidance on visitation for a child in custody with his/her parent(s), family members and others with whom the child has a connection. This policy differentiates between “supervised visits” and “facilitated visits”. An addendum contains guidelines for visits facilitated or supervised by agencies contracted to provide family visitation services.

The Child and Family Services Policy V. D-1. Child Assessment and Plan specifies that as part of the assessment, information must be obtained as to “what contact has the child had with parents, siblings, and kin and how has it worked out?” Also, “What contact is needed and what steps are taken to ensure it?”

The Child and Family Services Policy IV. D. Child Protection Assessment specifies the components of a Family Plan, which must include a visitation plan if the child is placed outside the home. The Family Plan Addendum (court rehabilitation and reunification plan) includes “schedule and conditions of parent-child visits ([or]reason for not providing)”.

Title 22 MRSA section 4041, Family Reunification specifies that the Department must develop a family reunification plan, making good faith efforts to seek the participation of the parent. This plan, which must be shared with the parties before a scheduled hearing and filed with the court at the hearing must contain:

“(v) A schedule of and conditions for visits between the child and the parent designed to provide the parent and the child time together in settings that provide as positive as parent-child interaction as can practicably be achieved while ensuring the emotional and physical well-being of the child when visits are not detrimental to the child’s best interests”.

In the event of removal of a child through court order for emergency custody due to immediate risk of serious harm, at any preliminary hearing the Department must present a preliminary rehabilitation and reunification plan to the court for review. This plan, which must be developed with the custodial parent if the parent is willing to engage in the development of the plan, and must include: “a description of the visitation plan or explanation why visits are not scheduled”.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 13 area needing improvement. The key concern identified in the cases reviewed and by stakeholders was that Maine DHHS was not making diligent efforts to promote visitation among siblings.

The 2004 PIP set incremental targets to increase the number of cases with appropriate visitation. This increase was to be accomplished by implementation of Family Team Meetings, training of foster parents and staff on fostering connections with birth families, and by treatment foster care agencies organizing events that would bring children and parents together. Although not formally part of the PIP, the development of the Child and Family Services Practice Model in 2005 and the revision of the Child Welfare visitation policy served to support the effort for more frequent, normalized visitation. In 2005, the Child Welfare Deputy Director and Children’s Services Program Specialist convened a series of meetings with visitation agency directors to collaboratively develop uniform visitation guidelines that would clarify roles and responsibilities of parent, caseworker, and visit support worker in light of the Department’s “kinder, gentler”

visitation policy. This culminated in meetings in 2006 with Department and visitation agency staff in each district to discuss the new guidelines.

Current practice – what does the data show?

In 2004, PQI case record reviews established baseline for PIP activities to increase frequency of visitation. At that time, visits were occurring between parents and children in 73% of cases and between siblings in 65% of cases.

At the present time, Maine DHHS does not specifically track visitation in its PQI case reviews- instead it tracks parental relationships and documentation as to whether visits should be supervised.

Regarding parental contact, PQI case record reviews find that case documentation supports the need for supervised visits between child and mother in 91% of cases reviewed and between child and father in 83% of cases reviewed.

Caseworkers are expected to develop and review visitation plans at FTMs involving parents, caseworkers, children, and foster parents. According to PQI record review findings, FTMs and inclusive case planning effectively enacts relevant policy about 60 % of the time.

The data currently available does not enable us to determine whether this is still an area needing improvement. The 2009 on-site review may help us evaluate current performance in parent/child and sibling visitation.

Key collaborators:

- Foster parents
- Therapeutic foster care programs (responsible for supervising visitation and transportation of children to visits)
- Residential child care facilities (same responsibilities as therapeutic foster care agencies)
- Visitation Support Programs
- Transportation agencies (transport parents and children)
- Individual Family Team members may have a role in transportation, facilitation, and/or supervision with respect to visits
- Judges (order visitation)
- Parents' attorneys (may use visitation as a bargaining chip, requiring increased visitation in exchange for some concession)
- Kinship Care Providers (parental visitation modifies kinship care providers' relationship, role and responsibilities with parents and children)

What are the influences, resources, issues and barriers that affect overall performance of Maine's Child Welfare System?

Each district has access to contracted visitation services. In 2008, contract funding for visitation agencies was reallocated based on the number of children in each district currently in family foster care, making access to this resource more equitable in terms of present need.

Due to budget constraints, less funding is now available for supervised visitation. District management now must find solutions to needs by reprioritizing available district staff time.

Some visitation agency staff have commented that caseworkers have sometimes been unaware of the existence of improved visitation guidelines and have not reviewed them with the parent prior to the first visit. Some visitation agency staff have also commented that they are not being invited to Family Team Meetings at which visitation is discussed. In addition, some contracted visitation agency staff have been reluctant to provide opinions to Child Welfare staff about the family's readiness to move toward less restrictive visitation conditions.

Strengths and promising approaches:

Maine has shown strength in working to normalize visitation. This effort has been furthered by inclusive dialogue involving Child Welfare Management, supervisors, casework staff, foster parents, visitation support staff, and consultants. In the collaborative work to revise visitation guidelines with Child Welfare Management and visitation program supervisors came to share a feeling for the uniform guidelines they had developed together.

The *Youth Bill of Rights* outlines to youth what they can rightfully expect regarding visitation with their siblings. This document was developed and ratified in 2008 by youth in care.

Item 14: Preserving Connections.

- *How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?*

What do policy and procedure require?

The 2005 Child and Family Services Policy V.D. Selection of Substitute Care Placement makes clear the expectation that children be placed in their home community or school district, or at

least in the home DHHS district. This policy applies to placements in family foster homes and therapeutic foster homes. It does not apply to kinship placements, sibling placements, or residential placements. If a child is placed out-of-district, policy expectation is that this is temporary and to be made with the approval of the Child Welfare Program Administrator in the “receiving” district. This policy specifies that DHHS, if possible, shall place the child with a family of the same general faith as their parents, upon their request.

The 2007 Child and Family Services Policy V. D-7. Relative Placement and Kinship Care clarifies the importance of relative placements as well as emphasizing the importance of the preservation of family relationship and familial bonds.

The 2002 Child and Family Services Policy V. E-1. Sibling Placement and Visitation specifies that placement of siblings together should be made a priority in case planning and implementation of the case plan. Valid reasons must be identified and documented for not placing siblings together. When siblings cannot be placed together, contact should be maintained through visitation, phone contact, letter writing and/or e-mail.

The 2005 Child and Family Services Policy V. K-3. School Transfer states that children in care deserve to remain in their own school system if possible. When this can not happen, the child needs to have the transition to his/her new school be as supported and planned as possible. This policy provides staff with guidelines and strategies that support positive educational outcomes for children in foster care.

The Child and Family Services Policy V. E. Visitation addresses the need to preserve connections and how visits can reassure children that their families are alive and well and still care about them. Frequent visitation reassures parents that the agency is committed to maintaining and strengthening those connections. Sibling visitation helps sustain important sibling relationships. Visitation with extended family is to be encouraged whenever possible to maintain important kinship connections that the child may have.

Child and Family Services Policy VD. 1. Child Assessment and Plan – This 2005 policy requires the identification of relationships important to the child and connections the child wants to keep. This policy provides guidelines for conducting the assessment and developing a plan.

Child and Family Services Policy IV. D-6. Family Team Meeting does not explicitly address the importance of preserving connections, but this intent is evident in the listing of possible participants to be invited to FTMs.

The *Guide to Child Protective Services*, revised May 2007, informs parents in writing that they have rights with respect to family connections.

ICWA-related policies include:

Child and Family Services Policy IV. C. Intake and Assignment states that, if possible, intake workers will gather facts from the reporter to identify if this is an ICWA case and if tribal representatives should be contacted.

The 2007 Child and Family Services Policy IV. D. Child Protective Assessment states that, if possible, the assignment process will identify if this is an ICWA case and if Tribal representatives should participate in the initial contact. As soon as a determination is made that this is an ICWA case, the Tribal representatives are to be notified. Also as part of the decision as to whether the family is in need of child protective services, the Tribe shall be notified if the case is in need of Child Protective Services, or referred to the Alternative Response Program, or closed.

Child and Family Services Policy V. D. Selection of Substitute Care Placement cites under the legal base The Indian Child Welfare Act of 1978 (P.L. 95-608) – The policy notes that ICWA provides clear expectations as to placements for Indian children in foster care. This includes preferences for a member of the Indian child’s extended family; a foster home, licensed, approved or specified by the Indian child’s tribe; an Indian foster home licensed or approved by and authorized non-Indian licensing authority; or an institution for children approved by an Indian tribe or operated by and Indian organization which has a program suitable to meet the Indian child’s needs.

Child and Family Services Policy V. Appendix I ICWA Checklist – This 2005 checklist provides guidance on notice to tribe and parents and on placement preferences in accordance with ICWA.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 14 to be an area needing improvement. Reviewers determined that Maine had not made diligent efforts to preserve children’s connections in 37% of the cases reviewed.

The 2004 PIP set an incremental target to increase by 5% the placement of children in foster homes closer to communities of origin as measured by PQI record reviews. This was to be accomplished by utilization of Family Team Meetings and utilization of resources from the National Resource Center (NRC) on Indian Child Welfare to review our partnership with Native American Tribes. This incremental increase was successfully achieved.

One area where improvement clearly has taken place is in the articulation of parental rights with respect to family connections. In May 2007, “parent/caregiver rights” were added to the *Guide to Child Protective Services*, which caseworkers give to parents at time of first visit. These “parent rights” are posted in reception areas of all DHHS offices as well.

Evidence that preserving connections is much more on the minds of Maine Child Welfare professionals is the frequency that it is cited in the above policies- most of which were written or substantially revised in the years following the 2003 CFSR.

Overall effectiveness in preserving connections may have increased due to a change in approach of Maine Child Welfare casework – a team-based, community-inclusive approach that engages parents as partners in an effort to empower the family to increase child safety. This approach is evident in the policies cited above.

Caseworker practices that better preserve connections are mainly in the area of FTMs and exploring relative resources. FTMs are tracked in MACWIS Worker Workload and the Monthly

Management report. Starting in August 2008, District Program Administrators track every child entering foster care, which includes an explanation if a child is not placed with a relative.

Current practice – what does the data show?

Maine’s statutory and policy priority is to place with kin or fictive kin when possible. The increase in relative placements reflects increased efforts to identify kin who are or who could be significant connections for the child.

Monthly staff visits with children facilitate preservation of important family connections, because staff are more likely to ascertain what and who those connections are. Caseworkers now see 96% of children in custody face-to-face each month (Monthly Management Report, December 2008). In response to the new federal expectations around seeing every child, every month with the majority of visits being in the child’s home, Maine DHHS has built a computer program whereby data can be viewed in a “moment-in-time” format. In the FFY 2008 report to ACF, Maine child welfare was able to report that 73% of the children in its care were seen every month during the course of that year, with visits occurring in the home 67% of the time.

Faith of children and parents is an area where documentation can be improved. On MACWIS demographic screens, religion of adult primary caregivers in in-home service cases is documented only 21% of the time. Religion of children in foster care is documented 82% of the time.

A 2008 Permanency Survey administered to youth participating in YLAT, 47.8% gave DHHS an ‘A’ (excellent) grade in maintaining connections with school and 50% gave an ‘A’ grade in respect to maintaining connections with friends. The following chart highlights the grades that DHHS received by youth in maintaining other connections:

A=excellent B=good C=average D=poor F=fail

	A	B	C	D	F
Parents	32%	21%	16%	8%	21%
Siblings	17%	25%	22%	17%	17%
Ext. Family	18%	29%	24%	5%	18%
Neighbors	27%	18%	9%	18%	27%
Community	29%	24%	24%	24%	5%
Religion	44%	22%	22%	11%	0
Tribe	30%	40%	30%	0	0

This information comes from a small sample of older, relatively high functioning youth in foster care. Further research would be needed to develop sufficient data to reach general conclusions. PQI measures from monthly case record reviews are relevant, but tend to be of a general nature:

- The continuity of family relationships and connections is preserved for children (37%).
- Appropriate efforts made to promote the meaningful relationship between the child and mother (80%).
- Appropriate efforts made to promote the meaningful relationship between child and father (80%).
- Was policy met to document maternal and paternal relative resources (59%)?
- Were FTMs offered per policy, including change in child's placement and were appropriate parties invited (57%)?

Another noteworthy survey was the Youth in Transition Assessment administered to 17-year-old youths in care in 2007. Of the 142 surveyed:

- 77 youth (54%) reported that family members were considered as a placement option.
- 50 youth (35%) reported that no family was considered.
- 27 youth (19%) reported that they saw siblings weekly or bi-weekly.
- 36 youth (25%) reported that they saw siblings monthly.
- 23 youth (16%) reported that they never saw their siblings.
- 89 youth (62%) reported that they have a plan for lifelong family connections.
- 43 youth (30%) reported that they were not sure or did not have a plan for lifelong family connections.

Although staff have increased awareness of the importance of preserving connections, together these survey results indicate that, continuing efforts must be made.

Key collaborators:

- ICWA Workgroup
- Nancy Connolly, Special Education Director, Department of Education
- Parents
- Children
- Therapeutic Foster Care Programs

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

Inadequate tracking of demographic and cultural information in MACWIS may be indicative of a need to increase caseworker interest and inquiry regarding faith and cultural connections.

Many foster homes want to absorb children into their own culture. In the 2007 in-home site reviews, some staff reported their perception of a shortage of foster homes willing to help a child in foster care with his/her own cultural identity.

Youth in care have identified the "no contact" lists maintained by some residential and group homes an impediment to maintaining connections. Youth are assisting in writing policy that will address this barrier.

Perhaps the most significant barrier to improvement lies in difficulty that some staff have had in letting go of the traditional way the Department had worked with families in the past. In those days the child was to be rescued, parents were clients rather than partners, and the Department was autocratic in prescribing interventions. As caseworkers increasingly view parents as partners and include parents and children in a team-based approach toward change, important connections are more likely to be identified and preserved.

Strengths and promising approaches:

Maine has demonstrated strength in significantly increasing policy guidance on the importance of preserving connections for children in care.

The most promising Maine approach to preserve connections is the use of FTMs to finalize assessments and to make plans. By including parents, children, and others who know them, important connections are more likely to be identified and preserved for children in foster care.

Maine Child Welfare Services and Maine Indian Tribes have demonstrated strength in their collaborative effort to work together to protect American Indian children in accordance with ICWA. The ICWA workgroup consists of representatives from the child welfare department/agency of each of the four federally recognized tribes, the Maine DHHS, Child Welfare Services and the Muskie School of Public Service. The group meets approximately every other month and has dealt with many issues, such as Tribal/State relations and inclusion in cases, new state initiatives and Tribal inclusion and dissemination of new policy. Two ICWA Summits have been convened to educate staff and improve relationships. Currently the group is working on an ICWA policy. Although ICWA is incorporated into various state policies a separate policy should clarify understandings of both state and tribal staff. The Wabanaki Coalition has also recently secured a grant from the Andrus Foundation to work on a reconciliation project. The Maine DHHS Youth Transition Program Specialist has joined the group to ensure the voices of tribal youth are heard and considered in policy and practice for older youth in care. For two of the tribes, budgetary issues and staff vacancies are currently causing a suspension of contact and collaboration.

In September 2008, the University of Southern Maine Muskie School coordinated the training of DHHS casework supervisors, some Child Welfare managers, some Program Specialists and USM Child Welfare Training Institute staff in *Cultural Humility*, a cultural sensitivity curriculum by social work professionals from the University of Michigan. This curriculum will be used to strengthen the CWTI Pre-service Training provided to DHHS caseworkers.

A promising approach in which Maine DHHS participates every year is the Camp To Belong Maine (CTBM) program, which brings siblings together for one week in a summer camp setting. Since its inception in 2004, 279 children have been able to share this experience, which has been significant for all involved.

Effective in November 2008, new training, “Enhancing Positive School Outcomes for Children in Care” is available to caseworkers and foster parents. One focus of the training is the child’s ongoing relationships with significant persons in the school setting.

The new home study process inquires of foster parents how they plan to assist the child in maintaining significant connections to family and community. Foster parents are asked these questions in a manner that assumes that they will have a plan to actively support and help facilitate these connections. The new home study allows foster parents to describe in more detail their own unique family culture, which should enable child welfare staff to better match a child with a foster family in which the child will feel connected and comfortable with activities and individuals.

Item 15: Relative Placement.

- *How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?*

What do policy and procedure require?

The Child and Family Services Policy V. D-7. Relative Placement and Kinship Care (effective 2007), provides guidance as to the purpose of relative placements and kinship connections. The policy specifies procedures to identify and screen/assess potential relative caregivers as placement resources, as well as the timeframes for conducting these assessments. In addition, this policy highlights the need for an on-going assessment of relatives. The policy is supported by state law (Title 22, MRSA sections 4005, 4026), which specifies preference for placement of children with adult relatives over placement in non-relative foster care.

Following procedural guidelines, Intake staff tries to obtain information such as names, phone numbers, and addresses of relatives. During initial interviews, child protective caseworkers are expected to ask parents – including out-of-home parents – to identify who might be able to care for their children should they not be able to do so. If a child must be removed and placed in DHHS custody, the child is to be placed with a relative – unless available relatives are explored

and ruled out. A home visit and relative placement/kinship care assessment should be completed (this is designed to be done on an emergency basis if necessary) prior to selecting placement for the child.

By policy, the assigned case-carrying worker should document a complete review of maternal and paternal relative resources who could potentially meet placement or other needs. This involves reviewing the record for relative information, interviewing parents to identify relatives, contacting each relative, and interviewing other family members and professionals who may have knowledge of family resources through their contact with the family. Caseworkers should review potential relative resources periodically to determine whether previously identified relatives have become resources.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 15 an area needing improvement. In 55% of cases reviewed, it was determined that the agency had not made diligent efforts to locate and assess relatives as potential placement resources.

In conjunction with the 2004 PIP identified action steps, the agency made the following changes:

- Supervisory team review before implementing worker/supervisor decision that the child should be removed. Relative placements came to be frequently considered as an alternative to placement, which contributed to a positive shift in attitude regarding the desirability of relative placements.
- Family Team Meetings – with the implementation of this practice in 2003, relatives were more often involved in cases as members of the family team.
- 2004-2005 Residential review – due to the Department’s increased efforts to place children with families, relative resources were increasingly considered and were often found to have greater commitment than foster parents to maintain a placement.
- 2004 – Appointment of James Beougher as Director of the Maine Office of Child and Family Services. Mr. Beougher is a strong believer in kinship care and in meeting the needs of children through family placement, if possible, rather than in residential care. His convictions have influenced Maine Child Welfare practice.
- 2005 – Development of a relative placement policy with clear, simple guidelines for initial screening/assessment of relatives for placement. Prior to this, many staff believed that they were taking a risk in placing with unlicensed relatives, worrying that in the absence of policy/procedures the worker would be held accountable if a child subsequently suffered harm or injury.
- 2005 – Development of the Child and Family Services Practice Model, which states: “When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.”

- 2005 – Child Welfare Management site visit to Allegheny County, PA, Department of Human Services. This Department actively supported kinship placements, got most of them licensed, and was able to place over 60% of foster children with relatives. This gave Maine Child Welfare Services managers a clearer vision that with services and supports, the rate of kinship care in Maine (17.9% at that time) could be much more substantial.
- From 2002 to 2007, the annual Maine Child Welfare Strategic Plans contained targets for incremental increases in relative placements.

Statewide, the percentage of relative placements has doubled since the 2003 CFSR. Continuing into the present, relative placements have increased in a steady upward trend.

Current practice – what does the data show?

Maine’s strengthened statutes and policies require placement of children with relatives when possible. To better ensure child safety and well being, as many of these homes as possible are to be trained and supported in meeting foster home licensing requirements.

The percentage of Maine relative placements has increased steadily during the past six years. At the time of the 2003 CFSR, Maine’s relative placement rate was 14.1%. The percentage of relative placements statewide is now 28.9% (Monthly Management Report, December 2008).

District	# of Children in Care	Current # of Relative Placements*	Current # of Placements w/ Relatives since Oct. 2008	Relative Placements as a % of Population
1	329	77	30	26.3%
2	284	78	31	30.6%
3	306	78	44	28.2%
4	148	49	10	34.0%
5A	259	74	23	31.1%
5S	146	35	14	24.8%
6	305	79	34	28.0%

District	# of Children in Care	Current # of Relative Placements*	Current # of Placements w/ Relatives since Oct. 2008	Relative Placements as a % of Population
7	115	36	19	33.0%
8	103	21	8	25.3%
Statewide	1995	527	215	28.9%

**The number of children in relative placements does not include voluntary placements of children with a status of V-9.*

PQI findings from case record reviews identify fluctuation in documentation of maternal and paternal relative resources. Quarterly findings indicate that in 2007 and 2008, these relative resources were explored in 59%-80% of cases reviewed. Practice, or at least documentation of practice, varies widely among the State's eight districts.

Although Maine has made significant gains in placing with relatives overall, management believes that a continuing increase should be made and, in late 2008, set a target that 35% of children in care be placed with relatives.

Key collaborators:

- Kinship Connections – the Department contracts with this agency to provide kinship support. Families do not have to be involved with DHHS Child Welfare to receive these services.
- Relative/Foster/Adoptive Parent Advisory Committee
- Adoptive and Foster Families of Maine (AFFM) provides support to licensed relative foster homes and to approved relative adoptive homes.

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

More expeditious licensing of relative placements would increase the board rate for the child and would probably also increase IV-E funding for Maine. Unlicensed placements (most relative placements begin as unlicensed placements) are paid a low board and care rate as an incentive to become licensed and receive a significantly higher rate once licensed. While policy has been

revised to assure a licensing decision in 3-4 months from date of inquiry, practice lags behind policy in a number of cases. The extent and effect of such delay is unknown.

Caseworkers say that kinship placements are more work, in contrast to placements with licensed foster parents who have more training and experience. Therapeutic foster parents, in particular, have benefited from increased board rates and support services.

Several individual districts have designated a caseworker to be a kinship specialist. The extent to which these positions improve agency effectiveness is not known at this time.

During the 2007 district site reviews, staff reported the following recurring barriers to relative placement:

- Unwillingness on the part of relatives who do not wish to take sides in a custody dispute or who fear retribution by the parents if they take the child
- Systemic family issues – such as poverty, poor parenting skills, drug culture, or rampant physical or sexual abuse – that have been present in some families for generations
- Some extended family members are strangers to the children, or the children are fearful of them based on their parents' past statements

The development of further training or consultation might facilitate child-centered solutions to these presenting problems.

Strengths and promising approaches:

Maine has demonstrated significant strength in this area. Starting in 2001 with an organizational culture that was not supportive of relative placements (“The apple doesn’t fall far from the tree”), the agency has accomplished a remarkable turnaround in this area and more than doubled its percentage of relative placements. This steadily improving trend is the result of management goal setting, FTMs, relative placement exploration on both sides of the family, a new Practice Model, a policy for time-efficient screening/assessment, and some contracted kinship.

Recent training of supervisors on appropriate relative exploration of both maternal and paternal relatives could further improve staff assessment of relative resources. Supervisors are expected to develop action plans to improve staff performance. It is expected that there will be improvement in documentation as these processes are implemented in the districts.

Item 16: Relationship of child in care with parents.

- *How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do?*

What do policy and procedure require?

The Child and Family Services Policy V. E. Visitation emphasizes the importance of promoting the parent-child relationship. This policy addresses the need to encourage parents to maintain their parental role, thereby validating for the parents that they remain important in their children's lives. The policy also highlights the responsibility of caseworkers to assess the extent to which supervision or facilitation is actually needed during visits of children with their family. Included in the policy are visitation guidelines, which specify the rights and responsibilities of parents and of staff who support visits.

The current visitation policy was revised in conjunction with the development of the Department's Child and Family Services Practice Model. It represents major reform in agency attitude regarding our work with parents, who now are to be viewed as partners.

The Child and Family Services Policy XI-D. Family Standards Foster-Adoptive Care (effective 11/08) outlines the timeframes for completing foster care licensing and clarifies that foster and adoptive parents must be willing to work with DHHS to carry out the child's case plan and be supportive of the child's relationship with the birth family.

Rules Providing for the Licensing of Family Foster Home and Rules Providing for the Licensing of Specialized Children's Foster Homes includes provisions that the foster family will cooperate with DHHS in developing plans around visitation. In addition, these regulations are clear that foster parents are not to restrict visitation privileges with the child's family as a form of discipline or punishment.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 16 a strength because in 85% of the cases reviewed, Maine DHHS had made concerted efforts to support the parent-child relationship of children in foster care.

Since the 2003 CFSR organizational expectations have increased with respect to promoting the parent-child relationship. Through implementation of Family Team Meetings, training and consultation from Denise Goodman, the development of a belief-based Practice Model, and an increased emphasis on parents' rights in the years subsequent to the 2003 CFSR, staff know that "It is our responsibility to understand children and families within the context of their own family rules, traditions, history, and culture" (from the Child Welfare Practice Model).

Current practice – what does the data show?

The major changes in practice that should positively affect this item are Family Team Meetings and more regular caseworker contact with parents and children. Current policy expectations are that children in care aged 12 and up be involved in FTMs. DHHS management is aware that ACF now expects school age children to be included in case planning, although only Maine policy expectations regarding child protection assessments so far have been changed to

emphasize the need to include younger children. If children, parents, foster parents, and visitation support staff come together in FTMs, it is likely that the parent-child relationship will be better promoted.

Parents are encouraged to be involved in their children's daily lives with the goal of preserving their relationships. For example, parents are encouraged to participate in the Pediatric Rapid Evaluation Program, a six-county program that provides rapid assessment and timely, comprehensive information to DHHS staff to assist in planning appropriate management, treatment, and placement, as necessary for children entering DHHS custody. Parents are provided the summaries and recommendations that are a result of those evaluations.

PQI case record review findings are that in 80% of records reviewed, "appropriate efforts are made to promote a meaningful relationship between child and mother." "Appropriate efforts are made to promote a meaningful relationship between child and father" in 79.5% of cases reviewed. Visitation data previously noted in Item 13 has some relevance here as well, in that it tends to indicate that in those cases where supervised visitation is required, the reasons are adequately documented most of the time.

Key collaborators:

- Parents
- Visit Support Workers
- Foster Parents
- Therapeutic Foster care programs

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

If a child is placed a distance away from parents, transportation tends to be an issue. Public transportation does not exist in rural areas of the state particularly in Districts 6, 7, and 8.

In 2002, Denise Goodman provided consultation and training to facilitate foster parents working more directly with birth families. The Department did not subsequently implement a plan to ensure this work moved forward. Foster parents who actively work with birth parents tend to do so on their own initiative.

Strengths and promising approaches:

Strengths for Maine in this area are the use of FTMs, the development of a strength-based Practice Model consistent with FTM values, and revision of key policies consistent with this

Practice Model. When the spirit of these reforms is evident, promotion of the parent-child relationship also tends to be evident.

A promising approach in this area is the collaborative revision of visitation agency guidelines with the Department and Visitation Agency Managers in 2005. The use of the revised Child and Family Services Visitation Policy in this process resulted in increased attention to the parental role and the parent-child relationship. The result of this Department/Agency collaboration is the general use of a standardized set of guidelines, which place strong emphasis on the parent-child relationship. Parent/Caregiver Rights and Responsibilities contained in *The Guide to Child Protective Services* clearly articulate the rights of parents, as well as their recourse if they have concerns.

The *Youth Bill of Rights* also ensures that youth have a number of rights and means for resolution when they have concerns/issues when/if their rights are not being respected.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

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

- *How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?*

What do policy and procedure require?

Child and Family Services Policy IV. D. Child Protection Assessment – This policy specifies a two-step assessment process:

1. to determine the child's level of safety and decide whether this is a family in need of child protective services and if so,
2. continued assessment of strengths and needs relative to child safety, permanency and well-being.

When a family is in need of Child Protective Services, the family will be transitioned to ongoing services through a Family Team Meeting, at which the team collaborates on a Family Plan. The plan identifies strengths, needs, services, supports, "who will do what/when" to carry out the plan, how progress will be measured, and possible outcomes. (As part of the Step 1 assessment, the caseworker is to screen parents and caregivers for substance abuse, using the UNCOPE screening tool).

Child and Family Services Policy V. D-1. Child Assessment and Plan – For children in foster care, this policy specifies an assessment process that identifies the child’s needs in four key areas: safety, developmental issues (well-being), permanency and stability issues, and support system. At a Family Team Meeting (FTM), the current needs and goals for the next six months are identified, along with services and supports. The purpose of each service is to be specified, as well as “who will do what/when” to enable case members to access specific services.

Child and Family Services Policy IV. D-6. Family Team Meeting – This policy provides guidance on preparation, process, and documentation of FTMs.

Child and Family Services Policy IV. E. Case Management for Children with Behavioral Health Needs (10/1/08) – Within 30 days of opening a case for services, (upon making the Child Protection Assessment decision) Maine DHHS Child Welfare caseworkers are to administer a Pediatric Symptom Checklist for comprehensive behavioral health screening of all children aged 4 through 16. All children under the age of 4 are to be referred to Child Development Services (CDS) for screening for early intervention services in accordance with Child and Family Services Policy IV. D-5 below. The Case Management for Children with Behavioral Health Needs Policy is intended to facilitate the provision of appropriate behavioral health services to children involved in the child welfare system and reduce the likelihood that the child welfare system subsequently will become involved with the family due to lack of appropriate behavioral health intervention for the child.

Child and Family Services Policy IV. D-5. Mandatory Referrals to Child Development Services – This 8/04 policy complies with Federal Statute and outlines the referral process for screening to be used by Child Development Services of all children under the age of three who are involved in a substantiated assessment of child abuse and neglect. At the same time the substantiation notification letter is generated in MACWIS, a referral form to Child Developmental Services is also generated regarding children in the home under age three.

Child and Family Services Policy IV. D-4. Domestic Violence and Child Abuse and Neglect – This policy specifies the preferred way to protect children in most domestic abuse cases, as well as the collaborative work that should occur with law enforcement and other agencies to hold the batterer accountable. Policy guidelines are consistent with the Domestic Violence Protocol.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 17 as an area needing improvement. In 34% of the cases reviewed, reviewers found that the agency had not adequately assessed and/or addressed service needs of children, parents, and foster parents, particularly when sexual abuse was an issue in the case. The 2004 PIP focused on the timely evaluation and treatment for child victims of sexual abuse through staff training. Dr. Due Righthand, PhD, a nationally recognized expert, trained 424 child welfare staff in *Sexual Abuse Issues and Interventions*.

The merger of Child Welfare Services and Children’s Behavioral Health Services within the DHHS Office of Child and Family Services has increased the focus on evidenced-based practices and improved management of some high cost services. This has resulted in the increased access to home-based clinical services, the establishment of high fidelity Wraparound programs, and the

establishment of Intensive Family Reunification services. In the revised Service Authorization Policy, improved differential guidance is now available as to what type of clinical evaluation is needed in specific situations.

In January 2008, as an organizational change to improve Youth Transition services, the Department's seven Independent Living workers were placed under the direct supervision of the Youth Transition Program Specialist. These workers inform youth about resources to help them transition to self-sufficient adulthood, help them access these resources, and support them in making this major transition.

Effective October 2008, policy was developed to require that in all cases opened for services, caseworkers are to complete a comprehensive behavioral health psychosocial screening of all children aged 4-16. In families where child abuse and neglect is found, caseworkers are to refer all children under the age of four to Child Development Services (CDS) for developmental screenings.

In the following description of current practice, additional specific changes since the 2003 CFSR are noted as applicable.

Current practice:

Since 2003, areas of change and improvement include Assessment, Needs of Parents, Needs of Foster Parents, Staff access to Information about Services, Accessing the Actual Services, Services in Response to Domestic Violence, Mental Health Services, Substance Abuse Screening and Treatment, and Transition Services for Older Youth.

Assessment

The DHHS child protection assessment occurs in two steps. An investigative phase to determine how safe the child is, developing a safety plan immediately if the child is in danger and whether the child is presently a victim of abuse and/or neglect. Caseworkers are expected to see the alleged victims and primary caregivers within 72 hours of the approved report making at least one home visit to determine safety. All critical case members are to be seen and a decision made and approved as to whether abuse and neglect is found and whether the family is in need of child protective services.

For families in need of child protective services, the assessment continues with the caseworker engaging and interviewing children, caregivers, collateral contacts, and potential family team members so that the Department and team can respond to analysis questions in order to:

- Identify signs of safety, risk and danger
- Assess children's well-being (educational, physical and mental health) and developmental needs
- Identify strengths of caregivers in meeting children's needs and identify necessary support

The Family Team Meeting to conclude the assessment and make a plan is to be done and documented within 35 days of the report or abuse or neglect.

The emphasis on engagement, teaming, and assessment for the signs of safety in addition to signs of risk and danger are manifestations of reforms implemented subsequent to the 2003 CFSR.

Needs of Parents

During the years since the 2003 CFSR, Department managers and supervisors have emphasized the importance of working with each parent and exploring for relative resources on both sides of the family. During the Child Protection Assessment, the needs of a non-custodial parent should be assessed if he or she is a caregiver to children in the family. If a child is in jeopardy due to abuse and neglect by the custodial parent and the non-custodial parent is unable to protect the child from jeopardy, the court usually will place the child in DHHS custody. DHHS then would do an assessment of needs and include both the custodial parent and the non-custodial parent in development of a proposed court rehabilitation and reunification plan.

Needs of Foster Parents

The Child Assessment and Plan Policy requires contact with the child's caregivers for both assessment and monitoring purposes:

...ongoing contact with child's caregivers as this helps the caseworker assess the progress of the child as well as any current needs of the child and caregivers. The Caseworker contact will make at least a monthly phone contact, including contacting the caregiver to arrange for monthly contact with the child.

Foster parents are to be included in the Family Team Meeting convened to conclude the assessment and make the child plan. Under the "Permanency and Stability Issues" section, the child plan must address the following questions:

- What was done to meet the caregivers' needs?
- What does the caregiver now need in order to care for child?

The Child Assessment and Plan Policy were revised subsequent to the 2003 CFSR.

Staff Access to Information About Services

Workers have access to comprehensive, up-to-date information about community services, and maintain regular contact with collateral providers to share information about service delivery. MACWIS has a community resource module, which lists known service resources. Since the 2003 CFSR, Maine has developed a statewide information line and website which also provides up-to-date information about community services (*2-1-1 Maine*). Staff frequently serve on community service agency advisory boards and participate in community collaborations to establish new services. Staff are provided with updates by e-mail from community agencies of vacancies in housing available to clients with severe mental illness or for victims of domestic violence, as well as when new or expanded services are established. Many district Child Welfare staff are now co-located with other state agencies, which has improved coordination of state services. Public Health Nursing, Children's Behavioral Health Services, Adult Mental Health and Mental Retardation Services, Maine Career Centers, Vocational Rehabilitation Services and ASPIRE ("Additional Support for People in Retraining and Employment") staff often share information. Staff from these other state programs now can more easily become part of the family's team.

Accessing the Actual Services

Largely consistent with procedures which existed at the time of the previous CFSR, Maine DHHS Child Welfare Services either directly provides, refers, contracts, or otherwise arranges for needed therapeutic, educational, and support services. Following the Family Team Meeting the caseworker makes referrals for services outlined in the Family Plan. DHHS directly pays for contracts for services such as parent education and family supports, early intervention services, homemaker services, childcare, individual and family counseling services, transportation, supervised visitation, and transitional housing services. A full listing of purchased services can be found in the resource module in MACWIS. By referral, families receive more intensive services as needed from domestic violence, mental health, and substance abuse treatment specialists.

Services in Response to Domestic Violence

The primary goal of service planning with adult victims and their children is to increase protection for victims of domestic violence and to have abusers take responsibility for their own behavior. This represents a significant change in practice since the 2003 CFSR. At that time, many staff tended to blame the adult victim for acts of child abuse or neglect by the adult perpetrator of domestic violence. Now, except in extreme cases, holding a victim accountable for failure to protect self or others – i.e. blaming the victim for being a victim – has no place in Maine’s practice.

Under current policy, the child welfare caseworker’s responsibility is to assist the adult victim in obtaining appropriate services. Even if the adult victim chooses to remain with the abuser, services for victim and abuser should be offered. Services for adult victims and children may include: parental participation in safety planning for self and children; parental participation in supportive counseling for self and children to ameliorate the negative effects of domestic abuse; parental participation in educating him/herself regarding the effects of domestic abuse on children.

Mental Health Services

In families where abuse or neglect is found, caseworkers refer all children under age four to Child Development Services for a developmental screening. In all cases opened for services, caseworkers are expected to complete a comprehensive behavioral health screening of all children aged 4-16. Mental health services are provided in response to the identified needs of the client. Inpatient and outpatient services are available for individuals, families or groups. If clinically indicated, mental health services can be provided in the client’s home. Except for those children placed in therapeutic foster care, the child welfare caseworker now provides mental health targeted case management services as needed. The caseworker will make the appropriate referral and authorize payment for the service. If necessary, transportation is provided to assure the client gets the needed service. DHHS Child Welfare staff have received training in evidence-based treatment and partner with Children’s Behavioral Health Services to better meet the needs of our clients.

Maine law, (*Title 22 MSRA Chapter 1071, Section 4063 B*) requires Child Welfare staff to expeditiously find counseling for a child entering foster care, unless the Department finds that counseling is not indicated. Until the implementation of the 2005 Child Assessment and Plan Policy, caseworkers routinely referred foster children for counseling services, unless the child

refused to attend. As youth in care and former youth in care speak out about their negative view of interminable counseling automatically put in place for them, this practice has been changing. More thought now goes into the selection of evidence-based, time-limited counseling to meet the specific needs of the child.

Effective 2007, MaineCare (Maine Medicaid) referrals for counseling go through a contracted prior authorization and utilization review process. Caseworkers make the referral, which generates a standard prior authorization of eight sessions of therapy. Before additional sessions can be provided, the clinician must request extensions. The intent of this process is to ensure that children receive time-limited therapy that is appropriate to meet their individual needs.

Substance Abuse Screening and Treatment

During the child protection assessment the caseworker completes UNCOPE (a substance abuse screening tool) for each adult caregiver to determine the need for substance abuse treatment. Based on the results, clients may be referred for further evaluation, detoxification, outpatient treatment, in-patient treatment, and relapse prevention, aftercare and support groups. This practice expectation preceded the 2003 CFSR.

A wide array of services is available either directly or through referral to help parents meet their needs, although waiting lists may exist in some parts of the state. Some specialized services, such as psychiatric services, are not available in some areas. Caseworkers work diligently to overcome barriers to appropriate services for parents.

Transition Services for Older Youth (regardless of permanency goal)

The child's caseworker is responsible for completing an independent living needs assessment for older youth in care, then for convening a Family Team Meeting to develop a plan of services to meet identified needs. This is to be incorporated into the youth's Child Plan by the time the youth turns 16 or within 30 days thereafter. The format to be used for the assessment as well as the plan is found in "event tracking" in MACWIS. If the youth is in therapeutic foster care or residential care, then that agency is contractually responsible for completing the independent living needs assessment using an instrument of their choice, but the DHHS caseworker should schedule a Family Team Meeting and should then document the transition needs and the services to meet those needs in an updated Child Plan.

Youth with special needs are often served by therapeutic foster care agencies or children's residential care facilities. By contract these agencies provide services to the youth to address their special needs and their transition needs when exiting foster care. The youth are involved in this planning and are encouraged to be active team members. The Maine DHHS Child Welfare Program has a referral process for youth who may need a supported living arrangement or guardianship as an adult. The youth may be referred to the Office of Adult Behavioral Health or to Adult Protective Services. Policy specifies that notice should be initially provided at the youth's 16th birthday to ensure a smooth transition, followed by a specific referral after the youth has reached age 17. Although this has been an area of difficulty for the Department, work is being done to improve this transition.

DHHS Child Welfare Services recognizes the importance of connecting youth to family, community, and lifelong connections. The Independent Living Assessment tool identifies the youth's interests and family connections. Sibling connections are also encouraged and are

strengthened by the Camp To Belong experience and by policy written by youth in care on sibling placement and visitation.

Youth in care are encouraged to obtain their driver's license. Maine is a predominately rural state with limited public transportation.

As discussed in Item 10, Maine has a very active Youth Leadership Advisory Team (YLAT) comprised of youth in foster care who are committed to helping other youth understand the foster care system, as well as to bettering the lives of children in foster care.

The DHHS Child Welfare program works with landlords throughout the State to help youth locate appropriate housing. Many of the private agencies also maintain independent living housing opportunities for youth.

DHHS Child Welfare Services has an extended care policy for youth that allows them to voluntarily remain in foster care until they are 21 years old to continue their education. This is offered to all youth as they approach their 18th birthday. DHHS uses federal ETV funds to help youth with college expenses and the State has a tuition waiver program for 30 slots in our university and community college system.

MaineCare (Maine Medicaid) is provided to 18-year-old youth exiting care, extending their coverage to age 21, based on their applying and meeting eligibility requirements. If a young adult is denied MaineCare, then OCFS will cover their medical expenses to ensure medical coverage for transitioning youth.

When youth exit foster care, their caseworkers provide them with necessary documents – including their birth certificate, social security card, and medical records/history.

What does the data show?

In 2007, the in-house site review of 80 randomly selected cases found that, in for the four items measured together in Well-being Outcome 1 (Items 17, 18, 19, and 20), 34% of cases were substantially achieved, 35% of cases were partially achieved, and 31% of cases were not achieved. Factors associated with substantial achievement were assessment of all “critical case members,” inclusive case planning with FTMs, follow-through on arranging services, and regular contact with parents and children. When this was not achieved it was attributed to a variety of case-specific reasons: failure to include fathers; failure to provide a service to meet a very evident need; failure to maintain regular contact with children, parents, or foster parents; and failure to assess safety as dictated by time and events.

PQI record reviews indicate that timely independent living needs assessment and service plans occur in 29% of the records reviewed, down from the high of 36% the previous quarter. PQI record review data on effectiveness of assessment practice and services provision is not presently available because these practices have been tracked in combination with other factors.

Key collaborators:

- Children’s Behavioral Health Services
- DHHS Purchased Services Division
- Foster Family Treatment Association
- Muskie School, USM
- Wraparound Maine
- Alternative Response Provider Coalition
- Family Reunification Program

What are influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

For child welfare clients, needed services generally are available in Maine, but accessibility at times can be a challenge. The State of Maine is a large geographical area, unevenly populated, and mostly rural. Services that are available statewide are Child Welfare Case Management services, Alternative Response Program services, high fidelity Wraparound services, Family Reunification services, transportation services, family foster care, therapeutic foster care services, domestic violence prevention services, mental health treatment services, and substance abuse treatment services. Although certified language interpreter services are available through a statewide contract, accessibility can be a challenge. Over-the-phone language interpretation service is available to all DHHS Child Welfare staff.

Other services are dependent on available funding and a person or agency willing to provide them in a given community, county or district. Districts 7 and 8 are more geographically distant from resources in other areas.

In some parts of the state, concentrations of minority populations highlight the need for culturally responsive service delivery. There is a large (for Maine) refugee population in Districts 2 (Portland) and 3 (Lewiston), leading to more diversity in those districts. In addition, there are significant Native American populations in Districts 6 (Penobscot County), 7 (Washington County), and 8 (Aroostook County).

State funding of services is heavily reliant on consumer and corporate sales tax. These revenue streams cause the Maine state budget to be particularly vulnerable to economic downturns, which can jeopardize funding for some services.

Some specialized services, such as psychiatric services, are not available in some areas, requiring time, travel, and expense to access them elsewhere. Caseworkers work diligently to overcome barriers to appropriate services.

Strengths and promising approaches:

Maine has demonstrated the following strengths:

- DHHS Child Welfare Services has contracted for essential services, providing for statewide coverage.
- OCFS has worked to develop and educate staff on evidence-based behavioral health treatment and services.
- In light of overwhelming evidence that long-term residential care does not benefit children and youth, DHHS has reduced reliance on residential care and reinvested \$4,000,000 in savings into evidence-based, community-based services.
- According to most 2007 District Self-Assessments and stakeholder focus groups conducted as part of the in-house site reviews, most district offices maintain good working relationships with providers in their communities.
- Youth Leadership Advisory Team – youth provide leadership and are included in many practice discussions
- Mentoring opportunities for youth, as well as Friends of Youth Networks that develop resources in communities for youth.
- Collaboration between DHHS, and Maine General Medical Center resulted in the Pediatric Rapid Evaluation Program (PREP). For six Maine counties, this program provides medical examinations and psychosocial screenings of children who have entered foster care.

Maine has engaged in the following promising practices:

- High fidelity Wraparound
- Family Reunification Program
- Child STEPs Grant to train three large mental health treatment agencies in evidence-based practices.
- Youth Opportunities Initiative (Maine Youth Transition Collaborative grant)
- THRIVE program in District 3 (Lewiston) for trauma-affected children.
- Community Partnership for Protecting Children in District 2 – a collaborative program between OCFS, the Child Abuse and Neglect Council and Casey Family Services. A team to form around a family to give that family support to protect their children and make necessary changes to increase child safety, CPPC enables families to be strengthened, so that children can be nurtured and supported in a safe environment.

Item 18: Child and family involvement in case planning.

- *How effective is the agency in involving parents and children in the case planning process?*

What do policy and procedure require?

Child and Family Services Policy IV. D. Child Protection Assessment specifies the case planning process for Family Plans, including rehabilitation and reunification plans. Parents and children aged six and up are expected to be involved in case planning, which is to occur in a Family Team Meeting (FTM).

Child and Family Services Policy V. D-1. Child Assessment and Plan specifies the case planning process for children in care or custody of DHHS. Children age 12 and up are expected to be involved in case planning, which is to occur at a FTM to which parents and foster parents are invited. Younger children are expected to be involved in individual meetings with caseworkers.

Although the child plan policy does not explicitly specify timeframes, Department staff understands through supervision the federal requirement that the child plan must be developed within 60 days of entering into care and every 6 months thereafter.

Maine Law Title 22 §4038 mandates judicial review hearings every six months for periodic reviews of cases of children in DHHS custody. Maine DHHS Child Welfare policy and procedures require submission of the current rehabilitation or reunification plan, “a legal summary” of progress since the previous hearing, and the current child plan.

Child and Family Services Policy IV. D-6. Family Team Meeting provides guidance on FTM preparation, process, and documentation. This policy integrates Family Team Meetings into Child Welfare casework, streamlining the work of teaming into the workflow of engagement, collaborative assessment, planning, and intervention with the family. This policy clarifies that when a child is in DHHS custody, birth parents, foster parents, and the child 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.

Child and Family Services Policy VII. D. Family Reunification Standards of Practice for Children in Custody of the Department and Child and Family Services Policy XI. DD. Diligent Search provides guidance on locating and engaging absent parents.

Regarding efforts to engage absent parents, some guidance is also found in the Child and Family Services Policy VII. D. Family Reunification. According to this policy, the Department caseworker shall inform the absent parents of their rights and responsibilities, offer to make a rehabilitation and reunification plan with them and offer to provide, arrange, or coordinate any needed services. The worker shall also advise the parents, from the first moment, that lack of rehabilitation on their part could result in the termination of parental rights.

Regarding efforts to locate absent parents, the Department policy on diligent searches Child and Family Services Policy XI. DD. has not been updated since 1987, well before general access to the Internet and search engines. The policy specifies requirements for a diligent search and guidance on pre-Internet resources available to staff. For parents, custodian, or interested parties (e.g., putative father) this search must be initiated or updated whenever court action is planned (i.e. initial petition, review, or TPR). An affidavit of Diligent Search is completed to document, for the court, the Department’s efforts made and the inability to locate the person for service in hand. If the judge is satisfied with the affidavit s/he will issue an order for service by

publication. The judge is responsible for determining whether the search was sufficiently diligent.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 18 as an area needing improvement based on the finding that in 43% of the cases, reviewers determined that the agency did not make diligent efforts to involve parents and children in the case planning process. PQI record reviews subsequently established a baseline of 30% of cases where policy was followed on parent and child involvement in planning.

At the time of the 2003 review, the Department was still operating very traditionally. Caseworkers tended to see parents as clients who could not cope. Plans tended to be proscriptive, rather than inclusive and collaborative. With FTMs and the new Practice Model developed in 2005 came the recognition that parents have the right and responsibility to raise their own children. Practice has now become more strength-based, with parents seen as partners. Engagement and teaming have become essential activities. Planning has become individualized and inclusive of family members and the team that supports them.

All staff were initially trained in and coached on Family Team Meetings in 2003 and 2004, and all new staff receive FTM training as part of Pre-service Training.

A primary PIP strategy to increase parent and child involvement in case planning was the Supervisory Enhancement Initiative (SEI). The Department discontinued this initiative in 2007 due to the inability to link the SEI training/consultation to measurable, improved outcomes. More successful has been implementation of policy reforms that regularly utilize FTMs; these have changed the expectations for practice and have increased parent and child involvement. Based on PQI record reviews, the level of diligent effort to involve parents and children has now increased to close to 60% of the cases – nearly double what was found when establishing the PIP baseline in 2003-2004.

Current practice – what does the data show?

PQI reviews of case records indicate that in 58% of cases reviewed, the Family and Child Plans were developed based on assessment and in those cases, signatures of both parents and youth/child were obtained. These reviews would include looking at both maternal and paternal involvement in the planning.

The 2007 in-house site review of 80 cases found that for the Well-Being Outcome 1 (Items 17, 18, 19, and 20) the goal was substantially achieved in 34% of cases; partially achieved in 35% of cases; not achieved in 30% of cases.

Regarding FTMs offered per policy (which would include other occasions in addition to case planning), PQI case record reviews have found that this occurs in 57% of the records reviewed. These reviews would include looking at both maternal and paternal participation in the FTMs.

District	1	2	3	4	5A	5S	6	7	8	State
FTMs Held	53	107	55	35	55	42	46	48	24	465

(SOURCE: December 2008 Monthly Management Report)

Numbers of FTMs are tracked monthly as a crude implementation measure and these reports indicate considerable variance among districts as to the overall frequency of FTMs.

In a 2008 Well-Being Survey administered to youth participating in YLAT 74% gave DHHS an 'A/B' (excellent/good) grade in terms of involvement in case planning. A common theme is that caseworkers are asking youth for their input on their case plans. Good communication between youth and caseworkers was also a common comment. However, 13% of the youth gave DHHS a 'D' (poor) in this area as some youth believe that caseworkers assume they know what youth need and are not working with youth on issues.

The above data indicates that DHHS has passed the tipping point for this major reform of child and family involvement in planning. Work is now needed to move from partial to substantial implementation through performance management and increased accountability. This is still an area needing improvement.

Key collaborators:

- Parents
- Children/Youth
- Foster Parents
- Family Team Members
- District Court – approves permanency goals, orders services, reviews reunification and child plans, enforces or extends statutory time frames for permanency

What are influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

A barrier for Maine in this item is the lack of an effective strategy to increase parent and child involvement in the planning process with action steps, deadlines, and consequences. While there are a number of Family Team Meetings held every month, relatively few Family Reunification Plans come out of those meetings.

In the 2007 in-house site reviews, staff reported that children in care are frequently not included in therapeutic agency treatment team meetings, since many meetings are held when children are in school.

The policies related to child and family involvement in case planning could benefit from revision in order to provide clarity of expectation around case planning and services, engaging absent parents, and assessing consistency between policies.

Strengths and promising approaches:

Family Team Meetings, a transformed Practice Model, and key policy revisions to implement strength-based practices have all been promising approaches. Together these approaches have substantially increased Maine's strength in involving parents and children in the case planning process.

Item 19: Caseworker visits with child

- *How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?*

What do policy and procedure require?

The Child and Family Services Policy V. D-1. Child Assessment and Plan specifies that children in foster care have to be seen within two weeks of the new placement and then monthly thereafter. In addition, the child's environment is to be observed monthly. Parents in family reunification cases are to be seen monthly. The caseworker must also meet monthly with the foster parent or caregiver.

The Child and Family Services Policy V. D. Selection of Substitute Care Placement (revised 8/8/08) requires monthly of contact with children in foster care. For children in new placements the frequency should be at least once in the first two weeks, then within four weeks, and monthly thereafter. Policy also specifies the frequency of contact expected for youth in extended care (V9) status, as well as for those who are placed out of state. The purpose of this ongoing, routine contact is to ensure the well-being, permanency, and safety of the child; to facilitate and evaluate the placement adjustment of the child and the caretakers; to identify any problems/issues that could negatively impact the placement and resolve them if possible and appropriate; and to identify and evaluate service/treatment needs and outcomes.

In both policies listed above, children placed out-of-state through the ICPC, visits of this frequency by a Maine DHHS caseworker are not necessary if the supervising agency does monthly visits. However, a Maine caseworker must have one face-to-face contact with the child at least once every 90 days, and at least one substantive phone conversation with child every month.

The Child and Family Services Policy VII. E-1. Trial Home Placements specifies that during the trial placement the caseworker shall visit the family at least weekly if the child is not in school. If the child is in school or another type of out of home setting during the day the child will be visited every other week. The child and the parents will be met with separately at least once a month. At least one home visit per month will be unannounced. If the trial placement continues beyond 12 weeks, caseworker visits may be monthly.

The Child and Family Services Policy IV. D. Child Protective Assessment – The frequency and type of face-to-face contact with child and family shall be appropriate to the family’s needs and risk to the child and visits shall recur at least once per month in the home.

Some policy differences exist between contacts for children in foster care and children in in-home service cases. For in-home cases, there is no requirement to see children alone. For foster care cases, the child is to be seen monthly and alone. For foster care cases, caseworkers are to spend time alone with children in foster care once a month in the home. This is to allow the child to express any concerns or opinions s/he has on such issues as his/her placement, visitation or case goals, as well as to assess the child’s safety in his/her current placement. For cases referred by contract to Alternative Response Programs (ARP), Child and Family Services Policy IV. M. Alternative Response requires case managers of those programs to “have face-to-face contact with all children/family members at least monthly” as is the expectation for DHHS child welfare caseworkers. Alternative Response Programs submit monthly data reports to the OCFS Community Services Coordinator so that Maine DHHS can monitor the frequency of ARP face-to-face visits.

Most out-of-state foster home or kinship placements are supervised by the receiving state through the Interstate Compact on the Placement of Children. Maine currently has only five foster children in out-of-state residential placement and one foster child in an out-of-state hospital (as of 11-18-08). Out-of-state visits for children in DHHS custody are fully supported financially in terms of travel, lodging, per Diem expenses, and wages. Although prior approval for out-of-state travel must be requested, it is always granted for these purposes.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 19 an area needing improvement as reviewers found that in 70% of the cases reviewed, caseworker visits with children were not of sufficient frequency and/or quality. A key finding was that even when the agency did make contact with the children, in many cases the quality of this contact was determined to be insufficient to address issues pertaining to the child’s safety and well-being. It was also noted that stakeholders reported that caseworkers tended to do quarterly well-being/safety reviews for children in foster care, but not more frequent contact. Stakeholders also correctly noted that at that time the Department had no requirement for frequency of contact with children in in-home service cases.

The 2004 PIP called for a 5% increase on policy compliance for face-to-face contacts from a baseline of 38% established at that time by PQI record reviews. The Department was also to establish policy guidelines for caseworker visits with families in in-home service cases.

The Department's Child Welfare Senior Management Team went beyond Maine PIP requirements by increasing policy expectations so that effective 2005, monthly contacts were expected for children in in-home cases and children in foster family care. In 2007 the policy expectations were clarified as to purpose of monthly contact in in-home service cases. Similar policy clarifications as were made in 2008 as to the purpose of contact in foster home cases.

For improving the frequency and quality of contact between staff and children, the strategy primarily has been to increase foster home placements of children within their "home" districts. After the 2007 in-house site reviews, two districts' PIPs specified that they would involve/talk to children more about their plan, presumably during monthly contacts.

Current practice – what does the data show?

In reviewing Maine data on frequency of contact with children, different reports provide seemingly different information regarding implementation of policy expectations:

- According to the December 2008 Monthly Management report, 96% of children in custody were seen during the prior month, based on the headings of MACWIS narrative log entries in the electronic case narrative. Of the Department's eight districts, individual performance is 95% or better in six districts.
- In the FFY 2008 ACF report tracking contact expectations (seeing every child every month with the majority of contacts in the home), Maine DHHS has already exceeded its first target and is meeting the 2011 goal of 90%. Additionally, Maine had set its FFY 2008 goal at 60%; caseworkers were successful in regular monthly contacts with 72% of children in foster care. The majority of these visits occurred in the child's home. These are indications that for an important service to protect child safety and health, DHHS is successfully progressing toward excellence.
- PQI case record reviews, which evaluate quality as well as frequency of these visits for both foster care cases and in-home service cases for the prior 12-month period, find that policy guidelines were followed for frequency of visits with child in only 63% of cases reviewed.

While the PQ I data reflects monitoring of contacts in both in-home and foster care cases, part of the discrepancy with the other two data reports is due to the challenges caseworkers have in meeting policy expectations for face-to-face contacts when children are placed in new homes.

In a 2008 Well-Being Survey administered to youth participating in YLAT, 52% gave DHHS 'A/B' (excellent/good) grade in terms of caseworkers having monthly contact with youth. 34.3% of youth surveyed gave DHHS grades of C/D/F (average/poor/failing) as to caseworkers seeing them on a monthly basis. However, 52% of youth gave DHHS an 'A' (excellent) in terms of the quality of visits meeting the youth's needs.

Since the 2003 CFSR, Maine has made dramatic improvements in frequency of contact. The 2009 on-site review findings will be a helpful indicator of Maine's current strengths and needs with respect to this item.

Key collaborators:

- Foster parents
- Family Team members for collateral information

What are influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

A continuing challenge for many Maine DHHS staff is to make regular visits more purposeful. Staff understands the part about monitoring child safety and well-being. They are less clear on the purposes of monitoring service implementation and progress toward case goals. A second issue is that, while PQI record reviews are important to assess the quality of these contacts, monthly tracking of whether they occur or not is also very important. While management does this monthly for children in foster care, they do not do it for children in in-home service cases. Monthly tracking for all cases would provide needed information and would help clarify exactly where performance is actually improving.

Maine has monitored the quantity of face-to-face contacts by the percentage of foster children seen in a given month as documented by narrative recordings. The new federal compliance requirement is that a given child must be seen each month of the federal fiscal year; one missed monthly contact and the worker will be out of compliance for that child for that year. This change in the federal standard of measurement increases performance expectations for Maine DHHS caseworkers.

Concerns repeatedly identified in caseworker focus groups at 2007 in-house site reviews:

- Time management to accomplish monthly visits is a challenge that can be daunting, given the other demands of the job. Some caseworkers have 40 or more monthly contacts, counting all the children and their parents.
- Geographic distance can be a challenge in scheduling all the monthly contacts.
- Caseworkers want improved technology in the field. Most caseworkers do not have tablets or laptops. In some areas cell phone reception is inadequate.
- Caseworkers want increased access to state cars for visits. Few state cars are available and caseworkers must often use their own vehicles.

Currently Maine DHHS is working to gradually replace staff desktop computers with laptops – a process that will take several years to complete. The other caseworker concerns do not have ready solutions.

Strengths and promising approaches:

Since the 2003 CFSR, the Department has made a major shift in its policy commitment to see children monthly, going beyond the expectation in Maine’s 2004 PIP.

For children in foster care, Maine has implemented this policy to the extent that staff are now having face-to-face contact with 96% of children each month (point-in-time measurement, not the new federal measure). For in-home service cases and foster care cases, the policies are now clear as to the purpose for these contacts. For foster care cases, a policy requirement is now in place that caseworkers should see children every month and allow the opportunity for the child to have a private discussion with them as part of that contact. An additional strength for foster care cases is that the policy makes school “off limits” for these contacts, so that foster children’s education can take place uninterrupted by caseworker visits.

Maine has responded to the new federal compliance requirement that a given child must be seen each month of the federal fiscal year as evidenced by the first report back to the Administration for Children and Families:

District	Fiscal year 2008 (goal was 60%)	Status
1	66%	Above 2008 goal
2	83%	Above 2010 goal (80%)
3	90%	At 2011 goal (90%)
4	58%	Below 2008 goal
5	61%	Above 2008 goal
6	61%	Above 2008 goal
7	91%	Above 2011 goal (90%)
8	76%	Above 2009 goal (70%)
State Average	72%	Above FY09 goal (70%)

Since two districts are already meeting the ACF fiscal year 2011 target, we are confident that other districts will be able to improve performance to meet this goal.

Item 20: Worker visits with parents.

- *How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?*

What do policy and procedure require?

The Child and Family Services Policy V. D-1. Child Assessment and Plan specifies frequency of contact between caseworkers and biological parents of children in foster care. Caseworkers are expected to see a child's parent monthly if the permanency goal is reunification. Visits are to occur in the parent's home at least quarterly and more often if case circumstances indicate the need.

The Child and Family Services Policy IV. D. Child Protection Assessment specifies the need to meet individually with family members and, when needed, with extended family members and other family supports to assess progress. The frequency of caseworker face-to-face visits with the child and family should be at least monthly.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 20 an area needing improvement because in 60% of the applicable cases, reviewers determined that the frequency and/or quality of the caseworker visits with parents was not sufficient to monitor the safety and well-being of the child or promote the attainment of case goals.

The 2004 PIP required that DHHS increase and enhance caseworker face-to-face contacts with parents by clarifying policy guidelines. This was accomplished in the Child Protection Assessment policy in 2005, with further clarification of purpose added in 2007. For parents of children in foster care, the policy was also clarified in 2005, with further clarification of purpose added in 2008.

Regarding implementation tracking, a 2006 initiative to track this information by aggregating supervisor monthly 'hand counts' was discontinued later that year, due to inconsistencies between MACWIS and hand count data in instances where both were available. That same year the MACWIS 'worker workload' report was amended to include the date of most recent face-to-face contact as documented in the MACWIS narrative log header. In 2007 Central Office Child Welfare Management identified monthly contacts as one of their four priorities for district operations.

Current practice – what does the data show?

Data from PQI case record reviews (foster care and in-home cases) provide a measure of the effectiveness of caseworker visits with each parent. In 2008, PQI results found “that policy guidelines were followed for frequency of visits with the mother an average of 64.8% of the time” and “that policy guidelines were followed for frequency of visits with father 54.5% of the time.” Three districts (Districts 2, 3, and 4) perform significantly better than other districts with respect to worker visits with mothers. Only one district (District 4) came close to meeting standards around worker visits with fathers at 84% (PQI 4th Quarter Report, 2008).

While improving the requirements for regular contact with parents represents significant progress for Maine, the Department has not fully implemented this practice, based on the above data.

Key collaborators:

- Parents
- Parents’ attorneys
- Family Team members

What are influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

Monthly tracking and feedback is needed to help improve results. A problem with PQI record review quarterly reports is that, if performance changes for the better, change does not quickly become evident. Quarterly feedback is not frequent enough to adequately inform action planning to improve implementation.

Currently there are no reports available on visits to parents in in-home service cases compared to visits to parents of children in foster care

In foster care cases it can be more time-efficient to meet with a parent in conjunction with another activity, such as court, meeting with a treatment provider, or parent-child visitation. For the in-home service cases, policy specifies that the monthly visit must be in the home, making it less easy to combine with another activity to save time.

During the 2007 in-house site reviews, some caseworkers reported that geographical challenges impeded their ability to have monthly contacts with some parents, particularly with absent fathers.

The OCFS Information Unit is currently developing the capacity to track critical case members and cross reference them to face-to-face contacts made in a particular case, which should result in improved reporting of this issue.

Strengths and promising approaches:

Maine has demonstrated strength in improving policy, which previously lacked specific requirements for regular face-to-face visits with parents, to the present requirement of monthly face-to-face contact.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child.

- *How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?*

What do policy and procedure require?

Child and Family Services Policy IV. C. Intake Screening and Assignment – Pursuant to a 2007 Maine statutory change, this 2007 policy specifies that a person responsible for a child at least seven years of age and who has not completed the 6th grade is subject to a child protective assessment if that person does not ensure compliance with school attendance requirements. Such a report to the Child Protective Intake Unit would be considered appropriate for assessment.

Child and Family Services Policy IV. D-5. Mandatory Referrals to Child Development Services – This 2004 policy outlines the referral process to Child Development Services to be used for all children under the age of 3 who have been involved in a substantiated case of child abuse and neglect.

Child and Family Services Policy V. D-1. Child Assessment and Plan – For all children in foster care, this 2005 policy requires an assessment of the child’s “developmental issues (well-being),” including what the child’s education has been and what educational needs the child may have. This policy outlines how each need will be documented in the Child Plan, as well as services and supports to be provided, the purpose of each service, and how these services will be accessed.

Child and Family Services Policy V. K-3. School Transfer Policy – This 2005 policy specifies that if a child is unable to remain in his/her own school system, the child needs to have a planned, supported transition to the new school.

Child and Family Services Policy V. K-2. Tutoring – This 1988 policy states that the Department may assume financial responsibility for tutoring when payment through the school system has been explored and found to be not available.

Child and Family Services Policy V. D-5. Placement in Private Schools – This 1988 policy states that children in the Department’s custody are to attend local public school or special educational programs in private facilities recommended by a Pupil Evaluation Team and funded under Special Education statutes and regulations. Placement in any other educational program is the decision of the Department and can be made only in extenuating circumstances. This policy also directs that a child may not attend a school that does not comply with the Civil Rights Act or is not certified by the Department of Education. A child also may not attend a school with a religious orientation that is counter to the religious preference requested by the parents.

Child and Family Services Policy V. T. Maine Title IV-E Independent Living Program – This 2001 policy requires specialized education and training services for youths between the ages of 16 and 21 in DHHS custody or care, to be provided by the youth’s caseworker or a DHHS Life Skills Worker. These include:

- Linking with occupational and college preparatory high school classes.
- Assistance with linking with other educational/vocational alternatives.
- Provision of information about financial aid and scholarships for post-secondary education.
- Information about how to access tutoring and other special education services.

Child and Family Services Policy V. K. Education Beyond High School – This 1987 policy states that the Department will provide financial assistance for post-secondary education to adolescents in the Department’s custody or extended care (V9) program in order to increase their employability through the acquisition of further knowledge and skills. Provision of such assistance is subject to the criteria and procedures contained in this policy and to the availability of state and federal funds.

Child and Family Services Policy V. L-1. Extension/Termination of Care at Age 18 – This 2001 policy states that any youth in the custody of the Department who reaches 18 is automatically dismissed from custody unless the DHHS caseworker and youth negotiate a written agreement (V9) for continued care for several possible reasons including:

- Obtaining a high school diploma, general equivalency diploma, going on to a post-secondary educational program, or a specialized post-secondary education certification program.

All youth in care are offered the extended care agreement. The only exceptions are:

- The youth is being transferred to another Department or agency program for continued services.
- The youth has been living with their parent/s prior to age 18 and will continue to do so after the age of 18. There is some exception to this if the youth’s home living arrangement is such that continued Departmental support is determined to be necessary by the caseworker and their supervisor; particularly if it appears that the youth may not be able to safely remain in their parent’s home for any length of time.

- The youth has had an unresolved history of criminal offenses against persons (sex crimes or crimes of violence) and/or has continued to be consistently noncompliant with the Department’s expectations regarding placement and other services.

For foster youth who fall behind educationally, this policy enables them to complete secondary education and embark on post-secondary education or training. There are also procedures that are very favorable to ambivalent youth. Even youth who have terminated the program can re-enter care through an exception process up to age 21. Currently the Department services 176 young adults through the V9 program (January 2009).

Department of Education Public Law Chapter 451: An Act to Implement the Recommendations of the Task Force to Engage Maine’s Youth Regarding Successful School Completion- Sec. 1 20-A MRSA 257, sub- 4 – This law establishes:

“that the Commissioner of the Department of Education will issue a Department of Education diploma to a student who is unable to obtain a locally awarded diplomas due to disruption of education resulting from homelessness, unplanned psychiatric hospitalization, unplanned hospitalization for medical emergency, foster care placement, youth development center placement or some other out-of-district placement that is not otherwise authorized by either an individualized education plan or other education plan or a superintendent’s agreement developed... The diploma must be issued to students who have successfully demonstrated achievement of the content standards of the systems of learning results established pursuant to section 6209 in addition to any other diploma requirements, applicable to secondary students”

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 21 a strength since in 89.5% of the cases reviewed it was determined that the agency had made diligent efforts to meet the educational needs of children.

Since 2003, there have been four changes in policy including the development of the School Transfer Policy, the decision to let adopted children and children in permanency guardianship be eligible for the tuition waiver slots in the State University program, the inclusion of truancy as a basis for child protective assessments, and mandatory referrals of young children to Children Developmental Services when abuse or neglect is found. In terms of policy development, this item continues to be an area of strength.

Current practice:

Services that the agency provides include:

- Automatic referral to Child Development Services for all children under the age of 3 who are involved in a substantiated case of child abuse and neglect.
- CPS or Alternative Response assessment of failure to ensure compliance with school attendance requirements by a person responsible for the child when the child is at least seven years of age and has not completed the 6th grade.

- For children in foster care, the caseworker must assess at least every six months, “how has the child’s education been?” And “what are the child’s educational needs?”
- For foster children over the age of 16, education and training are mandated services to be provided by the youth’s caseworker or DHHS life skills worker.
- Most 17-year-old youths in custody are offered the opportunity to remain in care to continue work toward educational goals.

To the extent that birth parents can participate in planning and implementing a foster child’s plan with respect to educational needs, this should be collaboratively worked out at the Family Team Meeting at which the child plan is developed.

In implementing a plan for meeting the child’s educational needs while in foster care, it is the foster parent who generally most closely monitors the child’s educational needs and services in consultation with the child’s caseworker. If a child in foster care is evaluated for special education services, the Department of Education must appoint a surrogate parent, who is usually the child’s foster parent. The foster parent and often the caseworker attend Pupil Evaluation Team meetings that determine if special education services are to be provided. The surrogate parent would approve the individual education plan for special education services.

If tutoring is indicated for a child in custody and it is determined that the school is not financially responsible, the caseworker would request Department funding for this service.

Regarding in-home service cases, no specific policy exists regarding education. Current needs with respect to child safety, permanency, and well-being are identified in the family plan. Educational needs should be included to the extent that educational issues are relevant to the reason for child protective involvement with the family and/or it would be reasonable to expect that the Department should address educational issues given the circumstances of the case.

What does the data show?

The measure of effectiveness used by Maine DHHS is made through PQI case record reviews as well as through the 2007 in-house site reviews. These currently indicate a somewhat lower level of performance than was found by the 2003 CFSR. PQI review for calendar year 2008 indicate that children received appropriate services to meet their educational needs an average of 83.5%

Of the 64 cases that were reviewed for this item, 50 (78%) were found to be substantially achieved, 1 (2%) was found to be partially achieved and 13 (20%) were not achieved (2007 in-house site review).

As a longitudinal measurement of diligent efforts to meet the educational needs of children, the data indicates a decline in performance, although recently the trend appears to be improving. In districts that are not substantially implementing this item, further assessment is needed to determine whether the problem is inadequate assessment, inadequate documentation or inadequate service plan implementation – or a combination of these.

Key collaborators:

- Department of Education, specifically Special Education Director and CDS Director
- Foster parents
- Child Welfare Training Institute, Muskie School, USM – provides foster parent training
- University of Maine System – slots for foster children, permanency guardianship children, adopted children
- Youth Leadership Advisory Team, comprised of youth in foster care

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

In the 2007 in-house site reviews, a number of issues were raised by caseworkers:

- Lack of cooperation between school districts when children move.
- Lack of knowledge among school administrators/special education staff as to the role of the DHHS legal guardian.
- Schools often try to cut back on special education services to students in order to meet budget requirements.
- School personnel, even those who consider themselves to be providing day treatment, often do not understand the needs of children with trauma issues.
- Some school personnel scapegoat foster children.

Competition for tuition vouchers in Maine public universities and community colleges has increased due to the Department's decision to grant children in adoption and permanency guardianship access to these vouchers. This was done as an incentive to resource families to become permanent families for children in their care. Access to these vouchers is on a first-come-first-served basis and adoptive and guardianship families tend to help eligible youth complete applications more quickly than do the adults involved with in youth in foster care. As a result, fewer vacancies are now available for youth who are aging out of the foster care system without a legal, permanency family, however in 2008 slightly more than half of the 30 available slots went to youth still in care.

Strengths and promising approaches:

Perhaps the most notable strength is the Department's emphasis on extended care so that youth in custody can finish high school or commence post-secondary education.

A collaborative initiative through the Maine Children's Cabinet, *Keeping Maine's Children Connected*, is an integrated approach to help children and youth who experience school disruption due to homelessness, foster care placement, correctional facility placement, and/or inpatient psychiatric care. The Maine Governor's Children's Cabinet is chaired by First Lady Karen M. Baldacci and has as its members, the commissioners of the five child-serving state agencies – Education, Health and Human Services, Corrections, Public Safety, and Labor, and the Governor's policy advisors.

The Maine Department of Education awards diplomas to students who are unable to obtain a diploma from their local school due to disruption in their education, which may be caused by a number of situations, including foster care placement. All Maine youth are eligible for this diploma, not just those in foster care.

The Pediatric Rapid Evaluation Program provides medical and psychosocial screening of new-in-care children from six counties. Part of the psychosocial assessment includes educational assessment, with recommendations provided to the caseworker, caregivers, and biological parents.

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

Item 22: Physical health of the child.

- *How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

What do policy and procedure require?

Child and Family Services Policy IV. D. Child Protection Assessment specifies that if an assessment finds that a parent/caregiver has not met or is unable to meet a child's medical needs that may result in serious health care problems if left untreated, the family is in need of child protective services.

Child and Family Services Policy V. D-1. Child Assessment and Plan provides a procedure for completing an assessment of the child's needs- including physical health needs- and developing the plan to meet those needs at a Family Team Meeting with parents, foster parents, the child and others. Even though the policy does not specifically address it, required caseworker monthly meetings with parents provide another opportunity for sharing medical information with birth parents about their children.

Child and Family Services Policy V. D-8. Guidelines for Managing Children found in Methamphetamine Labs – In those rare instances where children are removed from homes that contain methamphetamine labs, this 2006 policy specifies procedures for decontamination and medical evaluations in high risk, moderate risk, and minor risk situations.

Child and Family Services Policy V. I-2 Health Records – This policy, updated in 2002, addresses requirements for medical examination, obtaining and documenting child and family health histories, and creating a child’s portable health record. This record provides the child’s health history to foster parents and physicians and is to be maintained by the foster parent for periodically updating the Department. This policy notes that state law requires the Department to ensure that a child ordered into custody receives a medical appointment within ten working days.

Child and Family Services Policy V. I. Early and Periodic Screening, Diagnosis and Treatment Services – This 1996 policy specifies that all children in DHHS care or custody will participate in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, whether or not they are Medicaid recipients. The goals of EPSDT are to promote healthy development, to prevent illness to assist in the early detection of health problems, and to assure that the child receives the diagnostic and treatment services which screening has identified as being needed by the child. This includes the child’s dental health care needs as well.

Child and Family Services Policy IV-A. A. Service Authorization – This policy, which was updated in 2008, specifies that all clients/recipients, including children and youth, have the right to participate in all service decisions, review their treatment, case or service plan, refuse any service unless mandated by law or court order and be informed about consequences of refusal or disengagement with services. This policy directs that medical, dental, mental health and substance abuse services shall be authorized in the context of a plan to provide for the safety, permanency and well-being of a child and/or to address the threat or risk of abuse and neglect by a person responsible for the child. This policy specifies that the payment for all medical/dental/mental health services shall be made at the rates established by the MaineCare (Medicaid) program, unless exceptions are granted as specified within the policy.

Child and Family Services Policy IV-A. B. Decision Levels (2004) specifies who may authorize different types of medical treatment, as well as who may authorize payment for Medicaid-covered services to non-Medicaid-covered medical providers.

Child and Family Services Policy VI. 5. Consent for Non-Routine Health Care Procedures covers consent for DNR (Do Not Resuscitate) orders, as well as approval for non-traditional therapy techniques that use potentially restrictive interventions.

Child and Family Services Policy V. D. Selection of Substitute Care Placement – This policy specifies that for initial entries into foster care, the child should be seen for health screening by a medical provider within 72 hours of placement.

State Law – Title 22 MRSA 4041 – specifies that the Department shall provide the parents prompt written notice-unless that notice would be detrimental to the child- of any serious injuries, major medical care received, or hospitalization of the child in DHHS custody.

The role and responsibility of foster parents in obtaining medical care is contained in four foster home licensing rules. *Rules Providing for the Licensing of Family Foster Homes* and *Rules Providing for the Licensing of Specialized Children’s Foster Homes* require that:

- Foster parents shall assure that foster children receive preventive and ongoing medical, dental and psychological care in accordance with the directives from the physician, Department and/or the child placing agency or the person legally responsible for the child (Rule 9.G.1.).
- The foster parents shall request a medical history at the time of placement for each foster child, including details of any chronic illness or any consideration requiring ongoing treatment (Rule 9.G.2.).
- Foster parents shall maintain a health record for each foster child. This shall include the foster child's medical history, examinations, medical and dental treatments, prescribed drugs and immunization records. This record shall accompany the child if he or she moves from the home (Rule 9.G.4.).
- No prescription medication shall be administered to a foster child without orders from a licensed physician. Medication for foster children shall be dispensed in accordance with the physician's instructions. Foster parent(s) administering psychotropic medications must have received instructions regarding the administering and the possible side effects in writing from either the prescribing physician or the pharmacist. Prescription medication must be kept in the original container labeled with the child's name, date, instructions, and physician's name (Rule 9.G.5.).

A Handbook for Foster Parents, intended to be a resource for foster parents on implementing these rules, has been under revision since 2006 but is not yet available to them.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 22 a strength based on the finding that in 85% of the applicable cases, reviewers determined that the agency had adequately addressed children's health needs. However, a key finding was that children who were substantiated victims of sexual abuse did not receive appropriate medical screenings. To address this finding, DHHS Child Welfare Services and the Child Welfare Training Institute developed training for caseworkers that focused on identifying sexual victimization, family dynamics and need for treatment. This was completed and reported back by the third quarter of the prior PIP.

In 2004, DHHS Child Welfare Services implemented the Service Authorization Policy and a policy on Levels of Decision Making to clarify how services – including non-Medicaid health services – are to be authorized. Effective 2005, the Child Protection Assessment Policy clarified that when a parent/caregiver is unable to meet a child's medical need that may result in serious health care problems if left untreated, then that family is in need of child protective services. Foster care licensing rules were revised effective 12/31/07, but no changes were made in rules pertaining to health care. Subsequent to the 2007 in-house site review, one District (Rockland) opted to make a program improvement plan to increase the accuracy of health and medical information in case records.

In 2007 the Director of Child Welfare Services collaborated with Steve Meister, MD and the Division of Public Health Nursing regarding requiring health screening of foster children within

72 hours of entry into care, as part of implementing a standard for Child Welfare accreditation. Effective August 2008, the Child and Family Services Policy V. D. Selection of Substitute Care Placement was revised to make this a procedural expectation. It will take some time to fully implement this practice, which is currently occurring more frequently in certain geographical areas (District 6-Bangor area). The Department is working with Dr. Meister to develop a statewide network of providers to meet this need. In those areas without an established network in place, caseworkers are working with each child's pediatrician/medical provider to ensure that children are seen for health screening once they enter custody. A barrier to achieving this is that some medical providers will not see a child for a new examination if that child was seen within the previous year for a well-child physical examination due to MaineCare (Maine Medicaid) billing issues.

Current practice – what does the data show?

Supervisors and administrators generally believe that caseworkers and foster parents appropriately identify the health needs of children in foster care. Regarding in-home cases, the reason for agency involvement or circumstances of the case would dictate whether the Department should address physical health issues for any children in the family. This “applicability” decision becomes a caseworker/supervisor responsibility for in-home cases.

Foster parents are generally reliable in obtaining prompt medical examinations for children in their care. How well the EPSDT agency, the caseworker, and the resource family interact is not monitored by DHHS. How promptly or thoroughly the Department caseworker or designee obtains the child's medical history is not systematically monitored.

In terms of measures of effectiveness that demonstrate Maine's functioning on this item, Maine DHHS PQI case record reviews found that “children receive adequate services to meet their physical and mental health needs in 51.7% of cases reviewed.”

In the 2007 in-house site reviews of all eight districts, findings for 72 applicable cases on Well-Being Outcome 3 were as follows:

- Substantially Achieved 50%
- Partially Achieved 26%
- Not Achieved 24%

In a 2008 Well-Being Survey administered to youth participating in YLAT, 82.5% gave DHHS an 'A/B' (excellent/good) on meeting youths' physical and dental needs. Youth commented that dental care is not always timely, which is a systemic issue well known by DHHS management.

With respect to health care, documentation problems were frequently noted during the 2007 in-house site reviews of all eight districts. Because the above data includes physical and mental health needs together, it is hoped that the upcoming CFSR will provide Maine with more specific information as to how well we are currently meeting the physical health and medical needs of the children in Child Welfare cases.

Key collaborators:

- Foster parents
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program
- Public Health Nursing
- Pediatric Rapid Evaluation Program (PREP)

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

Documenting health information remains an issue. Some districts have already made this a priority, although not to the extent that it has become an area of strength.

Maine DHHS Child Welfare Services does not generally require or document DHHS approval for prescription medications, including psychotropic medications, for children in DHHS custody.

Maine does not have enough dentists overall nor does it have enough dentists who will take Medicaid. During the 2007 in-house site reviews, anecdotal concerns were occasionally mentioned by reviewers regarding inadequate dental care. To ensure that children receiving needed dental and orthodontic care, the following policy (Child and Family Services Policy IV-A. A. Service Authorizations) applies:

Only in unique and exceptional situations does the Child Welfare Services, Office of Child and Family Services provide payment for the provision of dental services to adult clients or children not in the custody of the Department. If a unique client need exists, a specific request for such a service shall be directed to the CW Program Administrator and shall require his/her approval prior to the agreement to provide payment.

In some geographic areas of the state, there is a scarcity of dentists to provide both regular dentistry and orthodontia at MaineCare rates. In the event that a caseworker is unable to find a dentist or orthodontist to provide care at MaineCare rates to a child in DHHS custody within 50 miles of the child's residence, estimates of the work shall be sought from a non-MaineCare enrolled provider. Once given approval by the CW Program Administrator, a letter of financial authorization can be written by the caseworker.

In some cases, MaineCare will not approve orthodontia for children in custody of the Department, yet recommended orthodontic services are needed for the child's well being. In such cases orthodontia can be provided with the approval of the CW Program Administrator.

This remains a district-specific resource issue. The EPSDT system identifies and addresses dental health care needs for children in foster care. An agency is responsible for EPSDT services in every Maine County.

Strengths and promising approaches:

Maine has reasonably comprehensive policy guidelines for health care for foster children. Regarding dental care needs, Maine will pay for dental care of foster children at higher rates if a Medicaid dental provider is not available or accessible.

A strength and promising approach in Maine is the Pediatric Rapid Evaluation Program which provides a medical record search, medical record review, physical examination and psychosocial assessment screening for every child entering foster care in six of Maine's sixteen counties. PREP does a follow-up examination eight months later to make sure that needed services were obtained. This program is funded by through a DHHS grant and MaineCare revenues.

Item 23: Mental/behavioral health of the child.

- *How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

What do policy and procedure require?

Child and Family Services Policy IV. D. Child Protection Assessment specifies that a family is in need of child protective services if a child's behavior triggers a parent/caregiver's inappropriate response that caused or is likely to cause serious harm to a child.

Child and Family Services Policy IV. E. Case Management for Children with Behavioral Health Needs (10/1/08) – Within 30 days of opening a case for services (upon making the Child Protection Assessment decision), Maine DHHS Child Welfare caseworkers are to administer a Pediatric Symptom Checklist for comprehensive behavioral health screening for all children aged 4-16. All children under the age of four are to be referred to Child Development Services (CDS) for screening for early intervention services in accordance with Child and Family Services Policy IV. D-5 below. Implementation of the policy on Case Management for Children with Behavioral Health Needs IV. E. facilitates the provision of appropriate behavioral health services to children involved in the child welfare system and reduces the likelihood that the child welfare system subsequently will become involved with the family due to lack of appropriate behavioral health intervention for the child.

Child and Family Services Policy IV. D-5. Mandatory Referrals to Child Development Services – This 8/04 policy complies with Federal Statute and outlines the referral process for screening to be used by Child Development Services of all children under the age of 3 who are involved in a substantiated assessment of child abuse and neglect. At the same time as the substantiation notification letter is generated, a referral form to Child Developmental Services is also generated regarding children in the home under age 3.

Child and Family Services Policy VI-2- Health Records – For children entering foster care, this policy specifies how quickly an appointment needs to be made for a medical examination, as required by State law (Title 22 MRSA Section 4063-A.1).

State law – Title 22 MRSA 4063-A.2 – requires that, following a physical examination, if the attending physician determines that a psychological assessment of the child is appropriate then the Department needs to ensure this appointment is obtained within 30 days following the physical examination. Title 22 MRSA 4063-B requires that if/when a child is ordered into custody of the Department and is not expected to return home within 21 days, the Department shall obtain counseling for the child as soon as possible unless the Department finds that counseling is not indicated.

Child and Family Services Policy V. G-1. Levels of Care – This 2005 policy states that all children placed in Maine DHHS foster homes or contracted agency foster homes will be assigned a Level of Care (LOC) ranging from A-E based on their individualized assessments. Mental/behavioral health-related needs of children are frequently the justification for a higher level of care.

Child and Family Services Policy V. D-6. Residential Services Policy and Procedure – This 2003 policy specifies procedures for unusual additional costs in high cost placements, such as a one-on-one aide for a child, and for continued hospitalization beyond medical necessity.

Child and Family Services Policy IV. D. Child Protection Assessment – This policy requires that the Family Plan must identify the current needs for child safety, permanency and well-being; the services/supports needed to assist the family with regard to child safety and well-being; and identifies who will do what/when to carry out the plan. Although Maine policy is not explicit on this, a reasonable expectation is that mental/behavioral issues would be included in the assessment and family plan if the issues were relevant to the reasons for agency involvement.

Child and Family Services Policy V. D-1. Child Assessment and Plan specifies that for children entering foster care, an assessment of child’s mental health needs must be completed and a plan developed to address these needs. This is part of the Child Plan. Although Maine policy is not explicit on this, a reasonable expectation is that substance abuse issues for a child would be addressed under “mental health needs.”

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 23 an area needing improvement. This was based on the findings that in 27% of the applicable cases reviewed, reviewers determined that the agency was not effective in addressing the children’s mental health needs. The identified concerns pertained to both assessments and service provision.

The 2004 PIP focused on four areas:

- Timely evaluation and treatment for child victims of sexual abuse (to be addressed through staff training).
- Child and Family Plans that more accurately reflect issues of harm to a child (to be addressed through supervisor consultation-Supervisory Enhancement Initiative).

- Expand the Court Child Abuse and Neglect Evaluations Project (CANEP) into a service available to all District Courts statewide.
- Conduct a statewide assessment of the mental health service array, as a first step toward improving access to needed services.

These were all completed. Regarding sexual abuse evaluation and treatment, Dr. Sue Righthand, a nationally recognized expert, trained 424 DHHS staff in *Sexual Abuse Issues and Interventions*.

In 2004, the two Departments were “unified” through enabling legislation that combined Child Welfare Services, Children’s Behavioral Health Services and Early Childhood Services into a single “Office”. This has resulted in a merger of what historically had been two systems of mental health treatment: one for child welfare clients and another for those eligible for Medicaid in the general population.

For Child Welfare Services, the changes that have occurred are:

- Reduced reliance on residential care, in a concerted effort to meet the mental health needs of children within family placements
- Utilization of the Levels of Care system so that children get the level of care they need while preventing inadequate or unnecessary services
- Training for 112 staff on the impact of adverse childhood experiences
- Training for 80 staff on current best (evidenced-based) practice in mental health treatment
- Training of 52 staff regarding appropriate use of psychotropic medication for adolescents
- Utilization of savings from reduced residential care to develop high fidelity Wraparound for children at risk of residential care, with contracts for high fidelity Wraparound service in every Maine DHHS district
- Improved guidance on differential use of clinical assessments, psychological evaluations, neuropsychological evaluations, sexual abuse evaluations, and Court-ordered Child Abuse and Neglect Evaluations
- For children with diagnosed mental/behavioral health conditions, access improved to in-home mental health treatment and support services funded through MaineCare (Medicaid)

This has resulted in a substantial decrease in repeated, unnecessary, overly lengthy evaluations, an increase in mental health treatment that is evidence-based and time-limited, and a reduced reliance on residential treatment.

In 2008 a revised service authorization policy was re-issued. Major revisions were made to clarify that services are to be paid at MaineCare (Medicaid) rates; to reference that children’s rights as recipients of mental health services; and to provide additional guidance on differential use of psychological, psychosocial, substance abuse, and forensic evaluations.

Current practice – what does the data show?

Effective October 2008, caseworkers are to administer a comprehensive behavioral health psychosocial screening for all children aged 4-16 in cases opened for services. Children and youth between ages 11-16 are to be encouraged by the caseworker to complete the Youth Pediatric Symptom Checklist themselves. In all families where abuse or neglect is found, caseworkers are required to refer all children under age four to CDS for developmental screening. As indicated by screenings, and in consultation with parents and DHHS Children's Behavioral Health staff, Child Welfare caseworkers refer children to mental health professionals to assess the mental health needs. An assessment or evaluation could occur because a child has experienced an event thought to be traumatic, or because of problematic behaviors. Except for children placed in therapeutic foster care, Child Welfare caseworkers provide behavioral health targeted case management services as needed, in addition to their Child Welfare casework. Either directly or indirectly, the agency provides funding, referrals, and transportation for assessment, evaluation, and treatment services.

Because the PQI Unit has historically combined findings about meeting physical and mental health needs to achieve a more general rating for Well-Being Outcome 3, specific information regarding meeting children's mental health needs is currently unavailable, except for anecdotal information.

According to PQI case record reviews, over half of the children in cases reviewed receive adequate services to meet their physical and mental health needs. This finding was confirmed in a review of a sample of 72 cases in an in-house review of all eight districts in 2007. PQI findings indicate this to be an issue for all of Maine's eight districts.

Based on the available data, children receive adequate services in 54% of cases reviewed (Oct.-Dec. 2008). The highest performing districts (4, 5, and 7) achieved this in 74% of cases. The lowest performing district (1) did so in 22% of the cases reviewed.

In a 2008 Well-Being Survey administered to youth participating in YLAT, 73.8% gave DHHS an 'A/B' (excellent/good) grade in terms of youth's emotional and mental health needs being met. However, 17% of youth gave DHHS grades 'C/D/F' in this area with a key comment being that some caseworkers insist on youth being prescribed medication without youth agreement.

A measure of effectiveness and source of pride for Maine Child Welfare Services is our reduced reliance on residential care. At the time of the 2003 CFSR, over 25% of Maine foster children were in residential care. Research evidence is overwhelming that long-term residential care is detrimental to children. Through in-house permanency reviews of children placed in residential care and through Family Team Meetings, this percentage has now been reduced to 12.2%. Less than 0.5% of Maine foster children are now placed in residential care out of state. The agency also reviews and provides prior authorization for all children referred for residential treatment placement through the Intensive Temporary Residential Treatment (ITRT) process. The ITRT is a clinical review comprised of Child Welfare staff and Children's Behavioral Health Services clinical staff.

Key collaborators:

- Mental Health Agency Professionals
- DHHS Children’s Behavioral Health Services
- Family Court Division – CANEP
- Treatment Foster Care Agencies

What are the influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

Given Maine’s present commitment to standardized treatment and service rates, it is a challenge to develop certain services in sparsely populated rural areas where geographic distance impairs time efficiency. As a general rule, services are available if a person is willing to travel far enough, but not all needed services are reasonably accessible. This is particularly true for evaluation services.

Even the larger populated areas often lack clinicians with knowledge and expertise to consistently provide trauma-informed services. Caseworkers have reported that well-regarded programs are employing clinicians with no knowledge or experience in working with children who have been sexually abused despite that fact that many children who enter foster care have been sexually abused and the program primarily serves children in foster care. Maine also has scarcity of child psychiatrists, which impacts these services for children.

Maine law mandates a presumption that a child entering foster care needs counseling. Perhaps as an unintended consequence, many foster children have attended counseling on an indefinite basis, even though research evidence does not indicate that this practice tends to be beneficial.

Strengths and promising approaches:

Based on the larger OCFS annual strategic planning process and achievements to date, Maine is making a good faith effort to influence its staff and the provider community toward services that work. OCFS is taking a leadership role in educating providers and our own staff as to what those services are and how to provide them. Another strength is the amount of money that Maine, a poor state, is willing to spend per capita on mental health services through Medicaid. In terms of mental health expenditures per capita, Maine now ranks number 2 in the country-second only to Alaska (Commissioner Brenda Harvey, 2/1/08).

Maine has implemented several promising approaches:

- To prevent the need to remove children from their homes and place them in residential treatment, *Wraparound Maine* is a fully collaborative program that provides services to the family to stabilize and maintain children in high-risk situations. Established in 2006

in six communities, Wraparound Maine sites have now been expanded to include sites in every Maine DHHS district. This high fidelity Wraparound initiative has been funded by reinvesting savings resulting from reduced reliance on residential care for foster children.

- The *Child STEPs* (Child System and Treatment Enhancement Projects) implementation model combines clinical training and supervision of evidence based treatment (EBTs) with an electronic information system to guide treatment, and add interventions to address key family and key organizational factors. Core elements of the Child STEPs Program include:
 - Training and weekly case consultation;
 - Clinical management information system to monitor progress and outcomes;
 - Family engagement and empowerment; and
 - Organizational assessment and intervention.

In late 2007 Maine received a three-year grant to implement Child STEPs at three Maine sites. These sites began accepting referrals in November 2008.

- *The Child Abuse and Neglect Evaluation Project* (CANEP) is a forensic child maltreatment evaluation that began in 2003. Initiated by a signed court order from a judge, the evaluation is managed through the Family Division of the Administrative Office of the Courts. One of 18 specifically trained Ph.D. evaluators is assigned to the case. The questions pertinent to the evaluation are compiled and agreed upon by all parties to the child protection case. The CANEP coordinator assigns the evaluator and notifies all parties of the time of appointments. The completed evaluation is sent to the CANEP office and mailed to all parties simultaneously. All parties respect the independence of CANEP evaluation and recognize its value to the very difficult decisions in these cases.

More than 600 individuals have been evaluated through CANEP. As of September 2008, 42 cases have been completed this calendar year.

- *THRIVE Program* – Trauma informed system of care. This program covers the Tri-County District 3 (Lewiston) area and is a “six year effort to build a system of care for children and families in Maine that is family-driven, youth-guided, culturally and linguistically competent, and trauma informed” (Tri-County Mental Health Services Annual Report – 2007).

IV. Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System.

- *Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

What do policy and procedure require?

The Maine DHHS Child Welfare Information System has been developed to meet requirements of US HHS Administration for Children and Families, as well as to support state Child Welfare policies and procedures. In May 1998, the Maine Department of Human Services (DHS) implemented the Maine Automated Child Welfare Information System (MACWIS). The MACWIS design is based on State Automated Child Welfare Information System (SACWIS) requirements specified by the US HHS Administration for Children and Families. All data elements of the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) are captured within MACWIS. Over the years Maine DHHS has worked diligently to make the MACWIS system conform to all federal SACWIS requirements.

Overview of the system:

MACWIS collects and manages information within seven major modules. Each of the modules contains numerous functional areas for use by appropriate staff.

Intake

The intake module is where a report of child abuse/neglect originates. Information relating to the report of abuse and neglect is entered here. Examples are names, demographic information, the allegations, and an intake narrative. The system has capacity for automated searches for previous Maine DHHS Child Welfare involvement with persons named. Reports are automatically sent to the appropriate office and casework supervisor.

Assessment

The Assessment Module provides for documentation of activities and decisions related to allegations of child abuse and neglect. Currently the Assessment Module is divided into Part 1 where initial decisions regarding safety and findings regarding maltreatment are documented. Part 2 is for Families in need of child protective services beyond the initial assessment of safety. Part 2 Assessment includes areas for assessing family strengths and needs and developing service plans. Information entered at the intake module will carry over to the assessment module.

Case Management

The case management module is where caseworkers enter all their case related activities. Case related information such as case goals, placement history, service history, court hearing information, medical/health information, demographics, family plans, child plans, all case narratives, and all documents that are generated in MACWIS on a case are recorded here. This is also the module where all placements of children are documented, as well as services provided to children and families. Reports are available on the location, placement settings, and services. AFCARS data is drawn from the case management module.

Resources

The resource module contains information on all resources utilized by Maine DHHS Child Welfare caseworkers. This includes placement resources such as foster homes, group homes, residential treatment facilities, and adoptive homes. It also includes community provider resources including therapists, mental health agencies, transportation, retail stores and others. The resource module is where licensing workers enter information related to the licensing process from initial application to renewal. Workers and supervisors approve placement capacity levels, appropriate services, and rates within this module.

Administration

The administration module is where workers, supervisors, and administrators access worker demographics, caseloads, and information from the intake reports section. Numerous reports are available, which provide information on the characteristics of children in care, caseworker workload, listings of protective cases and assessments, worker and supervisory tracking tools, reports on children being removed, and the reasons for leaving care.

Eligibility

The eligibility module is available to Maine DHHS Eligibility Specialists who determine a child's IV-E eligibility. MACWIS has an automated process that pulls information entered in other modules and provides it to Eligibility Specialists. The Eligibility Specialist then collects and enters any missing data before the system determines eligibility. This module also maintains the client's eligibility history over time, and the reasons for change. The quality of the eligibility process is under constant and vigorous review by state auditors to insure compliance with all federal regulations. The eligibility system was recently reviewed during the 2007 Federal Title IV-E review, which noted MACWIS-supported procedures as a strength.

Finance

The Finance module is also used by Financial Resource Specialists. All expenditures to resources and providers are processed in MACWIS through a system of review and authorization. An extensive history of authorized payments for each client is maintained in this module and many reports are available for management purposes.

What changes in performance and practice have been made since the previous CFSR?

In the 2003 CFSR Final Report, the Statewide Information System was rated as a strength because MACWIS “meets the requirements for identifying the states demographic characteristics and placement goals for children in foster care.”

The positive aspects of MACWIS identified by stakeholders in the 2003 CFSR included the following:

- There are no barriers to accessing information and users have 24 hour a day access.
- The system has case-specific historical information that social workers can easily access.
- Data entry is typically up-to-date.
- Tickler reports are valuable for supervisors and caseworkers to track due/overdue items.

Key concerns expressed by stakeholders about MACWIS in the 2003 CFSR were the following:

- Case information is readily accessible but is fragmented in such a way that caseworkers must access multiple sources to get the “whole picture” on a case.
- The quality of reports is questionable, particularly with regard to accuracy of information.
- The usefulness of management reports is questionable.
- There are difficulties generating outcome data and extracting court information.
- MACWIS is not available to the staff in the Attorney General’s office, thus inhibiting communication and collaboration with that agency.

Although no program improvement plan was required, all of the key concerns have been addressed. Regarding fragmented case information; this has been primarily a caseworker documentation problem, rather than an information system problem. Many staff did their narrative recording simply to document amounts of direct service time provided, rather than documenting purposeful engagement, assessment, planning, and implementation. In 2005, the Child Protection Assessment Policy was strengthened and the documentation requirements were simplified in MACWIS. In 2006, the Child Assessment and Plan Policy was similarly strengthened with enhancements in MACWIS. Also in 2006, policy was developed on Documentation of Case Management Activity. This policy provides guidance on concise, purposeful case narrative recording. In 2007, the Director of Child Welfare Services and the two District Operations Managers identified case documentation as one of four primary areas of management focus for the year.

Regarding quality of reports, this was already being addressed in 2003 as a key support to Child Welfare Reform. Ongoing improvements have continued since that time. Beginning in 2002, the Child Welfare Senior Management Team committed to data-driven program management and quantified strategic objectives. This resulted in clearer articulation of program needs for management reports and better program input to information system staff to improve accuracy. Supported by the Casey Strategic Consulting Group, several Maine DHHS Office of Child and Family Services (OCFS) staff received training from the Chapin Hall Center at the University of Chicago. This training enabled Maine Information System staff to engage in longitudinal cohort data analysis. In 2007, Maine DHHS Office of Child and Family Services contracted with the University of Kansas for use of the Result Oriented Management system to provide CFSR outcome data down to a worker level through a web-based portal. Currently Maine DHHS OCFS is negotiating with University of Chicago's Chapin Hall Center to recommence a data relationship, which was discontinued several years ago due to funding constraints.

Regarding lack of availability of MACWIS case record information to Assistant Attorneys General, the Child Protection Division of the Attorney General's Office was granted access to MACWIS in 2004.

Current practice – what does the data show?

ACF conducted an AFCARS review of MACWIS in 2005 resulting in a subsequent program improvement plan. Since then, all issues identified in the review and included in the program improvement plan have been addressed and corrected. Maine DHHS is awaiting closure of the plan by ACF.

ACF conducted a Title IV-E Foster Care Eligibility Review of Maine DHHS in 2007. At that time all of the changes made to the automated Title IV-E eligibility module in MACWIS were reviewed. Maine DHHS passed this review. MACWIS-supported procedures, eligibility determination, and documentation were noted as strengths.

In June 2008, ACF conducted their final compliance review of MACWIS. Maine DHHS is now awaiting certification of MACWIS as one of only a handful of states with a completed and federally compliant SACWIS system.

The quality and effectiveness of the system's operational capacity and its data starts with the support system. MACWIS has a help desk that is operational during business hours and a "stand-by" worker is available who takes calls 24 hours a day on weekends and holidays, as well as weeknights.

For the most part, the system is very stable and is considered one of the most successful systems in Maine State Government. Many difficulties are actually the result of problems with the Wide Area Network (WAN). On occasion large volume of traffic on the WAN can reduce the speed of MACWIS.

Tracking capacity and use of data

Considerable attention was paid to the development of tracking capacity within MACWIS. With hard edits and required information, it is possible to track numerous client and case specific

pieces of information. Required documents are saved in “event tracking,” which provides system generated templates but still allows workers to input additional information. For example, case plans are required in MACWIS. The worker will create a new plan and the template captures the information from that new plan. The worker can then update and save the plan. Workers can see all plans created during the past year and can filter back to any point in time.

Data in MACWIS is used for many purposes. Casework activities documented in MACWIS are used in the creation of legal documents, case plans, purchase orders, and many other forms. Information entered in MACWIS also serves as an electronic case record of client contacts and activities. Managers in the district offices and in Central Office use the system to request data on clients. The Child Welfare payment system is based on information in MACWIS. MACWIS has numerous alerts and ticklers that are used to prompt action by staff throughout the organization.

Many of the system’s tracking tools generate data related to case management and judicial reviews. These tools are accessible to supervisors and caseworkers. One tool for caseworker use provides details about clients and reviews expiration dates. Other tools are for statewide management use and provide a breakdown of review due dates and overdue reviews. MACWIS provides many other reports that work in a similar manner. A continuing challenge is the need of workers and managers in the districts for detailed case specific information, while upper level management tends to be more concerned with the numbers and the ability to “drill down” to another level if needed.

Reporting capacity

When MACWIS was first designed, data collection was secondary to providing a case management system. With the primary goal achieved, now the focus is on developing ways to allow for modification of existing reports and for adding new reports as needed. The majority of reports generated by MACWIS show how things are on the day the report is run (“point in time”). Since the 2003 CFSR, the Child Welfare Information Services team has worked to provide additional management reports that can be used more effectively to inform practice and support change. The new reports are a combination of “point in time” and “over time” reports. The Information Services Unit provides longitudinal analyses from the data warehouse system specifically created for that purpose. These management level reports are produced monthly and are used by management to monitor many aspects of the child welfare system.

Accessibility

MACWIS provides immediate access to needed case information 24 hours a day, 365 days a year. It enables case information to be available electronically and instantly between all Maine DHHS offices statewide. MACWIS currently supports over 1,100 users from the Child Welfare Services Division and other bureaus and divisions within the Department of Health and Human Services that perform tasks related to DHHS Child Welfare programs and activities. MACWIS performs more than 87,000 daily transactions, provides for 17,000 yearly intake reports and tracks 4,700 open assessments and cases. In addition, MACWIS processes over \$5,000,000 each month in payments for foster care and other services.

MACWIS services are also made available to contract agencies providing services to our clients. Access is provided through a secure system, which allows outside access to the providers so that

they can enter case specific information and narratives through special areas of the systems in which their access is limited. Maine DHHS has also provided access to some of Maine's Native American Tribes through a similar secure network.

Though a majority of casework staff have a desktop PC, a number of laptops and tablet PCs are now deployed in the field that can be connected to MACWIS by dial-in connection. Maine DHHS is currently transitioning all remaining caseworkers with only desktop PCs to laptops and providing wireless access to all Maine DHHS offices. Information Services staff has been working with the Maine Office of Information Technology to provide cellular broadband service to caseworkers in the field. This has been challenging because of the large portions of Maine considered to be rural areas by cellular providers, which has limited their investment on expanded cellular services.

Linkage with quality assurance function

MACWIS is able to provide necessary information for Performance and Quality Improvement (PQI) purposes. PQI Specialists, as well as program administrators and supervisors can quickly access case files and information. Federally required information is immediately "captured" for reporting and reimbursement purposes. Each month, staff can print caseload lists and can randomly select cases for PQI reviews. When a case is selected, all case information in MACWIS is reviewed for compliance with numerous federal and state requirements and policy related to best practice. All review information is then forwarded to the appropriate district office staff and to OCFS management for review and necessary action.

In addition to providing information for the PQI Unit, MACWIS also generates monthly AFCARS exception reports that are sent to each district. The reports contain information on overdue case plans, court hearings, children who are about to age out of the system (as a prompt to close the case), children in care without a primary placement, and children in placement, but lacking a per diem payment for board and care.

Complete and current information on all children in foster care:

Information on the location of all children in DHHS custody is available in MACWIS. This includes children in relative care, unlicensed placements, voluntary placements, and unpaid placements. Caseworkers are required by policy (Child and Family Policy V. D. Selection of Substitute Care Placements) to record any change of placement by 4:30 p.m. on the day of the child's placement change. District Program Administrators receive regular MACWIS-generated reports of any children with missing placement locations, so that prompt corrective action can be taken.

Strengths and promising approaches:

There are many promising practices within systems development. Since the rollout of MACWIS, enhancements have improved the quality of work and the Department's capacity to provide services to children and families. Functionality has been added to support practice reforms and

improvements. Information Services staff work hard to understand current and upcoming policy and practice so that they can mitigate MACWIS system barriers. This same staff provide data to help manage the Child Welfare system.

B. Case Review System

Item 25: Written Case Plan.

- *Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?*

What do policy and procedure require?

Child and Family Services Policy IV. D. Child Protection Assessment – This policy sets forth requirements and format for developing a Family Plan for in-home service cases, as well as a Family Rehabilitation/Reunification Plan for parents whose children have been removed from them. Family Plans are to be developed at Family Team Meetings. Children age six and older are expected to be involved in the development of the Family Plan. For in-home service plans, Family Plans are to be completed and recorded within 35 days of the report of abuse and/or neglect. For family reunification cases, reunification plans are required by State Law (22 MRSA 4041) to be completed and circulated to the parties 10 days before a scheduled court hearing. If an emergency petition is filed the Department is to present a preliminary rehabilitation and reunification plan at the preliminary court hearing. Family Plans are to be updated every six months.

Child and Family Services Policy V. D-1. Child Assessment and Plan provides requirements and format for developing a Child Plan. Child Plans are to be developed at Family Team Meetings. Children age twelve and older are expected to be involved in the development of the Child Plan.

Maine's policy has no time frame for documentation of the initial Child Plan. Therefore, the federal standard of 60 days from the date of removal applies. Casework supervisors, as well as PQI record reviews of randomly selected cases monitor this.

Both the Family Plans and Child Plans include all federally required content. Detailed explanation of requirements are outlined in the above two policies.

Monitoring occurs as follows. Caseworkers receive ticklers in MACWIS (Maine's SACWIS system) 30 days prior to the due date of a Family Plan or Child Plan. Supervisors receive ticklers at the time of the due date of the Child Plan, if it has not been completed by the worker and forwarded to the supervisor. Each month, the Office of Child and Family Services

Information Unit forwards to the District Child Welfare Program Administrator reports of case plans overdue, case plans not approved by the supervisor, and case plans not sent for supervisory approval. These reports facilitate corrective action by District Management.

If the court has made a jeopardy order, Maine law mandates that the court review the case at least every six months. By policy, the Child Plan and the Family Plan must be submitted to the District Court prior to any upcoming judicial review.

Maine law (22 MRSA 4041) requires the Department to develop a reunification plan, making good faith efforts to seek the participation of the parents. The plan must include:

- Reasons for removal of the child from the home
- Changes necessary to eliminate jeopardy
- Rehabilitation services to be provided and completed
- Other services (such as transportation, child care, housing) to assist in rehabilitation or reunification
- Visitation between child and parent
- Use of kinship support
- A reasonable time schedule
- Financial responsibilities of parent and Department

The Department is to circulate the reunification plan with the parties prior to a scheduled court hearing and present the plan to the court for filing at that hearing.

In cases where the court makes an emergency order to protect a child from jeopardy, the Department must present a preliminary plan for the court to review at the preliminary hearing or within 10 days of the original petition if this hearing is not held. This plan must be developed with the custodial parent if the parent is willing. The plan must include a statement of problems causing risk to the child, preliminary identification of services needed, visitation plan or explanation as to why no visits are scheduled, family and friends who may be resources, and preliminary assessment of any kinship placements.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 25 to be an area needing improvement. CFSR case reviewers determined that parents and children were involved in case planning in only 57% of the applicable cases. At the time of the 2003 CFSR, Department staff was engaged in a yearlong training and coaching initiative to introduce Family Team Meetings into caseworker practice. Funded by the Casey Strategic Consulting Group, this training was a collaboration involving the Child Welfare Policy and Practice Group, the USM Child Welfare Training Institute and DHHS Child Welfare Services. In 2004 and 2005, the Child Welfare Senior Management Team oversaw development of a new Practice Model, as well as new case assessment and planning policies. The purpose of these efforts was to make Department policy and practice consistent with reform-based beliefs, strength-based practice, and FTM values.

Current practice – what does the data show?

Caseworker anecdotes and case record review findings both indicate that when practice enacts the spirit of these policies, the case process is strength-based, family members and their supports are included, and the process is more collaborative and productive. In approximately 60% of cases receiving quality assurance reviews, Family Team Meetings are convened according to policy and mothers, fathers, and children are included in case plan development according to policy.

To monitor the effectiveness of Maine's functioning on this item the OCFS Information Specialists run monthly reports on districts' performance in completing case plans as required. This information is distributed to district staff so that corrective action can be taken to complete missing plans. In addition, semi-annual reports are also run to assure current case plans consistent with AFCARS reporting periods. Using these two methods, the agency has been effective in ensuring that case plans are done when required, as evidenced by percentages of current Case Plans at the time of AFCARS data submissions:

Current Case Plan

Date	% Failing
9/30/07	2.55
4/1/08	2.11
10/1/08	1.55

(as measured by Element 43-Case Plan Goal)

The Judicial Branch reports that case plans, most notably reunification plans, are received by the court. The Judicial Branch also reports services and other needs of the child and family are regularly reviewed in court proceedings. If OCFS does not provide the updated Rehabilitation and Reunification Plan, the AAGs ensure that parents clearly understand what is expected of them in terms of services. Current forms used for court orders include questions about case plans.

An important aspect of Maine case planning for children is identifying and addressing the needs of caregivers. Foster parents are surveyed annually by DHHS on their satisfaction with their working relationships with DHHS. The data shows that they are mildly satisfied with their participation in case planning decisions, that the level of satisfaction is fairly consistent among foster parents in different districts, and that it has shown only minor fluctuation over the past four years.

Satisfied with Case Planning				
District	2005	2006	2007	2008
1	3.5	3.8	3.2	3.5
2	3.2	3.5	3.3	3.7
3	3.3	3.4	3.8	3.5
4	3.3	3.3	3.9	3.0
5	3.5	3.7	3.2	4.0
6	3.3	4.3	2.9	3.7
7	3.6	3.4	2.8	3.8
8	3.5	3.6	4.3	3.6
State	3.4	3.8	3.4	3.7

(Averages based on a 5-point scale ranging from 1-strongly disagree to 5-strongly agree)

When foster parents participate in FTMs, they have full input into the case planning process. When they do not participate in FTMs, their input into case planning tends to be more indirect. A foster parent may provide information to a caseworker seeking input, but not understand that the caseworker is consulting for case planning purposes. Similarly, children who are now seen more regularly and frequently by caseworkers may provide information without understanding that the caseworker is reviewing their status and needs for case planning purposes.

Based on the available measures, it is reasonable to conclude that parents and children are involved in case planning at approximately the same level of overall frequency as at the time of the 2003 CFSR, but that the level of involvement in some districts exceeds this. When new policies and practices are carried out, the quality of plans and participation is significantly improved from the work reviewed in 2003. Also, as previously noted, “indirect” inclusion may well have increased since casework contact with children and foster parents is more regular and frequent.

Key collaborators:

- Parents
- Children
- Foster Parents

- Guardians ad litem
- Therapeutic foster care agencies
- Service providers
- Child Welfare Training Institute

What are the influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

- A number of case plans are not true working documents but are simply cursory updates to meet state and federal timeframe requirements. The case planning process should develop a document that truly captures needs, services, roles, responsibilities, and progress toward achieving safety, permanency and well-being.
- Children are not routinely signing their case plans.
- Both parents are not always included in rehabilitation and reunification planning.

Strengths and promising approaches:

Since the implementation of the Practice Model, the Department has demonstrated strength in reforming its engagement, teaming, and planning process. Staff are more inclusive in their work and encourage more genuine participation.

In addition to the collaborations noted above, communication has increased since 2003 between the courts and DHHS to ensure that permanency is achieved for children in Maine.

In 2008 the Maine Youth in Care Bill of Rights was ratified by youth and OCFS and provides youth in care with a resource they can use to advocate for themselves and to make sure that their rights are honored and upheld. These include:

- Youth have a right to be included in their case planning with a team of people that advocates with them and for them.
- Youth have a right to have meaningful participation in their Family Team Meetings, treatment team meetings, court, and school meetings.
- Youth have a right to have family members or other supportive people of their choice present at their team meetings.
- Youth have a right to have monthly contact with their DHHS caseworker and have their phone calls returned.
- Youth should have access to resources and be able to seek information about resources.
- Youth have a right to access their case records and to expect accuracy in case recording.

This bill illustrates what caseworkers and others can do to uphold the rights of youth and provides a guide that all can use to improve the foster care system for current and future youth in care.

Work is currently underway to revise the Youth Transition Tool. With this there will be a shift away from a separate independent living plan. Transition needs will be developed as part of the case planning process based on youth strengths, needs and cultural discovery. Youth will sign their agreement to caseworker analysis as well as their case plans.

Item 26: Periodic Reviews.

- *Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?*

What do policy and procedure require?

Maine State Law- Title 22, Section 4038 – Title 22 states “if the court has made a jeopardy order, it shall review the case at least once every six months, unless the child has been emancipated or adopted...” The law specifies how hearings shall be conducted and what the court shall determine in its written findings.

Child and Family Services Policy VI. A. Judicial Review – The 1992 policy, although still in the manual and available online to the public, is now mostly obsolete due to subsequent AFSA and AFSA-related revisions to Maine state law.

Parents are served notice of hearings, either directly or through the attorney(s) who represent them. They have the right to be heard, including testimony and presentation of other witnesses or evidence, to attend all the proceedings, and to have access to pleadings and records.

As is evident from Maine statute regarding judicial reviews, the court is expected to make specific written findings after hearing or by agreement. In addition, the court may make specific orders. These findings and orders direct the parties in modifying the case plan and at times changing the direction of the case. If necessary, such adjustments could involve a subsequent Family Team Meeting. At other times discussion between the parties at court would be sufficient communication to implement a judge’s order.

The statewide District Court scheduling procedure ensures that child protective cases are given high priority. The scheduling model is incorporated into the Case Management Procedures used to train court clerks. This scheduling model will also be incorporated into the judicial resource or “bench book” currently under development.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 26 a strength due to the existing policy, procedures, and court protocols that ensure that the status of every child is reviewed by the court every 6 months. Stakeholders participating in the onsite CFSR were in agreement that case reviews are taking place every 6 months and sometimes more often. Stakeholders observed that agency and court procedures contributed to timely scheduling and hearings. These procedures included: (1) the MACWIS ticklers that a review is forthcoming, (2) the use of a case management system by the courts, and (3) the court practice of discouraging continuances.

This area has continued to be strengthened as evidenced by:

- Judicial reviews are done more frequently than required. In accordance with current court policy, judicial reviews often occur every five months. Additionally, Judges have the discretion to review cases more frequently as a result of pressing issues or upon request.
- Judges have at least semi-annual training on important child welfare topics.
- Extensive court clerk training specific to scheduling and ASFA timelines
- GAL training has increased from 2.5 days to four days.
- Continued development of the automated case management court data system
- More timely signing of court orders
- Increased collaboration between the Judiciary and the Department toward more timely permanency for children in foster care.

Current practice – what does the data show?

All of the practices noted above are believed to continue.

The capacity of the Court Data System (MEJIS I) is too limited to enable electronic monitoring of timeliness of periodic reviews. At present, court data is limited to general caseload tracking, such as the tracking of annual filings and dispositions. Additional monitoring is available through anecdotal means.

Although PQI record reviews explore whether permanency and judicial reviews occur as required, this information is not tracked. A PQI query of all foster care cases reviewed since November 2007 found that Judicial Reviews were conducted in a timely manner 93% of the time.

A MACWIS report of children removed from their parent's custody since 10/1/06 found the documentation supporting Judicial Reviews being held every 6 months in FFY 2007, 42% of the time while FFY 2008 improved to 69%. Potential data issues of this query include a) hearings having been held but not entered into the MACWIS system and b) combined hearings (i.e. TPR and Judicial Review) may not be entered correctly in MACWIS. Due to documented problems

related to MACWIS data entry, the PQI review noted above is a much more accurate indication of timeliness of judicial reviews.

Preparation, encouragement to attend, and timing of specific supports for parents, children, and caregivers in reviews vary depending on the case members and professionals involved.

No electronic data is available as to how well guardians ad litem carry out their statutory responsibilities to ensure the communication of children's wishes at periodic reviews or to submit written reports to the court every six months.

Assistant Attorneys General attend hearings with proposed orders, which enables hearings to focus on contested issues. As a result of this practice, written orders are often available at the end of uncontested hearings. The same AAG will represent the State at hearings and reviews on a family throughout the life of the case.

In terms of quality of hearings, the Judicial Branch reports that Judges are actively involved and ask questions of all parties. Following the improved case scheduling procedure, the same Judge conducts hearings and reviews on the same family throughout the life of the case.

Based on information available this continues to be an area of strength for Maine.

Key collaborators:

- Assistant Attorneys General
- Foster parents or kinship providers who participant status
- Parents
- Parents' attorneys
- Guardians ad litem
- Children/Youth

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

The court is responsible for scheduling reviews. However, individual Judges, AAGs, parents' attorneys, and GALs can have considerable influence on the process, most notably with regard to scheduling, of periodic reviews. A record of good casework can substantially simplify reviews in complex cases.

Participation of parents in court proceedings varies depending on the issues at hand, as well as by the attorneys representing the parents. As a result of the scarcity of attorneys practicing in this area of the law, it is often difficult for the court to appoint attorneys to represent parents.

OCFS has many children/youth in custody for which a cease reunification order has been obtained which may reduce the likelihood that those parents will remain involved subsequent proceedings.

Adoptive and Foster Families of Maine (AFFM) reports that some caseworkers do not encourage foster parents to attend court proceedings. This is thought to be out of concern about adding an additional activity to a foster parent's already busy schedule in meeting children's needs.

It is anticipated that the budgetary issues faced by Maine will result in less available court time for proceedings. While there is a risk that timely dismissals of custody may not occur in accordance with the ASFA requirements, protective custody cases remain a priority case type and will continue to be allocated court resources as a priority docket. Due to a current hiring freeze, courts are unable to hire personnel who assist in scheduling of court proceedings as well as processing the appropriate orders following the hearings. The Department and the Judiciary are aware of this potential problem and are working on a solution to this issue.

Strengths and promising approaches:

Periodic court reviews occur in a timely manner. Improved procedures facilitate prompt findings, decision-making, and orders to further the safety, permanency and well-being of the child.

The court is currently developing a new automated information system (MEJIS II), which will be able to track more items.

Additional strengths include:

- Signed court orders at the conclusion of uncontested hearings
- Every review hearing addresses permanency
- Collaboration between the Judiciary, the legal community and OCFS around standardizing terms
- Increase court, GAL, parents' attorney, and AAG awareness of ASFA timelines, as a result of multiple training initiatives

Item 27: Permanency Hearings.

- *Does the State provide 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 that the child entered foster care and no less frequently than every 12 months thereafter?*

What do policy and procedure require?

Maine State Law conforms to the ASFA requirement that permanency hearings occur for each child within 12 months of entering care, and annually thereafter. For DHHS staff, compliance is triggered through MACWIS alerts.

DHHS has no specific policies with respect to permanency hearings.

Maine State Law requires:

1. Mandated permanency planning hearing. Unless subsequent judicial reviews are not required pursuant to specific exception in state law, the District Court shall conduct a permanency planning hearing and shall determine a permanency plan within the earlier of:
 - A. Thirty days after a court order to cease reunification; and
 - B. Twelve months after the time a child is considered to have entered foster care. A child is considered to have entered foster care on the date of the first judicial finding that the child has been subjected to child abuse or neglect or on the 60th day after removal of the child from the home, whichever occurs first.
2. Subsequent permanency planning hearings. Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, the District Court shall conduct a permanency planning hearing within 12 months of the date of any prior permanency planning order (Title 22, section 4038-B).

Maine Supreme Court Case Management Procedures (effective 1999) – The purpose of these procedures is to ensure that the court meets its obligation under State and Federal law to give timely and thorough attention to child welfare cases. The procedure calls upon judges to actively direct child protection litigation through conferences and hearings. Timeframes mandated by State and Federal law are identified in the procedure, including the need to hold a preliminary protection hearing within 14 days, issues jeopardy order within 120 days, conduct a judicial review every six months, and to hold a permanency planning hearing within 12 months.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 27 as an area needing improvement. Reviewers found that, although a process was in place for holding permanency hearings as required, the effectiveness of hearings was insufficient to promote the timely achievement of permanency for children in foster care.

The 2004 Program Improvement Plan addressed this problem by providing training for the judges and Child Welfare Assistant Attorneys General on permanency options and best practice in conducting permanency hearings. In addition to the Permanency Training, in 2005 DHHS sponsored the Child Welfare Symposium on Permanency, which was attended by a number of judges, attorneys, service providers, and other stakeholders. As a follow up to this Symposium, the Department Child Welfare Management approached the Chief District Court Judge about meetings between Judges, Program Administrators, and other stakeholders to identify and

resolve local barriers to permanency. The District Court Administration agreed in 2006 to initial meetings in each district, which primarily consisted of training on implementation of new permanency guardianship legislation.

Current practice – what does the data show?

No electronic data is available regarding timeliness of permanency hearings. The Court Automated Scheduling System (MEJIS I) lacks capacity to provide information of this detail. Likewise, MACWIS cannot presently provide accurate information due to data entry issues.

The only other available indications of effectiveness are federal permanency composites. These measure progress towards permanency for children and youth in foster care. Permanency hearings are only one of a number of variables that influence permanency outcomes. According to the most recent data profile (December 2008):

	FY 2006	FY 2007	FY 2008
Percent of children who reunify in less than 12 months (statewide figures) (75 th percentile – 75.2%)	47.1%	58.3%	55.3%
Percent of children who exit to adoption in less than 24 months (statewide figures) (75 th percentile – 36.6%)	14.9%	22.6%	34.6%
Percent of children in care 24+ months who achieve permanency by end of the year (statewide figures) (25 th percentile – 37.5%)	25.5%	26.8%	27.8%

With respect to timeliness and permanency of reunification, timeliness of adoption and permanency for children in care for long periods of time, the trends for Maine are clearly in the direction of more often and more timely permanency.

Key collaborators:

- Parents
- Parents’ attorneys
- Assistance Attorneys General
- Guardians ad litem
- Foster parents
- Interested relatives

- Children/youth

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

- The court currently does not have a tracking system to provide data on permanency.
- Due to the limited number of child protective practitioners representing parents, it is sometimes difficult for the court to appoint attorneys to represent the parents.
- Due to data entry challenges in MACWIS, DHHS does not have accurate information as to timeliness of permanency hearings.

Strengths and promising approaches:

- The Statewide District Court Scheduling Procedures ensures that child protective cases are given high priority. The Scheduling Model will be incorporated into the Court Bench Book.
- The court regularly grants appropriate requests for expedited hearings in child Welfare cases.
- The court is currently revising and improving the Judicial Orders forms to more clearly differentiate Judicial Reviews and Permanency Hearings.
- The court is currently developing a new automated information system (MEJIS II), which will be able to track more detailed items.
- The Court Improvement Plan focuses on safety, permanency, and well-being.
- Judges and GALs have received training on permanency through the Court Improvement Training Grant.
- Collaboration has increased between courts, DHHS, and the legal community to ensure that permanency is achieved for children in Maine.
- Youth involvement in permanency training development
- Maine DHHS recently developed a Permanency Policy to be effective February 2009. This policy conforms to ASFA requirements and Maine State Law.

Item 28: Termination of Parental Rights.

- *Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?*

What do policy and procedure require?

Maine Law (Title 22, section 4052)- provides a process for TPR proceedings consistent with ASFA.

In accordance with the 1999 Maine Supreme Court Case Management Procedure for child protection cases, in all court locations, to the extent possible, each case is heard by a single judge, who actively directs the course of the litigation from the preliminary protection hearing, through jeopardy orders, judicial reviews, permanency hearings, and TPRs. The Case Management Procedure recognizes the ASFA requirement to file for TPR when a child has been in foster care for 15 of the most recent 22 months unless a statutory exception applies.

Child and Family Services Policy VII. Family Reunification – provides time frames for ceasing reunification and motioning for judicial review and initiating a TPR process, but these time frames and procedures predate ASFA and are no longer consistent with current Maine state law, which now conforms to ASFA.

Child and Family Services Policy VIII. B. Termination of Parental Rights does not specify any time frames. It sets forth a decision making process between worker and supervisor and requires a detailed Termination of Parental Rights (TPR) summary which differs from the legal summary format in MACWIS. The purpose of TPR summary is to provide specific information to satisfy the Department's burden of proof for TPR under Maine law. The TPR policy specifies that the TPR summary and other required documents are to be routed through the Children's Services Program Specialist to the appropriate AAG, who communicates back to the worker via the Children's Services Program Specialist. In actual practice, though, communication is directly between district staff and their AAG. According to knowledgeable litigators on the Maine CFSR Steering Committee, the TPR summary has been universally abandoned by Maine DHHS casework staff, who now use the simpler legal summary format available in MACWIS.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 28 as an area needing improvement. During the review, stakeholders identified court-related barriers to achieving TPR such as getting a signed court order from the District Court, scheduling a TPR hearing and having TPR hearings "bumped first" from a full docket. Stakeholders also indicated that, rather than pursuing TPR, the courts and agency often gave parents additional time to work toward reunification even when the evidence suggested that reunification was unlikely. The only stakeholder concern that was addressed in the PIP was the issue of getting a signed order from District Court. District Court developed a policy that TPR orders be signed within 60 days of the close of a TPR hearing, and committed that 40% of these would be signed within that time frame as an interim target.

DHHS Child Welfare Services Division emphasized in its 2004 Practice Model that all children deserve a permanent family. In 2005, Maine DHHS sponsored a Child Welfare Symposium on

permanency, and a Fall Conference for staff focused on permanency for older youth. Specific action plans that have resulted in more timely TPRs have come from local offices or local courts.

Current practice – what does the data show?

Although Maine lacks state-generated data with respect to current TPR practice, federal permanency composites in Maine's data profile of December 2008 indicate significant progress in timely terminations during the past three years. Maine now exceeds the 75th percentile (a data measure for area of strength) for children in care 17+ months adopted by the end of the year. Maine has almost achieved the 75th percentile (a data measure for area of strength) for children in care 17+ months achieving legal freedom within 6 months (75th percentile is 10.9%; Maine has improved to 12.3% in the federal FY 2008).

Although improvements seem evident in timely permanency decisions (PQI data) and in timely adoptions, no case record review information is presently available on the extent of improvement on timely TPR hearings and decisions. Presumably, improvements in the above two federal permanency composites are indicative of improvements with respect to TPRs.

The courts are scheduling Case Management Conferences within 30 days of filing and service of the TPR petition. Scheduling and completing TPR proceeding is now more timely through the court's use of the trailing docket. The courts have a procedural expectation for a signed order within 60 days of the end of the hearing. Since completion of the PIP, The Court Improvement Plan includes an increased expectation that 60% of orders will meet this timeframe.

The CFSR could be helpful in providing Maine with a fuller understanding of the extent of progress in TPR hearings and decisions that reflect AFSA timelines.

Key collaborators:

- Assistant Attorneys General
- Foster parents
- Parent attorneys

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

- The courts statewide utilization of the trailing docket has dramatically improved timeliness of proceedings, including TPR hearings. Still, all DHHS districts who responded to a December PQI survey (six out of eight districts) identified problems with timely TPR hearings on trailing dockets. This is most notably demonstrated in the

court's ability to complete a scheduled TPR hearing within a reasonable period of time (rather than over a period of one or more months).

- Two DHHS districts provided differing comments on timely court orders, “A positive is that court orders have been coming in a more timely manner” and “In some cases [there are] very lengthy decision times from Judges on cases.”
- District Courts are expected to schedule case management conferences within 30 days of filing and service of a TPR petition. Two districts report that more frequent settlement conferences, which they also call “mediation conferences”, make the process more efficient and effective for the court and the parties.

Strengths and promising approaches:

- The Statewide District Court Scheduling Procedure ensures that child protective cases are given high priority.
- The court is currently developing a new automated information system (MEJIS II), which will be able to track more times.
- For the purpose of problem solving, the AAF Division Chief and the Manager of the Court Improvement Project confer periodically to identify areas of the state where there seem to be greater delays in timely, signed orders.
- Department staff, Judges, AAGs, parent attorneys, and GALs have an increased awareness of ASFA timelines, as a result of multiple training initiatives.
- The Court Improvement Plan focuses on safety, permanency, and well-being.
- Three DHHS Child Welfare districts report that group decision-making facilitates timely filing TPR petitions (in Maine, caseworkers write custody and TPR petitions themselves).
- DHHS districts are reviewing progress toward reunification earlier and more regularly so they can make more timely permanency decisions according to ASFA requirements. The MACWIS Monthly Children in Care Report is the instrument most frequently cited. MACWIS Caseload Lists, MACWIS Worker Workload Lists, and Individual Supervisory Tracking Tools are also mentioned.
- All DHHS districts report that in FTMs planning and progress is informed by ASFA timelines. In the words of one district respondent, “The FTM Model makes it very transparent to those participating that there are timeframes we promote and observe in terms of rehabilitation and reunification and achieving timely permanency by returning a child to family or adoption. Timeframes are discussed at most meetings. [Consideration of concurrent planning] is transparent in the FTM process”.

Item 29: Notice of Hearings and Reviews to Caregivers.

- *Does the State provide 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?*

What do policy and procedure require?

The Maine DHHS Child Welfare Services Division follows Maine statutory requirements. Maine Statute (Title 22, section 4005-D) specifies that the foster parent of a child and any pre-adoptive parent or relative providing care for the child must be provided notice of and the right to be heard in any proceeding to be held with respect to that child. This includes the right to testify but does not include the right to present other witnesses or evidence.

Regarding notice, Maine Statute (Title 22, sections 4033 and 4038) specifies that notice of reviews must be given to all parties to the initial proceeding according to District Court Civil Rule 4. Notice may not be given to a parent whose rights have been terminated under subchapter VI. The Department must provide written notice of all reviews and hearings in advance of the proceeding to the foster parent, pre-adoptive parent and relative providing care. This notice must be dated and signed, must include a statement that the foster parent, pre-adoptive parent and relative providing care are entitled to notice of and an opportunity to be heard in any review or hearing held. A copy of the notice must be filed with the court prior to the review or hearing.

DHHS has an electronic notification system in MACWIS for periodic reviews and permanency hearings, whereby the caseworker is notified by “tickler”. The caseworker is responsible for sending the notification letter to the child’s caretaker and filing it with the court. A standard notification letter is available in MACWIS for the caseworkers’ use.

Child and Family Services Policy XI-B- Reasonable Steps to Inform Parties of Intent or Action (effective 10/1/90) states that when the Department is contemplating short-term emergency services, or intends to request a preliminary protection order, or intends to file a child protection petition, it must attempt to notify relatives who have been the primary caretaker for at least the past month. This policy also sets time frames for attempts to inform persons regarding child protection action.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 29 as an area needing improvement because Department staff were inconsistent in notifying foster parents, pre-adoptive parents, and relative caregivers regarding reviews or hearings, and the courts were not consistent in ensuring opportunities for these caregivers to provide input into the reviews or hearings.

The inconsistency in notification of foster parents was documented by DHHS in its 2003 Statewide Assessment. The finding on the court's inconsistency was based on stakeholder statements during the onsite review.

The 2004 Program Improvement Plan had two corrective actions:

1. Each district will make and implement a plan to ensure notifications are being sent in a timely manner.
2. Training will be provided about the role foster parents and caregivers play in court as a core training and ensure that it is an ongoing topic in foster parent pre-service training.

Current district performance on notification is not systemically tracked. Regarding foster parent training, relevant core foster parent training was developed and was last offered in fiscal year 2007. The right to notification is mentioned in foster parent pre-service training, but foster parents rights, roles, and responsibilities with respect to hearings are not addressed in a substantial way.

In 2007, the applicable law was amended to state that in addition to foster parents, pre-adoptive parents, and relatives providing care have the right to attend and to be heard in any proceeding held with respect to the child. The amendment made DHHS responsible for providing prior written notice of all proceedings to pre-adoptive parents and relative caregivers, in addition to foster parents.

Current practice – what does the data show?

Prior written notification is regularly monitored through caseworker, supervisor, and PQI case reviews, but is not formally tracked or reported out through monthly PQI statistics.

Regarding foster parent/pre-adoptive parent/relative caregiver notification, a PQI query of all foster care cases reviewed between November 2007 and November 2008 found that foster parents/caregivers were notified of upcoming court proceedings in 75% of the cases reviewed. Judges regularly inquire of foster parents, pre-adoptive parents, and relative caregivers attending court as to whether they would like to be heard.

Another available measure of effectiveness is the response to a question on an annual survey of foster parents.

On a scale of 1 to 5, foster parents' most recent level of agreement was 3.8 to the statement, "I am given the opportunity to participate in court hearings". This level of mild agreement has been consistent over the past four years.

District	2005	2006	2007	2008
1	3.8	4.1	3.9	3.6
2	3.6	3.6	3.4	3.7
3	4.0	3.7	4.1	3.7
4	3.4	3.4	4.4	3.6
5	3.8	4.0	3.5	3.7
6	3.3	3.6	3.2	4.0
7	3.3	4.1	3.3	3.8
8	3.5	3.4	4.0	4.1
State	3.6	3.8	3.6	3.8

(Averages based on a 5 point scale ranging from 1- strongly disagree to 5- strongly agree)

Based on the recent PQI findings and the foster parent survey results, supported by anecdotal information from the Chief of the Child Protection Division of the Attorney General's Office, opportunity continues to exist for improvement.

Key collaborators:

- Foster parents
- Assistant Attorneys General
- Legal community

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

Judges and caseworkers both have influence over foster parents' participation, as stakeholders noted in the 2007 in-house site reviews. As noted above, Judges regularly offer the opportunity to be heard to all foster parents in attendance. Judges also regularly inquire whether the Department notified foster parents of the court event. Adoptive and Foster Families of Maine reports that some caseworkers do not encourage foster parents to attend court proceedings. This

is thought to be out of concern about adding an additional activity to a foster parent's already busy schedule in meeting children's needs.

For foster parents who work outside the home, work schedules can be a barrier to attending court proceedings.

Strengths and promising approaches:

Through the contract with the USM Muskie School, Maine provides relevant training that is open to licensed foster parents and current caregivers who are unlicensed, although it does not provide it every year. Maine has also strengthened its law regarding participation in court proceedings by foster parents and relatives providing care.

The court is currently improving its forms for District Court orders. The forms will require information as to whether notice was provided and whether a copy of prior written notice has been filed with the court.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services.

- *Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?*

What do policy and procedure require?

Practice Model:

In 2002, Maine Child Welfare implemented a Beliefs Statement and in 2005 followed up by implementing the Child and Family Services Practice Model. Together these guide our practice and emphasize the importance of working collaboratively and respectfully with others.

Key points with respect to safety and health of children in foster care:

- Child safety is the first priority for all out of home placements.
- Children are entitled to live in safe and nurturing families.

The Practice Model is widely publicized but no systematic monitoring occurs as to its implementation.

Relative and Kinship Assessment:

Because the Maine DHHS Child Welfare Services Division prioritizes placement with relatives or with fictive kin (those with close, long-standing relationship with the family or child), we often place children with kin who are not yet licensed. Prior to placement with relatives or fictive kin, we complete the Relative and Kinship Assessment, as required by policy. The Assessment includes background checks of state Child Protective Service history and state criminal records history, as well as safety assessment of the physical home and assessment of the caregiver's capacity to meet the needs of the child for safety and well-being. Once a child is placed in the home after the kinship assessment, DHHS staff encourages the caregivers to apply for Foster Home Licensure, which involves participation in a full home study.

Case Assessment and Planning:

Maine Statute (Title 22 MRSA Chapter 1071, Section 4041) addresses the shared responsibility between the parent and the Department for reunification and rehabilitation of the family. The law directs the Department to develop a rehabilitation and reunification plan and make a good faith effort to seek the participation of the parents in this planning. The law specifies the information that must be included in the plan including the problems that present a risk of harm to the child, the services needed to address those problems, provisions to ensure the safety of the child while the parent engages in services, a means to measure the extent to which progress has been made, and visitation that protects the child's physical and emotional well-being. The law also requires the Department to circulate the plan to all parties at least 10 days before a scheduled court hearing and present the plan to the court for filing at that hearing.

When a child is placed in foster care, a Child Assessment is completed to gather sufficient information to effectively plan to meet the child's needs.

A Family Team Meeting is held with the family and significant others to review the assessment, to further identify the specific needs of the child, and to develop Child and Family Plans that determine who will be responsible for making sure the needs are met during the next six months. Casework supervisors, as well as PQI reviews of randomly selected cases monitor this policy.

As cited in Item 6, the Maine Levels of Care System (LOC) was designed as a comprehensive assessment process for assessing the service needs of all children currently in foster home care, as well as those entering care. The goal of the assessment process is to ensure all children are regularly assessed in a standardized way, so that they receive the appropriate level of care and service. The standards and procedures for determining levels of care are promulgated as rules.

Caseworker Contact and Monitoring:

As cited in Item 19, the Child Assessment and Plan Policy specifies the purpose and frequency of face-to-face contacts with children in foster care as well as with parents in reunification cases. Rather, purposeful contacts assure that children's safety and well-being needs are being monitored.

Children are to be seen more frequently at the beginning of the placement setting, as cited in the Selection of Substitute Care Placement Policy.

For children placed out of state, policy specifies that caseworkers must have at least one substantive phone conversation with the child monthly. The child must also have one face-to-face contact with a Maine DHHS Child Welfare caseworker at least once every 90 days. For

children placed out-of-state under supervision through the Interstate Compact on Placement of Children (ICPC), visits are not necessary if the supervising agency visits conform to Maine DHHS policy guidelines and they send written reports to Maine DHHS.

Monitoring of caseworker contact is done through casework supervision, through MACWIS Worker Workload reports, through management “face to face” reports, and through PQI record reviews of case samples in every district.

Child Welfare policy for documentation of case management activity directs caseworkers to record the purpose of the contact, provide a summary of the contact, and identify the outcome and the next steps for follow-up services. Both in training and supervisory communication, the expectation is shared with caseworkers to document visits so as to show clear purpose in assessing safety and well-being, monitoring service delivery, and supporting achievement of permanency goals. The casework supervisor monitors documentation.

For therapeutic foster parents the treatment agency case manager communicates weekly in person or by phone with the treatment foster parents. At least two visits are made to the home each month by the treatment agency case manager, with at least one visit to include the foster child. In weekly team meetings, treatment agency staff oversees child safety, service appropriateness and delivery, and verifies that these are in accordance with permanency plan goals. The DHHS Child Welfare caseworker is invited to participate in these meetings.

Disaster Response and Crisis Coverage:

Maine DHHS Child Welfare Services has developed a disaster response plan for foster parents. From the time prospective foster parents first attend informational meetings, they are informed of the need to have a disaster response plan along with a disaster kit in their home. Child Welfare policy has been revised to include a review for the foster parents’ disaster response plan and verification of the disaster kit as part of the licensing and renewal process. Foster parents are given written instructions on what to do in the event of a disaster. These are to be monitored by foster home licensing staff.

On-call crisis coverage is available on a 24-hour-a-day, seven-days-a-week basis. There is also 24-hour staffing in the Intake Unit, which can be called when a child is in crisis. Maine DHHS Child Welfare Services has on-call staff available for Crisis Intervention Response after hours, on weekends and holidays who respond to emergency reports of abuse and neglect. Coverage is monitored by the Intake Unit Manager.

DHHS Child Welfare Services has a protocol developed collaboratively with the DHHS Out of Home Investigations/Customer Support Unit (formerly Institutional Abuse Unit) and Adoptive and Foster Families of Maine on dealing with allegations of maltreatment in foster homes. Reports are forwarded from Child Protective Intake to Out of Home Investigations Unit. The protocol response time can range from emergency response to 120-hour response. The Out of Home Investigations/Customer Support Unit Program Manager does supervisory monitoring.

Child’s Physical and Mental Health:

When a child enters foster care, the caseworker is responsible for gathering medical history and health care information and for providing the portable health record to the foster parents or care providers. The information provided in a portable child health care record follows the child, and is located electronically in MACWIS.

Child Welfare Policy now requires that all youth receive age-appropriate support and education regarding pregnancy prevention and responsible parenthood, as well as information about prevention and treatment of sexually transmitted diseases. The policy provides clear guidance on where to document that this support and education has been provided, and who provided it. The caseworker's supervisor monitors the health policies and procedures. Some monitoring is also done through PQI case record reviews.

All children in care receive Early and Periodic Screening, Diagnosis and Treatment services as cited in Item 22, page 128.

Maine Statute (Title 22 MSRA Chapter 1071, Section 4063 B.) requires Child Welfare staff to expeditiously find counseling for the child, unless the Department finds that counseling is not indicated. The procedure for this determination is in the following policy.

Child and Family Services Policy IV. E. Case Management for Children with Behavioral Health Needs (10/1/08) – As cited in Item 23, this policy outlines expectations of DHHS Child Welfare caseworkers in administering a Pediatric Symptom Checklist for a comprehensive behavior health screening for children through the age of 16 in need of child protective intervention.

For monitoring, Maine has contracted with a private provider to manage MaineCare (Maine Medicaid) Behavioral Health Services. Referrals go through a utilization review process. Caseworkers do a referral which the healthcare management provider then reviews and approves eight sessions of therapy. Prior to authorizing additional sessions, the clinician would need to request extensions. This process is intended to ensure that children receive therapy that is time-limited and appropriate to meet their individual needs.

DHHS has policy and procedures for the following contract services:

- Alternative Response Program
- Intensive Family Based Treatment and Support Services
- Family Reunification Program Services
- High fidelity Wraparound

Quality Assurance staff assigned to the Maine DHHS Office of Child and Family Services Division of Public Service Management monitors these policies and procedures. In the case of high fidelity Wraparound, procedures are monitored by the OCFS Director of Special Projects and by evaluation research staff at the USM, Muskie School.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 30 an area needing improvement because of inconsistency in responding to maltreatment reports in a timely manner, particularly in responding to reports of maltreatment by foster parents or agency staff. Also, "state level stakeholders" expressed concern with the quality and documentation of quarterly well-being/safety reviews of foster children by their caseworkers. In addition, "state level stakeholders" reported that there was a lack of formal policy for responding to child maltreatment reports by foster parents or facility staff.

The Department's Program Improvement Plan included a commitment to increase the quantity and quality of quarterly well-being and safety reviews to 95%; to create an Institutional Abuse Unit Protocol with response time within five days of assignment; and to increase the IAU's assessment productivity by 6%.

The required improvements in well-being/safety reviews were achieved by December 2004. In 2005, the Child Welfare Management Team decided to upgrade worker contact and monitoring to more frequent, less prescriptive monthly face-to-face contacts with foster children and implemented these improvements that same year.

Also during 2005, Child Protective Intake Policy was changed to require decision-making and forwarding for assignment within 24 hours. In 2007, in conjunction with the policy change to respond to all reports of abuse and neglect within 72 hours, Child Protective Intake committed to forward all reports by the end of the shift received. CPS committed to assigning or referring reports within 24 hours of receipt of the report by Intake and to make an actual visit within 72 hours of the Intake decision that the report is appropriate for CPS or Alternative Response. CPS staff are presently expected to complete and document investigations within 35 days of the initial report.

Meanwhile, in 2004 an Institutional Abuse Unit Protocol was developed; designating roles and responsibilities and areas of collaboration for IAU, Child Welfare casework staff, foster home licensing staff, private agency and Maine Caring Families staff, and foster parents. This protocol does not address reported child abuse and neglect in residential facilities, for which a policy already existed. (Child and Family Services Policy IV-I Child Abuse/Neglect in a Facility or Institution, effective 12/18/02). This IAU protocol gave the IAU supervisor 3 business days to assign a report received from Child Protective Intake. The assigned IAU worker had to see the child within five days of assignment and ninety days from the report to complete the investigation. Child Welfare Management shared this protocol with child welfare supervisors and staff with an implementation deadline of December 2004. This protocol was not added to Child and Family Services policy and is not accessible on-line.

Current practice – what does the data show?

The system for measuring differences in the quality of care or outcomes for children is the monthly process of case record review of random samples of cases in each district. This is done by PQI Unit staff and by casework supervisors. The results are then aggregated. The PQI Unit takes ongoing measures to improve inter-rater reliability.

Following is a recap of some quality measures provided earlier in this Statewide Assessment:

Quality Measure	PQI findings
Quality Services Assessment- “Was the assessment completed within policy guidelines?”	75% (2008 4 th Quarter Data)
Quality Case Plans- “Family and child case plans developed based on assessment and agreed upon goals with signatures of parents and youth/child?”	58% (2007 4 th Quarter Data)*
Safety- “Children are first and foremost protected from abuse and neglect?”	50% (2008 4 th Quarter Data)
Health- “Documentation that the child’s maternal and paternal family’s medical history has been obtained?”	43.5% (2007 4 th Quarter Data)*
Health- “Children receive adequate services to meet their physical and mental health needs?”	54% (2008 4 th Quarter Data)

**Most current data*

The average of these quality measures used to assess safety and health of children in foster care is 56.1%.

An important purpose of regular monthly caseworker visits with foster children is to monitor health and safety and DHHS caseworkers are now meeting standards for frequency of visitation as previously noted in Item 19, page 115.

Maine has clearly made significant progress in improving standards ensuring quality services. The CFSR on-site review should be helpful in determining the extent of progress in the implementation of these standards.

Key collaborators:

- Parents
- Foster parents
- Guardians ad litem
- The Family Team members
- If appropriate, the children

What are the influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

There is sufficient monitoring of the work of agency staff in obtaining, documenting, and updating foster child health information. PQI record reviews do focus on health and safety. This information is shared monthly with the districts and combined into Statewide Quarterly reports.

Regarding monitoring or improving the Institutional Abuse Unit Protocol, it is a competing priority for management attention.

Strengths and promising approaches:

Maine has demonstrated strengths in improving and implementing quality standards for health and safety in several areas:

- Dramatically shortening its intake assignments and response time.
- Investing in call center technology and shift changes to assure that virtually all calls to intake are answered, instead of some going to voicemail.
- Setting a standard for monthly contacts with foster children and now achieving this for 72% of children in FY 2008.
- Paying for dental care for foster children at market rates when Medicaid dentists are inaccessible.

The Department has made a very good start toward meeting very high standards in seeing children regularly and frequently. If these contacts can be utilized or documented more purposefully to assess safety and health concerns, to monitor services identified in plans to address these needs, the implementation of the Department's quality standards should continue to improve.

Regarding health needs, a promising practice is the Pediatric Rapid Evaluation Program, which assesses the health needs of children entering foster care in two Maine Districts (4 and 5). This includes obtaining and screening prior medical records, a physical exam and a psychological exam of each child. A follow-up exam is done eight months after the child's entry into care to ensure follow through on identified health issues.

Regarding standards to ensure quality services for behavioral health needs, the 2008 policy on meeting children's behavioral health needs is a promising practice. The child's caseworker shall first complete a pediatric symptom checklist and then consult, as needed, with DHHS Children's Behavioral Health staff.

In January 2008, the Department issued a behavior support and management policy (Child and Family Services Policy V. D-11.) for children that places strict limitations on restrictive behavior

management interventions in foster homes and requires reporting any manual restraint interventions in foster and residential care to the Department.

In an August 2008 revision to the Selection of Placement Policy, caseworkers are now expected to obtain health screening of foster children within 72 hours of entry into care. Since training, implementation, and monitoring have yet to be developed, these recently promulgated policies are presently better characterized as promising practices.

Item 31: Quality Assurance System.

- *Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?*

What do policy and procedure require?

Quality Assurance, which is called *Performance and Quality Improvement (PQI)* in Maine, has come to be seen as a component of a larger plan for continuous quality improvement. In 2007, the Department developed a Performance and Quality Improvement Operational Plan that includes quality assurance activities.

The PQI Operational Plan describes four Quality Assurance components.

1. Incidents, Accidents and Grievances

Relevant information is aggregated and compiled on nine diverse relevant categories such as threats and assaults on staff, outside complaints on personnel and personnel investigations, work-related injuries and employee grievances. The PQI Program Manager distributes a quarterly report to the Child Welfare Senior Management Team and to District PQI Committees for review.

Districts are expected to review these on a quarterly basis as a quality improvement activity.

Due to vacancy issues and budgetary challenges that have resulted in a strict hiring freeze, this activity has been suspended since Fall 2008. This reporting will resume when staffing allows.

2. Child Welfare Ombudsman

By Legislative mandate, the Child Welfare Services Ombudsman Program was established to provide Maine families a venue for an independent review of concerns related to the Department of Health and Human Services involvement with their children and families. The Child Welfare Services Ombudsman reviews complaints and works with the Department

and families to resolve any problems. Due to the nature of this work, the Ombudsman is able to identify child welfare services policies and practices that may need changes to improve the provision of services. An annual report is submitted by the Ombudsman, which contains recommendations, case examples, and analysis. This annual report provides data as to who contacted the Office, the nature of the complaints, and how the complaints were resolved.

3. Personnel Complaint Investigation

The Maine DHHS Office of Child and Family Services funds a position responsible for conducting formal investigations, with the support of the DHHS Personnel Division staff, into the work-related actions of Child Welfare staff. This position is the initial point of contact for constituents with concerns and/or questions about the actions of OCFS and its employees. This position has been vacant since Fall 2008 but the intent is to fill the position once the hiring freeze is lifted.

4. Case Reviews

OCFS has a unit of staff dedicated to PQI activities; one PQI staff position is assigned to each of the eight OCFS districts. Specialists review 6-8 randomly selected child protective and foster care cases each month within their own district. Peer reviews by each casework supervisor augment the case review process, as well as a Maine DHHS Child and Family Services in-house onsite review modeled on the ACF CFSR.

After review of the record, each PQI Specialist completes a standardized instrument derived from the federal Child and Family Services Review tool. This review process combines ratings of the federal outcomes of safety, permanency and well-being as well as ratings of adherence to relevant Maine DHHS Child Welfare policies.

These monthly reviews are compiled and submitted to the PQI Program Manager as well as to district staff for use in caseworker supervision and district PQI activities. The PQI Program Manager aggregates this data, completes a report highlighting the trends and patterns that led to the overall outcome rating, and provides the report to Child Welfare Senior Management on a quarterly basis. These reports are used in annual performance appraisals by District Program Administrators.

PQI Specialists provide technical assistance to the districts specific to these case record reviews. The PQI Unit regularly compiles and disseminates reports from case record reviews, the in-house site review, and periodic surveys. Measures are taken to improve interrater reliability.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 31 a strength, as Maine was found to be operating an identifiable quality assurance system that was used for agency self-monitoring.

Significant changes have occurred since the 2003 CFSR:

1. Subsequent to the 2003 CFSR, the then QA Unit re-designed their case record review instrument to better measure federal safety, permanency and well-being outcomes.

2. Due to state funding cutbacks of new staff lines, existing QA staff was assigned primary responsibility for completing Level of Care assessments when this program was implemented in 2004.
3. In 2005, the Quality Assurance contract review function was transferred to a new unit under the Director of Public Service Management. This unit does QA reviews of the contracted Alternative Response Program, the contracted Visitation Support Program and contracted Family Reunification Program. Quality Assurance of Wraparound Maine (Maine's high fidelity Wraparound Initiative) is done through site visits by the Director of Special Projects and an evaluation research project through the USM Muskie School.
4. In 2006 as part of the Department's initial application for Child Welfare Program accreditation, the role of the unit was expanded from Quality Assurance to continuous quality improvement. The unit was renamed the Performance and Quality Improvement Unit. While quality assurance continues as an important function, the unit has become the emerging force in an ongoing effort to give all staff a voice in developing new and improved ways to improve quality of processes, outputs, and outcomes for abused and neglected children and their families. In 2007, with consultation and support from the National Resource Center for Organizational Improvement, the Kentucky Department of Community Based Services, and the Illinois Department of Children and Family Services, these changes were pulled together into a PQI Operational Plan. When Maine's new Child and Family Strategic Plan (CFSP) is completed in 2009, the PQI Operational Plan will be revised to support and complement the new Maine CFSP targets and goals.
5. In 2007 the PQI Quality Assurance function was augmented by:
 - The use of casework supervisors to increase the number of case record reviews; each supervisor is expected to complete a case review using the same instrument and procedure as the PQI Specialist.
 - The in-house site review in every district
6. In 2008, District PQI Committees were established with all minutes of these meetings posted on the OCFS PQI shared drive to facilitate sharing of ideas among the districts. PQI Specialists act as coordinators for the District PQI Committees. Staff were generally positive about the implementation of the PQI Committee process in each district.

Maine's approach to conducting quality assurance activities:

Maine's quality assurance system has a well-developed ability to assess quality related to CFSR safety, permanency, and well-being outcomes. As to CFSR systemic factors, the PQI Unit regularly assesses Item 25 (written case plans), Item 30 (standards assuring quality services), and is the backbone of Item 31 (quality assurance system). To involve community stakeholders in the quality assurance process, Maine is planning to include youth, parents, foster parents, group care providers, relatives, tribes, and the Maine District Court in the 2009 Maine CFSR. In addition, the PQI Unit administers satisfaction surveys to all licensed foster parents and disseminates those findings.

Maine has the following eight procedures for conducting quality assurance:

1. *Monthly case record reviews by PQI Specialists and district casework supervisors.* The PQI Unit is comprised of eight specialists, one based in each of the eight DHHS districts. Each specialist is responsible for reviewing several cases per month from a randomly selected sample and for assigning one additional case per month for each district casework supervisor to review.
2. *Foster parent satisfaction surveys* – The PQI Unit administers annual satisfaction surveys to all licensed foster parents and disseminates those findings.
3. *District Reviews of Deaths and Serious Injuries* – In the event of a child death or serious injury, the District Operations Manager promptly convenes a review. If possible, a member of the Child Death and Serious Injury Panel is present as a consultant for the review.
4. *The Child Death and Serious Injury Panel* meets monthly to review selected cases and provides confidential feedback to Central Office and district staff. The Child Death and Serious Injury Panel publish an annual report with recommendations for systemic improvements.
5. *The Child Welfare Ombudsman* investigates and works toward resolution of complaints by Child Welfare clients. Written findings from each review are provided to the identified district and Central Office. The Ombudsman makes annual recommendations for program improvements to the Department, the Governor, and the Legislature.
6. *Any parent or caregiver has the right to request an in-house review of their care treatment or service plan* – Any written request to the Governor, Commissioner, or Director is assigned to Central or district management for review and written response.
7. *Any person found to have abused or neglected a child may request a review of those findings.* If the PQI Unit upholds the findings, the person is entitled to an Administrative Hearing.
8. *In-house site reviews* – In 2007, each district underwent a review that included a District Self Assessment, an in-house site review of ten cases, interviews with employee and stakeholder groups, written findings, and a Program Improvement Plan. The following is the statewide synopsis of the review findings:

District		1	2	3	4	5A	6	7	8	State
Outcome S1: Children are, first and foremost, protected from abuse and neglect.	Total Cases Reviewed	4	7	6	4	3	5	2	3	34
	% Substantially Achieved	25%	57%	33%	50%	33%	40%	50%	33%	41%
	% Partially Achieved	0%	14%	0%	50%	33%	60%	50%	33%	26%
	% Not Achieved	75%	29%	67%	0%	33%	0%	0%	33%	32%
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.	Total Cases Reviewed	10	10	10	10	10	9	10	10	79
	% Substantially Achieved	60%	40%	70%	30%	50%	33%	80%	30%	49%
	% Partially Achieved	20%	40%	30%	20%	30%	56%	0%	30%	28%
	% Not Achieved	20%	20%	0%	50%	20%	11%	20%	40%	23%
Outcome P1: Children have permanency and stability in their living situation.	Total Cases Reviewed	7	5	6	6	7	5	6	7	49
	% Substantially Achieved	57%	40%	33%	33%	43%	40%	67%	57%	47%
	% Partially Achieved	43%	60%	50%	67%	43%	40%	33%	43%	47%
	% Not Achieved	0%	0%	17%	0%	14%	20%	0%	0%	6%
Outcome P2: The continuity of family relationships and connections is preserved for children.	Total Cases Reviewed	7	5	6	6	7	5	6	7	49
	% Substantially Achieved	71%	80%	67%	17%	100%	80%	50%	86%	69%
	% Partially Achieved	14%	20%	33%	83%	0%	20%	50%	14%	29%
	% Not Achieved	14%	0%	0%	0%	0%	0%	0%	0%	2%
Outcome WB1: Families have enhanced capacity to provide for their children's needs.	Total Cases Reviewed	10	10	10	10	10	10	10	10	80
	% Substantially Achieved	30%	20%	50%	20%	50%	20%	40%	40%	34%
	% Partially Achieved	50%	50%	10%	20%	20%	50%	50%	30%	35%
	% Not Achieved	20%	30%	40%	60%	30%	30%	10%	30%	31%

District		1	2	3	4	5A	6	7	8	State
Outcome WB2: Children receive appropriate services to meet their educational needs.	Total Cases Reviewed	9	8	6	9	9	6	8	9	64
	% Substantially Achieved	78%	75%	83%	67%	100%	33%	88%	89%	78%
	% Partially Achieved	0%	0%	0%	0%	0%	17%	0%	0%	2%
	% Not Achieved	22%	25%	17%	33%	0%	50%	13%	11%	20%
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.	Total Cases Reviewed	10	10	10	5	10	9	10	8	72
	% Substantially Achieved	30%	30%	80%	40%	30%	56%	60%	75%	50%
	% Partially Achieved	40%	50%	20%	0%	60%	11%	10%	0%	26%
	% Not Achieved	30%	20%	0%	60%	10%	33%	30%	25%	24%

Going forward, in-house site reviews will be conducted on a rotating basis with each district having a new review every two years.

How does Maine use the information gained from quality assurance activities in all levels of the agency as well as outside of the agency?

- PQI reports are a major source of information for the 2009 Statewide Assessment. Relevant findings are shared with the CFSR Steering Committee in reviewing specific items under assessment.
- PQI case record review findings and Ombudsman review findings are used by individual caseworkers and supervisors to improve performance and practice.
- In-house site review findings are used by representative groups in each district to develop District Program Improvement Plans.
- To improve district performance and practice, District Operations Managers, Program Administrators, supervisors, and caseworkers participate in District Death and Serious Injury Reviews.
- Program Administrators and Central Office Management use PQI quarterly reports to assess progress, district performance, and efforts to improve practice. This group also relies on the Monthly Management Reports for quantitative measures, such as timely response or percentage of children seen per month by caseworkers. Another management report – the Weekly Residential Placement Reports – is used by district and Central Office management to monitor residential care placements.

Key collaborators:

- CFSR Steering Committee
- For the 2007 in-house site review, the Department reached out to a number of external stakeholders. Their participation enriched the review process and they found it to be informative.

What are influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

Maine DHHS Child Welfare Services has worked hard to improve its Quality Assurance system. Challenges continue in assuring available quality assurance information is consistently utilized statewide for performance and quality improvement. A barrier that has been challenging to overcome has been full collaboration between the District PQI Specialist and district management.

Some of the data that is useful to District PQI Committees in the *Incidents, Accidents, and Grievances Quarterly Report* is generated by other divisions within Maine DHHS and has been difficult to obtain in a consistent and timely manner.

Strengths and promising approaches:

The PQI Committee process is a particularly promising approach. These committees are staff-driven. The committee process encourages brainstorming and management decision-making in each office at the level closest to the issues. When local decision-making is not possible, issues are forwarded to the next level for resolution. The State Level PQI Committee includes the entire Senior Management Team along with a representative from each District PQI Committee.

Maine is proud of the Performance and Quality Improvement Program and how it has come to integrate state quality assurance activities with federal outcome measures. Maine has used quality assurance to inform multi-level efforts at continuous quality improvement, such as the 2007 in-house review and the District PQI Committee process. Overall this item is an area of strength in Maine.

D. Staff and Provider Training

Item 32: Initial Staff Training.

- *Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?*

What do policy and procedures require?

Since the early 1990's, DHHS has engaged in a University/State partnership with the Child Welfare Training Institute (CWTI) of the University of Southern Maine, Edmund S. Muskie School of Public Service. This partnership offers the opportunity for continued professional and personal development of staff at all levels throughout Maine DHHS Child Welfare Services, as well as foster parents, adoptive parents and other providers of child welfare services in Maine. The purpose of the partnership is to enhance the quality of services delivered to clients and to advance organizational objectives, as well as to maximize matching IV-E funding resources for the provision of professional development activities for agency staff, foster parents and adoptive parents. Through a formal cooperative agreement between the Department and the University, monetary resources for professional development activities are budgeted each fiscal year. DHHS Child Welfare training needs are reviewed and a training plan is developed annually as a collaboration of the DHHS Office of Child and Family Services and the Child Welfare Training Institute.

Casework staff must have a social work license when they are hired and before they are allowed to practice. Prior to cases being assigned, all new casework staff must also participate in an eight-week Pre-service Training Program through CWTI. Pre-service Training is held four times a year to accommodate new employees. This program includes five weeks of classroom training and three weeks of structured field practice provided by supervisors and senior casework staff using the Field Practice Manual. Areas in which new caseworkers are trained include (but are not limited to): the agency's mission, the Practice Model, goals of Safety, Permanency and Well-Being, and services available to assist and support families and children. The cultural and socioeconomic characteristics of the service population, the agency's place within its community, personnel policies, and lines of accountability and authority within the agency are covered by casework supervisors in individual or group supervision with new caseworkers.

In district offices, senior casework staff informally mentor new casework staff when they return from Pre-service Training and begin to assume responsibility for cases.

All new casework staff, as well as domestic violence advocates and substance abuse clinicians who are placed in the district offices and have regular contact with the clients, receive training in legal issues including: reportable criminal behavior including criminal, acquaintance, and statutory rape and duty to warn; the agency's policies and procedures on confidentiality and disclosure of service recipient information.

All new casework staff receive training on documentation policy and techniques during the eight-week Pre-service Training. The maintenance and security of case records is discussed with new staff in individual supervision.

As part of Pre-service Training, caseworkers have the opportunity through role-playing and skills-practice to demonstrate skill level and competence in establishing rapport and responsive behaviors with service recipients. Caseworkers learn and practice new skills in Motivational Interviewing, Solution Focused Interviewing, Legally Sound Interviewing, and preparation and facilitation of Family Team Meetings. Special training topics during Pre-service Training include substance abuse, domestic violence, impact of abuse and neglect on children and families, medical indicators of abuse and neglect, and responsibilities for children during the assessment process – including their medical and health needs.

The DHHS Staff Education and Training Unit (SETU) offers training on Language Access, which all staff are required to attend. All Child Welfare staff in district DHHS offices have access to AT&T Translation Services.

As part of Pre-service Training, using the Field Practice Manual, caseworkers are required to meet with staff from other State programs to learn about benefits and entitlements for children and families. Caseworkers are required to complete worksheets to demonstrate their knowledge and understanding of how to refer clients to these services.

Issues covered throughout the Pre-service Training – and specifically in the Ethics portion – include values clarification that deals with personal bias and ethical dilemmas in social work. Caseworkers are sensitized to cultural and ethnic diversity during this part of the training. An emphasis is placed on ending discrimination, poverty and other forms of social injustice. As part of this training the caseworkers submit essays on self-reflections on their learning. Underlying biases are addressed by trainers and communicated to supervisors as part of the process. Training is delivered by members of Maine Tribes or Bands regarding the Indian Child Welfare Act (ICWA) and working with this population. Improved training to address sensitivity with respect to other cultures is currently being developed in collaboration with CWTI training staff.

Casework staff are exposed to the issues of various special needs populations in Pre-service Training, including: victims of child abuse and neglect, inter-generational trauma, substance abuse issues and mental health issues.

Caseworkers are exposed to advocacy roles through the Field Practice Manual and other required tasks, such as meeting with staff from other program areas that provide benefits and resources. On a daily basis, caseworkers advocate for their clients for housing, child-care, food stamps, and other services. They empower recipients and families to advocate for their own behalf.

Each district has a caseworker who is designated as a “Super User” for the Maine Automated Child Welfare Information System (MACWIS) and this “Super User” is available to help new casework staff learn MACWIS and is also expected to provide training to staff on any changes and innovations. MACWIS contains a list of all providers and community resources used by casework staff.

Pre-service Training is conjointly monitored by the lead CWTI Training Supervisor and the two DHHS Child Welfare District Operations Managers. Typical monitoring issues would be training performance concerns, trainee absences, or decisions to individualize training in exceptional cases (ex. Caseworker rehired within 3 years of resignation).

Additional monitoring of learning occurs through the newly implemented *high stakes* learning process for Pre-service trainees. This includes:

- Skills assessment by Pre-service trainers
- Field Practice manual rating by casework supervisors
- Knowledge test-designed by USM Evaluation Research Services

A Pre-service Training Review Committee composed of caseworkers, supervisors, and administrators function as consultants on the high stakes learning process.

Initial staff training is now a deeply ingrained agency cultural norm. The “Procedures” described above are consistently followed without deviation.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 32 as an area needing improvement because although the state has established a Pre-service Training curriculum for all staff, the training did not adequately prepare social workers to perform basic aspects of their jobs. No Program Improvement Plan for this item was required, however. Subsequent to the 2003 CFSR, the Department and CWTI agreed to revise the curriculum. This has occurred over a period of four years and has been influenced by DHHS child welfare management reform decisions and turnover in management both in the Department and the University. Despite significant funding reductions in the DHHS – USM Cooperative Agreement, the initial training of casework staff remains a top priority.

Due to budget reductions in 2007 associated with a reduced IV-E penetration rate, the Department discontinued funding of two field instruction units in Bangor and Portland. These had been developed to recruit and train BSW undergraduates for Child Welfare casework.

For initial staff training, the major changes have been the inclusion of the DHHS Office of Child and Family Services Practice Model, inclusion of reform-related policies, transformation of “job shadowing” into structured field practice, and verification that knowledge and skills are acquired as they are taught.

Current practice – what does the data show?

The Department and the University are completing an evaluation and refinement process to verify the reliability of their Pre-service skills and knowledge testing methods prior to full “high stakes” implementation. The “high stakes” designation indicates that once the process is validated, minimum performance requirements will be established, which trainees need to meet in order to continue in their jobs.

All new caseworkers attend Pre-service Training. Identification of experienced caseworkers who need remedial training occurs through supervision and performance management. Supervisors are required to evaluate specific caseworker competencies as part of the annual performance appraisal process, and to approve an annual employee development plan. In January 2008, all

supervisors received training in assessing competencies in performance appraisals through the Child Welfare Training Institute, Muskie School, USM.

Training is required for all new supervisors. Since supervisors are promoted from the ranks of caseworkers almost without exception, this training is reviewed under Item 33, "Ongoing Staff Training."

CWTI provides training to Alternative Response Program agency staff on the Family Team Meeting process. Before the end of the 2009 fiscal year, initial training of alternative response staff will become required.

CWTI has provided training to new staff of the Intensive Family Reunification program; this consisted of four days of core training, three days of Family Team Meeting training and two days of training in Strengthening Families, (evidence-based parenting training). This training will continue for new staff.

Through a period of major Child Welfare reform in Maine, combined with significant personnel change and reorganization in each of their organizations, the Department and the USM Muskie School have successfully improved initial training into an area of strength. This is a testament to an evolving partnership, an improving capacity of the Department to articulate programmatic needs, and motivation on the part of CWTI staff to meet Department needs.

Key collaborators:

- Child Welfare Training Institute (CWTI), Muskie School, USM

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

Other than distance, there are no district-specific issues relative to training requirements. Overnight lodging is provided for those whose work sites are too distant to commute to training on a daily basis.

A potential barrier is the declining available funding for the Cooperative Agreement between the University and the Department. Initial training has so far been sufficiently funded as a top priority, but could be adversely affected by additional budget cuts.

Strengths and promising approaches:

- Revision and expansion of Pre-service Training curriculum to better prepare caseworkers for actual child welfare casework
- Infusion of the Practice Model into Pre-service Training

- Development of Field Practice Manual to improve structure and learning from district Job Shadowing
- CWTI training of both direct service staff and contractual providers
- High-stakes testing

Item 33: Ongoing Staff Training.

- *Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regarding to the services included in the CFSP?*

What do policy and procedures require?

After the completion of Pre-service Training, child welfare caseworkers are required to attend core trainings over the following two years. The current core trainings offered include: *Adverse Childhood Experiences, Batterer Intervention and Domestic Violence, Dynamics of Substance Abuse, Positive Educational Outcomes, Youth Suicide and Prevention: Gatekeeper Training, and Medical Indicators of Child Abuse and Neglect.*

The Maine DHHS Staff Education and Training Unit offers training on Language Access, which all staff are required to attend. All Child Welfare staff in district DHHS offices have access to AT&T Translation Services.

All licensed social work staff (caseworkers, supervisors, program specialists, program administrators, and most program directors) are required by Maine State Social Worker licensing rules to complete 25 contact hours of training for licensing renewal every two years, including four hours of training in ethics. For those holding conditional social work licenses, four of the required 25 contact hours must be in social work ethics and six hours in psychosocial assessment. To monitor completion of the ongoing training requirement, the Social Work Licensing Board regularly audits a portion of license renewal applications received.

Records of all trainings offered through the USM Muskie School Child Welfare Training Institute are maintained by CWTI. Records of completion of all trainings offered by the Department's Staff Education and Training Unit are maintained by SETU.

Casework supervisors monitor their staff's completion of core trainings through employee development plans in annual performance appraisals.

New supervisors receive required training in employment and labor laws in *Management in State Government*. In addition, Child Welfare supervisors are trained in competency-based screening of caseworker candidates and the use of a list of standardized questions when interviewing potential caseworker candidates. This screening and selection process and questions were developed in consultation with DHHS Human Resources, which has approved the process and

content. DHHS Human Resources staff is involved in this training process and discusses labor laws and human resource issues. A Child Welfare Caseworker Competency Based Screening Resource Guide is available on the CWTI Recruitment and Retention website for reference.

Training in the Indian Child Welfare Act (ICWA) and the Multi-Ethnic Placement Act (MEPA) is required of all staff every two years. Margaret Burt, a nationally recognized authority on this legislation, has provided the MEPA training through the Child Welfare Training Institute. Maine Tribal Child Welfare staff provide the ICWA training along with other ICWA officials.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 33 as a strength. The three major shifts since the 2003 CFSR have been (1) increase in training for supervisory staff, (2) increase in training related to children's behavioral health, and (3) some decrease in training opportunities for experienced casework staff, associated with funding reductions in the DHHS-USM Cooperative Agreement.

1. *Increase in training for supervisory staff:* 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.

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.

2. *Increase in training related to children's behavioral health:* The merger of DHHS Child Welfare Services, Children's Behavioral Health Services, and Early Childhood Services into one "office" has created an opportunity to improve training for child welfare staff. New training includes:

- Current Best Practices in Mental Health Treatment. 80 staff received this training.
- Use of Psychotropic Medications with Adolescents. 52 staff received this training.

Both of these training initiatives were developed and delivered by Lindsey Tweed, M.D. Director of Clinical Policies and Practice for OCFS Children's Behavioral Health Services.

3. *Some decrease in training opportunities for experienced casework staff:* The annual DHHS Child Welfare Services Fall Training Conference, which all staff were strongly encouraged to attend, has been discontinued for budgetary reasons. Also due to reduced funding for training, USM Muskie School no longer has capacity to develop and provide workshops identified through a staff training committee process. At this point, training for experienced staff through DHHS-USM Cooperative Agreement is annually determined by DHHS Child Welfare Management.

Despite the budget funding reductions, the training opportunities offered by the DHHS Staff Education and Training Unit and the USM Child Welfare Training Institute are together still quite comprehensive. An online catalog is available to all staff and all listed training is free for DHHS Child Welfare staff.

In addition to the in-service workshop training offered through DHHS and USM, an annual allocation of \$20,000 in the Cooperative Agreement continues to be available for other workshop training for Department Child Welfare staff, as well as for purchase of books and journals.

An additional annual allocation of \$80,000 in DHHS OCFS funds is available to districts for their use in funding training of district staff, securing clinical consultation/monitoring services, or for district foster home recruitment and support activities.

Effective September 2008, staff approved by DHHS management to enroll in graduate degree programs receive 100% tuition reimbursement for one class per semester, not to exceed \$10,000 total for the degree program.

Two field instruction units, which were noted in the 2003 Statewide Assessment, were eliminated in 2007 due to funding constraints. The direct impact from loss of these two units has been minimal.

Current practice – what does the data show?

For ongoing training, the only measures are the surveys that trainees complete at the end of each workshop. These are predominantly positive, but are measures more of satisfaction than of effectiveness. The Department presently does not have quality assurance results specific to training. Training needs are identified by worker and supervisor through the annual performance appraisal process and are documented in an annual employee development plan. Training may be needed due to employee performance issues, to further increase job knowledge and skills, or to increase qualifications to facilitate career advancement. The effectiveness of training should be reflected in the supervisor's subsequent rating of the supervisee's professional competencies, job knowledge, and practice.

Both the DHHS Staff Education and Training Unit and CWTI maintain databases that can verify training that they have provided or coordinated. A worker's training "transcript" from this

database can be provided to supervisors and is frequently included by DHHS support staff with the performance appraisal forms for supervisors to complete. Regarding tuition assistance for graduate courses, those who receive assistance must submit transcripts to CWTI to verify that the course was completed satisfactorily. The Bureau of Human Resources tracks the required training completed by staff for *New Employee Orientation* and *Supervision in State Government*.

In Maine Child Welfare Services, the only outsourced full case management is in the Alternative Response Program. DHHS caseworker Pre-service Training is open to these staff members for a fee if agencies choose to send them. Other trainings have been provided to Alternative Response supervisors at times of DHHS Child Welfare practice or policy reforms, such as Family Team Meetings or the revised Child Protection Assessment Policy.

Overall we consider Maine's ongoing staff training to be an area of strength. Despite budget cuts, essential training remains available and training is focused on DHHS goals and priorities to meet the needs of families involved in the child welfare system. In the event of future reductions in funding of the Cooperative Agreement, the capacity of CWTI to respond to changing DHHS training needs could be impaired.

Key collaborators:

- Child Welfare Training Institute (CWTI)
- DHHS Staff Education Training Unit (SETU)
- University of Maine School of Social Work
- University of Southern Maine School of Social Work
- University of New England School of Social Work

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

The findings from the 2003 CFSR noted, "a few stakeholders indicated that newer supervisors are not as knowledgeable as they need to be, and their lack of knowledge affects social worker actions and the consistency of case decisions. State-level stakeholders noted that staff and supervisors need more training on permanency planning, adoption, independent living, sexual abuse identification and treatment, legal issues and procedures". Program Improvement Plan-related training on sexual abuse in 2005 and training on law and policy on permanency guardianship in 2006 have since been offered. It will be helpful to DHHS to learn whether experience, supervision, and individual effort have, by now, addressed these concerns or if further program-specific and "how to" training is still a need.

Strengths and promising approaches:

CWTI, DHHS, SETU, and three Universities, and the Bureau of Human Resources Office State Training and Organizational Development offer training which taken together offers a complementary mix of child welfare-related training and generic public employee/supervisor/management training.

The Cooperative Agreement enables Child Welfare Management to prioritize child welfare-related training to meet programmatic and organizational needs.

It is a strength that several trainers at CWTI are former DHHS child welfare caseworkers or supervisors, so they have an understanding of the realities of public child welfare and social work in Maine.

Two promising approaches have been:

1. Family Team Meeting Training 2003-2004

This training was provided in every district by a team from CWTI. After the trainings, district caseworkers were coached for several weeks by FTM practitioners from the Child Welfare Policy and Practice Group and CWTI.

2. Child Protection Assessment Training

When Child Protection Assessment Policy was reformed/revised in 2005:

- All supervisors were trained together on the proposed policy.
- Selected staff in every district piloted the proposed policy.
- The policy was finalized based on the piloting experience.
- Selected DHHS district staff and CWTI trainers developed a training curriculum. Each district was then trained by its own staff, supported by CWTI trainers.
- Subsequent to this training, the “pilot” staff in each district had sufficient experience in the work to mentor newly trained staff in their district.

Item 34: Foster and Adoptive Parent Training.

- *Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under the title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?*

What do policy and procedures require?

Rules Providing for Licensing of Family Foster Homes for Children (Rule 9.A 18) state:

Applicants shall have completed an introductory training program for foster parents or its equivalent offered or approved by the Department of Health and Human Services prior to being licensed. Exceptions to the completion of an introductory training may be made when the foster parent(s) are applying for a license with the intent to care for a specific child and have an already established relationship with the child and where no other foster children will be living. Exceptions to this rule must receive prior approval from the Foster Care Licensing Supervisor.

Twenty-four hours of attendance are necessary to complete the Pre-service Adoptive and Foster Family Training (AFFT) Curriculum. This training is delivered in each of the districts throughout the state with a variety of dates, times, and locations.

Ongoing training is required of licensed foster parents, but not of adoptive parents. For family foster homes, Family Foster Home Licensing Rules (9.A 19) state:

Foster parents shall participate in ongoing training of at least 18 hours for the licensee(s) combined hours of training, with at least 6 of those hours completed by the secondary foster parent, if applicable, within the two-year licensing period. The training must be related to the needs of the children in foster care and approved by the licensing agency. At the time of initial and renewal licensure, the Foster Care Licensing Worker will provide the licensee(s) with a list of required training and approved training options. Documentation of required training must be provided to the Foster Care Licensing Worker at the time of license renewal.

Approved adoptive parents may be encouraged to participate in ongoing training, but are not required to do so.

Licensed family foster parents with requisite experience are eligible to apply for licensing as a “specialized children’s foster home”, providing care to “moderately to severely handicapped children having mental, physical, or emotional problems to the extent that the child needs specialized care, supervision, training, and/or therapy”. Licensing requirements for specialized foster homes specify (Rule 3.A3) that:

Foster parents shall participate in ongoing training of at least 36 hours for the licensee(s) combined hours of training, with a minimum of at least 12 of those hours completed by the secondary foster parent, if applicable, within the two-year licensing period. The training must be related to the special needs of moderately to severely handicapped children. At the time of initial and renewal licensure, the Foster Care Licensing Worker will provide the licensee(s) with a list of required training and of approved training options. Documentation of required training must be provided to the Foster Care Licensing Worker at the time of license renewal.

For specialized foster homes as well as family foster homes, the DHHS licensing worker is responsible for monitoring and setting specific training requirements.

The AFFT Pre-service Training curriculum is now substantially institutionalized. Any changes are negotiated in the annual Cooperative Agreement between DHHS and USM.

To ensure the availability of relevant ongoing training opportunities, the Child Welfare Training Institute at the USM Muskie School has developed ten “toolboxes” of In-service core training curricula. Examples of this Toolbox training include: *Managing Physically Aggressive Children and Youth*, *Working with Explosive Children* (Ross Green), *Grief and Loss*, and *Managing Problematic Sexual Behaviors*.

During the State fiscal year 2009, CWTI is offering sixteen Toolbox training sessions at different district locations throughout the state. District Child Welfare management select those trainings most needed from the available curricula.

In addition to the Toolbox trainings, CWTI offers a number of correspondence courses. Foster parents who sign up for these must pass a written test after completing the course.

CWTI maintains lists on its web-site of correspondence courses and web-based trainings. CWTI also contracts with *www.fosterparent.com*, which has more than 100 courses available. Maine licensed foster parents can take up to four courses per person, per contract year, while the funds last, on a first-come, first-served basis at no cost to them.

In addition to training provided directly or through FosterParent.com, CWTI maintains lists of other available online training. Some of this training is available at no cost; for other training, some cost exists. \$18,000 is available through the DHHS-USM Cooperative Agreement to fund these ongoing foster parent trainings, as well as workshops and publications. This funding is allocated among the eight DHHS districts. At times, district child welfare staff utilizes this funding to arrange training by community providers. CWTI collaborates regarding payment of honoraria or training fees agreed upon through such contractual arrangements.

For foster homes, training is required to begin prior to the home study process. The Department foster home licensing worker subsequently verifies that the training has been completed before the home is licensed. The only occasion when the training requirement is waived is when a child is placed with kin or a person with whom the child already has a relationship. In these situations training is still encouraged and a reduced board rate is paid until the home is licensed.

All adoptive placements are made in approved adoptive homes. The Department or other Maine child-placing agency must verify that 24 hours of AFFT Pre-service Training has been completed prior to approving the home as an adoptive placement resource. This verification is done by the adoption caseworker who completes the adoption home study.

Maine Adoptive and Foster Family Pre-service Training was designed and refined to give resource families the knowledge and skills they need to care for abused and neglected children. The Pre-service curriculum includes:

- Fundamentals of Foster and Adoptive Parenting
- Understanding the Child Welfare System
- The Family as a System
- Understanding Children: Development, Attachment, Effects of Maltreatment
- Understanding the Child's Experience of Loss
- Special Considerations for Parenting Children at Risk
- The Importance of Maintaining and Supporting Connections
- Preparing for New Roles

Since Pre-service Training is required for a foster family license, all prospective Maine foster parents receive AFFT Pre-service training, whether they ultimately choose to accept placements from DHHS or to affiliate with a private agency.

Prospective adoptive parents who apply for adoptive home approval from DHHS must complete AFFT training, but those who apply through private adoption agencies do not.

Maine has a Pre-service Training curriculum specifically geared for relatives providing foster care. Relatives must become licensed family foster homes to receive full board rates for providing kinship care. Districts may request either the Relative Pre-service Training or the Foster Family Pre-service Training curriculum for trainings scheduled in their districts. Relatives may opt to wait for the Relative Kinship training or may attend the Foster Family training.

Regarding training of facility staff, this is done by residential institutions as specified by promulgated licensing rules. Monitoring is done by Division of Licensing staff as part of the licensing process.

To monitor the AFFT training process, AFFT trainers and their CWTI supervisor meet with licensing staff in each district midway through Pre-service Training programs two to four times per year.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 34 a strength. Since that time, the Pre-service Training curriculum for foster and adoptive parents has been maintained without significant change. Changes in ongoing foster parent training have occurred, though, for several reasons:

1. Since 2007, DHHS budget reductions have required that training be provided at reduced cost. All Toolbox training is now provided by CWTI staff, rather than by contracting with other trainers.
2. Maine's geography – with its distances, weather, and dispersed population – makes online and correspondence courses attractive. CWTI has increased the availability of this type of training in response to the wishes of many resource families.
3. In 2007, the Department responded to repeat requests from foster parents to reduce hourly requirements for ongoing training and to discontinue requiring equal amounts of ongoing training for each foster parent. In most two-parent foster homes, one provider is employed, making it more difficult for both to complete training.
4. In response to an increasing percentage of relative caregivers, CWTI has developed training tailored to kinship care. CWTI now offers an AFFT curriculum tailored to kinship care, which districts may request instead of the standard AFFT curriculum.

DHHS and CWTI strive to maintain a balance between program needs, resource family wishes, and changing demographics of resource families.

During most of the time since the 2003 CFSR, a Cross-agency Collaborative has been maintained among DHHS Child Welfare Services, CWTI, Adoptive and Foster Families of Maine, and International Adoption Services Centre. These stakeholders have one or more key roles in the recruitment, training, licensing, and support of foster and adoptive parents. Although

in 2007, the group became inactive, the committee is now re-established due to the urging of the private agencies involved. At this point, the main purpose is to restore communication linkages.

Current practice – what does the data show?

The Adoptive Foster Family Training program issues a “retrospective pre-test” on the last day of Pre-service Training. This test requires students to rank their level of knowledge before and after the class in thirteen crucial areas and then to state, in writing, the most important items learned.

Based on these self-reports of trainees, Maine’s Pre-service Training is very successful. In 2007 USM, Muskie School conducted evaluation research on 217 of these responses from a 19-month period. In terms of quantitative analysis, respondents consistently reported that their knowledge increased as a result of the training. For all parts of the curriculum, over 90% of respondents reported that they either “knew a lot” or “knew some” after the training. In terms of qualitative measures, data was collected from responses to the open-ended question eliciting the most important piece of knowledge gleaned from the class. The three most frequent responses were (1) acknowledgment of the child’s perspective, (2) acceptance of help-seeking behavior and where to get help, and (3) understanding of how children come into “the system,” how they come to be placed, and legal status.

CWTI maintains records of some of the trainings in which the foster parent participates. DHHS SETU maintains records of all training that foster parents complete through them. It is the responsibility of the foster parent to maintain a log of the parent(s) combined hours of household training hours and to provide this log of training hours to the licensing worker at the time of renewal. More flexibility has been allowed as to the types of training that are permitted to count toward training hours. Licensing supervisors may determine whether or not a training in which the foster parent would like to participate is relevant to meeting the needs of the children in care.

Through the Cooperative Agreement between DHHS and USM, a strong foster parent training program has been developed and maintained. CWTI has successfully minimized the impact of recent budget cuts by utilizing their own staff for ongoing training and increasing the availability of correspondence and web-based training. Foster and adoptive training continues to be an area of strength for Maine.

Key collaborators:

- Child Welfare Training Institute (CWTI)
- Adoptive and Foster Families of Maine (AFFM)
- International Adoption Services Centre (IASC)
- Treatment Network Team (TNT) of treatment foster care agencies
- DHHS Division of Licensing and Regulatory Services
- DHHS Staff Education and Training Unit (SETU)

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

No coordination or information sharing presently occurs regarding training of foster parents and training by residential care providers of their child care staff.

Strengths and promising approaches:

DHHS and CWTI are both invested in increasing and improving distance learning opportunities for ongoing training. DHHS has been responsive in modifying training requirements as requested by the foster parent community. Promising approaches in this area are online training availability and correspondence courses.

E. Service Array and Resource Development

Item 35: Array of Services.

- *Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?*

What do policy and procedures require?

Child and Family Services Policy IV. D. Child Protection Assessment specifies that the assigned caseworker completes an assessment: interviewing “critical” case members, making collateral contacts and then convening a Family Team Meeting (FTM) in all substantiated cases. At the Family Team Meeting the worker, family, and team review assessment findings. Team members identify current family strengths related to child safety as well as current needs with respect to child safety, permanency, and well-being. In a family plan, services/supports are identified to assist the family in addressing these needs. Responsibilities are assigned, measures or progress and change are agreed upon, possible outcomes are articulated, and relatives who may be

supports are listed. The caseworker is to monitor service delivery as part of monthly face-to-face contacts with the child and family.

Child and Family Services Policy IV. M. Alternative Response specifies an analogous process of needs assessment and an FTM/case planning process to be followed by private Alternative Response agencies in working with families where abuse or neglect is of low or moderate severity. This alternative response policy is derived from the Child Protection Assessment Policy.

Child and Family Services Policy V. D-1. Child Assessment and Plan specifies a similar process for identifying and meeting needs of children in foster care. The assigned caseworker completes an assessment: interviewing the child, parents and caregivers, observing the child's environment, observing interactions of the child and caregivers, and obtaining information from providers and other supports. At an FTM, a plan is developed to meet the child's needs for safety; well-being (physical and mental health, education); permanency and stability; and services and support systems (including contact with parents, siblings, and kin). Services and supports to meet needs are identified, the purpose of each service is specified, and responsibility for accessing services is assigned to different team members.

Child and Family Services Policy V. D. Selection of Substitute Care Placement clarifies that the purpose of monthly face-to-face contacts by the caseworker with the child is in part to "ensure the well-being, permanency, and safety of the child" and "to identify and evaluation service/treatment needs and outcomes."

The caseworker is often the broker for arranging and funding needed services. Child and Family Services Policy IV. A-4. Service Authorizations and Child and Family Services IV. A-B. Decision Levels (i.e. who can authorize a recommended decision), provides guidance for obtaining needed services in the Maine service array. Depending on the family's location, needed services may vary in quality, availability and accessibility.

Other policies relevant to specific services in Maine Child Welfare Service Array include:

- Child and Family Services Policy IV. E. Short Term Emergency Services
- Child and Family Services Policy V. E. Visitation
- Child and Family Services Policy V. G-3. Transportation
- Child and Family Services Policy V. 1-3. Sex Education
- Child and Family Services Policy V. 1-5. Consent for Non-Routine Health Care Procedure
- Child and Family Services Policy V. J. Payment for Medical and Dental Services
- Child and Family Services Policy V. K. Education Beyond High School
- Child and Family Services Policy V. K-9. Tutoring
- Child and Family Services Policy V. L-2. Apartment Living-Leases
- Child and Family Services Policy V. L-5. Permit License and Motor Vehicle Ownership

- Child and Family Services Policy V. T., Maine Title IV-E Independent Living Program (requires life skills assessment at age 16 and identifies mandated services).

The monitoring of service delivery is done by the caseworker, casework supervisor, Quality Assurance reviews of contracts, and through PQI case record reviews.

In addition to policy, Maine law provides important authorization and direction. Maine Statute (Title 22, Section 4004) authorizes the Department to take appropriate action consistent with available funding to protect and assist abused and neglected children and their families. When children are removed through court action, Maine Statute (Title 22, Section 4041) requires the Department to develop a reunification plan, which includes:

“Services that must be provided or made available to assist the parent in rehabilitating and reunifying with the child, as appropriate to the child and family, including, but not limited to, reasonable transportation for the parent for visits and services, child care, housing assistance, assistance with transportation to and from required services and other services that support reunification;”

Required in the plan is “a statement of the financial responsibilities of the parent and department during the reunification process.”

The Child Protection Assessment Policy specifies that The Child Assessment and Plan Policy requires “caseworker interviews with significant providers during the course of the child assessment. Monthly contact will be documented in the narrative log.”

The following contract services are subject to agency Quality Assurance reviews by OCFS Quality Assurance staff:

- Alternative Response Program
- Family Reunification Program
- Maine Wraparound
- Visitation services

Case record reviews by PQI Unit staff and casework supervisors track the following:

- Children receive appropriate services to meet their educational needs.
- Adherence to policy guidelines in caseworker visits with child and with parents/caregivers
- Children receive adequate services to meet their physical and mental health needs.
- Life skills assessment completed within 30 days of child’s 16th birthday
- Whether a thorough assessment of strengths and needs is done for all appropriate family members to protect the child and prevent removal from the home

As has been described in other areas of the Statewide Assessment, caseworkers adhere to policy requirements in the majority of cases that are reviewed.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 35 as an area needing improvement. The 2004 Program Improvement Plan (PIP) set a goal of improving access to needed services. This was to be done by conducting a statewide assessment of the service array and convening meetings to discuss findings. This process was completed in October 2004 and the Child Welfare Senior Management Team identified transportation, psychological evaluations and kinship support as the three top priorities.

In 2005, the policy on transportation was revised to clarify when DHHS could arrange and pay for transportation, to whom and how much.

In 2005 several child welfare managers visited Allegheny County (Pennsylvania) DHS. Based on that visit, Maine DHHS designed a program for improving kinship support. This was to be funded with savings from reduced use of residential care, but these savings proved insufficient to fund this program.

Efforts regarding psychological evaluations centered on reducing the court and Department staff reliance of on overly lengthy and expensive psychological and neuropsychological evaluations. In 2005-2006 a small group, with representation from DHHS Child Welfare Policy and Practice, DHHS Children's Behavioral Health Services, District Court and the Child Abuse Action Network developed guidelines for assessments and evaluations. In 2006 the Child Welfare Service Authorization policy was redrafted, was further revised during the next two years, and in 2008 was issued as policy. By closely managing authorizations for evaluations, the Child Welfare Services Division has saved \$306,060 for FY08 and a projected savings of \$871,839 for FY09, which has somewhat mitigated the severity of shortfalls in the State Child Welfare Services budget.

Although not PIP driven, several other significant initiatives have occurred to improve the service array since the 2003 CFSR. These are the result of increased collaboration through the merger of Child Welfare Services and Children's Behavioral Health Services; the specific priorities of James Beougher, Office of Child and Family Services Director; and the initiative of OCFS Management in obtaining federal and private grants.

As a result of the merger of the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services, an organizational "unification" occurred of Child Welfare Services, Children's Behavioral Health Services, and Early Childhood Services. Because of the legislative mandate and management commitment to a unified system of care, instead of the two substantially separate service arrays historically managed by the two former departments, responsibilities for planning and implementing a unified service array has shifted to the OCFS Management Team, which includes the Child Welfare Services Director and the Director of Child Welfare Policy and Practice.

The new Office of Child and Family Services Management Team developed an Integration Plan in 2006 and a Strategic Plan in 2007. During 2008, the OCFS Management Team developed a more comprehensive Strategic Plan. The current draft (#3) of the 2008 Strategic Plan has grown to 19 strategies, 12 of which address improvements to the Maine Service Array. The OCFS Senior Management Team then plans to develop a 2009/2010 biennial OCFS Strategic Plan that will coincide with Maine State Government biennial budget cycle.

In summary, a team and planning framework are in place and some implementation has been achieved, but the challenge of ongoing implementation continues.

In addition to this strategic planning framework, three service array improvements have been accomplished by the OCFS Director and other managers. They are:

- *Wraparound Maine* – In 2006 the OCFS Director successfully convinced the Maine State Legislature to let OCFS reinvest the budget savings from reduced reliance on residential care into services to help children remain with or return to families. Effective 2008 contracts are in place for high fidelity Wraparound services in every district, with training and coaching provided by John VanDenBerg and associates and evaluation research through the USM Muskie School.
- *Family Reunification Program* (as referenced in Item 8, page 67) – This is a replication of a Michigan-based program. A family-based team provides increased supervision and support to trial reunification placements, enabling children to be returned sooner than would otherwise be considered. In Maine, Intensive Family Reunification staff is trained in evidence-based parenting training (“Strengthening Families”) through the USM Muskie School Child Welfare Training Institute.
- *Child STEPs* – As cited in Item 23, the Child STEPs (Child System and Treatment Enhancement Projects) Implementation model combines clinician training and supervision of evidence-based treatments (EBTs) with an electronic information system to guide treatment.

Due to successful application by the University of Southern Maine in partnership with DHHS, Maine is a Jim Casey Youth Opportunities Initiative (currently called Maine Youth Transition Collaborative) site. This collaborative offers older youth in foster care the opportunity to develop job skills through the “door opener” initiatives, financial literacy classes, and a matched passport savings account. Maine was the first state in which the Jim Casey Foundation permitted this program to commence on a statewide basis. This collaborative involves community boards that help oversee the initiative and work toward its long-term sustainability.

Through another grant opportunity provided to the State Domestic Violence Coalition, since 2007, each district has had a DV advocate from the area agency “embedded” in the Child Welfare district office.

State funding has enabled the establishment of *2-1-1 Maine*, a statewide call center with regional resource coordinators. Since 2005, *2-1-1 Maine* has been designated as the statewide information and referral service for Maine. Its mission “is to connect anyone in Maine who wants to give help or get help with a full range of health and human services in their community.”

Another noteworthy improvement is the increase in availability of family based treatment and support services through Medicaid. This is due to the Reisinger Settlement Agreement, which resulted in prior approval and utilization reviews for these services in 2006, making them more available to Child Welfare Services recipients.

Current practice – what does the data show?

The OCFS Strategic Plan has a strategy and action steps to evaluate service effectiveness, but these have not been implemented. The OCFS Draft 2008 Strategic Plan documents that the OCFS Management Team has developed multiple strategies to improve the service array. Although some challenges continue, very significant improvements have been made.

Key collaborators:

- Office of Child and Family Services Management Team
- Child Abuse Action Network
- DHHS Office of Substance Abuse
- DHHS Contract Division
- USM Muskie School
- Future Search Committees – Each Maine DHHS district has a standing multi-disciplinary committee with the mission of improving collaborative service to families involved with multiple systems (see Introduction, page 8 for more information on Future Search).

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

To address service gaps, Maine Child Welfare staff transport or arrange transportation of case members to locations in the state where the service is available. This adds cost and at times results in service delays, but is often unavoidable in rural, sparsely populated areas of the state.

In addition:

- There is no inpatient substance abuse treatment available in District 8.
- There are no CANEP evaluators in Districts 7 or 8 (these are psychologists qualified to do court-ordered Child Abuse and Neglect Evaluations in accordance with an established forensic protocol).
- Districts report a shortage of clinicians who can effectively treat youth convicted of sex offenses in accordance with evidence-based practice.
- Lack of substance abuse facilities where mothers can receive treatment and still remain with their child in the facility.
- Loss of one Family Treatment Drug Court due to funding issues.
- Loss of Mainecare benefits to parents once their children are removed which impacts their ability to access timely reunification services. Services are delayed, as they then must be authorized by OCFS, which can cause delays.

- Increase in CANEP evaluations due to psychological evaluations not being authorized within OCFS.

Historically Maine has been more successful than most states in utilizing Medicaid to support mental health and social service programs. Federal pressure to reduce Medicaid costs combined with years of flat or reduced Maine State Government funding significantly limits service resource development.

Strengths and promising approaches:

The OCFS Director has been successful in obtaining Legislative approval to reinvest cost savings from residential care into services to return children to families or to prevent removal.

For a small state, Maine has been successful in obtaining several significant grants:

- Maine Youth Transition Collaborative programs (statewide)
- SAMHSA grant for trauma-informed system of care (in 3 counties)
- Grant to place DV advocates in district offices (statewide)
- Child STEPs grant for evidence-based treatment (statewide)

Promising approaches in this area include:

- OCFS strategic plan to improve services
- Future Search initiative to improve collaboration between District Child Welfare Services and other systems at the local level (see Introduction, page 8 for more information on Future Search)
- OCFS investment in high fidelity Wraparound for Maine
- Federal monies have been restored and collaboration is occurring between OCFS and state and local housing authorities to ensure families at risk of losing their children are given priority for the vouchers, as well as youth at risk of homelessness.

Item 36: Service Accessibility.

- *Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?*

What do policy and procedure require?

The State of Maine has no policy requirements or monitoring system with respect to service accessibility. Maine provides or contracts for the following essential services so availability in every district is assured. These are:

- Visitation
- Alternative Response Programs
- Mental Health Crisis Services
- Homemaker Services
- Public Health Nursing Services
- Family Violence Advocacy Services
- Intensive Family Reunification Services
- High fidelity Wraparound
- Employment Services

Maine also has *2-1-1 Maine*, a statewide resource directory to help families and providers locate needed services.

The Department periodically contracts for services through a request for proposal process. For statewide Child Welfare-related contracts, applicants must submit proposals for one or more districts. Regarding other services, these tend to have developed due to the resourcefulness and initiative of individual providers, individual District Program Administrators, and individual Central Office Managers.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 36 an area in need of improvement. This was because accessibility to services varied by geography and the unwillingness of some health care (physical, dental, and mental health) providers to accept Medicaid. In addition, long waiting lists for some services impeded the delivery of services to parents and children. This finding was based on both the 2003 Statewide Assessment and stakeholder comments during the on-site review.

Changes in performance and practice have been discussed in detail under Item 35. Efforts have been made to develop evidence-based services that support the safety, permanency, and well-being of children in families. Regarding transportation services, policy has been clarified so that consistent service criteria guide the approved funding. Regarding evaluation and treatment services, efforts have been made to use these as truly needed, rather than too often or for too long. Regarding dental and orthodontic care, the Department will pay for children in custody to be seen by non-Medicaid dentists if there are no providers willing to accept Medicaid within 50 miles. This was clarified in policy in 2004.

The problem with waiting lists, noted in the 2003 CFSR findings, has been reduced by a prior authorization/utilization review process for in-home family-based treatment and support services, improved guidelines for when to seek evaluations, and curtailment of interminable counseling of

foster children. Policies were revised in 2005 to speed up both kinship and foster homestudies. Visitation is no longer indiscriminately supervised. Contract funds for visitation were reallocated in 2008 for more equitable access to family visit facilitation and supervision.

Although availability of services has improved due to more effective service management, accessibility continues to be a challenge – especially in rural areas of the state. Waiting lists still exist at times for some services, such as inpatient substance abuse.

In 2007, the OCFS Management Team developed a strategic plan and revised it in 2008. Although ‘accessibility of services’ is not specifically mentioned in the plan, full implementation of the plan would result in increased accessibility of services.

Current practice – what does the data show?

There are no existing measures of effectiveness specifically related to service accessibility.

Key collaborators:

Key collaborators are those people in a given area who choose to network. The Department has made an effort to nurture collaboration in districts through the Future Search Initiative.

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

Maine’s population is concentrated along the coast and along the Interstate highway (I-95) corridor. This is where services tend to be most available. Service accessibility tends to be greatest around the larger population centers: Portland (District 2), Lewiston/Auburn (District 3), Greater Augusta (District 5), and Bangor/Brewer (District 6).

Rural, more economically impoverished counties tend to have less availability and accessibility of services including Franklin (District 3), Somerset (District 5), Piscataquis (District 6), Washington (District 7), and Aroostook Counties (District 8).

Strengths and promising approaches:

Promising approaches include:

1. Future Search

Utilizing Future Search, the Office of Child and Family Services (OCFS) leadership has worked to engage community stakeholders in integrated work towards 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. OCFS embraced the principles of Future Search and convened a group in September 2006 from its three service divisions (Child Welfare Services, Children's Behavioral Health Services, and Early Childhood Services) to work in conjunction with community partners. The four underlying principles are:

- Bring the whole system of people in a room together
- Explore the larger, more global systems and trends that affect us locally
- Problems are to be shared, owned and acknowledged as information that affects system change
- These problems are not the place to begin the work

Future Search seeks to change the ways in which people, communities and organizations interact with each other. Future Search is an approach to integrate the way OCFS works with children and families. District OCFS administrators have been charged with continuing this work with their larger communities. Some districts have incorporated this effort in their community partnerships such as Wraparound Maine, the Thrive Project in Lewiston, and the Community Partnerships for Protecting Children in Portland.

2. Community Partnerships for Protecting Children

The Community Partnerships for Protecting Children (CPPC) in Portland is connected to the national initiative. CPPC is based on the premise that keeping children safe is everyone's business and that no single person, organization or government agency alone has the capacity to protect all children. A planning group with representation from the local Children's Advocacy Council, Portland's DHHS Child Welfare Services and Children's Behavioral Health Services, United Way, and Casey Family Services began meeting in the winter of 2005 and spring of 2006. Over time involvement has expanded to include representation from three neighborhood associations and from the City of Portland Health and Human Services, Refugee Services, Juvenile Corrections, the Portland Police Department, the Portland School System, and local counseling centers. Two other nearby urban communities are interested in developing Community Partnerships for Protecting Children based on the success of the initiative in Portland.

Item 37: Individualizing Services.

- *Can the services in Item 35 be individualized to meet the unique needs of children and families served by the agency?*

What do policy and procedure require?

Policy requirements were strengthened in 2005 to focus on areas of child and family strengths in assessments as well as needs, and to conduct the assessment together with the client. This is evidenced in the Child Protection Assessment Policy and the Child Assessment Plan Policy. Another important process to individualize needs, goals, and services is the teaming that occurs in Family Team Meetings. When individual needs can be better identified and articulated, services can be better individualized to meet them. The Family Team Meeting Policy describes this procedure in detail.

Casework supervisors monitor the quality of case plans and services. These are also monitored by monthly quality assurance case record reviews of randomly selected cases by casework supervisors and PQI program specialists.

Adequacy of services is rated in record reviews, but not specifically how well services are individualized to meet unique needs.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 37 a strength. The basis for this rating was that “BCFS [OCFS] offers social workers the ability to individualize services and CFSR findings indicate that social workers make concerted efforts to meet the unique needs of children and families within the context of available services.”

Overall, Maine’s capacity to provide individualized, family-based services has increased since the 2003 CFSR.

Although family preservation services are fewer because the Medicaid rate for family-based treatment and support is seen as more viable, these family-based treatment and support services have become more widely available. Family-based treatment services can be individualized and are available through prior authorization to the agency that has the greatest service availability at the time.

Time-limited reunification services are improved and are now provided in all districts through the Family Reunification Program. These services are geared toward addressing individual family needs. Additionally Maine’s high fidelity Wraparound initiative, which as of 2008 is available in every district, improves the spectrum of individualized services offered families.

Current practice – what does the data show?

The Maine DHHS Office of Child and Family Services has no specific measures of effectiveness regarding capacity to individualize services.

Maine’s reformed policies, emphasis on Family Team Meetings in assessment and planning, and increased availability of specific in-home services have further improved what was already an area of strength.

Key collaborators:

- ICWA Workgroup
- Family Reunification Program
- High fidelity Wraparound
- Catholic Charities of Maine (contract for Interpreting Services)
- CWTI for training purposes

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

The greater availability of family-based treatment and support is an advantage for child welfare clients. The disadvantage is that this is not designed to be a crisis response service.

In terms of population diversity, which may increase the need for more individualized services, the most diverse area of the state is Washington County (District 7), with a Native American population of 4.4%. The Eastport School district in Washington County has over 23% Native American students. Other areas that are becoming more diverse are Maine's three largest cities – Portland (District 2), Lewiston (District 3), and Bangor (District 6). There is a growing Somali refugee population in Lewiston and Portland. Minorities comprise 25% of the Portland school population and students in Portland High School speak over 40 different languages.

The Portland area has a larger deaf population than the rest of the state due in part to the location of the Baxter School for the Deaf in adjacent Falmouth. The Community Counseling Center (the area mental health agency) has counselors that are fluent in American Sign Language.

Strengths and promising approaches:

All DHHS staff are trained to utilize language access services when needed. Information is available on the OCFS shared drive in MACWIS regarding the different races and ethnic groups in Maine. DHHS has a contract with Catholic Charities for interpreter services when needed.

DHHS Child Welfare Services provides written notice to all parents/caregivers regarding the following rights (among others):

- That the Indian Child Welfare Act may apply to you or your child, if you or your child has Native American heritage
- To have relatives given priority consideration as temporary caregivers
- To have your cultural background and heritage respected
- To express and practice your religious and spiritual beliefs

- To request this information in your native language or in Braille, or to request an interpreter in your native language or in American Sign Language
- To receive communication assistance if you have special needs and have difficulty making your service needs known, including help with reading and writing
- To non-discrimination on the basis of race, color, religious creed, sex, sexual orientation, national origin, ancestry, age, physical handicap, or mental handicap

These rights, which are also posted in DHHS Office reception areas, make clear to staff and clients that service is to be individualized.

In September 2008, all DHHS casework supervisors, some Central Office Program Specialists and Managers as well as seven USM Child Welfare Training Institute staff received training in *Cultural Humility* from University of Michigan trainers through CWTI. Selected USM staff have been trained to develop this curriculum for Maine OCFS staff. Child Welfare Pre-service Training is currently being improved based on information from this training.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation with Stakeholders.

- *In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?*

What do policy and procedure require?

Although Maine has no policy requirements with respect to implementation of the CFSP there is a variety of standing groups and forums to promote State engagement. They are:

Future Search 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 (see Introduction, page 8 for more information on Future Search).

The Community Partnerships for Protecting Children (CPPC) in Portland is connected to the national initiative, based on the premise that keeping children safe is everyone's business and that no single person, organization or government agency alone has the capacity to protect all children (see Item 36, page 198 for more information about CPPC).

Using the Breakthrough Series Collaborative methodology of Plan, Do, Study, Act (PDSA) for short-term idea testing that does not require consensus from the organization, the team tested many innovative ways to achieve permanency. Overall the team created a “what would it take” attitude in the office when it came to creative proposals toward achieving permanency. The Maine DHHS District 2 Child Welfare Program participated in a *Breakthrough Series Collaborative on Adolescent Permanency* from Fall 2005 to Spring 2007 (see Introduction, page 8 for more information).

Adoptions Created through Relationships (ACTR) was a five year Federal Adoption Opportunities Grant to Casey Family Services, Maine DHHS and Connecticut Department of Children and Families. Three Maine DHHS Child Welfare districts (1, 2 and 6) participated in the program, which targeted youth who had been in foster care for an extended period of time. The ACTR program promoted permanency through collaborative group decision-making and clinical services.

Wraparound Maine implements high fidelity Wraparound that is based upon the research, standards and principles defined by the National Wraparound Initiative (NWI). Each lead agency’s *Wraparound Coordinator* and *Mobilization Specialist* works within their community to establish a local Community Collaborative Board. The Mobilization Specialist is also responsible for connecting children and families determined to be appropriate for high fidelity Wraparound planning with a trained *Wraparound Facilitator*. The Facilitator convenes the family team meetings and oversees the development of the child or family’s wraparound plan. The Wraparound Facilitators are provided intensive training followed up by 6-8 months of individual and group coaching by a skilled Wraparound Practitioner. Each site and its Community Collaborative Board participate in ongoing evaluation activities that assess fidelity to the NWI principles, as well as outcomes for children and families.

The Children’s Services Program Specialist regularly attends quarterly meetings of contracted visitation agency providers in order to hear feedback on progress made toward normalizing visitation conditions and used visitation to enhance parental skills and to strengthen the parent-child relationship. Feedback from these meetings is shared with Child Welfare staff in an ongoing effort to encourage visitation conditions to progress from supervised to facilitated to natural settings, as soon as can be safely done.

The New England Youth Collaborative is made up of agency staff, youth in care, and former youth in care, from all of the New England states first met in January 2008. This Collaborative aims to improve outcomes for older youth in order to implement innovative and best practices that strengthen the youth transition programs in all of the New England States. It supports the work of the National Association of Public Child Welfare Administrators.

Maine Youth Transition Collaborative (MYTC) was formerly called the Jim Casey Maine Youth Opportunity Initiative. Since 2004 Maine has been a site for the Jim Casey Opportunities Initiative. The overall goal of MYTC is to establish lasting partnerships with public and private organizations and the business community. In 2008 and 2009, DHHS will continue to work in close collaboration with the USM Muskie School to further develop community partners and to meet the goals of the MYTC sustainability plan. Currently, DHHS is working in York County (District 1) with the USM Muskie School.

MYTC enables older youth in care to create a matched savings account, called Opportunity Passport (OP), now administered through Jobs for Maine Graduates (JMG). Youth can earn up to \$1,000 a year and have that amount matched. Youth enrolled in the Opportunity Passport participate in a financial literacy education in order to be eligible for matched savings. JMG coordinators are located in southern Maine, central Maine, northern Maine, and eastern Maine. This initiative continues to be successful in Maine with approximately 130 youth actively enrolled in OP.

Alternative Response Program Coalition (formerly called Community Intervention Program Coalition) is a group of service providers who have contracts with DHHS to assess child safety in families in which low to moderate risk has been reported and to provide in-home services to families to prevent children from being removed from their homes. The service providers and DHHS contract services staff meet monthly to address practice issues and to discuss DHHS contract and practice expectations. Service providers run the Coalition.

The Foster, Adoptive, Kinship Parent Advisory Committee was established in 2002 as a forum in which members representing foster, adoptive, and kinship parents share opinions and concerns with the OCFS Director, the OCFS Child Welfare Director, Managers, and Program Specialists who are involved in policy and practice decisions. The committee provides the Office of Child and Family Services with direct access and a “feedback loop” to the foster, adoptive, kinship parent community. The mission of the committee is to open communication, strengthen relationships, respect different interests, and collaborate to enhance the provision of services for children involved with the Child Welfare system.

The Youth Leadership Advisory Team (YLAT) is a team of Maine youth in DHHS custody or care, ages 14-21, engaged in the education of the government, general public, caregivers, and their peers regarding the child welfare system and changes therein. Advocating for positive change in the child welfare system, YLAT members help develop, guide, and revise the Child Welfare Services policies in order to create safety, comfort, and opportunities for all children in foster care. Representatives from YLAT are included in a range of committees and meetings and through these directly influence policy and practice development and implementation. Maine DHHS supports YLAT through a contract with the University of Southern Maine Muskie School.

The *Maine Justice for Children Task Force* was established by Chief Justice Leigh Saufley as a collaborative, multidisciplinary Task Force to ensure safety, permanency, and well-being for children in the State of Maine child welfare services.

The Task Force is to:

1. adopt and monitor state-wide performance standards for the timely resolution of matters involving children and families in the child welfare system;
2. identify strengths which contribute to the safety, permanency and well-being of children in the State of Maine child welfare system;
3. identify systemic barriers which may negatively impact on the safety permanency and well-being of children in the State of Maine child welfare system;
4. prioritize issues and develop joint solutions to remove identified barriers;
5. identify the training needs of stakeholders in child protective proceedings;

6. adopt a training curriculum for stakeholders in child protective proceedings;
7. monitor implementation of the CIPs and PIPs;
8. encourage widespread participation in CFSRs and the Care Eligibility Reviews;
9. sponsor regular local meetings involving all stakeholders which will provide training, foster collaboration at the local level and identify issues which have statewide implications;
10. establish other goals for the Task Force, establish timelines for steps toward each goal, and monitor and evaluate progress toward the established goals;
11. address other topics, identified by the Task Force, which impact on the safety, permanency and well-being of children in the State of Maine child welfare system.

The DHHS Commissioner and the Director of the Office of Child and Family Services attend these Task Force meetings.

During the past year, efforts have continued in improving communication between the Maine District Courts and OCFS. Child Welfare is collaborating with the court system on the two grants they have received for technology and training.

The Court Improvement Program meetings continue to occur between the Maine DHHS CFSR Coordinator and the Court Improvement Program Coordinator. These meetings are to facilitate communication about relevant topics related to the improvement of outcomes for children and families. The meetings facilitate the flow of information between child welfare management and District Court management.

The CFSR Steering Committee (formerly the PIP Steering Committee), was initiated in September, 2005, and is comprised of tribal representation, members from DHHS Child Welfare Services, the Court Improvement Program, Department of Corrections (DOC), Department of Education (DOE), treatment foster care, guardians-ad litem, Alternative Response, Office of the Attorney General, former and current youth in foster care, Maine Children's Trust, and USM Muskie School. The purpose of the group is to inform and engage with community partners about the Child and Family Services Review process and to receive input on efforts currently underway to improve outcomes for children and families. With the upcoming 2009 CFSR, the group now meets monthly to collaborate on the review. This Committee is the "core" community and stakeholder group for the Statewide Assessment, the upcoming five-year Child and Family Services Plan and the anticipated Program Improvement Planning process following the site review. This group is expected to provide consultation and support for Maine in all three inter-related processes.

The Maine Reentry Network Steering Committee is a Department of Corrections grant project to assist youth and young adults with reentry into the community from juvenile and adult facilities. The current DHHS Youth Transition Program Specialist will continue to work with this committee in 2008 and 2009.

Central Maine Inclusive Schools Advisory Group meets quarterly. This is a large group of special education staff, school administrative staff, DOE, and DHHS staff and other agencies who are focused on removing educational barriers when youth transfer to different schools, and developing creative solutions for issues that arise for at-risk youth in schools. The current

DHHS youth Transition Program Specialist will continue to work with this committee in 2008 and 2009.

Juvenile Justice Advisory Group (JJAG) meets monthly to oversee several federal Juvenile Justice grant programs and to serve as advisors to the Governor and State Legislature related to juvenile justice issues and proposed laws. Some members also review grant proposals and oversee numerous Department of Corrections contracts for prevention and intervention programs. Dan Despard, Director of Child Welfare Services has been appointed by the Governor to serve on this committee.

ICWA Work Group is comprised of Maine's four federally recognized Native American tribes and bands with five locations: the Penobscot Nation (District 6), the Aroostook Band of Micmacs and the Houlton Band of Maliseets (District 8), the Passamaquoddy Tribe at Pleasant Point and the Passamaquoddy Tribe at Indian Township (District 7). Tribal child welfare representatives meet regularly with the DHHS Child Welfare ICWA liaison. These meetings focus on ICWA compliance in both specific cases and broader policy issues. Both strengths and areas needing improvement are discussed and steps are formulated to resolve concerns. Maine DHHS Child Welfare Services provides staffing for these meetings through contract with the University of Southern Maine's Muskie School of Public Service.

Maine Child Abuse Action Network (CAAN) is the entity designated by the Governor to receive federal Children's Justice Act funds, which are provided by the US HHS Administration for Children and Families (ACT). This multidisciplinary group educates and informs professionals involved with child abuse and neglect. Maine DHHS Child Welfare Services provides staff support for CAAN through contract with the University of Maine.

Maine Children's Trust, Inc. is established through Maine Statute (Title 22, Chapter 1058) to provide a mechanism for voluntary contributions by individuals and groups for annual and long-term funding of prevention programs. The Maine Children's Trust receives the *Community Based Child Abuse Prevention Program* federal grant from ACF. The Director of the Trust is a member of the CFSR Steering Committee.

A private nonprofit corporation with a broad public purpose, the Trust has a board of at least 17 members, some of whom are appointed by the President of the State Senate and Speaker of the House of Representatives. Other members are from the Child Abuse and Neglect Councils or appointees from the Commissioner of Health and Human Services, the Governor, and the Maine Chamber of Commerce. At least three members are elected by majority vote of the board.

Trust members develop biennial work plans that set overall statewide goals and objectives for child abuse prevention activities and establish priorities for the distribution of available funds. They also initiate, develop, propose or recommend ideas for innovation in rules, laws, policies and programs concerning child abuse and neglect, then forward these proposals and recommendations to the Governor, the Legislature, state executive agencies, the business community and other entities. The Maine Children's Trust also reviews grant renewal applications and awards grants for prevention programs.

The Maine Association of Mental Health Services (MAMHS) is organized to reflect and advocate for the collective interests of mental health organizations and their directors at the state and local level. MAMHS analyzes trends in the delivery and financing of mental health services and builds and disseminates knowledge and experience reflecting the integration of public

mental health programming in evolving healthcare environments. The Association identifies public mental health policy issues, appraises its members of research findings and best practices in the delivery of mental health services, fosters collaboration, provides consultation and technical assistance, and promotes effective management practices and financing mechanism adequate to sustain the mission. MAMHS takes action that reflects the position of mental health providers on public mental health issues and coordinates at the state and local level with organizations of related interests.

The Maine Association of Group Care Providers (MAGCP) has the stated goal of improving the quality of residential services for children, youth, and families. They educate, inform, and support member agencies and their representatives through training, networking, and collaborating with governmental and other organizations that share common interests in the well-being of children and adolescents. DHHS OCFS Children's Behavioral Health Services and Child Welfare Services management meet regularly with MAGCP to maintain open communication and address areas of mutual concern.

The *Therapeutic Network Team* is a collaborative group made up on one representative (staff member or foster parent) from each treatment foster care agency and representatives from DHHS Child Welfare Services. The team meets monthly. The team also meets with Foster Family Treatment Association of Maine (FFTA), a group of therapeutic foster care providers.

The *Maine Child Death and Serious Injury Review Panel* is comprised of representatives from numerous different disciplines. Its composition, which is mandated by state law, includes the following disciplines: Judiciary, Forensic Pathology, Forensic and Community Mental Health, Pediatrics, Family Practice, Nursing, Public Health, Civil and Criminal Law, Law Enforcement and Public Child Welfare.

The Panel has several unique functions. Most states only review child fatalities; Maine's Panel reviews serious child abuse and neglect injuries, as well as abuse and neglect fatalities or suspicious deaths. While all child deaths and serious injuries are reviewed by Child Welfare Senior Management (Director of Child Welfare, Director of Child Welfare Policy and Practice, and District Operations Managers), many of these cases also undergo thorough multidisciplinary review by the Child Death and Serious Injury Review Panel. The Maine Child Death and Serious Injury Review Panel belong to the consortium of Northern New England Child Fatality Review Teams. More recently, the Maine Child Death and Serious Injury Review Panel has become associated with all the New England state teams through the National MCH Center for Child Death Review.

The *Citizen Review Panel* has been established as of October 2008, after a year of planning and development. This panel consists of representatives from the foster and adoptive parent community, clergy, Pine Tree Legal Children's Rights, Family Division of the Court, Youth, the Penobscot Tribe, Casey Family Services and the University of Maine School of Social Work among others. The purpose of the panel is to provide an ongoing review of the Maine Child Welfare System. The first project identified is to look into the educational stability of children in foster care.

Maine Advisory Council on the Education of Children with Disabilities (MACECD) is a committee with members appointed by the Maine Commissioner of Education with membership meeting the requirements of the Individuals with Disabilities Education Act (IDEA). The Maine

DHHS Child Welfare Children Services Program Specialist serves on the MACECD Student Performance Committee and meets monthly with this group. Some recent recommendations of this committee to the Maine Department of Education relate to standardization of Individualized Educational Plan (IEP) forms. The committee also recommends informing local educational agencies about effective intervention strategies and legal requirements to address the problem that twice as many youth with disabilities are expelled or suspended or drop out compared to youth without disabilities. As a result of these and other recommendations, DOE has implemented standardized forms, and legal training workshops, and other changes beneficial to children and youth with disabilities.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 38 a strength, “because BCFS [OCFS] has been effective in its efforts to engage in consultation with major stakeholders in implementing the goals and objectives of the Child and Family Services Plan (CFSP).” Since that time many more venues for stakeholder communication have been developed, while a few have dissolved. On balance, this area of strength has been additionally strengthened.

Initiatives and committees developed since 2003:

- Future Search
- Community Partnerships for Protecting Children
- Breakthrough Series Collaborative on Adolescent Permanency
- Breakthrough Series Collaborative on Child Safety
- ICWA Workgroup
- Citizen Review Panel
- Maine Justice for Children Task Force
- Monthly meetings between CFSR coordinator and Court Improvement Program coordinator
- Maine Advisory Council on the Education of Children with Disabilities
- Maine Reentry Network Steering Committee
- Central Maine Inclusive Schools Advisory Group
- CFSR/CFSP Steering Committee
- Adoptions Created Through Relationships
- Wraparound Maine
- Quarterly Visitation Agency Staff Meetings
- Maine Youth Transition Collaborative

Regarding two concerns mentioned in 2003 CFSR findings, progress has been made in both areas. First, it was noted that the role of Tribal Representatives in CFSP planning are not clear. For the present Statewide Assessment and CFSP, a representative of the ICWA Workgroup had been a full participant on the Steering Committee until she left her position. It is expected that a new tribal representative will be participating in this ongoing work. The second 2003 concern was that philosophies and approaches differed among agencies and needed to be reconciled, with the example being that “the mental health system advocates for parent and the child welfare system advocates for the children”. The incorporation of Child Welfare Services, Children’s Behavioral Health Services, and Early Childhood Services into a single office has substantially resolved these differences, as evidenced by the 2006 OCFS Integration Plan, the 2007 OCFS Strategic Plan, and the 2008 OCFS Draft Strategic Plan. Behavioral Health and Early Childhood Specialists are now members of the CFSR Steering Committee.

Current practice – what does the data show?

It is evident that Maine’s actual consultative capacity to implement the CFSP has been broadened, strengthened and enriched, since the last CFSR. This continues to be an area of strength for Maine.

At present we lack specific measures of effectiveness that demonstrate Maine’s functioning on this item.

Key collaborators:

Maine Child Welfare has many venues for consultation with stakeholders. In terms of key stakeholders, Maine DHHS has a strong engagement with the following key stakeholders:

- Youth
- Tribes
- Caregivers

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

How key stakeholders have contributed to planning efforts:

- Youth – In Maine, youth in foster care are given a voice in planning through the *Youth Leadership Advisory Team* (YLAT), which is supported through the working agreement with the University of Southern Maine, Muskie School. For the current Statewide Assessment, youth participating in YLAT have provided valued feedback about their safety, permanency, and well-being experiences through a series of surveys.

- Tribes – Tribal participation in planning efforts has occurred most successfully through the *ICWA Workgroup*, composed of Child Welfare Representatives for the Penobscot Nation, Passamaquoddy tribe, Aroostook Band of MicMacs, and the Houlton Band of Maliseets. This workgroup meets regularly with a DHHS Child Welfare Services Division Liaison and holds ICWA Summits annually with the DHHS Child Welfare Senior Management Team. The Tribal members who comprise this workgroup set the priorities and pace of this collaboration. A member of this workgroup has participated in the CFSR Steering Committee.
- Caregivers – Caregivers participate in planning through: 1) *The Foster, Adoptive, Kinship Parent Advisory Committee*, which was created in 2002 subsequent to a legislative review of the Child Welfare system. The purpose of this committee is to facilitate consultation and comment on matters of common interest and concern. 2) *Adoptive and Foster Families of Maine (AFFM)*. This organization provides training and support for foster parents through contract with DHHS. AFFM is also affiliated with the National Foster Parent Association.
- Birth parents – The Department has not yet reached out to parents in any comprehensive way for purposes of planning. The OCFS 2008 Draft Strategic Plan has a strategy (#7) to examine ways to systematically expand the role of parents and youth in OCFS work.
- Courts – Planning and collaboration now occur at the highest levels through the Maine Justice for Children Task *Force*, chaired by Maine Chief Justice Leigh Saufley. James Beougher, OCFS Director serves on this Task Force. District Courts are represented on the CFSR Steering Committee by the Court Improvement Project Coordinator.

The state budget process created a barrier to engagement, particularly when funding reductions are necessary. The Governor’s office considers recommendations from Commissioners, which they in turn receive from their Office Directors. Everything is expected to be kept confidential until the Governor formally proposes his budget. This closed process contributes to mistrust of the Department by external stakeholders and harms working relationships.

While the Department and the courts each have responsibilities regarding Maine’s areas needing improvement with respect to permanency, improvement efforts are largely independent of each other at the local level and data to identify promising practices is generally unavailable.

Strengths and promising approaches:

Maine’s most promising approaches are those where a community or district effort connects with a statewide goal or objective. Examples are:

- Maine Wraparound has involved sustained planning, communication, and interaction among DHHS management and staff, national experts, the USM Muskie School, service providers, a system of contracted quality assurance, and local collaborative boards. A statewide implementation support team is now evolving to become a statewide governing board. The State, providers, communities, and parents expect to transfer this initiative from a State-driven program to a freestanding, interdependent, structured collaboration.

- Future Search is a worthy attempt to get community-based supervisors and state-level directors and managers on the same page. This initiative brings together stakeholders at the district level with the statewide integration effort to better meet the needs of Maine’s children and families involved in multiple systems.
- YLAT provides the coaching and organizational structure to support a voice for youth to communicate with Maine DHHS district and statewide management, as well as in a variety of other venues.

Item 39: Agency Annual Reports Pursuant to the CFSP.

- *Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?*

What do policy and procedure require?

Maine DHHS complies with federal requirements for annual reports, but has no state policy requirements or monitoring system.

Annual progress and services reports have been drafted each year with different sections updated by different central office program specialists. During the past five years, frequent turnover has occurred in the position responsible for the final draft and submission of the five-year Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR) – both required by the US HHS Administration for Children and Families. The person who drafted the 2004 CFSP retired from the Department shortly thereafter. Each subsequent year, a different, newly appointed person has been responsible for coordinating and drafting the APSR.

For consultation with representatives and assessment of the effectiveness of the CFSP, the following finding of the 2003 CFSR continues to be accurate:

Several stakeholders commented on this issue during the onsite CFSR indicated that they do not routinely get copies of the child welfare plans or reports of progress and services delivered. Also, there is a concern that while the State may be aware that it is soliciting input for the State plan from certain groups, the groups may not be aware of the purpose of the consultation.

The Department has not been routinely distributing their annual report but is committed to systemic timely distribution of its 2009 CFSP and the annual reports to follow.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 39 to be an area needing improvement. A number of relevant changes have occurred since the 2003 CFSR. Improvements include:

The Wabanaki Child Welfare Coalition is now the ICWA Work Group and is comprised of Child Welfare representatives of Maine's Native tribes and bands. This group meets regularly with a DHHS Child Welfare liaison and holds annual ICWA Summits with the DHHS Child Welfare Senior Management Team.

Maine DHHS Child Welfare Services has started a Citizens Review Panel as highlighted in Item 38, page 206.

The CFSR Steering Committee has been meeting since implementation of the 2004 PIP. The Department will continue to actively consult with this Committee on the Statewide Assessment, the upcoming CFSP, and PIP in 2009.

Monthly meetings occur between the CFSR Coordinator (DHHS) and the Court Improvement Project (District Court) to facilitate communication.

Going forward, the Department intends to develop a CFSP, which will incorporate the anticipated PIP from the 2009 CFSR. This CFSP, which will become the Maine Child Welfare Strategic Plan, will be developed and reviewed in consultation with the CFSR/CFSP Steering Committee.

Current practice – what does the data show?

There are no measures of effectiveness to demonstrate Maine's functioning in this item.

Key collaborators:

Key collaborators have already been named under **Changes in Performance and Practice**.

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

Historically, the Department has not used the CFSP as a true strategic plan nor has it been inclusively developed or reviewed. The 2009 CFSP planning effort will represent a significant reform in how this work is conducted and communicated, as well as consultation with a clearly communicated purpose.

Strengths and promising approaches:

The State presently has a number of structures and venues for consultation. In addition, the Maine DHHS OCFS Federal Plan and PQI Manager is committed to using the CFSR Statewide Assessment to inform a CFSP planning process with the CSFR Steering Committee and with

Child Welfare Senior Management to develop a meaningful, publicized, multi-year strategic plan, into which the PIP will be integrated.

DHHS Child Welfare Services will routinely distribute the 2009 CFSP and following APSRs to external stakeholders and to our own staff.

Item 40: Coordination of CFSP Services With Other Federal Programs.

- *Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?*

What do policy and procedure require?

Maine has several interagency agreements to facilitate the coordination of CFSP services.

The Department of Health and Human Services and the Department of Corrections have a *C-5 Protocol* which articulates the responsibility of the DHHS case manager and the DOC juvenile caseworker in the home study and recommendation process when a party has recommended that the court place a juvenile offender in DHHS custody. This agreement was revised in 2006 to specify a process for resolution of differences regarding the DHHS Child Welfare homestudy recommendation, so that the State consistently will have a unified position before the court regarding the homestudy and recommendations.

Maine has a *Transition Protocol* for coordination of transition of children under DHHS Child Welfare Care or Custody to DHHS Adult Services Programs. Although in need of updating, this protocol sets forth guidelines and timelines for notice, referral, information, sharing, and decisions.

In Fall 2007, the Southern Maine Systems Access Pilot became a *statewide procedure for all Maine youth in need of emergency acute psychiatric hospitalization*, regardless of whether or not the youth is in DHHS custody. Through contracted Crisis Response, services are provided to: determine the child's needs for hospitalization, authorize, and arrange for the placement to be made, and follow through with the resolution of the crisis if the child is in State custody.

The *Office of Public Health Nursing and the Office of Child and Family Services* often serve the same families. The two Offices have developed a *signed working agreement* to clarify reporting requirements, information sharing, and conflict resolution. The agreement also mandates joint training and district level meetings to take place at least annually. The agreement also sets forth the principles of joint case planning. The agreement is reviewed every two years. In addition, Public Health Nursing at times will play a role in the assessment of children coming into care.

The Office of Child and Family Services has an agreement with the Department of Education to clarify roles and responsibilities as they relate to providing education, special education, and supportive services to students who are clients of the Department of Health and Human Services.

The agreement delineates the procedures for school administrative units, the Department of Health and Human Services, the Department of Education, and surrogate parents to follow in fulfilling their respective responsibilities for assuring that all Department of Health and Human Services clients receive a free appropriate public education.

Additionally, *the Department has an agreement with the Penobscot Indian Nation* to work cooperatively toward the goal of protection of children who are suspected to be or are victims of abuse or neglect, *the Department also has an agreement with the Houlton Band of Maliseet Indians* to assure that they have maximum participation in determining the disposition of cases involving the Tribe's children.

A Department liaison meets quarterly with the Maine ICWA Work Group. The workgroup includes DHHS staff, Muskie School of Public Service staff and all four Tribal child welfare directors. Attendance varies depending on tribal staffing. Annual ICWA Summits have been held to improve education and collaboration between tribal and State child welfare agencies. Currently, State and Tribal Child Welfare staff is working on a Truth and Reconciliation Project with grant funding from the Andrus Foundation. This has resulted in the decision not to plan future summits, due to the time required for the project. The Maine Tribal-Child Welfare Truth and Reconciliation Project aims to create a common understanding of the truth of Maine's Tribal child welfare experience and to present recommendations for achieving justice to historical wrongs experienced by Maine Tribes. From October 2008-June 2009, the Maine Tribal-State Child Welfare Truth and Reconciliation Convening Group will conduct background research about Maine Indian child welfare and key events that will illustrate the need for the reconciliation project to the Tribal communities and Maine State child welfare leaders, then educate child welfare leaders and of Maine's Tribal communities about truth and reconciliation efforts in order to seek their involvement in the Project. Finally, the Convening Group will form the Maine Tribal-State Child Welfare Truth and Reconciliation Commission, providing them with a Declaration of Intent to guide their work.

The Penobscot Nation (Indian Island, Penobscot County in District 6), the Passamaquoddy Tribe (Indian Township and Pleasant Point, Washington County in District 7), the Houlton Band of Maliseets (Aroostook County, District 8), and the Aroostook Band of MicMacs (Aroostook County, District 8) are federally recognized tribes and bands. The Penobscot Nation and the Passamaquoddy Tribe at Pleasant Point receive federal Title IV-B Part 1 and Part 2 funds. The Aroostook Band of Maliseets receives federal Title IV-B Part 1 funds. The Houlton Band of Maliseets received federal Title IV-B funds until 2008, but did not apply for FY 2008 funding. The Passamaquoddy Tribe of Indian Township has not applied for federal Title IV-B funding for several years. None of the tribes have a Title IV-E agreement with the State. In 2006, DHHS offered to arrange Don Schmid (an expert on IV-E) to provide information at the ICWA Workgroup, but other matters have taken priority for the Workgroup.

The *Maine Children's Trust, Inc.* communicates, coordinates, and consults with DHHS Child Welfare Services management in its efforts at prevention of child abuse and neglect. As previously mentioned (Item 38, page 205), the Trust receives the Community Based Child Abuse Prevention Program federal grant from ACF. The Director of the Trust is a member of the CFSR Steering Committee and in that role will be working with DHHS on the 2009 CFSP and the anticipated PIP from the 2009 CFSR.

While not a formal monitoring system, the integration of Child Welfare Services, Children's Behavioral Health Services, and Early Childhood Services in to one office with a single OCFS Management Team and strategic plan greatly improves coordination. So does the co-location of staff at the Central Office and District levels.

In addition to agreements, Maine DHHS Child Welfare Services has several policies that provide coordination guidance with other federally assisted programs:

- Child and Family Services Policy IV. C-2. Response to Infants Affected by Illegal Substance Abuse requires health care providers to report drug affected infants to Child Protective Intake and for DHHS to conduct a Child Protective Assessment, refer for alternative response assessment, or refer to Public Health Nursing for assessment.
- Child and Family Services Policy IV. K. Relationship with Substance Abuse Treatment Programs has been in place for over 25 years to:
 - Set forth procedures that DHHS Child Welfare Services will use to meet Federal confidentiality requirements regarding alcohol and drug abuse patient records.
 - Clarify the DHHS Child Welfare relationship with substance abuse treatment programs.
- Child and Family Services Policy IV. C-3. Procedural Guidelines to Assist Safe Haven Providers provides guidelines for Safe Haven providers to follow when an infant is relinquished to their care, as well as protocol for DHHS Child Welfare Staff.
- Child and Family Services Policy IV. D-5. Mandatory Referral to Child Development Services outlines “provisions and procedures for referral of child under the age of three who is involved in a substantiated case of child abuse and neglect to early intervention services funded under part C of individuals with Disabilities Education Act.”
- Child and Family Services Policy IV. D-4. Domestic Violence and Child Abuse and Neglect provides guidance to assure that:
 - DHHS Child Welfare Services will work collaboratively with the local and state law enforcement and other agencies to hold the batterer accountable for his/her behavior.
 - DHHS Child Welfare Services will work collaboratively with the Maine Coalition to End Domestic Violence (MCEDV) member agencies to provide education, support, and safety planning for adult victims and their children.
- Child and Family Services Policy XI. S. Support (updated 2002) specifies that Maine DHHS will request a support order for children entering custody, will integrate other possible sources of support, and complete proper forms for collections. The policy specifies that DHHS will not make referrals to the Support Enforcement Unit until a working agreement has been developed.

Although no formal monitoring or quality assurance occurs, these policies are believed to be implemented reasonably well.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 40 as a strength because “BCFS coordinates services with other Federal or Federally assisted programs serving the same population.” The pilot for accessing hospitalization of foster children became a statewide procedure in 2007. The “C-5 Protocol” (home study and dispositional recommendations for juvenile offenders) was strengthened in 2007 to include a dispute resolution procedure if agreement between DHHS and the Department of Corrections is not reached at the district level. This was done with a shared recognition that it is in neither Department’s interest to have its representatives in disagreement before the court.

The Domestic Violence Policy was developed in 2005 as a reform measure to provide clear guidelines to child welfare staff to hold the batterer accountable for child abuse associated with domestic violence, rather than blaming the parent who is a victim.

Regarding challenges noted by stakeholders in the 2003 CFSR, significant improvements have occurred.

- “Tension exists between agencies that have different philosophies or approaches to treat children and parents needs”.

Improvement: DHHS has been successful in reducing reliance on long-term residential care. This was done inclusively, although tension continues to exist due to the continuing threat to the viability of some residential “businesses.”

- “A formal planning forum is needed to address interagency mergers and activities”.

Improvement: An inclusive, elaborate two-step process took place over a two-year period to manage the merger of the Department of Human Services and the Department of Behavioral and Developmental Services. Additionally, recommendations were made to the Maine State Legislature in January 2006 by the Children’s Service Reform Steering Committee, which was convened at the request of the legislature to develop greater consensus on different budget related proposals affecting services to children. Brenda Harvey, who subsequently was appointed DHHS Commissioner, chaired this committee.

- “The quality of State Tribal relationships varies across districts, this affects service delivery”.

Improvement: The structure and function of the ICWA Work Group now provide an effective forum for identification and resolution of problems.

- “Greater coordination is needed among social workers, mental health providers, and financial services to address the needs of families.”

Improvement: Coordination has improved through the integration of Child Welfare Services, Children’s Behavioral Health Services, and Early Childhood Services into a single “office” (bureau) with an integrated senior management team and through co-location of staff. Effective July 1, 2008, children who are receiving child welfare case management services and behavioral health case management services now have a single case manager – the child welfare caseworker – for both functions.

As a result of a successful pilot in one DHHS district, parents whose children enter foster care can now remain on TANF for six months, enabling them to retain housing to facilitate reunification. DHHS Child Welfare Services has increased the use of its own funds to meet the needs of families through a contract with the International Adoption Services Centre, which provides flexible funding (e.g. home improvements) to meet reunification for relative placement needs.

To improve services and collaboration with families that both child abuse/neglect and domestic violence are present, an advocate from an area Domestic Violence Program has been placed in each district Child Welfare office since 2007.

Current practice – what does the data show?

As evidenced by interdepartmental agreements, policy, and promising approaches, this item continues to be a strength in Maine.

Key collaborators:

- Department of Education
- Department of Corrections
- ICWA Workgroup
- Public Health Nursing
- Child Development Services
- Maine Coalition to End Domestic Violence
- Maine's Children's Trust, Inc.

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

Of the service areas mentioned in the 2008 APSR, the only noteworthy issue is Juvenile Justice Transfer. The court may place juvenile offenders in custody of DHHS if a finding is made that potential custody is "contrary to the welfare of a child". In southern Maine, particularly York County, GALs, and defense attorneys frequently advocate for custody to DHHS in order to find high cost residential placements as an alternative to incarceration or continued placement at home.

Strengths and promising approaches:

With the merger of Child Welfare Services, Children's Behavioral Health Services, and Early Childhood Services into a single Office of Child and Family Services with an integrated management team, collaboration is improved. An OCFS strategic plan is in place, which lists numerous activities that integrate these services (see Introduction, page 8 for further information on Future Search).

When child welfare and other federally assisted programs are serving the same children and families, the Department's Future Search initiative provides a framework for better-coordinated services at the local level.

At the Central Office level, effective working relationships exist among Child Welfare management personnel, Department of Education management personnel, and Department of Correction management personnel.

Promising approaches in this area include:

- Family Unification Program (FUP) – The Maine State Housing Authority, which serves eligible recipients throughout the state and the DHHS Child Welfare Services Division are currently collaborating in applying for a portion of \$20 million in new Section 8 Housing Choice Vouchers for the Family Unification Program. FUP provides homeless and poorly housed families involved with the child welfare system with decent and affordable housing and supportive services in order to safely reunite families with their children, as well as to assist families who are at threat of separation from their children due to inadequate housing. In addition to this application, municipal housing authorities are joining with DHHS Child Welfare Services to submit separate applications for vouchers to serve eligible families in those municipalities. The deadline for all applications for FUP is January 28, 2009. Beyond the need for collaboration in the application process, the FUP requires on-going partnering between child welfare services and the Housing Authorities in order to provide the program's required support services to the family. The DHHS Child Welfare Services Division will enter into a Memorandum of Understanding with the Housing Authorities.
- The THRIVE program in Oxford, Franklin, and Androscoggin Counties – a SAMHSA grant to develop a trauma informed system of care.
- The Child STEPs program to use evidence based mental health treatment to improve outcomes for child welfare clients.
- The grant that houses DV advocates in district child welfare offices.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions.

- *Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?*

What do policy and procedure require?

A combination of Maine requirements and standards for foster and adoptive homes and institutions are found in Maine statute, in Foster Home Licensing Rules (Maine Administrative Procedures Act) and in policy (Child and Family Services Policies VIII. A. and XIV. D. Family Standards). Family foster homes and childcare institutions are subject to licensure and are included in the general licensing category of Children's Homes. The Maine DHHS Office of Child and Family Services (OCFS) licenses family foster homes and also approves adoptive homes, which must meet the same Family Standards as foster homes. The Maine DHHS Division of Licensing and Regulatory Services licenses Children's Residential Care Facilities, Child Placing Agencies, Emergency Shelters, and Shelters for Homeless Children. Although the Child and Family Services Policy XIV.G. Licensing of Child Placing Agencies remains in Child and Family Services policy, the Office of Child and Family Services no longer has regulatory authority for child placing agencies.

Maine DHHS first implemented this Family Standards dual licensing/approval process for foster and adoptive homes in 2000. The Family Standards policy and procedures combined the inquiry, informational, application and home study process. These standards include age, health/functioning, background checks (including criminal history), and physical plant requirements (including a fire inspection and water test) in addition to a home study. The home study includes the applicant(s)' life experiences, family relationships, support systems, family beliefs and values. The homestudy also includes an assessment of applicant's ability to safely and successfully parent and meet the needs of the children served by Maine DHHS, as well as their ability to work with Maine DHHS and service providers. Foster and adoptive parents are required to attend introductory Adoptive and Foster Family Training and to participate in ongoing training when licensed. Family Standards were most recently revised effective November 30, 2008.

While Maine DHHS retains the authority to either approve or license a resource, the homestudy component was frequently contracted out until November 2008, when the practice abruptly ended due to budget constraints. Fire inspections are conducted by the State Fire Marshal's Office, Department of Public Safety. Water tests are completed by the DHHS Maine Center for Disease Control Health and Environmental Testing laboratories.

Adoptive home approvals and licenses for all facilities/programs are for a two-year duration with the exception of Child Placing Agencies, which are licensed for one year. All Children's Residential programs receive a site inspection and a licensing survey every two years. Monitoring is done by licensing staff and to some extent, by casework staff during monthly contacts with foster children. Regarding foster homes, although the license is generated centrally, the district foster home licensing supervisors approve licensing recommendations and ensure that licensing standards and policies are followed.

In addition to foster home licensing rules and the Family Standards in Child and Family Services Policy, Children's Treatment foster home agencies adhere to Program Standards for Treatment Foster Care in Maine. These Program Standards are adopted from the national standards recommended by the Foster Family-Based Treatment Association (FFTA) and include expectations for Maine DHHS Licensing, Child Placing Agencies, and licensed foster care providers.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 41 a strength, although Stakeholders expressed concern that "the initial licensing process is protracted and could take up to a year to finalize with the contracting agency."

Changes in standards for foster and adoptive homes:

In 2005, Child and Family Services policy was revised to shorten the length of time from inquiry to licensing decision for foster homes and to approval decision for adoption homes. This was based on recommendations of an interdisciplinary work group in the Augusta District Office. The new policy shortened the timeframe from inquiry to licensing decision, including introductory training and home study, to within 90-120 days. This was a dramatic change in management expectations. No systematic monitoring of policy implementation presently occurs.

The Administrative Procedures Act requires review of rules every three years, with revisions as necessary. Foster home licensing rules were most recently revised effective December 3, 2007. At that time, substantive licensing rule changes included:

- Strengthening requirements that foster families notify the Department of changes to the home or household composition
- Requiring verification of motor vehicle registration, safety inspection, and auto insurance
- Foster parents signing agreements to refrain from any physical punishment of any child in their home

In response to foster parent concerns, training requirements have been reduced for the secondary caregivers. The home study process is currently under revision to make it more strength-based, modeled on Wraparound assessment for families with complex needs.

A workgroup composed of OCFS and Treatment Foster Care staff has been convened to review the current standards, bring them into compliance with 2008 foster home licensing rule changes, and publish new Standards by July 2009.

Changes in standards for residential facilities:

Current Rules for Children's Residential Services were last revised in 2005, primarily to add language concerning Private Non Medical Institution (PNMI) payments (Medicaid).

Historically, residential programs that provided behavioral health treatment needed two different licenses granted by two different State Departments – the Department of Human Services and the Department of Behavioral and Developmental Services. Following the merger of these two departments in 2004, licensing authority (except licensing for foster homes) was consolidated in 2006 new Division of Licensing and Regulatory Services (DLRS) within Maine DHHS.

In 2006, the Maine Legislature established the Administrative Processes Oversight Committee (APOC). The purpose of this legislative committee was to improve efficiencies by moving Maine towards Standard Licensing regulations. DLRS was mandated by the APOC legislation to develop a core set of licensing standards with appendices for each unique type of license such as Children's Residential Care, mental health treatment, and substance abuse treatment. Regarding core physical plant standards, for example, a "window" would have the same definition and the same requirements for all licensed programs. Draft core standards are being developed by a contractor and should be available for review by March 2009. Work will then need to start on the Appendices that will apply to each licensed program.

Interdepartmental Resource Review (IRR):

Since 2004, Maine DHHS Child Welfare Services has actively worked to place children in family settings. This has substantially reduced the number of children in State custody who require residential placement. This changing paradigm has been very successful due to significant reforms in staff practices in providing services to children in the State's care.

In July 2004, Child Welfare Services maintained 747 youth in residential service (26% of children in foster care). By December 2008, that number had been reduced to 243 or 12.2% of the child welfare population. This 66% reduction has been a major accomplishment of CWS in a four-year period.

Although Child Welfare Services was responsible for 85% of the youth in residential services in 2004, other state agencies also purchased the service and therefore, carried the responsibility for other youth. These include Children's Behavioral Health Services, Office of Substance Abuse, Department of Corrections and the Department of Education. As DHHS placement requests declined, residential providers began to explore changing services to a more marketable design by proposing new service to the Maine DHHS Office of Child and Family Services. OCFS took the lead in organizing the Interdepartmental Resource Review to oversee this transition in residential care. This group is composed of representatives from the above listed state agencies and includes district-level staff. The purpose of this group is to review proposed program redesigns and make recommendations as to whether they should be funded and whether or not our staff should use the service.

From 2006 through 2008, the IRR has reviewed 86 proposals from 31 different agencies in Maine and two out-of-state agencies. Of these, 39 proposals ultimately were approved, although the majority of them required revision and resubmission. The remaining proposals were not approved by the IRR and the providers dropped their request. During this time period, a number of residential programs closed, as need for placements diminished.

The criteria for evaluation of provider proposals include:

1. What Evidence Based Treatment will the program offer?

This has been a challenging concept for both providers and the IRR. There appears to be only a few evidence-based models available, and some promising models in the literature. Proposals that do not address this issue are routinely not approved and returned to the provider.

2. How will the provider engage the family?

This area has been the greatest challenge for some providers. Traditionally residential providers had little to no contact with biological families when children were in State custody. Most residential services in Maine were a “fix the kid” model. Today many providers are not only providing treatment to the child, but to the entire family. This has been the most frequently proposed program redesign.

3. Shorter Lengths of Stays:

Providers are routinely asked about their projected length of stay. Proposals for long-term placements are routinely denied.

The IRR process and criteria has clarified interdepartmental communication with providers regarding the quality of services that our state agencies expect to purchase.

Unfinished Development of Residential Program Standards:

In 2005, the Maine State Legislature’s Health and Human Services Committee directed the Department of Health and Human Services to convene a steering committee to provide recommendations regarding children’s service system reforms. The HHS Committee specified that reforms should address, at a minimum, service delivery structures, financing of these services, quality assurance, and quality improvement strategies. In response to this legislative directive, the DHHS Commissioner’s Office convened the Children’s Services Reform Steering Committee to review the changing landscape of children’s services in Maine. One workgroup, established under the Steering Committee, established the Reforming Residential Services Workgroup to address residential care. Included in the Maine Children’s Services Reform Report of January 2006 was a recommendation of this workgroup that Maine develop family-centered residential program standards.

Draft Residential Program Standards were subsequently developed and reviewed by a committee comprised of representatives from: contracted service providers and member associations; regional office staff representing DLRS, Children’s Behavioral Health Services and Child Welfare Services; staff from the OCFS Central Office, and staff from the Muskie School of Public Service, USM. These practice standards are based on the experiences of the committee members, current literature, and feedback from consumers, service providers and staff.

These draft Residential Program Standards are grouped into four main categories:

- Mental Health Treatment Standards
- Family-Centered Practice Standards
- Behavioral Support and Management Standards

- Treatment and Discharge Planning Standards

It is intended that the standards will be subject to ongoing review and revision to ensure quality residential services are provided to Maine's children and their families.

The Draft Residential Program Standards were initially published on November 16, 2007 for public comment. The intention at that time was to create three state positions to contract with residential providers and provide annual site visits to evaluate compliance with the Standards. All providers would be required to report standard outcome measures every quarter to OCFS staff.

Work on the program standards has been suspended since January 2008 due to budget reductions and concerns about the future of residential services. At this time it is unclear what impact the Federally proposed rule changes concerning reimbursable rehabilitation services will have on residential services (42 CFR Parts 440-441, published in the Federal Register on 8-17-07). It is the hope of OCFS to finalize and implement these Residential Program Standards once the future for residential services becomes more clear.

Current practice – what does the data show?

With improvements since the 2003 CFSR, this continues to be an area of strength for Maine. For children placed in licensed foster homes, virtually all such homes are in compliance with licensing rules. The Monthly Management Report tracks by district:

- Numbers of currently licensed foster homes
- Number of licensed foster homes overdue for license renewal
- Number of currently licensed foster homes with fire inspections compliance issues

Out of 1,238 licensed homes in December 2008, 29 were overdue for license renewal and 67 licensed homes had fire inspection compliance issues. Only 26 of these homes had children placed in them.

There are currently no external Quality Assurance measures for foster home licensing to augment monitoring by licensing worker and supervisors.

Key collaborators:

- Until the Governor's November 2008 service curtailment to address the current budget shortfall, International Adoption Services Centre conducted foster and adoptive home studies on a contract basis.
- USM Muskie School provides adoptive and foster family Pre-service Training, as well as Ongoing Foster Family Training.
- Maine State Fire Marshal's Office conducts fire and safety code inspection of applicant foster and adoptive homes.

- Environmental Health Lab – for water tests
- Maine Center for Disease Control Health and Environmental Testing Labs
- Adoptive and Foster Parent Advisory Committee

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

Although the standards and study process for adoptive homes are done by licensed child welfare social workers, foster home studies were done by foster home licensing staff who are not required to have a social work license or college degrees. In 2006 foster home licensing workers requested that their jobs be reclassified. A higher pay range for foster home licensing workers was approved in June 2008 but no changes were made in qualifications for the position.

Strengths and promising approaches:

Strengths include:

1. The single study and same set of standards for both foster and adoptive homes. Since most adoptions are by foster parents, this has eliminated the delays previously caused by requiring an additional adoptive homestudy.
2. Shortening the time frame for the AFT training and homestudy process in 2005
3. Interdepartmental Residential Review
4. Organizational unification of residential licensing staff

Promising approaches include:

1. Revised home study process – the home study process is guided by our adaptation of John Vandenberg’s Strengths, Needs, and Cultural Discovery (SNCD) interview. Essential to this process is engagement of the family in the home study. The written home study content applies the information from the SNCD interview discussions to a narrative format structured around a framework of universal Life Domains. The home study draft is reviewed by the family, providing them the opportunity to share additional information about areas of strength and to allow them to check the accuracy of the home study content.
2. Adoptive and Foster Family Standards have been recently revised to include a family disaster plan and emergency supply kit.
3. Effort to develop more consistent residential licensing regulations
4. Effort to develop Residential Program Standards
5. Foster youth as presenters – In collaboration with USM Muskie School staff, OFCS explored ways to bring the experiences of youth into training. Youth panels are routinely

incorporated in district AFFT Trainings. Members of the panel may be youth who have already been placed or youth who are currently without a permanent family. They offer insight/suggestions as to what is helpful to youth such as themselves while they are in foster care. Additionally, a video has been developed for recommended district use in conjunction with youth presentations at informational meetings.

Item 42: Standards Applied Equally.

- *Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?*

What do policy and procedure require?

For both family foster homes and specialized foster homes, Maine has three types of licenses:

1. Full License – applicant complies with all applicable laws and rules.
2. Conditional License – may be issued by the Department when the individual or agency fails to comply with applicable laws and rules but in the Commissioner’s judgment a conditional license is in the public’s best interest. Corrections must be made during the term of the conditional license. In practice conditional licenses are not issued under any circumstance.
3. Temporary License – applicants are able to meet standards. Generally, this is because it is not possible to obtain a timely fire inspection, but in the Commissioner’s judgment a temporary license is in the public’s best interest. Temporary licenses are used when a licensed family moves and a fire inspection is not possible within 30 days of the move. For new placements in unlicensed homes, a relative placement/kinship care assessment is completed along with CPS and criminal history check, but temporary or conditional licenses are not issued.

Federal funds are claimed only for placements in homes that meet the full license standards. DHHS Child Welfare Financial Services Specialists review IV-E eligibility for all children in foster care placements on an annual basis and upon adoptive placement. In 2006 these Financial Services Specialists were transferred from another DHHS “office” (bureau) to a centralized unit in the Child Welfare Services Division. This was done to improve training, supervision, and accountability. From 2004 to the present, this unit has received consultation and training from Don Schmid on IV-E eligibility standards and procedural guidelines. Mr. Schmid, a former North Dakota Human Services Commissioner, is nationally recognized as an authority on Titles IV-B and IV-E.

Caseworkers are expected to visit the child’s placement every month. In the event of a report of abuse or neglect in a licensed home or institution, the Department’s Out of Home Investigations Unit investigates and identifies any licensing rule violation(s) based on its findings.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 42 a strength. Since that time the program has been further strengthened by:

- Consultation and training by Don Schmid, a Title IV-E subject matter expert
- For residential programs other than foster homes, consolidation of Behavioral Health and Human Services Licensing into a single Division of Licensing and Regulatory Services to integrate regulatory processes and improve efficiency.
- Administrative transfer of IV-E Eligibility Specialists to the Child Welfare Services Division, in order to improve training, supervision, and accountability.

Current practice – what does the data show?

Since the 2003 CFSR, Maine successfully passed IV-E reviews in 2004 and again in 2007. The 2007 IV-E review found Maine to be in substantial compliance with the Federal IV-E Federal Foster Care Program eligibility requirements. The review findings noted that: “Since the previous IV-E foster care review in May 2004, Maine has strengthened its procedures for determination and documenting financial need and deprivation of parental support, according to the State’s July 16, 1996 guidelines for AFDC.”

With the 2004 implementation of a revised case review instrument based on the CFSR case review process, PQI case record reviews discontinued checking for compliance with licensing.

This item continues to be a strength for Maine as noted in the preceding section.

Key collaborators:

- The DHHS Division of Licensing and Regulatory Services – for institutional licensing practice (foster home licensing continues to be done by DHHS Child Welfare Services Division staff)
- Maine District Court. According to the 2007 IV-E Review, “All cases reviewed were found to have required judicial determination of ‘contributing to the welfare of the child,’ ‘to remain in the home,’ ‘reasonable efforts to prevent placement,’ and ‘reasonable efforts to finalize the permanency plan.’”
- The State Fire Marshal’s Office for fire safety inspections of licensed homes and residential care facilities.
- Federal Bureau of Identification, for criminal background checks

- The State Bureau of Identification and Local Law Enforcement, for the fingerprinting necessary for criminal background checks

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

Since eligibility is now determined by a unit that is centrally supervised by a child welfare manager, the potential for district-specific issues has been minimized and none are currently identified.

A barrier faced by Maine is that many kinship placements are not licensed, although there is equal application of standards for IV-E eligible placements. Management requirements for caseworkers to place children with relatives have been emphasized more than management oversight to maximize the licensing of kinship placements. Although licensing homestudies are updated every two years, there is no similar requirement that unlicensed kinship assessments be regularly updated. Policy exists for approval of unlicensed placements in Child and Family Services Policy V. D-B. Standards for Selection of Placement.

Turnover in management of the IV-E eligibility determination process has created challenges for the Child Welfare Services Division. A key to the success of this program is leadership by persons who understand IV-E, the Maine Child Welfare Services program, and MACWIS. Deb Schaedler, a career Child Welfare Services caseworker supervisor and Program Manager, who was credited with successfully improving the IV-E Eligibility Determination Program and passing the Maine IV-E review, retired in June 2008. A new Supervisor for this program has taken over this position effective October 2008.

Another issue is the lack of formal quality assurance in the Foster Home Licensing and Adoptive Home Approval Program. Quality is completely dependent on the work of individual workers and their supervisors. The system could benefit from a record review process analogous to case record reviews.

Finally, there is a barrier identified by the 2007 IV-E Review:

“We recommend the State review and, as appropriate, strengthen procedures to ensure safety considerations in childcare institutions are addressed and documented. Although no cases were found to be an error on the basis of this IV-E requirement, wide variation was found in how background checks are documented. In addition, obtaining documentation was further complicated when residential providers had changed location or consolidation placements under a new name. Developing an archive of these changes may allow the State to more easily access a provider’s history of complying with mandated requirements. It may be prudent to determine the efficiency and efficacy of the State’s procedures in this area in order to ensure that safety standards are being adhered to, verified on a regular basis and documented consistently.”

In response to this identified concern, OCFS had started to look at residential licenses with an increased capacity for quality assurance review of residential care programs. Due to staffing reductions required by 2008 budget adjustments, this has been suspended. At present, conversations occur between OCFS management and the management of the Department’s Out

of Home Investigations Unit or Community Services Licensing Program when issues are identified.

Strengths and promising approaches;

Two of Maine's strengths have been noted:

- Reorganization to improve efficiency and effectiveness
- Retaining a nationally recognized expert for consultation, training, and program improvement

In addition, Maine has been able to program MACWIS to automatically cease payments in situations where human error would otherwise have caused a continuance.

Another strength is the utilization of a single study that utilizes the same standards for foster and adoptive homes. In a State where most adoptions are by licensed foster parents, this has eliminated delays that were previously caused by re-studying foster parents for adoptive home approval, when for a year or more they had already been caring for the child they hoped to adopt.

In terms of promising approaches, the Department contracts with International Adoption Services Centre to fund physical plant improvements in relative homes to enable kinship providers to take children into placement and meet licensing standards. This is negotiated on a case-by-case basis.

The Department also contracts for kinship support services through the FACT agency.

Item 43: Requirements for Criminal Background Checks.

- *Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

What do policy and procedure require?

Child and Family Services Policies VIII. A. and XIV. D. both contain Family Standards for Foster and Adoptive Care. Consistent with the Adam Walsh law, this policy requires any applicant for foster home licensing or adoptive home approval to undergo finger printing to enable Maine DHHS to submit required requests for fingerprint-based background checks to national crime information databases. Maine DHHS Family Standards also require criminal history checks with the State Bureau of Identification (SBI), Maine Department of Public Safety,

as well as background checks with the Maine State Bureau of Motor Vehicles (BMV) and Maine DHHS Child Protective Services. In addition, if an applicant has resided out of state in the previous five years, out-of-state motor vehicle registries and child abuse registries are checked.

Rules Providing for the Licensing of Family Foster Home for Children (effective 12/3/07) specify under licensing procedures that “at the time of initial application the applicants shall undergo fingerprinting in order to allow the Department to submit required fingerprint-based background checks of national crime information databases.” The rules also specify that at the time of the initial or renewal application, the applicant shall submit signed releases for all adult members of the home, as well as persons who may have unsupervised access to the foster children, to permit the Department to request criminal history records from in-state and out-of-state law enforcement agencies.

The monitoring system is:

- 1) the requirement that the homestudy shall document the required fingerprint-based and other criminal history checks as well as BMV checks, and that the licensing records include CPS, SBI, BMV and FBI fingerprint-based databases for both foster and adoptive parents; and
- 2) that “the Districts’ Licensing and Adoption Unit workers and supervisor shall review the study and record, confer as necessary, and approve or disapprove the study. Any notification of denial, which must be in writing, must have the prior review and approval of the program administrator” (and the District Attorneys General Office “if indicated”).

Child and Family Policy V. D-1. Child Assessment and Plan specifies that the caseworker assesses safety issues and any current needs with respect to child safety. This “key area” is to be assessed by interviewing the child, interviewing parents and caregivers, observing the child’s environment, observing interactions of the child and caregiver(s), and obtaining information from “significant providers and informal support people”. With respect to safety, the worker must answer the questions: “a) How safe has the child been?” and “b) How safe is the child now?”

For any need related to safety, the Child Plan from the Family Team Meeting should document:

- “What are the current needs and goal for the next six months?”
- “The services and supports needed”
- “The purpose of each service”
- “These services will be accessed by: (who will do what, when)”

Child Plans are to be reviewed and revised as necessary at least every six months.

Policy requirements with respect to criminal background checks are well implemented in practice as verified by the results of a IV-E review in 2007 and an FBI audit in 2008.

To ensure that Maine only claims federal funds for homes that meet the Federal criminal background check requirements, Maine DHHS employs district-based Financial Eligibility Specialists who determine IV-E eligibility for all children in DHHS custody. These Financial Eligibility Specialists are supervised from the Maine DHHS Central Office to assure consistency in their work. One of the eligibility requirements is placement of the child in a fully licensed

foster home or approved adoptive home. In order for a foster home license or adoptive home approval to be granted, the homestudy and supporting documentation must verify that the federally required background checks were completed.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 43 a strength because criminal background clearances were required for all foster and adoptive applicants and routinely completed in a timely manner according to stakeholders. The Statewide Assessment noted that adoptive parents were required to be fingerprinted by probate court. Also noted was the requirement that all childcare facilities include criminal clearances in their personnel records for each staff member. The only concern expressed by stakeholders was that of occasional delays in receiving SBI checks, which they believed tended to slow down the adoption process.

In 2007, Maine successfully implemented fingerprint-based checks from national crime information databases. Regarding criminal history checks through the Maine State Bureau of Identification, the SBI process is now fully automated and efficiencies resulting from this automation have resolved past problems of delays. The only present delays are due to occasional poor fingerprint quality, requiring a resubmission of fingerprints.

Current practice – what does the data show?

Maine has no data on criminal background checks. What follows is a description of current practice:

In a Maine Title IV-E review conducted in June 2007, the Administration for Children and Families determined that Maine was “in substantial compliance with IV-E eligibility requirements”. The review specifically noted that criminal record checks were completed for foster family homes. A prior IV-E review conducted in 2004 also found Maine to be in substantial compliance. Regarding the fingerprint-based background clearances, the FBI reviewed Maine’s procedures in 2008 and identified only one concern, which has since been corrected.

Criminal background checks are conducted for all licensed foster families and all approved adoptive families. Criminal background checks are required for childcare institution staff, with documentation of clearances in employee personnel records.

If a child is placed by Maine DHHS in a home that is not licensed or formally approved, a Relative Placement Kinship Care Assessment is completed prior to placement. This assessment includes a request for criminal history report from the State Bureau of Identification, as well as a criminal history check with local law enforcement and a BMV check. The caseworker is to provide the completed assessment with documented request for this information to the District Licensing Unit within three days. Fingerprint-based criminal histories are requested if and when a relative home applies for foster home licensure.

The Children's Services Program Specialist in Central Office reviews the criminal history accessed through checks of the FBI criminal data bands and signs a letter which identifies whether or not there is a criminal conviction history and if so, the details of the criminal convictions. This letter is sent to the appropriate DHHS contact person in the district in which the applicant resides. Prior to the licensing supervisor approving the family for licensure, the supervisor completes a checklist (which is included in the packet of required documents for that licensing period in the foster care file) verifying that the various requirements for licensure or adoption approval has been completed, including that the fingerprint-based results letter has been received. If the letter indicates that the applicant has a criminal conviction history, then the supervisor will verify that the home study contains a satisfactory explanation that any concerns about this behavior have been resolved or will deny the application upon review by the District Program Administrator.

If the background check identifies an area of concern that could affect the safety and well-being of a child to be placed or who already is placed, the caseworker and supervisor are expected to exercise the Department's custodial responsibility for the safety and welfare of that child. This could involve moving the child to another placement. The Department is required by law (Title 22, section 4041) to notify the guardian ad litem of any substantial change in circumstances that may have an impact on the best interests of the child.

Negative results from background checks require licensing action, unless the homestudy determines that the causes of the concerning behavior have been resolved. If licensing requirements are not met, then the Department may take licensing action. Depending on the circumstances, options are:

- A. Issue of conditional license;
- B. Amend or modify a license;
- C. Void a conditional license;
- D. Refuse to issue or renew a full license;
- E. Refuse to issue a temporary license; or
- F. Refuse to grant a waiver of these regulations.

If aggrieved by the Department's decision to take any of the above actions, any person may request an administrative hearing, in accordance with the Maine Administrative Procedure Act, Title 5, Chapter 375. In cases in which negative action is taken with respect to adoptive home approval, the policy pertaining to hearings regarding child welfare services applies. Child and Family Services Policy XV. B. Policy pertaining to Hearings Regarding Child Welfare Services establishes the exclusive remedies for persons seeking a review of a Departmental decision regarding child welfare services. It bestows no legal rights, duties or privileges on recipients of child welfare services. Decisions of the agency pursuant to this policy are not subject to judicial review. In some circumstances, the Commissioner or her designees may, upon written request of any individual or agency, waive or modify a provision of these regulations, if the regulation is not mandated by Maine Statute.

The state conducts criminal background checks of all licensed foster parents, all approved adoptive parents, all foster home applicants, and adoptive home applicants. The state requires employers to conduct criminal background checks on all childcare institution staff and to keep

the results of these checks on file. By policy, criminal background checks must be initiated at the time of placement of any child in a home that has not yet been licensed or approved. This continues to be an area of strength for Maine.

Key collaborators:

- State Bureau of Identification (SBI)
- Federal Bureau of Investigation
- Treatment Foster Care agencies (conducts homestudies)
- International Adoption Services Centre (conducted homestudies until the Governor's budget curtailment of November 2007)
- Office of the Attorney General (represents DHHS in Administrative or Judicial hearings regarding licensing actions)
- Probate Courts (require fingerprint-based criminal history checks for adoption legalization)

What are the influences, resources, issues and barriers that affect overall performance of the Maine Child Welfare System?

At present there are occasional instances where prints on fingerprint cards cannot be "read" by the FBI. This is more likely to occur when the fingerprinting is done by local law enforcement, rather than by the State Bureau of Identification.

For children in unlicensed placements, present procedures for criminal history checks for caregivers and other adults could benefit from improvement. Currently, approximately 20% of Maine's placements are in unlicensed homes. In contrast to licensed placements, where criminal history checks are repeated every two years, criminal histories are only routinely checked at the time of placement in unlicensed homes. For those families who are not currently licensed or in the process, a graduate intern is conducting a survey that will identify barriers to their pursuing licensing. These results will inform OCFS on steps to be taken to overcome those barriers.

Strengths and promising approaches:

For fingerprint-based criminal history checks, Maine has a sound program as validated by the 2008 FBI audit (the first such audit of any state). Maine DHHS has been proactive in implementing this procedure with the State Bureau of Identification, developing fingerprint cards to facilitate the procedure.

Until the Governor's November 2008 budget curtailment, Maine did not charge for criminal history checks for potential relative caregivers. Maine also paid for foster and adoptive families whose income is less than 185% of the poverty level. Now applicants and potential caregivers must pay for criminal history checks.

In terms of promising approaches, Maine DHHS is endeavoring to purchase Live Scan technology for fingerprint verification. This technology provides immediate verification that fingerprints can be "read". The goal is to purchase two of these machines for use at Foster and Adoptive Pre-service Training.

Item 44: Diligent Recruitment of Foster and Adoptive Homes.

- *Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?*

What do policy and procedure require?

Maine DHHS Child Welfare Services contracts with International Adoption Services Centre (IASC) for foster and adoptive home recruitment. DHHS Child Welfare Services contracts for foster and adoptive parent retention and support services through the Adoptive and Foster Families for Maine (AFFM). Each DHHS district has designated staff who meet regularly (monthly or quarterly) to plan and carry out foster home recruitment activities. Maine's treatment foster care agencies each recruit their own homes. The extent to which these efforts are integrated and inclusive of stakeholders and relevant community partners depends upon these district staff.

Through IASC, "A Family for Me" (AFFME), is the contracted service for statewide recruitment of foster and adoptive parents. The contract objective is to recruit families for children in the custody of Maine DHHS who have special needs: children who may be over the age of five, may be part of a sibling group, may have mental, physical, or emotional disability or the potential to develop a disability. AFFME employs two recruiters and divides recruitment into three categories:

1. General recruitment – involves raising awareness of the need for foster and adoptive parents. AFFME encourages media features on children in DHHS custody and positive stories about adoption and foster care. General recruitment also includes AFFME distribution of brochures and table tents to stores and restaurants statewide, staffing booths at fairs and events statewide, and speaking to civic organizations.
2. Targeted recruitment – to enable more children to be placed in their home community, AFFME seeks out communities where families would ideally be located.
3. Child specific recruitment – AFFME strives to meet the needs of specific children by:

- Managing the AdoptUSKids program for Maine DHHS
- Arranging child specific features in print media outlets
- Coordinating “Thursday’s Child” (regular televised segments featuring children available for adoptions) with Maine’s CBS affiliate
- Arranging “Meet and Greets” and “Adoption Teas” for families interested in specific children available for adoption
- Maintaining the Maine Heart Gallery – the Heart Gallery mission is: “to facilitate and utilize the power of photography to capture the individuality and dignity of children living in foster care, in order to advocate for their permanency, raise public awareness about their needs, and obtain support to help meet those needs”. In Maine, the Heart Gallery is a collaboration with A Family for ME and the Maine Department of Health and Human Services. AFFME has partnered with Chuck Pelletier, a professional photographer in Lewiston, Maine.

Depending on the district, retention and recognition tend to be areas of focus, along with recruitment. Individual district plans and efforts generally include the services of the AFFME and AFFM so that implementation of these contracts has maximum relevance to district needs.

Three polices have had influence on district recruitment efforts.

Child and Family Services Policy V. D. Selection of Substitute Care Placement – in its “Standards for Selection of Placement”, this policy requires placement in the child’s “home” district, or the approval of the Program Administrator of the ‘receiving’ district for any out-of-district placement, as well as a plan to bring the child back to home community, school district, or DHHS district.

Child and Family Services Policies VIII.A. and XIV. D. Family Standards for Foster and Adoptive Care enables Maine DHHS to render a licensing decision in 90-120 days from date of inquiry. Although this is not regularly achieved, it has created an expectation of timely training, homestudies, background checks, and decision-making. Effective 2008, the home study process has been revised to promote applicant engagement and staff respect for the applicant family’s attributes. The purpose of both of these changes was to improve the foster home recruitment process for the applicant.

Child and Family Services Policy V. E-1. Sibling Placement and Visitation affirmed the priority that siblings be placed together.

While not a policy per se, the 2004 changes in placement practice, placing more children with families and reducing reliance on residential care, has also increased the district stake in successful foster home recruitment.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 44 a strength, “because of the numerous efforts to recruit foster and adoptive homes, although there is still a need to recruit homes who can meet the needs of the

small number of children in foster care from Native American and African American backgrounds”.

Since the 2003 Statewide Assessment, Maine DHHS District management and staff have taken leadership in recruiting and supporting area foster homes, with the district objective of placing more children within their home communities or school districts. From 2003 to 2006 targets were set to increase the percentages of children placed within their DHHS district. By 2004 each district developed a plan to increase supports to foster parents. Each district also developed a plan to increase foster homes in key communities/school districts that children come from. Although these plans were not monitored at the Central Office level and had varying degrees of success, every district has increased the percentage of children placed within its own borders.

In 2005, Maine DHHS revised the Substitute Care Placement policy to establish the clear expectation that children would be placed within their own districts. Also, in 2005, Maine DHHS Child Welfare Management established the expectation with treatment foster care agencies that the Department priority was to place children in foster care in proximity to their home community. That same year, policy and procedure were revised to shorten the length of time from initial inquiry to licensing decision for foster parent applicants.

In December 2006 the Child Welfare Senior Management Team agreed that increasing the number of family foster homes in the communities and school districts that children in care come from “is a means to an end, not the solution; this is not a strategic plan goal, CWS does not need more foster homes, but more kinship and relative homes.”

Although no longer a strategic plan goal, each district has continued their own recruitment planning and efforts and the percentage of children placed within their home districts’ geographical borders had continued to gradually increase.

In 2008, Maine DHHS further revised its home study process using an adaptation of John VanDenBerg’s *Strengths, Needs, and Cultural Discovery Interview*:

Essential to this process is engagement of the family in the home study process. We partnered with the applicant family in determining how the home study process is carried out. We seek the family’s input in decisions regarding how discussions about the family’s strengths, needs, and family culture will be conducted. We respect the family’s wishes regarding the choice to participate in either individual or joint family member interviews with the home study worker. We inform the family of the purpose of the information gathering for the home study content, which services multiple purposes in ensuring safety of children placed in the home, as well as assisting with appropriately matching of children’s needs and interests with resource families capable of meeting those needs and interests.

While this approach appears more consistent with the Maine Child Welfare Practice Model, its implementation is at an early stage and its effect on recruitment is not yet established.

To recruit potential foster and adoptive families that reflect the ethnic diversity of children for whom foster and adoptive homes are needed, district recruitment plans and efforts have developed a variety of strategies in response to district and community needs. Maine continues to be one of the least diverse states in terms of population of tracked racial and ethnic backgrounds. The population of the state of Maine remains between 96-97% white. The most diverse area of the state is “Downeast” due in large part to the 4.4% Native American population in Washington County (District 7). Other areas of the State, particularly the more metropolitan

cities of Portland, Lewiston, and Bangor, are becoming increasingly diverse (U.S. Census website).

Noteworthy district recruitment efforts with respect to diversity include:

- District 2 (Portland) is partnering with the Community Partnership for Child Protection (CPPC) and the New Mainers Group to:
 - Educate the existing foster parent community to increase cultural awareness.
 - Respond to input from community advocacy groups. A specific identified need is for foster homes in CPPC neighborhoods.
- District 3 (Lewiston) has on their recruitment committee the Executive Director of the Somali Women of Maine, as well as a DHHS office employee who is a native of Sudan, and a United Way staff member who was college-educated in Lewiston and has many connections to the area Somali and Sudanese communities. The Lewiston area has a ‘significant’ refugee population (though less than 1% of the total population) with the largest number of families being from Somalia. At this time, the Lewiston office reports no specific urgent diversity-related placement needs.
- District 6 (Bangor) has several gay and lesbian foster families, at least three Native American foster families, an African American foster family, a Hispanic foster family, and several foster families of French Canadian descent providing care to children in DHHS custody.
- District 7 (Ellsworth/Machias) reports a need for Native American homes, but has been able to place all Native American children with family/relatives.
- District 8 (Aroostook County) has seven Native American foster homes and wants to develop more. In their foster home recruitment efforts, they consider as key collaborators the Native Bands of Micmacs and Maliseets in Aroostook County.

Maine’s sustained reform-related, district-driven recruitment is expected to increase foster and adoptive homes that reflect the ethnic and racial diversity of children for whom resource homes are needed.

Current practice – what does the data show?

Every district has a group that meets regularly regarding foster and adoptive home recruitment and is implementing some type of plan. Central office management assures the contractual infrastructure for recruitment (AFFME), support (AFFM), and resource family training (AFFT/CWTI). Central office management does not monitor district-level recruitment.

The most frequently identified district need is for foster homes for children who have been placed in residential care. Regarding homes for racial and ethnic minorities, districts report current efforts to work with community groups and with community leaders of local minority groups to develop these. Highlights of district issues and plans will be further discussed in the following section, **Influences, Resources, Issues, and Barriers**.

Measures related to foster and adoptive home recruitment and retention

Three current measures of effectiveness that now have relevance to foster home recruitment and retention:

- The percentage of adoptions has steadily increased. Most of the adoptions are by foster parents. Increasing success at permanency through adoption thus results in some inevitable turnover in of foster family resources. In 2007, of a total of 336 adoptions, 194 (58%) were foster parent adoptions.

Adoption Finalizations by Years

	2003	2004	2005	2006	2007
Total	288	294	315	341	336
Total Children in Care	3078	3020	2774	2245	1958*
% Adopted	9%	10%	11%	15%	17%

* The 2007 figures exclude V9's

- As Maine becomes less reliant on residential care, more relative and foster families are needed to provide family based care for these children and youth.

Percent of Children in Residential Care

	2003	2004	2005	2006	2007	Dec. 2008
%	25.6%	26.4%	22.6%	18.0%	15.3%	12.0%
#	795	758	586	417	334	245

(SOURCE: Annual Year in Review/OCFS Management Report)

- Maine's policy directive to use in-district foster care resources requires ongoing effort to develop more resource families in communities that foster children come from. Progress here is gradual, but steady.

Percent of Children Placed Within Same District

District	2007	2008
1	57%	63%
2	69%	72%
3	62%	67%
4	60%	68%
5	69%	70%
6	74%	77%
7	78%	80%
8	75%	77%

(SOURCE: Kids in Care Reports, Oct 2007, Oct 2008)

**Did not start compiling data until mid-2007 placement within districts*

In summary, the available data clearly shows an increase in adoptions, an increase in percentage of relative placements, reduced reliance on residential care placements, and an increased placement of children in their “home” districts.

Demographic characteristics of Maine children, children in care, and resource families

Regarding selected demographic characteristics of Maine resource parents compared with Maine children in foster care, the following information is available:

- Race – 6.6% of Maine foster children are of mixed race compared to 1% of children in general population. 2.6% of Maine foster children are African American compared to 1% of children in the general population. Maine has no licensed foster or approved adoptive primary caretakers who have been identified as African American.
- Hispanic Status – a Hispanic status of Maine foster children is 3.8% compared to 1% of children in the general population. Maine does not track Hispanic status of its licensed foster parents or approved adoptive parents.
- Religion – Because of the significant numbers in categories called ‘Blank’, ‘Christian’, ‘Protestant’, ‘No Preference’, or ‘Other’, it is not possible to confidently reach conclusions, given present MACWIS data quality.
- Languages – Because of the significant numbers in the ‘blank’ category, it is impossible to confidently reach conclusions, given present MACWIS data quality. From the available data we presume that virtually all children in care and all licensed foster and adoptive caregivers speak English. MACWIS only permits one language to be entered.

English is entered if a person speaks English, even if that person is bilingual and speaks a different language at home. Adoptive and Foster Family Training is adapted to meet language needs of participants or other needs due to handicapping conditions. Adaptations have been made for Somalian participants, visually impaired participants, participants who are deaf or hard of hearing, and a Spanish-speaking participant. Only one accommodation has been requested in the past three years.

As previously noted, district reports indicate that the differences are not of a magnitude that creates a predictable urgent placement resource need. CFSR on-site review findings could be helpful to Maine in determining whether any specific issues of diversity should be given increased programmatic priority.

Overall this item continues to be an area of strength for Maine, with increased, sustained efforts to recruit and retain resource families who can meet children's needs and permit them to remain in geographical proximity to families and schools.

Key collaborators:

- A Family for ME
- Adoptive and Foster Families of Maine
- Adoptive and Foster Family Training Program, Muskie School, USM
- Media (e.g. York Weekly, Coffee News, WABI, WGME)
- Area foster parents
- Treatment foster care agencies
- Churches (e.g. New Life Church)
- Civic organizations (e.g. Heart of Biddeford, Community Partnerships for Protecting Children, New Mainers Group, Somali Women of Maine, United Way, Rockland Kiwanis)
- Area businesses (e.g. Pizza Hut)
- Fatuma Hussein, Director of Somali Women of Maine
- Luc Nya, Former Coordinator, DHHS Multicultural Services
- Native American Bands – Micmacs, Maliseets

What are influences, resources, issues and barriers that affect overall performance of Maine's child welfare system?

In response to a November 2008 statewide survey, districts reported a number of influences or issues specific to their geographic areas:

District 1- no needs identified in reference to ethnic or racial diversity. On occasion, African American or bi-racial children need placements but they have found no difficulty in matching children with homes that meet their needs. Primary need is for foster and adoptive homes for older youth, especially youth coming from residential care.

District 2- need foster homes in CPPC neighborhoods, regular foster homes for children whose goal is family reunification, and therapeutic foster homes for children leaving residential care.

District 3- “We do have a diverse community but we have not had a specific urgent need.”

District 4- “In the Midcoast area there are not a lot of identified needs for racial and ethnic specific homes. We have not done any cultural or racial-specific recruitment.”

District 5- “The recruitment committee’s main goal is to find placements that match specific needs of children in our district. Focus is on teens, siblings, and children ready to leave residential care”. No identified recruitment needs related to race or ethnicity.

District 6 reports very little racial or ethnic diversity in district resource homes, but notes that diversity in resource homes mirrors or exceeds that of the general population.

District 7 has an identified need for Native American homes, but has been able to address this by placing Native American children with family/relatives. “We have no children placed out of the district in non-relative foster homes with the exception of children in residential care”. “We lose most of our homes to adoptions.”

District 8- “We have seven Native American homes and would like to have more.”

Barriers that Maine faces with regard to successfully addressing or implementing this recruitment item include:

- Staffing evening and weekend events with DHHS employees
- Maine resource literature is only in English
- Members of immigrant populations often are not familiar with the ways that the mainstream culture organizes and provides services.
- Staff and providers may lack training in cultural sensitivity or humility that would facilitate their recruitment work with immigrants.
- Board rate reductions for foster parents in 2008 State budget
- Loss of paid respite for foster families in 2008 State budget
- Other work priorities that compete for staff time and energy
- Poverty levels and substandard housing of potential caregivers
- AFFT training requires minimum numbers of applicants in order to provide their training to a group. This is a barrier for District 8, a rural county that is larger than the State of Rhode Island.

Also, while not a barrier at this time, it may be of value for Maine Child Welfare Services to do a periodic gap analysis (using the MACWIS database) between the number, location, and demographics of foster homes and the demographics of children in care (race, religion, Hispanic origin). Although the Maine general population is not demographically diverse, its diversity is

gradually increasing. Further, Maine can expect the diversity of its foster care population to increase more rapidly than in the general population.

Strengths and promising approaches:

The key strength that Maine has demonstrated is the sustained, reform-related, district-level recommitment to recruit, retain, and recognize foster parents. This grew out of a 2002 district consultation and training effort by Denise Goodman, (a nationally recognized expert on foster care) funded by the Casey Strategic Consulting Group. Within districts, success has grown through the commitment of core groups of people who meet regularly to make and implement plans of action to recruit and retain foster and adoptive families.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.

- *Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?*

What do policy and procedure require?

The State of Maine is a member of the Interstate Compact on the Placement of Children (ICPC). The Governor has designated the Director of the DHHS Office of Child and Family Services as Administrator of the Compact. For day-to-day operations, two Deputy Administrators of the Compact oversee interstate requests for studies and placement supervision reports of children in foster, relative, and adoptive homes. A designated administrative assistant processes all requests, maintains a database for tracking, keeps records, and compiles findings for monitoring as needed.

Legal or policy requirements are found in:

Child and Family Services Policy XV. D. Interstate Compact on Placement of Children (most recently revised in 2006). This policy provides compact-related definitions, specifies to whom and when the compact applies, outlines procedures, and includes all 11 Compact regulations verbatim.

In addition, DHHS Child Welfare Services Central Office has provided many copies to each district of the 2002 APHSA *Guide to the Interstate Compact on Placement of Children*. This guide contains articles of the Compact, as well as the same regulations listed in the Maine policy.

Effective 2007, subsequent to the Child and Family Services Policy revision, Maine enacted legislation consistent with the 2002 APHSA revisions of the Interstate Compact on Placement of Children. This Statute contains sections that correlate to 19 Articles in the Compact.

In addition the Interstate Compact, Maine DHHS utilizes venues for internet-augmented, child specific recruitment of families for children freed for adoption. Child and Family Services Policy VIII. B. Adoption Recruitment, Placement, and Supervision states that:

In compliance with the Multiethnic Placement Act as modified by the Interethnic Adoption Provision, and the Adoptions and Safe Families Act, neither the Department nor any other entity in Maine that receives federal funds and is involved in adoption or foster care placements may....delay or deny placement of a child when an approved and appropriately matched adoptive family is available outside the jurisdiction with the responsibility for handling the case of the child.

The policy further states:

If a child is legally free and emotionally ready for adoption, but no home is readily available in the district that meets the principles and priorities specified above or if a larger pool of likely resources is needed prior to making a selection, the child will be listed on "The Northern New England Exchange" and other state and national electronic photo listing services. This listing should be done within 90 days of the child becoming legally available for adoption. For children needing more expanded recruitment, referrals are to be made to OCFS's contracted agency to do active child specific recruitment such as "Thursday's Child" on TV, radio, newspapers and other forms of targeted recruitment. These recruitment efforts will be documented in the child's case plan to document compliance with the Adoption and Safe Families Act's requirement of the state's "reasonable efforts" to locate, place and finalize a child whose permanency plan is adoption.

Actually, the Northern New England Exchange is no longer utilized. To reach the greatest number of prospective adoptive families and to ensure that proper safeguards are in place to protect confidentiality, Maine now utilizes the AdoptUsKids.org Internet photo listing website as well as the AFFME website. AdoptUsKids is supported through a cooperative agreement between US HHS, Administration for Children and Families, and the Adoption Exchange Association and its partners.

What changes in performance and practice have been made since the previous CFSR?

The 2003 CFSR rated Item 45 a strength "because there is evidence that BCFS [OCFS] encourages and supports the placement of children across jurisdictional lines".

In 2003 the Maine DHHS Deputy Interstate Compact Administrator began to maintain a database, utilizing software from APSHA.

In 2006 this same Deputy Interstate Compact Administrator began working with staff in districts to improve staff understanding of ICPC, but was able to complete this in only one district. This training has since been on hold due to health problems and retirement of that Deputy Compact Administrator and reorganization of the ICPC function in Maine DHHS. In 2008 to meet other operational needs, the Deputy ICPC function was assigned to two program specialists on a part-time basis rather than having one person assigned to the function full-time. Safeguards for continuity include having the same person administratively support both part-time Deputy Compact Administrators, as well as having both part-time Deputies report to the same supervisor.

In 2006 Child Welfare Program Administrators, Adoption Supervisors, and caseworkers joined with the Maine DHHS Office of Lean Management to study the adoption process from Termination of Parental Rights (TPR) to adoption finalization. One of the recommendations of this study was to require photo listings within 60 days of a TPR order as well as early referral for child specific recruitment to a Family for ME (AFFME). This recommendation may have influenced practice, although it has not resulted in a policy change.

Current practice – what does the data show?

In Maine DHHS, a common belief is that the ICPC is increasingly used due to expanded efforts to place children with relatives instead of simply relying on foster families. Another factor cited is increased efforts to look to out-of-state relative or adoptive families as potential permanent placements for children. Available data indicates that these increases peaked in 2007 and actual numbers have declined in 2008.

A recurring practice issue noted by the ICPC Administrative Assistant is that of incomplete ICPC request packets, which result in delays in forwarding the requests to receiving states. Most frequently this is due to missing or incomplete case plans.

The only available measures of effectiveness are the statistical reports available from the Maine DHHS ICPC office. The Department does not track numbers or timeliness of referrals to AdoptUsKids or a Family For Me for cross-jurisdictional recruitment purposes. No quality assurance reviews have thus far been undertaken with respect to ICPC.

Findings from a review of annual ICPC statistical reports from state fiscal years 2006, 2007, and 2008 are:

- Maine DHHS staff requests for out-of-state adoption home studies are declining in number.

2006	2007	2008
55	32	20

- Maine’s adoption finalizations out of state have fluctuated from a low of 19 to a high of 29. It should be noted that some of these are private adoptions, in addition to adoptions of children in DHHS custody.

2006	2007	2008
29	19	23

Maine’s three-year pattern of requests to other states from parent, relative, and foster home studies is contained below:

	2006	2007	2008
Parents	24	35	30
Relative	53	67	37
Foster Home	9	14	17

Present explanations for changes year-to-year would only be conjectural.

In terms of total ICPC “traffic”, the database tracks studies and termination of agreements, but not the ongoing work of sending and receiving monthly reports of placement supervision. Studies requested both by Maine and by other states to Maine have declined in number during 2008.

State Fiscal Year	2006	2007	2008
Total # of Placement Studies Requested by DHHS Staff	124	149	107
Total # of Placement Studies Requested of Maine by Other States	177	182	145
Total	301	331	252

Reviewing ages of children for whom Maine is requesting cross-jurisdictional studies, the trend is toward more requests involving younger children.

Ages of Children	2006	2007	2008
Under 1	0	1	4
1-5	40	46	64
6-10	27	43	30
11-15	39	44	21
16-18	24	31	20
19-21	22	8	1

In reviewing receiving requests by Maine for fiscal years 2006, 2007, and 2008, the states to which we send the most requests are Massachusetts, New Hampshire, Florida, and New York.

Overall, utilization of cross-jurisdictional resources to achieve timely permanency for children is an area of strength for Maine, with additional improvements since the 2003 CFSR. See **Strengths and promising approaches** for further justification.

Key collaborators:

- AFFME
- AdoptUsKids

What are influences, resources, issues and barriers that affect overall performance of Maine’s child welfare system?

When time is lost due to incomplete request packets, permanency for children is delayed. An unmet need exists for staff to be trained and supervised to get procedures right. This will become increasingly important in future years as an Interstate Commission becomes established, with the powers of rule making, dispute resolution, and enforcement. Given the fact that this Commission will not be established until 35 states have accepted the New 2008 Compact, sufficient time remains to ensure that staff are provided the needed training to address this challenge.

Strengths and promising approaches:

Maine Child Welfare staff has clear processes – ICPC, AdoptUsKids, AFFME – for utilization of cross-jurisdictional resources. The program is strengthened by regular data collection regarding what is going out of Maine and what is coming into Maine. Both Maine policy and Maine law reflect current ICPC expectations. The ICPC process is addressed in staff Pre-service Training in three different sections of the training. That said, the Maine DHHS Office of Child and Family Services is aware of the need to expand staff training beyond Pre-service training to assure that referral packets are consistently submitted expeditiously with all the required paperwork in place.

V. State Assessment of Strengths and Needs

A. Outcomes and Systemic Factors that are primarily *Strengths*

1. Statewide Information System (Item 24)

Basis:

- Maine’s SACWIS system (MACWIS) to be fully approved by HHS
- MACWIS data is routinely used for periodic management reports.
- Promising practice – Results Oriented Management (ROM) will enable PAs and supervisors to create ad hoc reports that “drill down” to the unit and caseworker level.

2. Case Review System (Items 25-29)

Basis:

- An automated process ensures that case plans are completed when required
- The Judiciary reports that case plans are received by the court and that the child and family needs and services are regularly reviewed in court proceedings.
- On a scale of 1 to 5, foster parents level of satisfaction with case planning is 3.7.
- A PQI survey of all foster care cases reviewed since November 2007 found timely judicial reviews occurring 93% of the time. (Although MACWIS data is less favorable, problems with data entry have been identified).
- Statewide utilization of the trailing docket by Maine District Courts has improved timeliness of proceedings, including TPR hearings.
- District Courts are expected to schedule case management conferences within 30 days of TPR petition filing and notice, which makes the process more efficient and effective for the Court and the parties.
- ACF permanency composites indicate that Maine is now on the threshold of excellence for timely TPRs and adoptions.
- In addition to rights for foster parents, state law has been revised to give relative and pre-adoptive parents the right to notice and the right to be heard at any proceeding with respect to the child in their care.
- Regarding notice of hearings and reviews to caregivers, this occurred for foster parents in 75% of cases that the PQI Unit has reviewed since November 2007.
- On a scale of 1 to 5, foster parents gave a rating of 3.6 to the statement, “I am given the opportunity to participate in court hearings.”

3. Quality Assurance System (Items 30, 31)

Basis:

- Department has upgraded and clarified standards to ensure quality services (e.g. Practice Model, response time, monthly contacts, FTMs, parent/caregiver rights and responsibilities).
- The Utilization Review process ensures that children are receiving therapy that is time-limited and is appropriate to meet their individual needs.
- Department has a district-based, centrally supervised PQI Unit, monthly PQI case record reviews, a Performance and Quality Improvement Plan, and District PQI Committees that regularly meet.

4. Staff and Provider Training (Items 32-34)

Basis:

- For initial staff training: inclusion of the DHHS Office of Child and Family Services Practice Model and reform-related policies; transformation of “job shadowing” into structured field practice; and verification through high stakes testing that knowledge and skills are acquired as taught. As soon as reliability of testing process is validated, minimum performance requirements will be established, which trainees would need to meet in order to continue in their jobs.
- All supervisors are required to evaluate specific caseworker competencies as part of the annual performance appraisal process, as well as to approve an annual employee development plan. In January 2008, all casework supervisors received training in assessing competencies for performance appraisals.
- Training of contracted providers:
 - i. CWTI has provided training to Alternative Response Program agency staff on the Family Team Meeting process.
 - ii. Before the end of the 2009 fiscal year, initial training of alternative response staff will become required.
 - iii. CWTI has provided training to new staff of the Intensive Family Reunification program.
- Ongoing Staff Training:
 - i. USM/CWTI, DHHS, SETU, three Universities’ Social Work programs, and the Bureau of Human Resources Office of State Training and Organizational Development offer a complementary mix of child welfare-related training and generic public employee/supervisor/management training.
 - ii. DHHS/USM Cooperative Agreement enables DHHS Child Welfare Management to annually prioritize child welfare-related training to meet programmatic and organizational needs.

- iii. Comprehensive training opportunities offered by the DHHS Staff Education and Training Unit and the USM Child Welfare Training Institute are publicized in an online catalog available to all staff. All listed trainings are free for DHHS Child Welfare staff.
- iv. In addition to the in-service training offered through DHHS and USM/CWTI, an annual CWTI allocation of \$20,000 continues to be available for other workshop training for Department Child Welfare staff, as well as for purchase of books and journals.
- v. An additional annual allocation of \$80,000 in DHHS OCFS funds is available to districts for their use in funding training of district staff, securing clinical consultation services, and for district foster home recruitment and support activities.
- vi. Effective September 2008, staff can again receive 100% tuition reimbursement if approved by DHHS management to enroll in graduate degree programs.
- vii. All prospective adoptive and foster parents receive comprehensive training as a prerequisite for foster parent licensing or adoptive home approval. Ongoing training is required for licensed foster parents.

5. Agency responsiveness to the community (Items 38-40)

Basis:

- The Department's consultative capacity to implement the CFSP has been broadened, strengthened, and enriched since the 2003 CFSR. Through the ICWA Workgroup and the integration of Child Welfare Behavioral Health Services and Early Childhood Services within OCFS, substantial progress has been made to resolve prior concerns. An integrated OCFS Management Team and an annually revised OCFS strategic plan are in place.
- Effective working relationships are evident among Maine DHHS managers, Department of Education managers and Department of Corrections managers. Examples include:
 - i. Collaborative work to solve problems pertaining to individual children
 - ii. Collaborative interdepartmental review of new service proposals from residential care providers
 - iii. Interdepartmental protocol for custody recommendations to court for juvenile offenders, which contains a process to resolve any interdepartmental differences before submission of report
- The Department's Future Search Initiative provides a framework for better-coordinated services at the local level.
- Although DHHS has not previously consulted with other stakeholders in developing APSRs and has not shared the CFSP or APSRs with them, a Steering Committee of

diverse stakeholders has been established which will guide the development of the 2009 Maine CFSP.

6. Foster and Adoptive Licensing, Approval, and Recruitment (Items 41-45)

Basis:

- Foster home licensing rules revised in 2007
- Licensing regulations for Children's Residential Care are in process of revision to improve consistency (core standards).
- Maine meets federal requirements for fingerprint-based criminal background checks, as verified by 2007 IV-E review and 2008 FBI audit.
- Every district conducts ongoing recruitment activities for foster and adoptive homes.
- Department provides statewide recruitment support through IASC contract (A Family for ME).
- Interstate Compact is followed and has been increasingly utilized since the 2003 CFSR.
- Children awaiting adoption are listed on AdoptUSKids.

B. Outcomes and Systemic Factors that are primarily *Areas Needing Improvement*

1. Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect (Items 1, 2)

Basis:

- State timeframe for CPS response is met 69% of the time.
- Repeat maltreatment rate (8.0%) exceeds limit set by ACF Data Standard (6.1% or less). Rates demonstrate small, incremental increase over past three years.

2. Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate (Items 3, 4)

Basis:

- No current data that makes clear the extent to which policy changes have improved service delivery. 2007 in-house site review and PQI record reviews indicate that reforms are not yet fully implemented.
- 2007 in-house review identified problems in identifying, reporting, and interviewing when new alleged threats to safety arose after initial assessments.

- Institutional Abuse Unit Protocol is not sufficiently well known and is in need of review and possible revision; problem resolution related to the protocol needs improvement.

3. Permanency Outcome 1 – Children have permanency and stability in their living situations (Items 5-10)

Basis:

- Maine stability of foster care placements now essentially meets ACF data standard for first two years of foster care but not for children in care 24+ months.
- Permanency goal for child:
 - i. State does not monitor timeliness of goal setting, changing goal, or appropriateness of new goals selected.
 - ii. No policy guidance on OPLA/APPLA
 - iii. Based on ACF permanency composites, Maine reunifications are not sufficiently timely and of those children returned, a steadily increasing percentage re-enter foster care with 12 months (ACF data standard is 9.9%; Maine percentage is 13.2%).
 - iv. Although Maine has made significant improvement in adoptions, 75th percentile has not yet been achieved in the five federal data measures in ACF permanency composite on timeliness of adoption (Maine is now within 1-3 percentage points on four of these measures).
 - v. Of children who reach their 18th birthday while in foster care, 65.4% were in foster care three years or longer (ACF data standard is 37.5%). This number has hovered near 70% for the past three years.

4. Permanency Outcome 2 – The continuity of family relationships and connections is preserved (Items 11-16)

Basis:

- Unable to determine whether proximity of placement remains an area needing improvement. Currently available data is in need of refinement.
- No systemic monitoring of visitation between parents and siblings and between siblings. Unable to make a finding.
- Visitation plans are to be regularly reviewed, but FTMs occur in accordance with policy about 60% of the time. FTM is the forum for inclusive review.
- PQI case record reviews find that appropriate efforts are made to promote a meaningful relationship between child and mother 80% of cases received; 80% for fathers as well.

- PQI case record reviews find that continuity of maternal and paternal extended family relationships is preserved for children in 29% of cases.
- PQI case record reviews find that policy is met to document paternal and maternal relative resources in 56% of cases reviewed.
- A 2007 survey of all 17 year olds in care has findings that document needs for improvement in maintaining family connections.

5. Well-being Outcome 1 – Families have enhanced capacity to provide for their children’s needs (Items 17-20)

Basis:

- In the 2007 in-house site reviews of all eight districts, findings for 80 applicable cases on Well-Being Outcome 1 were as follows:

Substantially Achieved	34%
Partially Achieved	35%
Not Achieved	31%
- PQI record reviews indicate that timely independent living needs assessment and service plans occur in 29% of the records reviewed, down from the high of 36% the previous quarter.

6. Well-being Outcome 2 – Children receive adequate services to meet their educational needs. (Item 21)

Basis:

- In the 2007 in-house site reviews of all eight districts, findings for 64 applicable cases on Well-Being Outcome 2 were as follows:

Substantially Achieved	78%
Partially Achieved	1%
Not Achieved	20%
- At the Central Office level, Maine has made further improvements in legislation, policy, and collaboration, but PQI case record reviews find that these changes are not yet fully implemented at the case or local school level. Although PQI case record reviews demonstrate an improving trend over the past year, only 82% of children were most recently found to have received appropriate services to meet their educational needs (December 2008).
- Positive changes since the 2003 CFSR include:
 - i. \$32 million from State General Fund available for special education of children who are “state agency clients” in care or custody of DHHS or DOC
 - ii. School transfer policy

- iii. Extended care (V-9) program
- iv. One-time DHHS custodial permission for children in foster care to attend various, appropriate school-related activities
- v. Maine Department of Education diploma available for children whose education has been disrupted
- vi. Inclusive State, Stakeholder, and Community participation – Central Maine Inclusive Schools Advisory Group, Maine Advisory Council on the Education of Children with Disabilities

7. Well-being Outcome 3 – Children receive adequate services to meet their physical and mental health needs (Items 22, 23)

Basis:

- o In terms of measures of effectiveness that demonstrate Maine’s functioning on this item, Maine DHHS PQI case record reviews make two findings regarding health:
 - “Children receive adequate services to meet their physical and mental health needs”.
 - i. Oct. – Dec. 2008 54%
 - ii. Measures from previous five quarters range from 45% to 60%
 - “Documentation that child’s maternal and paternal family history has been obtained”.
 - i. Oct.-Dec. 2007 42%
 - ii. Measures from previous three quarters are lower but show an improving trend.
- o In the 2007 in-house site reviews of all eight districts, findings for 72 applicable cases on Well-Being Outcome 3 were as follows:

Substantially Achieved	50%
Partially Achieved	26%
Not Achieved	24%

With respect to health care, documentation problems were frequently noted during the 2007 in-house site reviews of all eight districts.

8. Service Array (Items 35-37)

Basis:

- o The OCFS 19-point Strategic Plan is evidence both that this remains an area in need of improvement and that the state has identified 12 strategies to make these improvements.
- o Regarding service accessibility:
 - i. Maine’s population is concentrated along the coast and along the Interstate highway (I-95) corridor. This is where services tend to be most available and

accessible. Service accessibility tends to be greatest around the larger population centers: Portland, Lewiston/Auburn, Greater Augusta, and Bangor/Brewer.

- ii. A rural, more economically impoverished county tends to have fewer available and accessible services. Examples are Franklin, Somerset, Piscataquis, Washington, and Aroostook Counties.
- iii. Although state government works to create Pine Tree Opportunity Zones to attract businesses to impoverished areas, no comparable comprehensive effort is currently under way to improve service accessibility.

C. Additional Sites for the Onsite Review

Site selection was recommended by DHHS and approved by ACF in January 2009. Site 1 will be District 2, which includes the Portland office and is Maine's largest metropolitan area; Site 2 will be District 5, which includes the Augusta and Skowhegan offices; and Site 3 will be District 7, which includes the Ellsworth and Machias offices.

D. Experience with the Statewide Assessment Instrument and Process

The Statewide Assessment process enabled Maine to identify the significant improvements in policy and practice since the 2003 CFSR. Information used to complete the assessment included MACWIS data, PQI data, a workgroup with Judiciary representatives, and numerous surveys administered to district staff, foster parents, and youth. Maine is in the unique position of having to submit the five-year Child and Family Services Plan a month after the CFSR on-site review. The ICWA Workgroup was invited to participate but was unable due to the time demands of their Truth and Reconciliation Initiative. The statewide assessment process has given Maine the opportunity to assess its program in depth, as well as identify strengths and barriers, which will facilitate CFSP development.

Maine used the CFSR Steering Committee (its members are listed in Section E.) as the consulting body to review and provide feedback on the information that DHHS Child Welfare Services compiled to address the elements of the Statewide Assessment Instrument. This consisted of monthly meetings, as well as detailed material sent to the group for their review at least two weeks prior to each meeting. This committee will also participate at the same level for the development of the Child and Family Services Plan, as well as the anticipated Program Improvement Plan. This process has enabled Maine DHHS Child Welfare Services to engage in a more inclusive approach with stakeholders in these important endeavors.

The revised Statewide Assessment Instrument and the recommended topics for each section helped to focus discussions on changes in performance and practice. However, the expectation of a 75-85 page report proved unrealistic for Maine, given the nature and amount of the

information that was required for each item. Following the requirements and guidance provided by ACF, Maine began work on the Statewide Assessment in April 2008, 10 months prior to the due date for the draft of the Statewide Assessment and every bit of that time proved necessary in order to complete the Assessment.

E. Names and Affiliations of Individuals Participating in the Statewide Assessment Process

The following lists the stakeholders that are members of the Maine CFSR Steering Committee that worked collaboratively on the CFSR.

CFSR Steering Committee

Name	Affiliation/Title
Theresa Dube	Office of Child and Family Services- Federal Plan and PQI Program Manager
Tracie Adamson	Administrative Office of the Courts- Family Division Manager Maine CASA Director
Ellen Beerits	Office of Child and Family Services- Program Administrator
Chris Beerits	University of Southern Maine- Child Welfare Training Institute- consultant for Statewide Assessment and CFSP
James Beougher	Office of Child and Family Services- Director
Bette Hoxie	Adoptive and Foster Families of Maine- Director and Foster Parent
Robert Blanchard	Office of Child and Family Services- Information Services Manager
Linda Brissette	Office of Child and Family Services- Children Services Program Specialist
Meg Callaway	Community Care Therapeutic Foster Care Program- Program Director
Joan Churchill	Community Concepts Alternative Response Program- Director of Family Services
Jan Clarkin	Maine Children's Trust- Executive Director

Name	Affiliation/Title
Nancy Connolly	Department of Education
Daniel Despard	Office of Child and Family Services- Child Welfare Director
Jane Drake	Department of Health and 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 Juvenile Programs
Jean Youde	Edmund N. Ervin Pediatric Center, Maine General Medical Center- Programs Coordinator
Dulcey Laberge	Office of Child and Family Services- Youth Transition Program Specialist
Virginia Marriner	Office of Child and Family Services- Director of Policy and Practice
Michelle O’Ryan	Office of Child and Family Services- Administrative Assistant
Pentheia Burns	University of Southern Maine, Muskie School of Public Service- YLAT Coordinator
Martha Proulx	Office of Child and Family Services- District Operations Manager
Gretchen Robbins	University of Southern Maine, Child Welfare Training Institute- Senior Policy Associate for Child Welfare Training
Janice Stuver	Attorney General’s Office, Assistant Attorney General- Chief of the Child Protective Division
Kara Sullivan	Administrative Office of the Courts- Court Improvement Plan Coordinator
Francis Sweeney	Office of Child and Family Services- District Operations Manager
Timothy Swift	Office of Child and Family Services- Adoption Program Specialist
Patti Woolley	Office of Child and Family Services, Division of Early Childhood- Director
Steven Chandler	GAL and Parent’s Attorney
Karen Grossman	Administrative Office of the Courts- Program Coordinator

CFSR Statewide Assessment Judiciary Workgroup

Name	Affiliation/Title
Chief Judge Ann Murray	Maine District Court- Chief Judge
Deputy Chief Charles C. LaVerdiere	Maine District Court- Deputy Chief Judge
Daniel Despard	Office of Child and Family Services- Child Welfare Director
Theresa Dube	Office of Child and Family Services- Federal Plan and PQI Program Manager
Tracie Adamson	Administrative Office of the Courts- Family Division Manager Maine CASA Director
Bette Hoxie	Adoptive and Foster Families of Maine- Director and Foster Parent
Chris Beerits	University of Southern Maine, Child Welfare Training Institute- Consultant for Statewide Assessment and CFSP
Janice Stuver	Office of the Attorney General- Child Protective Division Chief
Kara Sullivan	Administrative Office of the Courts- Court Improvement Plan Coordinator
Francis Sweeney	Office of Child and Family Services- District Operations Manager
Christine Patterson	Office of Child and Family Services- Child Welfare Casework Supervisor