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Child & Family Services Review

Maine OCFS Self-Assessment

2017

Table of Contents

Statewide Assessment Instrument	3
Section I: General Information.....	3
State Agency Contact Person for the Statewide Assessment	3
Statewide Assessment Participants.....	4
Section II: Safety and Permanency Data	6
State Data Profile	6
Section III: Assessment of Child and Family Outcomes and Performance on National Standards	7
A. Safety	7
B. Permanency.....	11
C. Well-Being.....	21
Section IV: Assessment of Systemic Factors.....	35
A. Statewide Information System	35
B. Case Review System	36
C. Quality Assurance System.....	46
D. Staff and Provider Training.....	52
E. Service Array and Resource Development.....	64
F. Agency Responsiveness to the Community	68
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention	75

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Department of Health & Human Services (DHHS)- Office of Child & Family Services (OCFS)

CFSR Review Period

CFSR Sample Period: 4/1/16-9/30/16

Period of AFCARS Data: 2016B

Period of NCANDS Data: FFY 2016

Case Review Period Under Review (PUR): 4/1/2016-9/30/17

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

The Maine Child Welfare Advisory Panel is committed to the inclusion of diverse stakeholders and being comprehensive, respectful and responsive to child and family needs, and providing an adequate framework for safe, thriving children have permanency with families and the community. Part of the work of this group is to provide feedback from diverse perspectives and review outcomes related to child welfare practice, include the OCFS strategic plan and CFSR measures.

Each month there is an agenda item to review the Child and Family Services Review (CFSR). This is related to the OCFS Strategic Plan report which next year should incorporate all or most of the CFSR measures.

Members of the Maine Child Welfare Advisory Panel (MCWAP) include

James Martin - OCFS Director

Grace Brace - OCFS Deputy Director

Bobbi Johnson - OCFS- Director of Child Welfare

Destie Hohman Sprague - Associate Director, Maine Coalition Against Sexual Assault

Christine Alberi, Esq.- State of Maine, Child Welfare Ombudsman

Jon Bradley - Associate Director, Preble Street

Lyn Carter - Rural Grant Program Coordinator, Maine Coalition to End Domestic Violence

Christine Hufnagel - Director of Family Services, Community Concepts

Jan Clarkin - Executive Director, Maine Children's Trust

Tracy Colley - Director, Safe Families-Safe Homes National Training Project

Joanna Davis, Esq. - Legal Services Advisor, Court Appointed Special Advocates

Debbie Dembski - Grandparent of family involved in the child welfare system

Debra Dunlap - Southern Maine Senior Director, Community Partnership for Protecting Children

Debra McSweeney -Licensed Physical Therapist, children, MaineGeneral Medical Center

Lanelle Freeman - Social Services Director- Kennebec Valley Community Action Program

Bette Hoxie -Director, Adoptive and Foster Families of Maine, Inc.

Jamie Brooks - Parents as Partners

Dulcey Laberge -Youth Transition Specialist, OCFS

Mark Rains – Psychologist

Nancy Ponzetti-Dyer - Director of Psychology, Edmund Ervin Pediatric Center, MaineGeneral Medical Center

MaryAnn Ryan - Treatment Specialist, Maine Office of Substance Abuse & Mental Health Services

Cindy Seekins - Director, G.E.A.R. (Gaining Empowerment Allows Results) Parent Network

Nora Sosnoff, Esq. - Chief, Child Protection Division, Office of the Maine Attorney General

Jean Youde - Programs Coordinator, Edmund Ervin Pediatric Center, MaineGeneral Medical Center

Other members of the Statewide Assessment team who are not members of the MCWAP include:

Theresa Dube - OCFS QA Program Manager/CFSR Coordinator

Robert Blanchard - OCFS Associate Director, Operations

Gina Googins - OCFS Regional Associate Director of Child Welfare

Mandy Milligan – Information Services Program Analyst

Section II: Safety and Permanency Data

State Data Profile

Data profile deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

State Response:

Safety outcome 1 includes timeliness of initiating investigations of reports of child maltreatment (**Item 1: Timeliness of initiating investigations of reports of maltreatment**). This item was assigned a rating of Area Needing Improvement in the 2009 CFSR.

The 2009 CFSR negotiated PIP goal for Item 1 was 80% and Maine was able to exceed that goal at 84% within the first PIP quarter, the method of measurement was through the OCFS Management Report. Since that time the data would indicate that OCFS caseworkers have had more difficulty in initiating timely investigation. This challenge was recognized as OCFS was developing the 2015-2019 CFSP and determined that a focus needed to be on this measure and, as such, Maine reports back on this area through the APSR:

2015-2019 CFSP Year Goal:

Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
69%	73%	76%	79%	82%	85%

Actuals

--	Year 1	Year 2	Year 3	Year 4	Year 5
CFSR	76%	66%	-	-	-
Management Report	75%	80%	-	-	-

In an 11/1/2016 query of the ACF Online Management System (OMS), which consisted of data pulled from 92 case reviews, Item 1 was rated a strength in 66% of the cases reviewed.

An analysis of the specific data in this report found that the majority of delays were a result of lack of timeliness on the part of the district staff involved. Reasons being identified as the following:

- First efforts to contact family being the day the 72-hour timeframe would expire;
- Report assignments on Friday's before a weekend and inability to see the family on the same day; and
- Scheduling conflicts impacting caseworker's ability to see the family timely.

The data also supported challenges with reports being seen timely when the Alternative Response Agencies were assigned the assessment as well as when a report was assigned to the Out of Home Investigations Unit. There were examples of the Intake unit not referring the report to the appropriate district within the required timeframe.

Historically OCFS has conducted its own assessment related to worker workload and staff allocation. Given the continued challenges in making progress in this area, combined with the ongoing feedback related to the workload being unmanageable, OCFS contracted with an outside consultant to assess the staff allocation and workload assignments. This report was completed and made available to OCFS at the end of December 2016. The recommendations will be utilized by the Executive and District Management Teams to inform decision making on caseworker workload, staff allocations, and the structure of district operations.

In 2016 OCFS set the expectation that the supervisor and caseworker complete the Assignment Activity Worksheet prior to the caseworker responding to the report. The Assessment Policy has been strengthened and includes the expectations that the supervisors are entering Preliminary Safety Decisions. The policy includes expectation's around documentation that includes streamlining what is documented in the narrative including guidelines on unsubstantiated assessments. These activities will focus the work for both the caseworker and supervisor and lead to more effective utilization of time and workload management.

Safety outcome 2 includes services to family to protect child(ren) in the home and prevent removal or reentry into foster care (**Item 2- Services to prevent removal**) and risk assessment and safety management (**Item 3-Risk and safety management**). Both of these items were assigned a rating of Area Needing Improvement in the 2009 CFSR.

The negotiated 2009 CFSR PIP goal for Item 2 was 58.5% the method of measurement being the quality case reviews; OCFS exceeded the goal reaching 61% in PIP Quarter 4. Since that time the case review data reflects that in general, there is ongoing progress made in this area although a drop in performance in the latest round of reviews:

Me.-CFSR Round	Item 2
Round 1: 11/2009-10/2010	49%
Round 2: 11/2010-10/2011	61%
Round 3: 11/2011-10/2012	79%
Round 4: 11/2012-10/2013	87%
Round 5: 11/2013-10/2014	89%

Me.-CFSR Round	Item 2
Round 6: 11/2014-10/2015	81%
Round 7: 11/2015-10/2016	57%
7-Year Average	72%

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The majority of the identified issues were substance use and domestic violence;
- Many of the challenges cited were a result of families not being set up with appropriate services; and
- Not assessing all the critical case members/caregivers in/out of the home.

Incorporated into Item 2 is re-entry into foster care, formerly Item 5, a standalone item to review in the previous CFSR cycles.

Re-entry into foster care was not determined to be problematic for Maine in the 2009 CFSR as 100% of the cases reviewed were strength in this area.

The ACF Summary Data- CFSR Round 3 Statewide Data Indicators (September 2016) reflect that Maine falls within the appropriate range in relationship to meeting this standard. The national standard is 8.3%; Maine's Risk-Standardized Performance (RSP) is 3.8%. Based on this data, Maine meets the standard and would not be required to address this issue through the PIP process.

The negotiated 2009 CFSR PIP goal for **Item 3** was 50.5%, the method of measurement being the quality case reviews. This was a difficult goal to meet but OCFS exceeded the goal reaching 53% in the PIP rolling Quarter 5.

This area continues to be a challenge for OCFS and the 7-Year Average reflects that Maine has fallen below the goal established in the previous PIP:

Me.-CFSR Round	Item 3
Round 1: 11/2009-10/2010	40%
Round 2: 11/2010-10/2011	34%
Round 3: 11/2011-10/2012	41%
Round 4: 11/2012-10/2013	48%
Round 5: 11/2013-10/2014	45%
Round 6: 11/2014-10/2015	52%
Round 7: 11/2015-10/2016	41%
7-Year Average	43%

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The element of this item most often found to be not met is that of the agency conducting ongoing assessments and accurately assessing all the risk and safety concern for the child in foster care and/or any child(ren) remaining in the family home (3B).

- 35% of the cases where 3B was not met were in home service cases; 65% were foster care cases.
 - The concerns related to in home cases were generally related to the following:
 - Lack of full assessment of others living in the home (i.e. relatives, significant others of parents);
 - Lack of full assessment related to substance use and domestic violence, both in relation to parents and their significant others;
 - Lack of assessing parents/caregivers protective capacity before allowing them to be the primary caregiver for a child; and
 - Lack of ongoing contact with children in safety planned situations to continue to assess their safety in these living environments.
 - The concerns related to the foster care cases were generally related to the following:
 - Not continuing to assess safety and risk of children who remain in the birth home after a sibling enters foster care;
 - Lack of assessing of safety for children during visitation with family;
 - Lack of assessing safety of children in foster care settings of both resource parents and relative providers; and
 - Lack of assessing significant others to parents of children despite there being contact between the children and the significant others through visitation.

The 2015-2019 CFSP includes various strategies that will impact this area and includes strengthening policy, supporting training and coaching opportunities and streamlining work flow so staff can focus on what is most critical.

OCFS implemented a real time review model, Eckerd Rapid Safety Feedback (ERSF) to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff overseen by the ERSF Program Manager. All of the QA staff was trained in the model in November 2015 with full implementation of the model rolling out 3/7/16 with 3 reviewers (two primaries, 1 backup) from the QA unit assigned this responsibility. Based on a comprehensive review of 5 years of data in MACWIS and other sources, critical case practice issues were identified that, when completed to standard, could reduce the probability of high severity child abuse. Among those case practices were quality safety planning, quality supervisory reviews and the quality and frequency of home visits. Once a case is pulled into the ERSF process a review is completed using a standardized tool. If safety concerns are identified, or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (RSF Program Manager and the QA Specialist who reviewed the case) and the caseworker and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice change in real time; and
- ERSF staff to provide mentoring, coaching and support to child welfare staff.

In service of these goals the ERSF staffing uses a four step process.

1. Debrief any potential safety concerns and/or emerging dangers with the caseworker and caseworker supervisor;
2. Develop a plan to reduce potential threats to the child(ren) if safety concern and/or emerging dangers are identified;
3. Identify who will be responsible for action tasks and assign timeframes for resolution; and
4. Provide positive feedback regarding case strengths, as well as discuss case concerns and opportunities for improvement.

Since implementation of ERSF, 3/7/16 through 1/27/17, there have been 341 cases assigned for review and 259 staffings held.

Incorporated into Item 3 is recurring maltreatment/recurring safety concerns, formerly Item 2, a standalone item to review in the previous CFSR cycles.

The ACF Summary Data- CFSR Round 3 Statewide Data Indicators (September 2016) reflect that Maine no longer meets the national standard related to recurrence of maltreatment. The national standard is 9.1%, Maine's Risk-Standardized Performance (RSP) is 13.5%. Based on this data Maine would be required to address this through the PIP process. It is anticipated that the adoption of the ERSF process will positively impact the challenges faced related to recurrence of maltreatment.

The originally submitted 2015-2019 CFSP included the expectation of district action plans for districts that are struggling in the area of recurrence of maltreatment. Since that submission the decision was made to include strategies to address this concern in the DHHS OCFS Child Welfare Strategic Plan (SFY 2016-18). Key action steps include the following:

- Strengthening and providing training on the Assessment and Findings Policies.
- Researching best practices in reducing repeat maltreatment rates.
- Providing training in Motivational Interviewing.
- Training experienced assessment caseworkers in Advanced Forensic Interviewing training. This training was completed in November 2016 with a plan to offer three more rounds to the remaining eligible staff.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency outcome 1 includes the following:

- Item 4- Stability of placement;
- Item 5- Permanency goal for child;
- Item 6- Achieving reunification, guardianship, or permanent placement with relatives; and
- Item 7- Placement with siblings.

Item 4: (Stability of placement) was assigned a rating of Area Needing Improvement in the 2009 CFSR. Due to there being significant improvement in this area between the review and the final approval of the PIP Maine was not required to specifically address this area in the PIP.

The ACF Summary Data- CFSR Round 3 Statewide Data Indicators (September 2016) reflect that Maine meets the national standard related to stability of placement. The national standard is 4.12 moves (per 1,000 days in care); Maine’s Risk-Standardized Performance (RSP) is 2.73, within the acceptable range. Based on this data, Maine meets the national standard and would not be required to address this issue through the PIP process.

The data collected through the case review process, although pulled from a significantly smaller sample of cases, found that Maine does fall below the federal case review 95% threshold, and has fluctuated between 67% in Round 2 to 89% in Round 4- meeting a 7-Year Average of 78%:

Me.-CFSR Round	Item 4
Round 1: 11/2009-10/2010	78%
Round 2: 11/2010-10/2011	67%
Round 3: 11/2011-10/2012	77%
Round 4: 11/2012-10/2013	89%
Round 5: 11/2013-10/2014	77%
Round 6: 11/2014-10/2015	82%
Round 7: 11/2015-10/2016	75%
7-Year Average	78%

Item 5: (Permanency goal for child) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The PIP negotiated goal for this item was 89%, the method of measurement being the quality case reviews. Maine met that goal at 89% in the PIP Quarter 6 submission.

The quality case review data indicates a fluctuation in performance over the course of 7 review cycles, falling below the goal established in the previous PIP:

Me.-CFSR Round	Item 5
Round 1: 11/2009-10/2010	78%
Round 2: 11/2010-10/2011	62%
Round 3: 11/2011-10/2012	80%
Round 4: 11/2012-10/2013	89%

Me.-CFSR Round	Item 5
Round 5: 11/2013-10/2014	76%
Round 6: 11/2014-10/2015	59%
Round 7: 11/2015-10/2016	69%
7-Year Average	73%

In Rounds 6 & 7 QA was able to extract data related to the specific questions incorporated in Item 5 in order to identify where the challenges are in relation to timely establishment of appropriate permanency goals.

Measurement	Measurement Met Round 6	Measurement Met Round 7
Identification of permanency goal	100%	100%
Permanency goal established timely	87%	80%
Permanency goal appropriate	92%	79%
Child in care 15 of most recent 22 months	54%	54%
Filing timely termination of parental right	76%	62%
Exception to requirement of filing termination of parental rights	61%	40%

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data indicates a drop in performance related to establishing an appropriate permanency plan. Primary concerns found include:
 - In many cases the permanency goal of reunification extended between 12-16 months despite clear indication that parents were not making progress on their reunification plan.
 - The majority of cases reviewed found that the challenge often related to extending reunification goal as opposed to moving towards an adoption goal; there were a few examples where the adoption goal was not appropriate given case circumstances and a goal of OPPLA would have been more appropriate.
 - One area noted as a concern was the delay between the decision to file a termination of parental rights petition with the court and the actual filing of the petition followed by lengthy court delays in hearing the cases and making the judicial determination.

Key strategies that will address these issues include streamlining caseworker workflow, strengthening the Family Team meeting process, implementing effective Maine Strategic Plan Action (MSPA) meetings (a.k.a. Permanency Review Teams), Child Specific Recruitment activities (including the Heart Gallery) and Family Share Meetings all of which will require caseworker attention and time to adequately document these activities.

Three additional strategies were implemented in 2016 that will impact children’s permanency goals and timeframes related to meeting those goals:

- A district review process has been implemented where all youth in care 8 months are reviewed to identify barriers to timely permanency and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for a period of time and monitoring the progression being made toward achieving permanency for these youth.
- All children in foster care with a TPR will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All of the children with a termination of parental rights without an identified adoptive family will participate in the Heart Gallery and be listed on AdoptUsKids. Through a recruitment contract, Spurwink will support these efforts.

The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases are reviewed by QA to determine if the meetings are being held within 5 business days of child entry into foster care, whether meetings are being held when there has been a placement change without caregiver agreement and how well exceptions are documented. While the quantitative data would indicate that districts are completing a high number of Family Share meetings, the qualitative data would indicate that the meetings are not occurring as consistently as expected. As specific data has been shared there has been improvement in terms of how the work is being documented that would better allow for a clean quantitative pull of data, i.e. caseworkers using the correct MACWIS narrative drop down headers.

The following table demonstrates staff improvement in the implementation of these meetings in respect to meeting the CFSP goals however there was a decrease in performance between CCY 2015 and the CCY 2016 data. (The CCY 2016 actual consists of data from first three quarters given the timeframe required to submit the Statewide Assessment):

Family Share Meetings:

2015-2019 CFSP Year Goal:

Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%

Actuals:

Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
--	<p>CCY 2015 <u>Quantitative</u> 65%</p> <p><u>Qualitative</u> 63%</p>	<p>CCY 2016 (1st 3 quarters 2016) <u>Quantitative</u> 57%</p> <p><u>Qualitative</u> 47%</p>	--	--	--

Item 6: (Achieving Reunification, Permanency Guardianship, Adoption, Other Planned Permanent Living Arrangement) This item is a consolidated item to determine if the identified permanency goals have been achieved through reunifications, guardianship, adoption or other planned permanency living arrangement.

In the 2009 CFSR the item rating how well the agency performed in achieving timely goal of reunification/guardianship (Item 8) was assigned a rating of Area Needing Improvement. The data supported significant improvement in this area between the review and the final approval of the PIP so Maine was not required to specifically address this area in the PIP.

The revised data measures in the permanency areas are broken down into three distinct periods. The table below depicts that breakdown as well as the Maine data reflected within the ACF Summary Data- CFSR 3 Statewide Data Indicators (September 2016):

ACF Data Indicator	National Standard (NS)	Risk-Standardized Performance (RSP) Interval
Permanency in 12 months for children entering foster care	40.4%	29.6 NS not met
Permanency in 12 months for children in care 12-23 months	43.6%	40.9% NS met
Permanency in 12 months for children in care 24+ months	30.3%	32.9% NS met

The data reflects Maine not meeting one of the three data measurements which would require action through a PIP process, specifically looking at children achieving permanency within 12 months of entering foster care.

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The concerns related in this area were related to both agency challenges and court delays.
 - There were many cases where the decision to file the TPR was made but then there were a number of months until the petition was actually filed.
 - Once heard, there were apparent delays in receiving the judicial determination of the hearing.
 - There were many examples of delays in completing the post-TPR paperwork as well as delays found in recruitment efforts.
- Agency responsibility related to having children in care for extended months prior to filing a petition for termination of parental rights this includes children in care with reunification the goal for 12-22 months.
- There were multiple examples of lack of concerted efforts to engage and work with birth fathers in the reunification plan.

Strategies developed that should positively impact Maine’s performance in this area include:

- A district review process where all youth in care 8 months are reviewed to identify barriers to timely permanency and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for a period of time and monitoring the progression being made toward achieving permanency for these youth.
- All children in foster care with a TPR will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All of the children with a termination of parental rights without an identified adoptive family will participate in the Heart Gallery and be listed on AdoptUsKids. Through a recruitment contract, Spurwink will support these efforts.
- Redevelopment of the Family Reunification Program (FRP). The agency remains committed to redeveloping the FRP with an anticipated contract start in the summer of 2017.
- Supervisors are expected to complete a quarterly review on each case to ensure safety, permanency, and well-being needs are being assessed and addressed.

Item 7: Placement with siblings was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 87% of the cases reviewed, shy of the 90% goal for the review.

The ongoing quality case review data reflects that OCFS has demonstrated improvement in this area with the exception of the Round 2 and Round 6. The data has ranged from 86%-100%, with the 7-year average reaching 94%, very close to the 95% marker, as evidenced in the table below:

Me.-CFSR Round	Item 7
Round 1: 11/2009-10/2010	100%
Round 2: 11/2010-10/2011	86%
Round 3: 11/2011-10/2012	100%
Round 4: 11/2012-10/2013	94%
Round 5: 11/2013-10/2014	95%
Round 6: 11/2014-10/2015	90%
Round 7: 11/2015-10/2016	92%
7-Year Average	94%

Strategies that should strengthen this item include more effectively teaming with families and including the voices of youth in this process.

Permanency outcome 2 includes the following:

- Item 8- Visiting with parents and siblings in foster care;
- Item 9- Preserving connections;
- Item 10- Relative Placements; and
- Item 11- Relationship of child in care with parents.

Item 8: (Visiting with parents and siblings in foster care) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 71% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS remains challenged in this area. The data has ranged from 63%-85%, with the 7-year statewide average reaching 75% as evidenced in the table below:

Me.-CFSR Round	Item 8
Round 1: 11/2009-10/2010	70%
Round 2: 11/2010-10/2011	63%
Round 3: 11/2011-10/2012	78%
Round 4: 11/2012-10/2013	84%
Round 5: 11/2013-10/2014	85%
Round 6: 11/2014-10/2015	77%
Round 7: 11/2015-10/2016	69%
7-Year Average	75%

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine’s Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016. Thirty-seven percent of respondents wanted to have more input in their family visits.

The 2015-2019 CFSP will support this work and includes the increased funding for supported visitation. Strategies will be developed to include a specific focus on outreach to fathers and the paternal side of the family. OCFS has taken steps to embed specific questions related to father’s participation in the FFTM process which can be measured through the FFTM database. Of the meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

These areas of practice related to effective teaming will continue to be of focus in the OCFS Child Welfare Strategic Plan (SFY 2016-18).

Item 9: (Preserving connections) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 84% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS initially had made steady improvement in this area however has experienced a drop in performance in the last three rounds. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me.-CFRS Round	Item 9
Round 1: 11/2009-10/2010	70%
Round 2: 11/2010-10/2011	73%
Round 3: 11/2011-10/2012	88%
Round 4: 11/2012-10/2013	98%
Round 5: 11/2013-10/2014	88%
Round 6: 11/2014-10/2015	86%
Round 7: 11/2015-10/2016	66%
7-Year Average	81%

There have been policy and practice changes since the 2009 review and includes the Indian Child Welfare Policy. This policy clearly lays out the co-case management roles between state child welfare caseworkers and tribal child welfare caseworkers. The most recent update to the ICWA Policy, effective February 1, 2016, was revised in collaboration with the ICWA Workgroup which includes representatives from the Indian Child Welfare communities, OCFS and the legal community. Several changes were incorporated into the ICWA policy in order for OCFS to be in compliance with the updated guidelines that was provided to State Courts and Child Welfare Agencies implementing the Indian Child Welfare Act. This update was done due to changes made by the Bureau of Indian Affairs *Guidelines for State Courts in Indian Child Custody Proceedings*.

Work continues towards strengthening the teaming process to ensure that formal and informal supports are consistently identified and invited to participate in these meetings. These team members are most likely family members who can support connections being preserved for children if/when they enter foster care.

Timely relative notification when children enter foster care is key in ensuring that the agency is involving family members and provides an opportunity for grandparents and other adult relatives to engage with the agency to ensure that connections are preserved. The QA unit conducts quarterly reviews on the level of compliance in providing written notification to all grandparents and all known adult relatives. The data supports that the agency does a good job in relative exploration with the family within 35 days of the assessment and documenting that exploration. However the data indicates that the agency is challenged in providing written notification to all grandparents and all known adult relatives. Progress has been made in this area however more work need to be done to ensure that OCFS is in compliance with the law.

The Lexis Nexis search engine has been available to child welfare staff since May 2015 to help support locating family members once identified. A training webinar was created and is available to staff as a guide to this resource. A review of the resource was provided at a statewide supervisors meeting in the summer of 2016. Between 5/11/15-12/29/16 there were 1398 requests from district staff for this service.

Given the importance of engaging with all families, OCFS included this practice in the 2015-2019 CFSP to monitor and measure related to our goal of increasing safety and nurturing family relationship and family/community connections.

Item 10: (Relative placement) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 74% of the cases reviewed, below the 90% goal.

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For calendar year 2016 relative placements ranged from 31% to 34% averaging out at 32%.

The ongoing quality case review data reflects that OCFS had made steady improvement in this area however experienced a drop in performance in the review period 11/2013-10/2014, a slight improvement in Round 6 but a significant drop in Round 7. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me.-CFSR Round	Item 10
Round 1: 11/2009-10/2010	55%
Round 2: 11/2010-10/2011	65%
Round 3: 11/2011-10/2012	73%
Round 4: 11/2012-10/2013	85%
Round 5: 11/2013-10/2014	70%
Round 6: 11/2014-10/2015	72%
Round 7: 11/2015-10/2016	61%
7-Year Average	69%

Trends that were highlighted through the case reviews indicated that barriers to meeting this timeframe included:

- Child(ren) not placed with a relative and it was unclear if maternal and paternal relatives were explored and assessed for placement options.
- Not updating relative resources (simply ruling people out based on old information).
- Ruling relatives out on assumption they cannot manage the child's behavior.
- Ruling relatives out when they live far away or out of state.
- Not contacting incarcerated parents or parents living out of state.
- Not talking to children/youth about who they consider a safe resource.
- Not responding to relatives when they reach out to DHHS.
- Discounting relatives because of age or their own previous dealings with DHHS from many years ago without re-assessing a relative's current circumstances.
- Discounting a relative completely because they are not a placement option.

Maine has strengthened policy to reflect expectations that comply with Fostering Connections specific to relative notifications. The data and challenges related to this were highlighted in the previous item. Maine has also collaborated with outside agencies to provide supports to kinship placements as well as modified its rate structure to provide financial support to kinship providers and encouraging providers to apply for foster care licensing.

The 2015-2019 CFSP will support this work and includes increased funding for supported visitation. Strategies will be developed to include a specific focus on outreach to fathers and the paternal side of the family. OCFS has taken steps to embed specific questions related to father's participation in the FFTM process which can be measured through the FFTM database. Of the

meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

These areas of practice related to effective teaming will continue to be of focus in the OCFS Child Welfare Strategic Plan (SFY 2016-18).

Item 11: (Relationship of children with parents) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated an area needing improvement in 60% of the cases reviewed, below the 90% goal.

The ongoing quality case review data reflects that OCFS has made some improvement in this area, trending up as for the first four rounds of review, maintaining at 70% for Rounds 4 & 5 , increasing to 77% in Round 6 but then dropping back in Round 7:

Me.-CFSR Round	Item 11
Round 1: 11/2009-10/2010	64%
Round 2: 11/2010-10/2011	51%
Round 3: 11/2011-10/2012	66%
Round 4: 11/2012-10/2013	70%
Round 5: 11/2013-10/2014	70%
Round 6: 11/2014-10/2015	77%
Round 7: 11/2015-10/2016	69%
7-Year Average	67%

Trends highlighted through the case review indicate that barriers to meeting this standard include:

- Lack of documentation that reflects parents being notified or invited to activities outside of visitation and services such as medical and dental appointments, school events (sports, Parent Teacher Conference) or other important events in the child’s life.
- Lack of documentation to reflect why inviting parents to their child’s activities would not be appropriate.
- Lack of efforts to promote a relationship with both parents beyond visitation.
- Discomfort by caregivers (relatives and foster parents) in having parents attend the child’s appointments and events yet this issue isn’t by the caseworker.
- Parent incarcerated or out of state and efforts are not made at all (such as phone conference for the parent at the child’s school or clinical meeting, or a letter to the parent informing them of how the child is doing) to engage the parents.

The data supports the need to continue work in this area. In the past year there has been work to strengthen the teaming process by recommitting to the Facilitated Family Team Meeting model, which includes caseworkers being identified for this role who will not carry other cases as well as being provided specialized training and coaching. OCFS has continued to collaborate with Casey Strategic Consulting and the University of Southern Maine Muskie School- Cutler Institute to assess barriers and develop a work plan to strengthen teaming process. By June 2018 all staff will be trained and/or re-trained on FTMs.

Family Share Meetings have also been identified as a key strategy to strengthen the relations between children and their parents through building a relationship between the parents and

resource parents. Family Share Meeting Policy, developed and implemented in August 2015 outlines the expectations for when these meetings should occur and who should be involved.

The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases are reviewed by QA to determine if the meetings are being held within 5 business days of child entry into foster care, whether meetings are being held when there has been a placement change without caregiver agreement and how well exceptions are documented. While the quantitative data would indicate that districts are completing a high number of Family Share meetings, the qualitative data would indicate that the meetings are not occurring as consistently as expected. As specific data has been shared there has been improvement in terms of how the work is being documented that would better allow for a clean quantitative pull of data, i.e. caseworkers using the correct MACWIS narrative drop down headers.

The following table demonstrates staff improvement in the implementation of these meetings in respect to meeting the CFSP goals however there was a decrease in performance between CCY 2015 and the CCY 2016 data. (The CCY 2016 actual consists of data from first three quarters given the timeframe required to submit the Statewide Assessment):

2015-2019 CFSP Year Goal:

Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%

Actuals:

Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
--	CCY 2015 <u>Quantitative</u> 65% <u>Qualitative</u> 63%	CCY 2016 (1st 3 quarters 2016) <u>Quantitative</u> 57% <u>Qualitative</u> 47%	--	--	--

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-being outcome 1 includes the following:

- Item 12- Needs and services of child, parents, and foster parents;
- Item 13- Child and family involvement in case planning;
- Item 14- Caseworker visits with child; and
- Item 15- Caseworker visits with parent(s).

Item 12: (Needs assessment and services to children, parents, resource parents) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated 2009 CFSR PIP goal for this item was 40.1% and Maine was able to exceed that goal at 45% in the fourth PIP quarter, the method of measurement was through the quality case reviews.

The ongoing quality case review data reflects that OCFS had made some improvements in this area however there was a drop between Rounds 6 and Round 7 in all three areas of focus- children, parents and resource parents. As a result of the change in the OSRI, during Rounds 6 and 7 Maine was able to hone in on areas that provided the most challenge in respect to assessing and address the needs of children, parents and resource parents.

Me CFSR Round	% Met Item12a (children)	% Met Item 12b(parents)	% Met Item 12c (resource parents)
Round 6: 11/2014-10/2015	93%	49%	83%
Round 7: 11/2015-10/2016	87%	37%	74%

In Rounds 6 and 7 QA was able to extract data related to the specific questions incorporated in Items 12a, b and c:

Item 12 Question	% Met	% Met
	Round 6	Round 7
A2. During the period under review, were appropriate services provided to meet the child’s identified need?	91%	85%
B3. During the period under review, were appropriate services provided to meet the mother’s identified need?	69%	54%
B4. During the period under review, were appropriate services provided to meet the father’s identified need?	58%	41%
C2. During the period under review, were the foster or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care?	84%	75%

In an 11/1/2016 query of the ACF Online Management System (OMS), which consisted of data pulled from 92 case reviews, Item 12 was rated a strength in 40% of the cases reviewed, below the outcome of the 2009 CFSR in this area. Broken down further:

- Needs Assessment and Services to Children was rated a strength in 87% of the cases reviewed;
- Needs Assessment and Services to Parents was rated a strength in 37% of the cases reviewed; and
- Needs Assessment and Services to Foster Parents was rated a strength in 74% of the cases reviewed.

An analysis of the specific data in the OMS Round 7 CFSR report, specifically looking at the issues related to the poor performance in the area of parents, found the following:

- The agency is less likely to conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father's needs than it is the mothers.
- Paramours/significant others of parents are often not assessed despite having caregiving roles for the children.
- Fathers who live out of the home in service cases are more likely to be excluded from assessment of needs and then not provided appropriate services to address any needs. There were several examples where the explanation provided through the interview process was the belief held by the agency that the fathers didn't have relationships with the children despite there being conflicting information indicating there was visitation between the children and their fathers.
- There were cases where there was a difference of opinion between what the initial assessment caseworker had determined as a need for a family and what the permanency/case carrying caseworker believed was the need. This often led to confusion on the part of the family as to what they were required to do as well as created delays in families receiving the appropriate services.
- The agency often continued with the same type and level of service provision despite there being information that the family was not benefiting from the service, often requiring more intense treatment than they were receiving.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016.

Respondents of the survey were asked if they received any information or training about the specific life skills such as: how to succeed in high school or college, apply to college, preparing for college, finding a job, keeping a job, finding housing, financial literacy skills, etc. Overall, at least half of the respondents indicated they received information or training about the listed categories.

The categories where the most youth responded having received training or information about were (highlighted in blue below): Advocating for yourself (85%); Communication skills (85%); and Daily living skills (84%). Among the categories where they responded that they had received the least amount of information or training were (highlighted in yellow below): Finding housing (38%); College application assistance (28%); and Preparing for college (25%). Categories with the most ‘Not sure’ responses are highlighted in red (Keeping a job; College application assistance; and Healthy connections with extended family).

--	Yes	Percent (%)	No	Percent (%)	Not Sure	Percent (%)	Total
Education success	90	76.9%	15	12.8%	12	10.3%	117
College application assistance	70	60.3%	32	27.6%	14	12.1%	116
Preparing for college	75	65.2%	29	25.2%	11	9.6%	115
Finding a job	89	76.7%	17	14.7%	10	8.6%	116
Keeping a job	76	66.1%	23	20.0%	16	13.9%	115
Finding housing	58	51.3%	43	38.1%	12	10.6%	113
Financial literacy	88	75.9%	17	14.7%	11	9.5%	116
Daily living skills	98	83.8%	11	9.4%	8	6.8%	117
Developing healthy relationships	94	81.0%	15	12.9%	7	6.1%	116
Communication skills	98	84.5%	11	9.5%	7	6.0%	116
Healthy sexuality or sex education	89	76.1%	17	14.5%	11	9.4%	117
Advocating for yourself	99	84.6%	11	9.4%	7	6.0%	117
Healthy connections with bio family	86	73.5%	22	18.8%	9	7.7%	117
Healthy connections with extended family	82	70.1%	22	18.8%	13	11.1%	117

It is clear that more work needs to be done in this area related to assessing and addressing needs and services for youth, parents and foster parents but most specifically related to working with parents. It is believed that the 2015-2019 CFSP will support this continued work through strengthening the teaming process, the Maine Strategic Plan Action Steps (MSPAS), funding for supported visitation, Maine Enhanced Parenting Program (MEPP) and the Family Reunification Program (FRP).

Item 13: (Child and family involvement in case planning) was assigned a rating of Area Needing Improvement in the 2009 CFSP. The PIP goal negotiated for this item was 54.9% and Maine was able to exceed that goal at 62% in the fourth PIP quarter, the method of measurement was through the quality case reviews.

The ongoing quality case review data reflects that OCFS initially made some improvements in this area, trending up primarily in Rounds 3 & 4, but dropping in Round 5, 6 and 7. As evidenced in the table below the 7-Year Average is lower than the goal achieved by Maine during the PIP:

Me.-CFSR Round	Item 13
Round 1: 11/2009-10/2010	43%
Round 2: 11/2010-10/2011	41%
Round 3: 11/2011-10/2012	65%
Round 4: 11/2012-10/2013	70%
Round 5: 11/2013-10/2014	62%
Round 6: 11/2014-10/2015	64%
Round 7: 11/2015-10/2016	45%
7-Year Average	56%

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data reflects that the agency has challenges in involving children/youth and both parents in case planning however the data reflects that the fathers in these cases were more likely to be not engaged in the case planning process.
- That data reflects the agency being challenged in engaging with out of home fathers in consistent case planning.
- The data suggests a lack of monitoring of progress being made and/or compliance to the case plans.
- The data collected through the case review interviews reflects that many parents were not aware of what was expected of them. This appears to reflect a lack of clear discussions with them related to the direction of the case and the expectations of the parents.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine’s Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016.

Survey respondents were asked if they felt included in the overall decision making during their time in foster care. Of the 117 respondents 48% indicated they ‘always’ felt included; 46% indicated they ‘sometimes’ felt include, and 6% indicated they ‘never’ felt included.

Youth were asked who they thought had listened to their voice or opinions during their time in care (with the option to check as many as they wanted), three quarters of youth checked that their caseworker listened to them. A high percentage of respondents also indicate that their relatives, foster, and staff (73%) listened, and the GAL (51%). Among the lower percentages of groups that respondents felt listened to them were attorneys (14%) and CASAs (3%), 5% of respondents checked they felt that no one listened to them.

Respondents were asked to rate whether they felt included in the plans for 10 different areas listed in the tables below:

	Case Plan	School Plan	Placement Plan	Permanency Plan	Court Case Review
Always or almost always	45.3%	47.9%	38.5%	44.4%	50.0%
Some	35.9%	25.6%	27.4%	30.8%	22.4%
Not at all or Very little	13.7%	19.7%	25.6%	17.9%	19.0%
Does not apply to me	5.1%	6.8%	8.5%	6.8%	8.6%

	Family Visitation Plan	Health Care Plan	Mental Health	Therapy	Medication
Always or almost always	47.9%	47.9%	47.0%	48.3%	47.5%
Some	23.9%	18.8%	18.8%	22.4%	21.2%
Not at all or Very little	14.5%	23.1%	26.5%	22.4%	19.5%
Does not apply to me	13.7%	10.3%	7.7%	6.9%	11.9%

In the past year there has been work to strengthen the teaming process by recommitting to the Facilitated Family Team Meeting model, which includes caseworkers being identified for this role who will not carry other cases as well as being provided specialized training and coaching. OCFS has continued to collaborate with Casey Strategic Consulting and University of Southern Maine Muskie School- Cutler Institute to assess barriers and develop a work plan to strengthen teaming process. By June 2018 all staff will be trained and/or re-trained on FTMs.

It is clear that more work needs to be done in this area and it is believed that the 2015-2019 CFSP will support this through continued work strengthening of the teaming process and continued support and training related to OCFS Fact Finding Protocol and Motivational Interviewing.

Item 14: (Caseworker visits with child) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated 2009 CFSR PIP goal for this item was 68.4% and Maine was able to exceed that goal at 69% in the sixth rolling PIP quarter, the method of measurement was through the quality case reviews.

The following table reflects the level of contact made with all child victims within 72 hours, monthly contact with children on open service cases:

	CCY 2015	CCY 2016
All victims seen within 72-hours	75%	75%
Monthly contact with children in open service cases	69%	81%

Data supports that Maine consistently meets the federal Monthly Caseworker Face to Face expectations both in terms of frequency and the majority of the visits being in the child(ren)'s home:

	% of children seen	% of children seen in their home
FFY 2015	97	87
FFY 2016	97	87

The ongoing quality case review data reflects that OCFS continues to have challenges in meeting this standard. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me.-CFSR Round	Item 14
Round 1: 11/2009-10/2010	57%
Round 2: 11/2010-10/2011	54%
Round 3: 11/2011-10/2012	59%
Round 4: 11/2012-10/2013	62%
Round 5: 11/2013-10/2014	63%
Round 6: 11/2014-10/2015	79%
Round 7: 11/2015-10/2016	63%
7-Year Average	62%

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data reviewed in the service cases reflect primary challenges related to quality issues and include not seeing all the children in family, not seeing children alone, and not addressing safety with the children. The data also reflected some challenges related to frequency as evidenced by having gaps in contact between visits with children.
- The data reviewed in the foster care cases reflect primary challenges related to quality issues and include not having conversations related to safety, permanency and well-being

with the children, not seeing children alone and not seeing children in an environment that is conducive to an open conversation.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine’s Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The surveys were conducted between late-June and early-November 2016.

There were a total of 47 youth included in this survey who were **between 14 and 17** years of age and currently in foster care. Youth were asked to identify the frequency, in which they talked with their caseworkers, 43% of youth reported having contact with their caseworker more than a few times per month; specifically:

Frequency of Contact with Caseworker

Contact Frequency	Frequency	Percent
Once a week or more	10	21.3%
A few times a month	10	21.3%
About once a month	5	10.6%
About every other month	3	6.4%
About every three months	2	4.3%
Less often	10	21.3%
Never in the past year	7	14.9%

The following is how those age **18 and over** answered the same question (About how often did you talk on the phone, text, or e-mail with your caseworker in the past year?). There were a total of 55 youth who were in the age range and in care. The majority, (75%), were in contact with their caseworkers either once a week, a few times a month, or about once per month.

Frequency of Contact with Caseworker (18+)

Contact Frequency	Frequency	Percent
Once a week or more	9	16.4%
A few times a month	23	41.8%
About once a month	9	16.4%
About every other month	3	5.5%
Less often	5	9.1%
Never in the past year	6	10.9%
Total	55	100

Reviewing the data extracted from the OCFS Management Reports and the case review data, it is apparent the challenge related to contact with children is mainly related to the quality of the contact versus the frequency.

Since the 2009 review Maine has strengthened policy and the management reporting related to contact made with children who remain in their home. Supervisors and district management have the ability to monitor and track compliance on this issue. This is an area that needs continued focus and the 2015-2019 CFSP will support this goal. Continued use of fact finding interviewing, streamlining caseworker activities and the work done on redesigning documentation methodology and policy should provide support to caseworkers on sharpening skills to obtain the key information to assure child safety, permanency and well-being and, coupled with that, giving caseworkers the opportunity to document that work by streamlining other activities will demonstrate that caseworkers are having quality contacts with children.

Item 15: (Caseworker visits with parents) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated 2009 CFSR PIP goal for this item was 40.7% and Maine was able to exceed that goal at 48% in the fifth rolling PIP quarter, the method of measurement was through the quality case reviews.

The ongoing quality case review data reflects that OCFS has continued to have challenges in meeting this standard. As seen below, the 7-Year Average reflects that Maine has been unable to sustain the outcome that had been achieved during the PIP period:

Me.-CFSR Round	Item 15
Round 1: 11/2009-10/2010	30%
Round 2: 11/2010-10/2011	19%
Round 3: 11/2011-10/2012	40%
Round 4: 11/2012-10/2013	35%
Round 5: 11/2013-10/2014	37%
Round 6: 11/2014-10/2015	42%
Round 7: 11/2015-10/2016	21%
7-Year Average	32%

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data reflects that the primary issues related to contact with mothers include lack of quality discussions on safety, permanency and well-being issues and not seeing them alone. In many instances the contacts with mothers in the cases were held in court, FTMs or with the mother’s significant others/paramours.
- The data reflects that the primary issue related to contact with fathers was that the contact was not being held in settings not conducive to private conversations and include at FTMs, and court setting- generally held outside of the home. There were many instances where, when meeting, the conversations with the fathers were not related to addressing safety, permanency or well-being issues.

The 2015-2019 CFSP will support the work needed in this area on strengthening and improving the teaming process. The FFTM database will also be able to capture how the agency is involving birth fathers at the onset of a case, or at least at the point of decision making related to removal. Of the meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

Policy supports the need to see each parent monthly if the permanency goal is reunification and to see parents involved in service cases monthly.

Well-being outcome 2 includes educational needs of child(ren) being met.

Item 16: (Educational needs of child) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 60% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS was challenged in this area for Rounds 1 & 2; there has been steady improvement in the last 4 rounds of reviews, slightly dropping in Round 7, reaching a 7-year average of 90%:

Me.-CFSR Round	Item 16
Round 1: 11/2009-10/2010	75%
Round 2: 11/2010-10/2011	82%
Round 3: 11/2011-10/2012	96%
Round 4: 11/2012-10/2013	92%
Round 5: 11/2013-10/2014	96%
Round 6: 11/2014-10/2015	98%
Round 7: 11/2015-10/2016	92%
7-Year Average	90%

In Rounds 6 & 7 QA was able to extract data related to the specific questions incorporated in Item 16 in order to identify how well the agency did in engaging in concerted efforts to address the child(ren)'s educational needs through appropriate services. The case review data reflects that Maine has remained strong in this area, meeting this standard in 98% (Round 6) & 92% (Round 7) of the cases reviewed.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016. Forty-two percent of respondents did report they wanted more input in their education.

Strategies that will strengthen performance in this item include:

- OCFS and the Department of Education (DOE) have finalized a data sharing agreement to obtain the results of standardized testing related to reading level in 3rd grade and high school graduation rates. This information will be provided twice a year and allow district casework staff to be proactive in addressing educational needs.
- Collaboration between OCFS and DOE to implement the requirements of the *Every Student Succeeds Act*.

Well-being outcome 3 includes physical health of child(ren) being met (**Item 17- Physical health needs of the child**) and mental/behavioral health of child(ren) (**Item 18- Mental/behavioral health of the child**) both of which were rated as an Area Needing Improvement in the 2009 CFSR.

Item 17: (physical health needs of the child) was rated a strength in 83% of the cases reviewed, below the 90% goal for the review.

In 2015 the Quality Assurance Unit completed a second review of the compliance related to a couple of tenants of the Child Health Assessment (CHA) Protocol (an initial review was conducted in 2014):

1. Are initial health exams scheduled within 10 days?
 - a. In 59% of the cases reviewed, there was documentation of medical appointments being made within 10 days of the child's entry into care.
2. Does the narrative reflect that the Pediatric Symptom Checklist (PSC) was completed for children between 4-17 years old whenever there is a substantiated finding and/or a child enters custody?
 - a. In 25% of the cases reviewed, there was documentation of the PSC being completed.

As a result of the 2015 QA data and proposed legislation the CHA Protocol was updated with the new expectations implemented on 2/1/16. MACWIS drop down choices were developed in order for staff to document their use of the PSC, CDS referral and the medical appointments being scheduled. This will allow for easier tracking of compliance through the MACWIS system. Prior to implementation Program Administrators reviewed the CHA Protocol with their staff.

The data reflects that OCFS remains challenged in meeting this expectation:

Medical Appointments: Of the 904 children removed in CY2016, 259 (29%) had a medical appointment scheduled within 10 days of removal based on documentation in the narrative log.

Pediatric Checklist: The Pediatric Checklist data cannot be fully assessed until after Feb 1st as you need to allow for 30 days after the year end so based on the 842 removals that occurred through the end of November, 85 (10%) had a Pediatric Checklist narrative log documented within 30 days of the removal.

The OCFS Child Welfare Strategic Plan (SFY 2016-2018) includes a focus increasing the number of youth who have an initial medical appointment scheduled within 10 days.

In 2016 a strategy was implemented to ensure that all children under age of 3, who are victims in a case of substantiated or indicated child abuse or who are members of that household, get referred to Child Development Services (CDS). The OCFS Information Services Team generates a report every two weeks of every applicable child that gets sent securely to a central point of contact at CDS. The goals of this strategy are to increase compliance with CAPTA, increase the number of

child welfare referrals being sent to CDS and removing this task from staff to reduce administrative burden.

The ongoing quality case review data reflects that OCFS was challenged in this area for Rounds 1 & 2; there has been steady improvement in Rounds 3 & 4, a slight drop in Round 5, some improvement in Round 6 but dropping in Round 7. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me.-CFSR Round	Item 17
Round 1: 11/2009-10/2010	73%
Round 2: 11/2010-10/2011	69%
Round 3: 11/2011-10/2012	83%
Round 4: 11/2012-10/2013	88%
Round 5: 11/2013-10/2014	81%
Round 6: 11/2014-10/2015	85%
Round 7: 11/2015-10/2016	77%
7-Year Average	79%

In Rounds 6 & 7 QA was able to extract data related to the specific questions incorporated in Item 17 in order to identify how well the agency has performed in assessing and addressing the physical health needs of children.

The data reflects the following:

Item 17 Question	% Met Round 6	% Met Round 7
B1. For foster care cases, during the period under review, did the agency provide appropriate oversight of prescription medications for physical health issues?	92%	92%
B2. During the period under review, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?	94%	87%
B3. During the period under review, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?	84%	80%

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine’s Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The surveys were conducted between late-June and early-November 2016.

There were a total of 47 youth included in this survey who were **between 14 and 17** years of age and currently in foster care. The survey provided the following data related to the youth being provided medical and dental health care:

- 92% reported having a regular health care provider.
- 81% reported having had a dental checkup less than a year ago.
- 87% answered no to the question *“Has there been a time over the past year when you thought you should get medical care but you did not?”*

Maine recognizes the need to continue to work on improving health care oversight and coordination and documentation for children in foster care and objectives in the 2015-2019 CFSP will support that work.

Item 18 (Mental/behavioral health of the child) was rated strength in 72% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS remains challenged in this area but there is evidence of steady improvement. The data has ranged from 67%-84% as evidenced in the graph below with the 7-Year Average being just above the outcome of the 2009 CFSR:

Me.-CFSR Round	Item 18
Round 1: 11/2009-10/2010	67%
Round 2: 11/2010-10/2011	70%
Round 3: 11/2011-10/2012	76%
Round 4: 11/2012-10/2013	84%
Round 5: 11/2013-10/2014	77%
Round 6: 11/2014-10/2015	79%
Round 7: 11/2015-10/2016	73%
7-Year Average	75%

In Rounds 6& 7 QA was able to extract data related to the specific questions incorporated in Item 18 in order to identify how well the agency has performed in assessing and addressing the mental/behavioral health needs of children. The data reflects the following:

Item 18 Question	% Met	% Met
	Round 6	Round 7
B. For foster care cases, during the period under review, did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues?	94%	85%
C. During the period under review, did the agency provide appropriate services to address the children’s identified mental/behavioral health needs?	81%	74%

Trends that were highlighted through the case reviews indicate that barriers to meeting this standard include:

- Issue(s) that have come up for a child/youth, yet it's not clear that the issue(s) are being addressed.
- Mental health needs of the child are unknown due to the lack of assessment of these areas.
- Child(ren) in mental health treatment and there is a lack of documentation as to who the provider is or how treatment is progressing, particularly those involved in play therapy.
- Cases where there is no discharge planning documented.
- Child(ren) on mental health medication and however the policy relative to the oversight of medication is not followed.
- Passport Medical Screen is often significantly out of date.

Since the 2009 CFSR Maine had continued to work towards improving the work conducted to assess and address children's mental health needs. The 2015-2019 CFSP will support this work related to consistent implementation of policies and procedures.

In three of the eight child welfare districts, an agency is responsible for providing a comprehensive medical and behavioral health assessment for all children entering foster care. The goal is to find a way to leverage MaineCare funding to expand this service statewide.

The 2015 reorganization included the creation of a clear Children's Behavioral Health Team. Children's Behavioral Health services focus on behavioral health treatment and services for children from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disability, Autism Spectrum Disorders, and mental health disorders.

In collaboration with the CBH Team a plan was developed to lower the usage of psychotropic medication for youth in foster care. In calendar year 2015 23% of youth in foster care were on one or more psychotropic medications, in 2016 the aggregate number was 22.8%. The goal for OCFS is that by the end of 2017 this number will drop 5% to 17% of youth being on one or more psychotropic medications.

The OCFS Child Welfare Strategic Plan (SFY 2016-2018) includes a focus on decreasing the use of psychotropic medications in foster youth. Specifically:

- Caseworkers and supervisors will review all youth on psychotropic medications quarterly.
- Caseworkers will attend medication management appointments with youth and their caregivers at least quarterly.
- Districts will consult with CBHS staff regarding any medication related questions or concerns.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The surveys were conducted between late-June and early-November 2016.

There were a total of 47 youth included in this survey who were **between 14 and 17** years of age and currently in foster care. Seventy-eight percent answered no to the question “*Has there been any time over the past year when you thought you should see a mental health professional for a problem such as depression, anxiety, or substance abuse, but did not?*”

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

MACWIS has maintained the assigned rating of Strength since 2009. OCFS MACWIS continues to readily identify the status, demographic characteristics, location, and goals for every child in foster care.

The system remains functionally stable. The MACWIS system continues to readily identify the status, demographic characteristics, location, and goals for every child in foster care. The system continues to gather reliable data which is entered in a timely manner. The system time stamps each entry and this stamp, along with additional information can be reported out for review. The entry of demographics within the system is a combined effort of the state’s eligibility system, which is the default and single client repository for demographics, and the entry of OCFS staff. ACES, as the eligibility system is referred, exchange its demographic data with MACWIS every 2 hours. MACWIS utilizes validation and system controls for date accuracy, element requirement and entry requirement prior to saving and exiting from screens. Supervisory approval of staff entries is required throughout the business process of intake, assessment and case. Supervisory oversight ensures that the status of a child is entered, it is accurate and it is timely. Audit reporting for AFCARS and NYTD elements and for OCFS Child Welfare policy and practice requirements and quality are run monthly, but any of the standardized report auditing can be run as needed. Timeliness of placement and of child goal/child plan entry is also available through reporting. MACWIS is also capable of producing IVE eligibility reporting as well as financial reporting for foster care and adoption. This reporting allows staff to verify inaccuracies, correct data errors and or identify system issues that need to be addressed by the Information Services team. Staff can submit data fix helpdesk tickets for correction of the data or submit requests for application

changes that may enhance a user's ability for accuracy and timeliness. During the past 6 years Maine has continued to sustain a high functioning Information Services team and Program which is responsive to the needs of MACWIS users while also upholding federal, state and department rules, policies and practices.

Throughout the year the MACWIS system receives ongoing maintenance. Seven certified release deployments were committed during 2015, continuing to improve the support of all new federal requirements.

One of the 7 certified releases which OCFS committed this past year was also the largest in MACWIS history. It entailed the redesign of business processes and recoding of PowerBuilder programming converting the existing current multiple resources into one Family Resource. This Central Resource can now be tracked in the provision of licensed and unlicensed services. OCFS Information Services has continued its work with OCFS management, internal business users, other DHHS partners, and community representatives as well as OIT MACWIS for the incorporation of requirements from the Fostering Connections to Success and Increasing Adoption Act of 2008. During the spring of 2015 Information Services along with the OCFS Policy and Training Unit and a committee of internal state and community members met for the development and implementation of the requirements for The Preventing Sex Trafficking and Strengthening Families Act. This functionality was released July 2015.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

As highlighted in Item 13, Maine continues to be challenged in this area particularly with parents with the qualitative case review finding fluctuation between rounds in respect to performance.

Trends that were highlighted through the case reviews indicate that barriers to meeting this standard include:

- Fathers not being included in the case planning process.
- Age/developmentally appropriate children not being invited to participate in case planning.
- Lack of documentation of FTM for both parents.
- Lack of documentation that reflects why the case is opened and what has to be done for the case to close and for the children to return home. .
- There are limited efforts made to involve parents who are out of state (such as phone conference for the parent at the meeting).
- While QA noticed progress made in ensuring older youth are invited to participate in the meetings, the challenge remains when youth chose not attend and no documentation was provided regarding how the information from that meeting was shared with the youth at another time.

- Frequency of FTMs being insufficient based on the facts of the case- FTMs not being held when there are significant changes in the circumstances of the case

In January 2016 the DMT reviewed the Child Case Plan document and defined the steps needed to complete it:

1. FTM is held with the child to create the initial child plan or update the current child plan.
2. Caseworker fills out the relevant screens in MACWIS with updated information (i.e. medical passport, education).
3. Caseworker will create a new child plan in the child plan module.
4. Caseworker will complete the child plan document in event tracking.
5. Caseworker sends the document for approval in event tracking and then in the child plan module.
6. Supervisor will approve the plan in event tracking and the child plan module once they have reviewed the child's case plan and confirmed that there is a corresponding FTM in the narrative log.

The PAs were provided instructions on how to run their own AFCARS Overdue Case Plans Report so they can monitor the work in the districts. There was also exploration on what tools may be available to district supervisors in order to monitor the timeliness of completing child case plans. The Policy & Training Team includes training related to the development of the child's case plan occurring in a FTM as part of the Foundations Training.

The quantitative data would indicate that these strategies have had an impact in terms of ensuring that case plans are completing timely in relation to AFCAR reporting. For the period 4/1/2016 – 9/30/2016, based on the AFCARS Penalty report for this period, only 3.21% of the case plans for the foster care population were missing at the end of the period. However work remains in terms of improving on the quality of the case planning process.

In February 2016 the QA unit reviewed a random sample of 122 children statewide specifically looking at the 2 prior case plans for the identified children. The sample of children was those who had been in care for at least 18 months. The purpose of the review was to assess how well OCFS is doing in completing case plans on time and how children, birth parents, resource parents and children's informal supports were engaged in the case planning process, including within the FTM.

In summary:

- The QA review looked back at the 2 prior case plans in all the cases selected for review to check on compliance related to time frames. In this study it was found that the last 2 case plans were completed on time in 27% of the cases reviewed.
- Given that the Maine FTM is one mechanism used to engage families in case planning this study looked at the frequency of the case plan being developed through the FTM process. It was found that cases plans were completed at a FTM in 23% of the cases reviewed. Reviewers were looking at the timeframe of when a FTM was held in relation to case plan under question and whether or not it could be determined that there was discussion related to case planning.

- Mothers were present at both FTMs related to case planning in 31% of the cases reviews; fathers were present at both FTMs in 14% of the cases reviewed.
- Children 12+ years of age were present for each FTM associated with a case plan in 67% of the cases reviewed.
- Resource parents were present at both FTM's associated with a cases plan in 51% of the cases reviewed.
- Children's informal supports were present at both case planning FTMs in 14% of the cases reviewed.
- Children did not sign any of the case plans reviewed.
- Reviewers found both case plans reviewed in event tracking in 56% of the cases reviewed.

A follow up review of a sample of 82 case plans occurred in September 2016. This review didn't assess for the quality of the case plans but rather looked at whether or not plans were completed, approved, in event tracking and developed within the context of a FTM. The following was found and reported to the OCFS Executive Management Team and the District Management Team:

- In 95% of the cases reviewed, the case plan history module evidenced a current case plan listed; 99% of which were approved by the supervisor.
- Of the plans completed and approved by the supervisor, 85% could be found having been pulled into an event tracking document.
- Of the 85% of plan pulled into the event tracking document 92% were pulled into event tracking within 30 days of plan being completed in the case plan history module.
- Of the 85% of plans pulled into event tracking, 12% were blank documents.
- Of the completed case plans, 23% seemed to have been completed through the FTM process; with 86% of those meetings documented in the narrative (not a blank FTM narrative).

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016.

Survey respondents were asked if they felt included in the overall decision making during their time in foster care. Of the 117 respondents 48% indicated they 'always' felt included; 46% indicated they 'sometimes' felt include, and 6% indicated they 'never' felt included.

Youth were asked who they thought had listened to their voice or opinions during their time in care (with the option to check as many as they wanted), three quarters of youth checked that their caseworker listened to them. A high percentage of respondents also indicate that their relatives, foster parents, and staff (73%) listened, and the GAL (51%). Among the lower percentages of groups that respondents felt listened to them were attorneys (14%) and CASAs (3%), 5% of respondents checked they felt that no one listened to them.

Respondents were asked to rate whether they felt included in the plans for 10 different areas listed in the tables below:

	Case Plan	School Plan	Placement Plan	Permanency Plan	Court Case Review
Always or almost always	45.3%	47.9%	38.5%	44.4%	50.0%
Some	35.9%	25.6%	27.4%	30.8%	22.4%
Not at all or Very little	13.7%	19.7%	25.6%	17.9%	19.0%
Does not apply to me	5.1%	6.8%	8.5%	6.8%	8.6%

	Family Visitation Plan	Health Care Plan	Mental Health	Therapy	Medication
Always or almost always	47.9%	47.9%	47.0%	48.3%	47.5%
Some	23.9%	18.8%	18.8%	22.4%	21.2%
Not at all or Very little	14.5%	23.1%	26.5%	22.4%	19.5%
Does not apply to me	13.7%	10.3%	7.7%	6.9%	1 1.9%

OCFS recognizes the importance of having supervisors actively oversee the case planning process as those plans should be consistent with what needs to occur for a family to successfully reunify with their children and/or maintain care for their children. In the spring of 2016 the DMT finalized a supervisory review protocol for quarterly review for children in care cases and monthly review for services. This protocol includes a template that supervisors use to document the review in MACWIS. Supervisors participated in training on the expectations and the completion of the template and full implementation of the review process began in September 2016.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as Maine provides periodic reviews for each child in foster care and they are generally held in a timely manner. The process in place at the time of the 2009 review remains, children in foster care are reviewed by the court at least once every 6 months.

Maine Statute Title 22, Chapter 1071 Subchapter IV §4038 mandates that “If a court has made a jeopardy order, it shall review the case at least once every 6 months, unless the child has been emancipated or adopted.”

Maine Statute Title 22, Chapter 1071 Subchapter IV §4038 (5) stipulates “After hearing or by agreement, the court shall make writing findings that determine:

- A. The safety of child in the child’s placement;
- B. The continuing necessity for and appropriateness of the child’s placement;
- C. The effect of a change in custody on the child;
- D. The extent of the parties’ compliance with the case plan and the extent of progress that has been made toward alleviating or mitigating the causes necessitating placement in foster care;
- E. A likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship; and
- F. If the child is 16 years of age or older, whether or not the child is receiving instruction to aid the child in independent living.”

The June 2016 Title IV-E Foster Care Eligibility Primary Review found that of the 80 cases that were randomly selected for review, all were found to have the required judicial determinations explicitly documented and within the required timeframes.

“The OCFS has collaborated with the court and the Maine Office of the Attorney General to create court orders that are child-specific and clearly reflect the case circumstances. Regular communication between OCFS and the Office of the Attorney General has resulted in timely corrective actions when potential concerns are identified with certain court orders. Court orders along with court affidavit’s consistently provided information about the home from which the child was removed; the circumstances in the family home and the child abuse and neglect factors which brought the case to the attention of the state and court. These court orders were timely and sufficiently documented the contrary to the welfare and reasonable efforts requirements that the court must determine in a specified timeframe.”

In March 2015 OCFS was notified that the state audit of foster care and adoption assistance were completed, there were no audit findings. This audit would include a review of court hearings being held within the appropriate timeframe.

A recent MACWIS query, including the entire universe of children in state foster care, found that Maine seems to be challenged in having the first hearing within the first 6 months of children entering custody, although improvement was made between CC 2015 and the first two quarters of CC 2016:

District	# Removals lasting more than 6 months CALENDAR YEAR 2015	JR Hearing w/in 6 months
1	110	35%
2	142	31%
3	103	50%
4	37	54%
5	156	35%
6	134	40%
7	55	42%
8	34	74%
Total	771	40%

District	# Removals lasting more than 6 months Jan-Jul 2016	JR Hearing w/in 6 months
1	79	57%
2	54	30%
3	48	35%
4	13	69%
5	119	31%
6	53	55%
7	25	92%
8	18	55%
Total	409	45%

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response

This item was assigned a rating of strength in the 2009 CFSR as information obtained confirmed that permanency hearings are held within 12 months of a child's entry into foster care and usually every 6 months thereafter. Maine continued to utilize the same system to ensure these hearings are taking place within this same timeframe.

Maine Statute Title 22, Chapter 1071 Subchapter IV §4038-B. Permanency Plans mandates:

“1. Mandated permanency planning hearing. Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, 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 subject to child abuse or neglect or on the 60th day after removal of the children 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.”

Since 2009 Maine has undergone three Title IV-E Foster Care Eligibility Reviews, 2010, 2013, and 2016 as well as a state audit in 2015, passing all four.

The June 2016 Title IV-E Foster Care Eligibility Primary Review found that of the 80 cases randomly selected for review, all were found to have the required judicial determinations explicitly documented and within the required timeframes.

On an annual basis the OCFS IV-E Financial Review Eligibility Specialists conduct a review to ensure that case records contain the appropriate court documentation demonstrating that permanency review hearings occur within 12 months from the date the child entered foster care and no less frequently than every 12 month thereafter. While no raw data is available, the IV-E Program Manager reports that errors found during these reviews are very rare.

This data is based on the first hearing entered with the type of “Judicial Review/Permanency Hearing” that occurred within 12 months for children that entered care during 2015 that remained in care at least 12 months.

DISTRICT	ALL REMOVALS CY2015	CY2015 REMOVALS > 12 MONTHS	OF REMOVALS > 12 MONTHS, # WITH PERMANENCY HEARING WITHIN 12 MONTHS	% WITH PERMANENCY HEARING WITHIN 12 MONTHS
1	116	105	97	92%
2	152	131	130	99%
3	113	87	83	95%
4	41	34	34	100%
5	171	139	133	96%
6	162	113	111	98%
7	68	45	40	89%
8	47	29	29	100%
TOTAL	870	683	657	96%

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as it was evident that Maine had a process for filing a petition for TPR in accordance with ASFA.

In the Me.- CFSR Rounds 6 & 7 data was extracted related to the specific questions incorporated in Item 5 (appropriate and timely establishment of permanency goals) in order to identify where the challenges are in relation to timely establishing of appropriate permanency goals.

Measurement	% Met	
	Round 6 (11/2014-10/2015)	Round 7 (11/2015-10/2016)
Filing timely termination of parental right	(t=62) 76%	(t=45) 62%
Exception to requirement of filing termination of parental rights	(t=18) 61%	(t=15) 40%

Trends highlighted through the case review indicated that barriers to meeting this timeframe included:

- It’s not usually clear from the record as to the delay in changing case goals. Sometimes reunification goes significantly beyond the 12/15 month mark before the TPR (caseworkers and the court trying to give the parents additional opportunities to reunify) and it’s not clear if there are compelling reasons for extending the reunification timeframe.
- This item also speaks to whether or not a goal is appropriate to the case. There are times when it does not appear that the parents are involved in reunification at all (or just minimally) but the Department is not making any efforts to move towards a TPR when it appears that would be appropriate (even though earlier than the 12 month mark).
- Lack of documentation related to concurrent planning.

Three strategies implemented in 2016 will impact children’s permanency goals and timeframes related to meeting those goals include:

- In May 2016 monthly data planning calls were implemented to include District Program Administrators. Specific youth who have been in custody for a period of time and monitor the progression being made toward achieving permanency. The preliminary data reflects that this process is leading to an increase in children being returned home.
- Developing a process where all youth in care 0-9 months will be reviewed to identify any barriers to reaching timely permanency and strategizing ways around those barriers.
- OCFS Information Services is developing a ‘data dashboard’ that will be able to support supervisors and managers in real time as to children are in the permanency continuum.

These strategies will allow for ongoing review of child’s immediate permanency goals and needs which should support staff in making timelier decisions related to filing for termination of parental rights.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2009 CFSR.

Maine Statute Title 22, Chapter 1071 Subchapter IV §4033-5 mandates that “The department shall provide written notice of all proceedings in advance of the proceeding to foster parents, pre-adoptive parents and relatives providing care. The notice must be dated and signed, must include a statement that foster parents, pre-adoptive parents and relative providing care are entitled of notice of and a right be heard in any proceeding held with respect to the child and must contain the following language:

‘The right to be heard includes only the right to testify and does not include the right to present other witnesses or evidence, to attend any other portion of the proceeding or to have access to pleadings or records.’

A copy of the notice must be filed with the court prior to the review or hearing.”

Since 2012 QA has conducted several reviews related to assessing how well the agency provides written notification to foster parents/caregivers of court activity. The chart below reflects the percentage of cases where the reviewer found evidence that the foster parents were notified for the last year of Judicial Reviews/Permanency Hearings. The data reflects that the agency needs to do improve in this area:

District	2012 % Notified (t=417)	2015 % Notified (t=252)	2016 % Notified (t=185)
1	-	82%	94%
2	-	30%	73%
3	-	63%	68%
4	-	81%	71%
5	-	73%	60%
6	-	88%	77%
7	-	36%	73%
8	-	87%	84%
State Average	77%	69%	73%

Barriers identified by caseworkers and supervisors related to ensuring timely notification includes:

- Timeliness in receiving court orders that specify the next court date.
- Trailing docket scheduling changes and/or late notification of when the hearing is scheduled.
- Changes in court dates and times not being communicated to the staff responsible for sending notifications to foster parents.

District staff will develop strategies to address the barriers unique to their district and the District Management Team will create a uniform process to ensure that notifications are consistent and timely.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the 2015-2019 CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR.

1. Historically, the OCFS has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. OCFS maintains its unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each of the eight Districts and supervised by the central office QA Program Manager. This unit is the core team conducting the CFSR-style site review process which was developed as the means for Maine to measure progress in its PIP following the 2009 CFSR. This process continued following Maine's completion of the PIP as a means to conduct quality case reviews. Specific activities have included monthly case reviews, as well as special projects to provide senior management with qualitative data on areas of concern. The work of this group has also expanded through the restructure to include quality assurance functions that are needed for the entire OCFS.
2. Maine has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children. The 2015-2019 CFSP included strategies to support ongoing work to ensure that quality services are available to protect children.
3. The OCFS Data Team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit. QA staff is routinely conducting case reviews which

could be comprehensive case reviews using the ACF review instrument or focused reviews based on agency need for data.

4. District staff have access to reports provided by the Data and QA Teams although it does seem apparent that not all staff have the same level of access. This is likely based on district staff preferences.

In 2016 OCFS continued the debriefing meeting protocol following each of the districts CFSR. This is an opportunity for all staff to be informed of the outcome of their review and engage in a dialogue with the QA Program Manager and the Regional Associate Director of Child Welfare. The meetings include having district focus on identifying the barriers to meeting the expectations and to develop strategies that will result in improvement in identified areas. The feedback in the districts has been that these meetings have been informative and helpful for direct line staff and their supervisors. The Regional Associate Director of Child Welfare is responsible for following up with district to ensure this work has been completed and ongoing.

The OCFS Senior Management Team targeted several key practice areas that require focus including quarterly QA reviews and reporting out, three of which are included as measurements for several of the 2015-2019 CFSP strategies. These include:

- Conducting Family Share Meetings at the time children are placed in foster care as well as when there has been a change in placement;
- Relative Notification- insuring that all grandparents and known adult relatives have been notified of a child's entry into foster within 30 days;
- Insuring that voice recordings of child forensic interviews are downloaded into the MACWIS system.

OCFS has conducted an assessment of how its QA system currently meets the five key components of a sound QA/CQI system as laid out in the ACF Information Memorandum. Overall Maine believes it has the basic structures in place.

1. Foundational Administrative Structure:
 - a. Maine has dedicated staff housed in each district office and supervised centrally.
 - b. QA staff is historically those who have worked within the child welfare program either as a direct care caseworker and/or supervisory staff who promote or demote to the QA team. QA staff is trained in the child welfare system, knows policy and can easily navigate the MACWIS system. The QA team meets on a monthly basis. Conference calls are also utilized to allow the team an opportunity for peer group contact to discuss or plan upcoming projects or challenges faced by the team.
 - c. OCFS has created job manuals for all positions, including QA.
 - d. Training, formally or informally based on the project need, is provided to QA staff prior to conducting a specific project. This ensures that staff are familiar with the tool and/or process so that all staff use the tool consistently. The QA unit has access to the Online Monitoring System (OMS) system through the federal CFSR Portal and has moved to using that system to conduct the individual case reviews. The unit has also completed the Onsite Review Instrument (OSRI) Item Specific training modules to ensure it is meeting the requirements for maintaining the integrity of the tool during case review and have received certificates verifying this completion. As new QA staff are hired, they are trained in this process through

teaming with their peers as well as reviewing the training modules on the OMS system.

- e. An informal inter-rater reliability process is utilized on most projects and combines peer to peer consults, pairing in teams and/or consulting with the QA Program Manager as an anchor point for any project/study.
 - f. In the past year the QA unit has continued to utilize the Questions & Answer database for the CFSR. This tool is updated each time a new question is asked and appropriately answered. This system also allows for consistency in conducting both review processes.
2. Quality Data Collection:
- a. Maine has an ACF certified SACWIS program, certified in May 2009.
 - b. Maine has dedicated staff housed in each district office and supervised centrally.
 - c. Maine has utilized the ACF OSRI as a review tool which provides clear instruction and guidelines on its use. The QA unit has also consulted with the Boston ACF region to ensure that the integrity of the federal tool is followed. The assessment from ACF was that the Maine team consistently uses the tool with integrity. The ACF Boston regional staff and the JBS consultants meet with the OCFS QA staff annually to discuss the OSRI and provide feedback to questions asked by the QA Unit.
 - d. The 2012 OCFS restructure created the Accountability and Information Services Team which includes QA, Title IV-E and the SACWIS/Information Services. This group is supervised by the Associate Director of Operations which allows for increased collaboration between the teams, sharing of data and support from each team to collect relevant data based on Office need. In 2015 there was further realignment which resulted in an expansion of this group with the name change to the Operations Unit. The goal of this realignment is increase fiscal accountability and increase effective and efficient services through appropriate quality assurance programs. Between these systems Maine is able to collect quantitative and qualitative data to address key issues.
 - e. The OCFS Data team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit.
 - f. Maine has the systems and resources in place to utilize and monitor AFCARS data, NCANDS data, CFSR, ACF CFSR Statewide Data Indicators and NYTD.
3. Case review data and process:
- a. QA staff is routinely conducting case reviews which could be comprehensive case reviews using the ACF review instrument or focused reviews based on agency need for data.
 - b. The case review schedule that Maine has utilized since the 2009 CFSR was established to meet the needs of the PIP allows for stratification of cases as well as including the largest metropolitan area in the state to be reflected in the rolling quarter data that is submitted to ACF. Following the 2017 CFSR it is anticipated that the structure/process adopted by Maine will be adjusted to ensure that the review process is consistent with how the CFSR 2017 process was implemented

due to the baseline for the anticipated PIP being established using that methodology.

- c. In late 2015/early 2016 work was completed to strengthen this process in terms of developing a defined sampling methodology. This methodology has since been approved by federal review team data experts.
 - d. The case review process includes the QA Program Manager as being the person responsible for providing QA on each of the tools which assures for inter-rater reliability as having one person always being the anchor. Maine did develop a backup plan for the QA process should additional staff be required going forward. These staff were trained by the QA Program Manager and then observed by ACF to ensure they could appropriately manage the QA component of the CFSR process.
4. Analysis and dissemination of quality data:
- a. OCFS utilizes monthly management reports, Kids in Care reports, annual district CFSRs and has access to the Results Oriented Management System, all combined allows for ongoing tracking of outcomes.
 - b. OCFS has a data team of qualified staff to aggregate and analyze data that can be broken down by district office.
 - c. OCFS has various stakeholder groups to provide feedback to the OCFS.
 - d. OCFS maintains a website with current data related to outcomes.
5. Feedback to stakeholders and decision makers and adjustment of program and process:
- a. In the fall of 2015 the decision was made to restructure the various panels and committees facilitated by the OCFS to increase efficiencies to enhance the overall quality of conversations and planning within the stakeholder groups. In December, OCFS facilitation of the Child Welfare Steering Committee and the Citizen's Review Panel were ended. The members of both of those groups were encouraged to continue involvement by participating in the newly named Maine Child Welfare Advisory Panel (MCWAP). This group meets monthly and is co-chaired by the Associate Director of Child Welfare. Each month there is an agenda item to review the Child and Family Services Review (CFSR). This is related to the OCFS Strategic Plan report which next year should incorporate all or most of the CFSR measures.
 - b. District staff have access to reports provided by the data and QA team. It seems that not all staff have the same level of access and this is likely based on district staff preferences. This is an area that could be strengthened. The Associate Director of Child Welfare has committed to following up with districts related to the need for plans to be developed and implemented in response to the various QA studies that are conducted.
 - c. OCFS is moving towards a stronger CQI approach and this will automatically involve the policy and training teams when outcomes are reported out that would indicate a need for policy review and/or strengthening of a training element.
 - d. In the winter of 2014 the Quality Circle process was implemented in every district which allows district staff the opportunity to identify challenges to their work, create and implement strategies to overcome those barriers. Quality Circles are supported by the Governor of Maine and the Commissioner of DHHS. In 2015 the

facilitators of these groups began having quarterly meetings with the OCFS Director, Associate and Regional Directors of Child Welfare. The purpose of this contact is to learn about new innovative processes that have been implemented in the district as a result of the Quality Circle work as well as to identify resources and support that would promote implementation of ideas. These meetings also provide an opportunity for members of the OCFS Executive Management Team to identify statewide trends/needs and innovative solutions for statewide implementation.

- e. QA staffs continue to be available to provide more district-specific consultation through working on special reviews that could provide the District relevant information for that district in its efforts to improve outcomes.

In the spring of 2016 OCFS implemented a real time review model, Eckerd Rapid Safety Feedback (ERSF) to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff overseen by the ERSF Program Manager. All of the QA staff was trained in the model in November 2015 with full implementation of the model rolling out 3/7/16 with 3 reviewers (two primaries, 1 backup) from the QA unit assigned this responsibility. Based on a comprehensive review of 5 years of data in MACWIS and other sources, critical case practice issues were identified that, when completed to standard, could reduce the probability of high severity child abuse. Among those case practices were quality safety planning, quality supervisory reviews and the quality and frequency of home visits. Once a case is pulled into the ERSF process a review is completed using a standardized tool. If safety concerns are identified or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (RSF Program Manager and the QA Specialist who reviewed the case) and the caseworker and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice change real time; and
- ERSF staff to provide mentoring, coaching and support to child welfare staff.

In service of these goals the ERSF staffing uses a four step process.

1. Debrief any potential safety concerns and/or emerging dangers with the caseworker and caseworker supervisor;
2. Develop a plan to reduce potential threats to the child(ren) if safety concern and/or emerging dangers are identified;
3. Identify who will be responsible for action tasks and assign timeframes for resolution; and
4. Provide positive feedback regarding case strengths, as well as discuss case concerns and opportunities for improvement.

Since implementation of ERSF on 3/7/16 through 1/27/17 there have been 341 cases assigned for review and 259 staffings held.

One of the agreements made between Maine OCFS and Florida Eckerd to support successful implementation of this model is that Eckerd conducts quarterly site visits with the Maine RSF team to ensure that the team is implementing the tool to fidelity. One aspect of this process is for them

to review the data that has been collected since implementation. The following table is the most recent collection and analysis of the data:

SAFETY CONSTRUCTS	First Quarter of Implementation (3/22/16-6/21/16)	Second Quarter of Implementation (6/22/16-9/21/16)	Percent Improvement
Question 1 - Utilizing family history in decision making	53.8%	69.8%	16%
Question 2 – Assessing child vulnerability	67.9%	62.9%	- 5%
Question 3 - Identifying and responding to present harm/danger and emerging danger	53.8%	44.0%	- 9.8%
Question 4 - Identifying protective capacities and responding to deficits	36.3%	40.5%	4.2%
Question 5 - Stakeholder communication	40.0%	54.3%	14.3%
Question 6 - Identifying perpetrators and linking maltreatment to harm	73.8%	75.0%	1.2%
Question 7 - Sufficiency of safety planning	45%	46.1%	1.1%
Question 8 - Sufficiency of supervisory reviews	60.5%	36.2%	- 24.3%
Overall	53.9%	53.6%	- .3%
Overall without Question 8	52.9%	56.1%	3.2%

The data reflected improvements seen in five of the eight areas reviewed. There were two questions that had a large decrease in performance, #3 and #8. The changes in #8 (*Sufficiency of supervisory review*) were anticipated as the RSF team had received some technical assistance in the 1st site visit in June that changed how they were to rate that particular question- the adjustment was made which led to a larger change in that scoring between the quarters more followed the integrity of the tool.

Regarding the change in performance on question 3 (*Identifying and responding to present harm/danger and emerging danger*)- a QA review was conducted of ERSF reviewer narratives on that question as to the typical reasons reviewers answer that question no. In answering that question the considerations reviewers look at include:

1. Whether discussions with the family & case members address the safety concerns;
2. Whether the caseworker is seeing the family frequently enough to determine threats or safety concerns exist; and
3. Whether the identified interventions will reduce the danger.

The QA review found that the primary consideration that was not met was related to #1 above- discussion with family and case members addressing safety concerns- the quality of the interviews that are recorded. The second highest factor was #3- the identified interventions were not such that the danger was reduced, an example being safety planning parents out of the home but not requiring services for that person although it was likely he/she would likely return to the home.

Although not a consideration specifically, the QA review also found many instances where the ERSF reviewers made note of a lack of documentation impacted their ability to adequately rate the item, there were several examples where, at the time of the review, interviews with key members in the case had not been documented.

This report and feedback was disseminated to the OCFS Child Welfare Executive Team members for their review and consideration on how to best work on improving in these areas. Future reports from the ERSF database and system will allow OCFS to drill down into district specific data.

OCFS continues their contract for the 9th year with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data down to a caseworker level through a web-based portal. During 2015 ROM upgraded Maine's ROM Reports Service Model. This model now provides OCFS technology updates, enhanced reporting functionality and allows for a range of new administrative tools for staff customizations. Maine OCFS Information Services staff continues to work with the ROM Director and University of Kansas team in replacing, modifying, eliminating and or phasing out reports from the ROM Core Model to successfully align with the changing CSFR Round 3 outcome measures.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the 2015-2019 CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's 2015-2019 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as Maine demonstrated providing comprehensive child welfare training to new caseworkers and ensuring that caseworkers are fully trained on relevant issues prior to assuming a caseload.

Since the 2009 CFSR there has been a significant shift in staff training. The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services was not renewed for SFY 2013. OCFS developed internal capacity by creating a Policy & Training Team that consists of seven Policy & Training Specialists and one Policy & Training Program Manager. Their role is to provide new caseworker trainings, advanced trainings to more experienced caseworkers and other trainings as deemed necessary to enhance staff's work with families and children. This training is done using a variety of delivery methods including onsite,

regional and online modules. This approach allows for new hires to receive training almost immediately, versus having to wait for the quarterly scheduled training program to begin. This approach also allows training needs identified to be addressed immediately instead of waiting for an outside agency to conduct the training. In 2016 there were 5 rounds of New Caseworker Trainings conducted with 111 new child welfare caseworkers and 19 Alternative Response Program staff participating in the training.

In December 2016 an anonymous survey was disseminated to 111 new caseworkers, those who had been hired since January 1, 2016. The response rate was 48% or 53 responses of 111 sent out.

The survey asked the following specific questions (below with response date) to cover whether they felt that the training prepared new caseworkers adequately to perform their jobs:

--	Not helpful at all	Not really helpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful
How helpful was New Worker Training in enhancing your skills on engaging with families?	1.92%	9.62	7.69%	48.08%	32.69%

--	Not prepared at all	Not really prepared	Neither prepared or unprepared	Somewhat prepared	Very prepared
How well did New Worker Training prepare you for new assessments and/or newly assigned cases?	0.00%	9.43%	11.32%	66.04%	13.1%

	Not prepared at all	Not really prepared	Neither prepared or unprepared	Somewhat prepared	Very prepared
How well did New Worker Training prepare you to work with families in the following areas?					
a. Safety	0.00%	5.66%	5.66%	52.83%	34.85%
b. Permanency	0.00%	9.64%	11.54%	44.23%	34.62%
c. Well-being	0.00%	1.92%	9.62%	53.85%	34.62%

Which of the following additional New Worker Training did you find:	Helpful	Least Helpful
Answer Choices	--	--
Working within OCFS	24.53%	41.86%
Technology/Macwis	35.85%	32.56%
Legal Training	60.38%	2.33%
Psychosocial Training	15.09%	9.30%
Indian Child Welfare Act (ICWA)	16.98%	4.65%
Ethics Training	15.09%	11.63%
Children's Behavioral Health in Maine	28.30%	18.60%

The 2016 survey was revised so each respondent could include their name on the survey. This was done to enable Policy and Training staff to be able to have follow up conversations with the new worker(s) on questions where they responded that they were dissatisfied or did not feel that the training met their needs. This information will then be taken into consideration as to any revisions being needed to the training.

All New Caseworkers must complete the entire New Caseworker training or they will not remain employed as a child welfare caseworker. In 2016 111 out of 112 staff completed New Caseworker Training, one participant reached the decision that child welfare work was not suited for her and left the agency. Completion of trainings by caseworkers is tracked in a data base that allows OCFS the ability to pull a list of all trainings a caseworker has completed per caseworker or by a particular training topic. There is also a New Caseworker Checklist that lists all trainings and activities that have to occur within specific timeframes before a new caseworker can be assigned to cases. This checklist is completed, and signed off on, by the supervisor and the new caseworker. The checklist is kept in the new caseworker’s file. Below are the items/activities and timeframes of the New Caseworker Checklist:

Core trainings that have to be completed prior to assigning cases to a caseworker:

(Review of policies and other assigned readings during the Foundations Training may have to be completed on days that staff are in the office):

- Complete Foundations Training (This is a 12 day training over four weeks offered five times a year, centrally). Breakdown of the Foundations training is as follows (all days are 9:00am-4:00pm):

	Week 1	Week 2	Week 3	Week 4
Day 1	Introduction to the OCFS, Laws, Policy, Practice and Dynamics of Child Abuse and Neglect	Introduction to Intake Process; Introduction to Child Protective Assessment Process	Introduction to Family Team Meetings and Facilitated Family Team Meetings	Introduction to the Court Process and What’s Involved During a Permanency Case When Children are in Foster Care
Day 2	Introduction to Domestic Violence; Introduction to Substance Abuse	Introduction to MACWIS Assessment Screens; Introduction to Fact Finding Interviewing Process and Making Decisions on Child Abuse and Neglect Findings	Service Cases; Removing Youth from their Homes and What They Need in Care	Introduction to Working with Resource parents, Resource Panel; Reasonable and Prudent Parenting Standards; Child Case Plan

	Week 1	Week 2	Week 3	Week 4
Day 3	Medical Indicators of Child Abuse/Neglect; Parents as partners; and debrief of Week 1	Introduction to Fact Finding Interviewing Process and Making Decisions on Child Abuse and Neglect Findings- continued from Day 2	MECASA Human Trafficking Presentation; Youth in Care Panel Discussion	Introduction to Being a Guardian To A Youth In Care; School Stability; Youth In Care Bill of Rights; Reasonable and Prudent Parenting

Activities that have to be completed prior to assigning cases to the caseworker:

- Job shadow 2 assessments (involving child interviews) and at least one monthly face-to-face contact of a child in DHHS custody or a service case (it is recommended that documentation of the interviews be completed by the new caseworker and reviewed by the supervisor).
- Job shadow a FTM and document the FTM in the narrative window using the FTM/FTM Summary Sheet and review with supervisor.
- Job shadow a C-1/Summary Hearing could include a waiver and discuss with the supervisor.
- Read at least two PPO petitions and two straight petitions.
- Read at least four assessments (2 substantiated, 1 indicated and 1 with no findings) and discuss with supervisor.
- Listen to three fact finding interviews that are associated to the assessments read.
- Attend an FTM, document the plan from this meeting and review with supervisor.

Once the above is completed the caseworker can be assigned assessments/cases. The caseworker's supervisor is required to accompany the new caseworker on their first assessment/family visit (service cases/other cases). The supervisor will assume the role of observer and assist the caseworker as needed. The supervisor may also determine that additional job shadowing/observations in the field should occur and will make a plan with the caseworker for this to occur.

The supervisor is responsible for reviewing the Customer Service Acknowledgement Form, the Policy Signature Sheet and the Employees' Confidential Statement sheet with the caseworker and obtaining their signature. This discussion should include a discussion that the caseworker should only access MACWIS records they are working on and that all computer entries can be tracked as to their usage.

Trainings that are to be done within the first six months of hire:

- Working within OCFS – Orientation
- Staff Safety
- Legal Training
- MACWIS/Technology Training

- Introduction to ICWA
- Social Work Ethics (6 hour for those with a conditional Social Work License)
- Psychosocial Assessment (only for those with a conditional Social Work License)

Activities that are to be done within the first six months:

- Conduct at least two assessments
- Job Shadow a jeopardy hearing
- Job Shadow a monthly face to face contact with a youth or their parents in a case with a goal of reunification:
- Job Shadow a monthly face to face contact with a youth or their resource parent in a case with a goal of adoption (post TPR)

Activities/Trainings that are to be done within the first year:

- Child Welfare Trauma Training Toolkit (prerequisites: completed Foundations Training and have at least 6 months of on the job experience)
- Introduce/participate in on-site training with TANF, OFI and other programs that assist families we work with; this will be coordinated by the supervisor.
- Attend Children’s Behavioral Health in Maine training

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the 2015-2019 CFSP?

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s 2015-2019 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the 2015-2019 CFSP.

State Response:

Since the 2009 CFSR the shift occurred as referenced in Item 26 however the same standards remain as far as requiring caseworkers to attend core trainings on various topics over the following two years post completion of the pre-service training. Additionally, all caseworker staff are required by Maine social caseworker licensing rules to complete 25 hours of training for licensing renewal every 2 years, including 4 hours of training in Ethics. In order to monitor completion of

the ongoing training requirement, the Social Work Licensing Board regularly audits a portion of license renewal applications it receives. While there is no formal interface between OCFS and the Board, if the Board audits a caseworker and the caseworker can't demonstrate having the required amount of contact hours, that caseworker's license would not be renewed.

OCFS does not require all staff to be licensed as there are many different job classifications within OCFS that do not require this. However, all Child Welfare supervisors and caseworker staff are required to be licensed. When new caseworkers are hired the training liaison from the Policy and Training unit meets with the supervisor and new caseworker. During this meeting the liaison checks on the status of the new caseworker's conditional/full social work license to ensure they are licensed or have started the process as caseworkers cannot be assigned cases until they have a conditional/full social work license. All staff with social work licenses are initially put into the OCFS training database but OCFS does not monitor each caseworker's license and renewal dates as it is up to the caseworker to track their contact hours needed and date of license renewal.

Bringing the pre-service training in house also allows for more direct collaboration with the DHHS Staff Education and Training Unit (SETU), this unit also provides ongoing trainings and tracks those trainings. Ethics Training is provided through SETU.

New supervisors are required to participate in training in employment and labor law in the 4-day *Managing in State Government Training*.

In the Spring/Summer 2015 all child welfare supervisors participated in a 3-day Supervisory Academy Training on administrative, educational and supportive supervision. The evaluation data reflected the following:

- 95% of the participants were satisfied with the training;
- 100% agreed/strongly agreed that the trainer provided practical ideas that can be used on the job;
- 100% agreed/strongly agreed that the training was relevant to their job
- 68.5% agreed/strongly agreed that their knowledge on the topic was substantially increased as a result of the training;
- 100% agreed/strongly agreed that the information provided in the training could be used in their work; and
- 76% agreed that they would be effective in their work as a result of the training.

All new Child Welfare supervisors are required to participate in the Supervisor Academy Training. This experience led to OCFS bringing the LAMM (Leadership Academy for Middle Managers) and LAS (Leadership Academy for Supervisors) trainings to Maine in the next step for the supervisory leadership team and was rolled out in the spring of 2016. By December 2016 two cohorts had participated in and completed the LAMM. By February 2017 Maine will have completed its first cohort of supervisors participating in the LAS with the next one starting in May 2017.

In addition to new caseworker trainings, ongoing trainings that were available in 2016 and the number of staff trained include:

TRAININGS	TOTAL STAFF
Advanced Medical Indicators	22
Child Care Subsidy Program MACWIS	8
Child Welfare Trauma Training (2-day training)	45
Children's Behavioral Health in Maine	173
Child Plan Youth Voice	222
Child Passenger Safety	185
Drug Identification, Impairment Recognition and Caseworker Safety	113
Facilitated Family Team Meeting Training	38
Failure to Thrive: Diagnosis, Treatment & Family Support	22
FFTM Facilitator Training	24
Indian Child Welfare Act (ICWA) Working with Native American Tribal Child Welfare	65
Legal Training	91
Legal Training-Mock Trial	25
MACWIS & Technology Overview	86
MACWIS PPO Functionality	1
OCFS Documentation Training	13
Office of Child & Family Services – New Caseworker Training	111
Online Period of Purple Crying	111
Permanency Two- Understanding Permanency Options for Children	13
Psychosocial Assessment	110
Rights of Recipients of Mental Health Services Who Are Children in Need of Service	160
Special Topics for the 0-4 Population: Abusive Head Trauma and Safe Sleep	89
Supervisor Training Academy- Modules 1,2,3	15
Transition to Independence process (TIP)	43

TRAININGS	TOTAL STAFF
Working Within OCFS	81
Human Trafficking & Commercial Sexual Exploitation of Children	321
Advanced Forensic Interviewing	100
Leadership Academy for Middle Managers	24
Leadership Academy for Supervisors	14
LGBTQ	150
Infant Mental Health	24
Brain Development, Trauma and Parenting	257
Our Kids are Not Broken	60
Reaching Teens Institute	54
Social Work Ethics (6 hr)	120
Beyond Mandated Reporter Training	69
Ethical Decision Making (4 hr)	154

Evaluations for two of the larger workshops, Brain Development and LGBTQ, included the following data:

Brain Development, Trauma and Parenting: Tools for Working with Youth Birth Parents

<i>Survey Question: I can apply the contents of this presentation to my work:</i>	Responses
Strongly Agree	65%
Agree	27%
Neutral	5%
Disagree	5%
Strong Disagree	0%

The LGBTQ evaluations were structured in a question/narrative format. Overall the responses related to seeking comments/feedback and/or suggestions for the training were positive. Of those who responded they described the training as being ‘helpful’ and ‘great’ and were very positive towards the presenter. Of those who provided feedback related to what they would like to see more of the information included the following comments:

“...not separating of gender identify and sexual orientation...”

“...helpful to go over the caseworker role...”

“...would like to have had time to discuss case scenarios and develop talking points on this issue....”

In response to the question “what additional resources, information or support would help you, in your role, to support best practice with LGBTQ youth?”:

“More knowledge of local resources.”

“Ongoing training.”

“List of sites to help.”

“Mandatory training for ALL staff and foster parents.”

“Clarify in policy.”

“More professionals and groups in the community to refer youth to.”

Need for additional training is generally due to needs recognized/requested by staff or management. Advanced Forensic Interviewing and FTM/FFTM reboot training (getting back to the fidelity of the model) occurred in 2016 and will continue in 2017. Motivational Interviewing will be offered in 2017 as well.

OCFS is currently in the process of contracting with Justice Planning and Management Associates Inc. (JPMA) to turn many of its ‘101’ level trainings (ones that do not require in classroom time) into interactive, online, E-Learning Courses. This Blended Learning Training System (E-Learning and In-Classroom Trainings) will improve the level and quality of staff trainings by increasing worker knowledge and skills to work more confidently and competently with Maine’s children and their families to achieve better safety, permanence and well-being outcomes. The JPMA system will also enable OCFS to post all of its new/revised policy on the system. All staff will be required to log into the JPMA system to read new/revised policy, pass a short quiz on the main points of the policy and then sign a form stating they read and understand the policy. This system will also allow OCFS to be able to track individuals to ensure they have signed off on having read/understand the policy and passed the quiz

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.

- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate providing initial and ongoing training for foster and adoptive parents, including licensed relative caregivers. Since the 2009 CFSR there have been changes to this training component.

The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services was not renewed for SFY 2013. OCFS instead developed internal capacity to provide pre-service caseworker, resource family, and core trainings using various training delivery methods including onsite, regional and online modules.

In its current resource family training, OCFS is delivering a training curriculum developed by Muskie as a need was identified to revise and update the curriculum. A workgroup was formed in 2015 for this purpose. The workgroup included district staff who were trainers of the current curriculum. The revised curriculum includes six training modules. Among the topics covered are those relating to why children enter care; why children think they enter care; reunification; supporting birth family connections; adoption and permanency guardianship; policies relating to positive discipline; Family Team Meetings; optimal child development; understanding the impact of abuse and neglect upon brain development; and bonding, attachment and trust. The revised curriculum adds some topics including video presentations which were not previously included, such as the Period of Purple Crying video and the Safe Sleep environment video, both of which are focused upon ensuring safety of infants and babies under the age of one year old.

The workgroup created a PowerPoint presentation to accompany the Trainer and Participant Training Manuals, as well as updated a resource guide for applicants. When forwarding this revised curriculum to management at the end of March 2016, the workgroup recommended that at least once annually the group of trainers of this curriculum will meet to review the success of the curriculum in meeting the initial training needs of applicant families. The annual meeting of trainers will be an opportunity to suggest any further need for revision or updates to continually assure that the curriculum is as up-to-date with current information as possible.

The workgroup recognized that due to the amount of information presented to new applicants, this initial training presents more of an overview and orientation rather than in-depth training on any one topic. The workgroup recommended that on-going trainings be available to resource parents to provide more in-depth topical trainings relevant to their role than can be provided during the introductory training.

During the summer of 2016, the revised Resource Family Introductory Training (RFIT) was piloted in several districts. Additional needs for revision were identified and the RFIT revision workgroup reconvened on several dates to complete the suggested revisions. On October 28, 2016 a Train-the-Trainer meeting occurred to present the completed curriculum to all potential trainers who will be delivering this in district offices.

While resource unit staff are primarily responsible for delivery of introductory training, adoption and permanency unit staff may also participate as co-trainers. Training staff from the contracted Foster Care Support Services are primarily responsible for delivery of the final session of the introductory training. This final session consists of ensuring applicants are familiar with the resources that will be available to support them in the role as resource families. The final session also includes a facilitated discussion with currently licensed resource parents.

The RFIT training workgroup met on several occasions during 2016 to also work on revising the 6 hour kinship training which is required in circumstances in which a waiver is granted to relative and fictive kin who are caring for a child in custody. With the granting of a waiver, the kinship family is able to participate in the abbreviated 6 hour kinship-specific training in lieu of the full 18 hour RFIT training. The kinship specific training provides the caregiver with an overview of the system as well as provides them with information regarding their new role as a licensed resource parent and the expectations that role entails. Revisions to the curriculum included inserting information about the impact upon the developing brain when a child is impacted by traumatic experiences. It provides caregivers with strategies to support a child's normal child development. It is likely that the revised Kinship training will be approved for implementation in the spring of 2017.

A Resource Family Introductory Training and a Kinship-specific training calendar is regularly updated and circulated amongst district resource units. Resource family applicants are able to participate in training sessions in a neighboring district, if the dates and times of training are more convenient for them than those offered in their home district. Similarly if the applicant misses a session in their home district, then the applicant is invited to participate in that session when it is offered in an adjoining district. Neighboring districts in some parts of the state are collaborating in delivery of kinship training sessions.

The Resource Family Support Services (RFSS) contract includes a requirement of on-going training provided to licensed resource families. The contractor sponsors an annual training conference which brings together speakers on relevant topics, as well as workshops and resource information to support caregivers in fulfilling their role and in enhancing their skills.

The contractor throughout the year delivers or arranges for training to be delivered in resource family support group settings. The contractor also maintains a listserve which notifies resource families of trainings delivered by various community partners in various parts of the state. The contractor maintains a lending library of books and video training materials which are available to resource families.

In January 2016, OCFS conducted a survey of licensed foster and kinship parents to obtain a better understanding of how the foster program is functioning. Among the topics upon which the survey focused was the topic of training needs. Fifty percent of respondents reported interest in attending trainings on the following topics:

- Foster parents' rights
- Attachment disorder
- Effective discipline techniques

- Caseworker and foster parent relationships
- Substance exposed infants and children
- Adoption

In 2016 the OCFS invited foster parent representatives from each district office to meet with OCFS Deputy Director and other program managers on a quarterly basis with the purpose of identifying and supporting foster parents with the types of supports that are beneficial to their roles. The Foster Parent Advisory Committee is a formalized committee within our system. The Committee has identified four key areas in which it chooses to focus its attention initially. Among those areas identified for focus is the area of training. A sub-committee was formed to address this need.

The following topics have been identified by the Training sub-committee as examples of trainings which they would like to see offered to foster parents in all parts of the state:

- Parenting teens / preteens in custody.
- Caring for substance exposed children.
- Positive/Alternative discipline.
- The impact of trauma and strategies on how to deal with the resulting behaviors.
- The court process and the legal responsibilities of obtaining custody.
- Grief and loss, focusing upon the foster parent's perspective from the time a child is placed in their home until the child reunified with their birth parents. Identify the different kinds of losses and how to cope with them. Ways to practice self-care.
- Effective strategies for resource parents on how to work effectively with birth parents, caseworkers, Guardians ad Litem.
- Facilitated Family Team Meetings What is the foster parent's role?

In 2016, foster parents who participated in grant-funded trauma training expressed very high level of satisfaction with the training which was delivered by Heather Bigger, implementation manager of Maine Children's Trauma Response Initiative, Maine Behavioral Health Services and by Arthur Grant, foster care program specialist at Community Health and Counseling Services. This training afforded resource parents with information about children's exposure to trauma and afforded them with information regarding how to support these children. In November 2016, a faith-based community of foster parents in southern Maine requested an abbreviated training provided by these two trainers. Feedback provided by participants in this abbreviated training was very positive. OCFS will explore avenues for continuing to provide this highly desirable training to a wider array of resource families.

In 2016, OCFS began efforts to provide training to resource parents related to implementing the Reasonable and Prudent Parenting Standards. At the annual spring conference for resource families, the Resource Parent Program Manager and a trainer from the OCFS Policy and Training Team co-trained a workshop on this topic.

Following that initial training, the PowerPoint presentation used during the training became a foundation upon which to build a webinar training which can be easily accessed by resource parents. This webinar can also be used during resource parent support groups or district

events/meetings as a means to familiarize resource parents and OCFS staff with the Reasonable and Prudent Parenting Standards.

The OCFS policy and training team has also developed training on appropriate use and installation of child car seats. This one and one half hour training will be available to resource families in various venues during the 2017 calendar year.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the 2015-2019 CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the 2015-2019 CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the 2015-2019 CFSP.

State Response:

This area was assigned a rating of Area Needing Improvement in the 2009 CFSR as it was found through the Statewide Assessment and stakeholder interviews that although Maine had established effective services to promote reunification, the amount of overall services has diminished due to budget cuts and that this has affected the State's ability to achieve permanency for some children.

To address the concerns the PIP included continued utilization of statewide services, a survey to assess service array and decision making related to key services. The action steps were met but, during the PIP period one of those key services identified, Wraparound Maine, was defunded due to budgetary challenges however other systems were in place that would continue to service families. Results from the survey of birth parents and child welfare staff confirmed the two groups as having similar experiences in terms of barriers to many of the services being distance to the service and availability of transportation. Key services were identified through this work and presented to the Steering Committee and OCFS Senior Management Team in August 2012. At that time the restructure of OCFS was being implemented and it was agreed that this provided the Office with an opportunity to further assess and address the needs of children and families in Maine from a more holistic approach, starting with prevention. The 2015-2019 CFSP will support this ongoing development work, including foster parent recruitment; ARP increased funding in

supervised visitation and ARP, the Fatherhood Group expansion and expansion of the CPPC program.

OCFS has developed and implemented a number of services that will support families and children's needs in Maine and include:

- Bridging Program- A collaboration between OCFS, Public Health Nursing (PHN) and the Maine Families Home Visiting Program to improve statewide service delivery to families with a child born substance exposed. The purpose of Bridging is to improve outcomes for infants and their families by increasing coping skills, removing barriers and building on strengths utilizing all the needed supports and services within the families' community. A PHN Bridging Liaison is co-located in each child welfare District Office for a set number of hours each week. The Liaison is a resource for OCFS staff and PHN staff to improve understanding of what each agency does and build increased collaboration to serve families more effectively.
- Through the Maine Coalition Against Sexual Assault 400 nurses were trained statewide in forensic interviewing for sexual assault victims. The training programs consist of two components, 1) to cover 13+ year old victims; and 2) to cover pediatric victims. These interviews take place in the local emergency rooms.
- The Office of Violence Prevention (OVP), housed within OCFS, participated in the expansion of the Child Advocacy Centers (CAC), their work includes supporting the multidisciplinary teams in the CACs. There are currently 4 CACs in the state with others being developed in the remaining parts of the state to ensure adequate access statewide for families. Trained forensic nurses are part of the multi-disciplinary teams.
- Maine Enhanced Parenting Program (IVE Demonstration Project)- Through collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and MaineCare, OCFS has designed a child welfare demonstration project that is closely aligned with our mission of ensuring the safety of all Maine youth and aimed at improving outcomes for one of our most vulnerable populations. This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings or a child entering state custody. In order to be eligible for this service a family must have at least one child who is between the ages of 0-5 years old and either at risk of entering custody or entered state custody and a recent substance abuse assessment (FASA preferred or an assessment utilizing the American Society of Addiction Medicine (ASAM) criteria) that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available in 5 of the 8 districts with a plan to expand to the other 3 districts.
- C.A.S.E. (Center for Adoption Support and Education): In 2016 Maine OCFS was selected as a pilot state to begin working with the National Adoption Competency Mental Health Training Initiative (NTI) and implementing the C.A.S.E. training statewide to better support the work of adoption and guardianship for those children and families moving towards or achieving the goals of adoption and guardianship.
- Family Reunification Program: OCFS issued a Request for Proposals for the Family Reunification Program service. This service should be available in the summer of 2017 on a statewide basis to families in the process of reunification with children in custody of the Department. Maine will be contracting with a provider who can deliver with fidelity to the

model an intensive reunification service which was initially developed in Michigan and which was able to demonstrate statistically significant success with reunification.

- Adoptive & Foster Families of Maine (AFFM): provides Resource Family Support Services (RFSS) statewide to resource parents (kinship parents, licensed foster parents, adoptive parents, and permanency guardianship parents) with an array of resource assistance to support them in their role of caregivers for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent, as well as support the resource parent's increased understanding of the role shared with the Department in promoting timely permanency outcomes (including reunification) for children in care. Additionally, RFSS provides resource parents with an identified, neutral entity with whom they can process their thoughts and feelings surrounding important decisions affecting the lives of children. It also allows them an emotionally-safe setting in which they can discuss how they are personally impacted by the tasks involved in caring for children who are in custody of the Department.
- Judge Baker Children's Center: The Modular Approach to Therapy with Children (MATCH) is a groundbreaking evidence-based psychotherapy developed by two child psychologists: Dr. John Weisz at Harvard University and Dr. Bruce Chorpita at UCLA. These two treatment developers, and the child psychologists who work directly with them, are the only MATCH trainers. The only way a therapist can become certified in MATCH is to receive training and consultation by child psychologists in one of these two groups. JBCC provides MATCH training and consultation to clinicians covering the service areas in Southern and Central Maine.
- Supported Visitation: Support of family visits shall consist of skilled observation and assessment of parent-child(ren)'s interaction and in modeling/teaching parenting skills by a trained Visitation Support Caseworker during scheduled visit time(s); for the purpose of providing a safe environment in which children in the care or custody of DHHS can visit with their parents and other important people in their lives, and the parent/child interaction can be strengthened through facilitating appropriate interactions and parenting techniques. This is a statewide service.
- Clinical Team Intervention and Assistance for Foster and Kinship Families: OCFS is preparing to offer a new supportive service to resource and kinship families in 2017. This contract will provide a service array which includes support available during regular business hours from liaisons who will be based in each of the eight district OCFS offices. Among other duties, liaisons will contact all families who have accepted a new placement in order to ensure the resource family is aware of services available to them. They will be offered information and support which can be provided by the liaison, as well as social work in-home supports at either the LSW-level or the LCSW-level to support them in their roles as caregivers. The determination of whether LSW or clinical level support is appropriate will be based upon the family's expressed need and willingness to participate in a more intensive service. This social work support available to the resource parent is anticipated to indirectly impact retention of these families, as we are aware that some families discontinue providing the service when they feel they cannot manage a child's challenging behaviors or when they are experiencing unresolved grief and loss when a placed child leaves their home. Oftentimes resource parents describe becoming attached to children who then return to the custody of a birth parent, and this inevitably sets the

stage for a resource parent experiencing grief and loss. Clinicians will now be available to support families through this transition.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2009 CFPSR as it was determined that services provided by OCFS are not accessible to families and children in all areas of the State. Waiting lists for services such as psychiatric evaluations, dental services, substance abuse treatment and in home services was a barrier in this area.

Similar to 2009, it is noted that there are no measures for effectiveness specifically related to service accessibility. Maine's geography and severe weather can restrict accessibility. Public transportation remains limited and lacking in some areas. Caseworkers often transport or arrange transportation for case members and recently OCFS was able to allocate additional funding to transportation service.

OCFS views itself as a member of the community that works together to assure the families and children in Maine will have their needs attended to appropriately. The 2015-2019 CFSP supports development of community programs that will be accessible statewide and include increased funding in supervised visitation and ARP, and the expansion of CPPC and/or OCFS support of other active community collaborations.

In the 2009 CFPSR Maine was able to demonstrate the ability to individualize services despite the limitations attributable to service availability and accessibility. At that time it was recognized that Maine was able to implement several initiatives that allowed for individualization of services to meet the unique needs of children and families. Effective case planning, including engaging family, children/youth and their informal supports is one manner to assess and provide individualize the services for the families. As noted previously, OCFS needs to improve on engaging with families through the teaming process in order to develop effective plans that will address each person's unique needs. The FFTM database will be able to capture how the agency is involving birth fathers at the onset of a case, or at least at the point of decision making related to removal. Of the meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

Staff works with families with developmental challenges and from various cultural backgrounds. To ensure services are provided in a developmentally and culturally competent manner, OCFS utilizes resources such as interpreters, translation of documents, cultural brokers and working with a family's team to ensure that that individuals understand information presented and are competent to make decisions.

Since the 2009 CFPSR Maine has continued to work towards implementing services that could meet individualized needs of children and families. In March 2012, a new organizational structure was announced within the OCFS, in order to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood and Public Services Management. The new structure included four teams focused on Policy & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. The restructure was functionally implemented in the fall of 2012.

The OCFS 2015 realignment of tasks/scope of work included the creation of a Children's Behavioral Health Team, separate and distinct from its former placement within the Child Welfare Team. The Children's Behavioral Health Services Team assists with policy development, provider engagement, and improvement of all behavioral health services. The Program Manager works closely with the resource coordinators to amend Maine Care policies. The Program Manager also works towards developing provider capacity across Maine as well as working closely with other staff within CBHS to increase the integrity of our services. Additionally they will as establish measurable performance outcomes for those involved.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to 2015-2019 CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the 2015-2019 CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2015-2019 CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the 2015-2019 CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2015-2019 CFSP.

State Response:

This item was assigned a rating of strength in the 2009 CFSR as the State was found to be working cooperatively with the many stakeholders to implement the goals of objectives of the 2015-2019 CFSP.

OCFS continues to be involved in many of the same groups and forums that promote State engagement as it was in 2009 and includes the following:

- Youth Leadership Advisory Team (YLAT) www.ylat.org: Through a contract with University of Southern Maine, Muskie School of Public Service, YLAT supports youth and adult partnerships that are committed to improving the short-term and long-term outcomes for youth who are or have been in foster care. Youth Leaders involved in YLAT provide feedback to OCFS that is used in developing Policy and Practice expectations for casework staff. For example, youth involved in YLAT have provided feedback to OCFS around Foster Parent Recruitment, Youth Transition Policy, and improved normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents and other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT also partner with OCFS on Regional workgroups, such as the New England Youth Coalition, which is focusing on education, foster parent recruitment, and normalcy for youth in care. YLAT offers low barrier youth leadership opportunities across the State through monthly YLAT meetings and the annual Teen Conference.
- Maine Child Welfare Advisory Panel (MCWAP): This panel has been in existence since 2015 and is a multi-disciplinary team made up of a diverse group of stakeholders. The mission of the group is: *Maine Child Welfare Advisory Panel is committed to diverse stakeholders and being comprehensive, respectful and responsive to child and family needs, and providing an adequate framework for safe, thriving children having permanency with families and community.* The members of this group were formerly part of the Child Welfare Steering Committee and the Citizen Review Panel. Given the overlap in roles and responsibilities a decision was made to combine the work of these two groups into one group. The role of MCWAP has been focused on assessment of child safety and providing feedback and oversight to both the OCFS Strategic Plan and CFSR process. Over the past year, activities have included: coordination of a Cops and Caseworker Training event, cataloguing training resources and opportunities statewide focused on child welfare topics and developing a neutral facilitator pilot project for Family Team Meetings convened by OCFS. These activities support the goals of the OCFS Strategic Plan.
- Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector partners who work together at the State and local levels to increase opportunities for Youth in Care and improve outcomes for Youth Formerly in Care who are transitioning. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for these Youth. MYTC includes

service provided by Maine Learn to Earn and Achieve Potential (LEAP) and Southern Maine Youth Transition Network (SMYTN). Through MYTC, Maine has developed an educational support partnership for youth in foster care to ensure youth transition from high school to college and career (LEAP). Also through MYTC, SMYTN Community of Practice, OCFS is partnered with young people to revise the OCFS Youth Transition Policy and Voluntary Extended Care (V9) Agreement. www.maine-yc.org

- ICWA Workgroup: The ICWA Workgroup has been an existing group since 1999 and has included OCFS staff and Indian Child Welfare Staff as well as staff from the Muskie School of Public Service. The role of this group has been to provide a forum for collaboration between State and Indian Child Welfare programs in respect to co-manage ICWA cases from Intake through permanency. This collaboration has also included teaming of Indian child welfare workers with OCFS QA staff to conduct QA reviews regarding native children in state foster care. One of the most positive outcomes of this collaboration has been the joint development of the OCFS Indian Child Welfare Policy. In July 2012, a comprehensive *Indian Child Welfare Policy* was finalized. This policy was developed by the ICWA workgroup as a stand-alone policy, rather than having pieces of ICWA interspersed throughout various OCFS policies. This policy provides clear direction to OCFS staff that the tribal child welfare staff is co-managers of the case in every aspect through the life of the assessment/case. In the fall of 2015 the ICWA Workgroup modified that policy to include the new BIA guidelines. OCFS continues its practice of sharing draft policy with the tribal child welfare personnel for comment.
- The Community Partnerships for Protecting Children (CPPC): CPPC is a national initiative based on the premise that keeping children safe is everyone's responsibility and that no single person, organization or government agency alone has the capacity to protect all children and strengthen all families. Community Partnerships work in Maine began as a successful pilot program in 2005 in Portland and expanded over the next eight years to include six additional communities and neighborhoods with the support of the Edna McConnell Clark Foundation, The Center for Community Partnerships in Child Welfare within the Center for the Study of Social Policy, Office of Child and Family Services (OCFS) and many community individuals and organizations. The goal of this work is to utilize the CPPC model as a continuum of care which targets families who are identified as at-risk for Child Welfare involvement due to concerns of child abuse/neglect at any stage of intervention. Families who access CPPC supports will demonstrate an increase in protective and promotive family attributes to maintain child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, family and youth/young adults. Through the work of these networks, Community Hubs are developed in the hot spot areas. The Hub is a central location that brings together services, programs, people and supports. These Hubs are identified but researching data from Child Welfare and Law Enforcement as it relates to which areas in a community do the child protective and police reports occur with the most frequency. Hub and community data is collected through a contract between OCFS and UNE. Through this data collection and community partnering, data shows that for 2015, given the complex and intricate nature of the child welfare system, data suggests communities are seeing changes over the long term.

- Maine Child Death and Serious Injury Review Panel: This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries with a focus on improving our systems of child safety and care. The Panel meets monthly to review cases evaluating sentinel events, patterns of injury and/or death and the effectiveness of our state programs that provide for child protection, safety and care. Through the Panel's findings and recommendations the group hopes to help reduce the number of preventable child fatalities and serious injuries in the state. The members of the Maine Child Death and Serious Injury Review Team are volunteers who give generously of their time and expertise and who represent both public and private agencies with an interest in the welfare of Maine children. Through their commitment, the Panel has been able to build a collaborative network to foster teamwork and to share the recommendations with the larger community. Additionally, the Panel meets annually with the Child Fatality Review Teams from all of New England to share experience, information and review cases that involve services from more than one state or which represent a challenge that all of our States are trying to address. In the past 2 years, the Panel reviewed cases of the following nature: substance-exposed newborns, sentinel injuries in infants under 6 months of age, suicide in teenage females, burns, home births, unsafe sleep, transportation of children to hospitals by an alleged perpetrator and hospital transports and child deaths and serious injuries that occur during domestic violence incidents. The Panel has participated in dual case reviews with the Maine's Domestic Violence Homicide Review Panel.

The Child Death and Serious Injury Review Panel follows the review protocol below to meet the purpose defined by 22 MRSA, Chapter 1071, Subsection 4004, the panel is to recommend to state and local agencies methods of improving the child protective system, including modifications of statutes, rules, policies and procedures.

The Maine Child Death and Serious Injury Review Panel (CDSIRP), is comprised of representatives from many different disciplines. Its membership, which is mandated by state law, shall include the following disciplines; the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys and criminal or civil assistant attorneys general.

- ARP Coalition: This Coalition is made up of providers of ARP services statewide. For the past year, this group has been meeting to improve the quality and timeliness of alternative response services provided to families in need of community support to prevent a higher level of child welfare intervention. Through the use of data the group has looked at outcomes to include – engagement of families in the service, initial contact within 72 hours, seeing families at least monthly, successful completion of the service and repeat maltreatment rates for families receiving ARP services. Other efforts include building statewide consistency in service delivery and reporting as well as collectively defining system gaps for families and strategies to most effectively need these needs.
- Foster Family-Based Treatment Association- Maine Chapter: This Association is made up of representatives from each of the Treatment Foster Care agencies. The group meets monthly and OCFS participates every other month. OCFS has utilized this opportunity to

improve communication with these agencies, build statewide consistency in expectations and respond to the needs of providers, resource families and children served through treatment foster care. The group has developed a recruitment plan and continues to look for ways to increase access to this service, especially for youth transitioning from residential treatment and those with high behavioral health needs.

OCFS can continue to demonstrate that the federal reports are routinely shared in CAAN Meeting. Tribal representation is being sought to participate in this meeting. The 2015-2019 CFSP and associated APSRs and can be found at http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml available to the public, including state Tribal representatives.

OCFS will continue its work on engaging key partners in development and implementation of goals. The OCFS Director and Children's Behavioral Health staff are setting up regular provider calls for an array of internal and external stakeholder groups. The purpose being to ensure consistent communication is occurring.

Item 32: Coordination of 2015-2019 CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the 2015-2019 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the 2015-2019 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate its coordination with other Federal and federally assisted programs.

Since 2009 Maine has continued to work towards coordinating with other federal or federal assisted programs. In March 2012, a new organizational structure was announced within the OCFS, in order to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood and Public Services Management. The new structure included four teams focused on Policy & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. The restructure was functionally implemented in the fall of 2012. In February 2015 a realignment of the Community Partnership team was implemented to increase fiscal accountable and to increase effectiveness and efficient services through appropriate quality assurance programs. This realignment created an Operations Team that included a Finance Team, and Contracted Services Quality Assurance Team (CSQA). It also designated a Child Welfare Team, Children's Behavioral Team and an Early Intervention Prevention Team.

The Children's Behavioral Health Services Team will be assisting with policy development, provider engagement, and improvement of all behavioral health services. The team leader will be working closely with the resource coordinators to amend Maine Care policies and to develop provider capacity across Maine as well as be working closely with other staff within CBHS to increase the integrity of services as well as to establish measureable performance outcomes.

The Finance Team will be providing management of the financial aspects of OCFS. This work will include contracting, financial analysis, and management of accounts, appropriations, and allocations. OCFS will be clear on the role associated with quality oversight of services and the role of financial coordination.

APS Healthcare continues to have the contract with the State of Maine's DHHS to provide a Behavioral Health Utilization Management System for services currently purchased through the State's Office of Maine Care Services and administered by the CBHS of OCFS.

As part of the Maine ASO Behavioral Health Utilization Review Program, APS HealthCare continues to provide eligibility verification and utilization management services that include: prior authorization, utilization review, and retrospective review for behavioral health services through their Web based authorization system Care Connection. This system in collaboration with the State of Maine Web based Enterprise Information System collects, tracks and produces data associated with children's behavioral health assessment, treatment, transitional services and reportable events that supports the continuum of care and services for children not in foster care as well as those who are in foster care .

Interagency agreements and policies that facilitate the coordination of services with the following departments, agencies, or groups:

- Department of Corrections
- DHHS Office of Aging and Disability Services
- Office of Public health Nursing
- Department of Education
- Penobscot Indian Nation
- Houlton of Maliseet Indians
- Maine Children's Trust, Inc.
- Local and State Law Enforcement
- Maine Coalition to End Domestic Violence
- Maine State Housing Authority
- Municipal housing authorities
- The Thrive Initiative
- Maine Center for Disease Control
- Office of Substance Abuse and Mental Health Services
- Maine Coalition Against Sexual Assault
- Maine Families Home Visiting Services

Examples of coordination of other federal programs include:

- **Maine Enhanced Parenting Program (IVE Demonstration Project)-** Through collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and MaineCare, OCFS has designed a child welfare demonstration project that is closely aligned with our mission of ensuring the safety of all Maine youth and aimed at improving outcomes for one of our most vulnerable populations. This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings or a child entering state custody. In order to be eligible for this service a family must have at least one child who is between the ages of 0-5 years old and either at risk of entering custody or entered state custody and a recent substance abuse assessment (FASA preferred or an assessment utilizing the American Society of Addiction Medicine (ASAM) criteria) that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available in 5 of the 8 districts with a plan to expand to the other 3 districts.
- **MaineCare Services:** Current health information and family health history is currently tracked in MACWIS, and ongoing work has been occurring between OCFS and MaineCare Services (OMS) to ensure transfer of medical information as the new MIHMS system rolls out. OCFS currently has access to the Maine's Electronic Immunization Information system (Impact) for access to foster children's immunization history and foster children enrolled with a provider currently using Maine EHR will have their information added to the system. OCFS will continue to work with MaineCare towards the use of an electronic health record system to increase the system's use for foster children's medical record information.
- **Maine Care Services:** The Information Services data team submits a current listing of all children in foster care quarterly to MaineCare Services. MaineCare cross references that list against their system to identify those children prescribed psychotropic medications. That list is then returned to OCFS for further dissemination through Children Behavioral Health Services.
- **C.A.S.E. (Center for Adoption Support and Education):** In 2016 Maine OCFS was selected as a pilot state to begin working with the National Adoption Competency Mental Health Training Initiative (NTI) and implementing the C.A.S.E. training statewide to better support the work of adoption and guardianship for those children and families moving towards or achieving the goals of adoption and guardianship.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate having standards for resource family homes and child care institutions that are reflected in the OCFS and DHHS licensing procedures respectively.

The standards in place in 2009 have remained essentially unchanged. Kinship and non-kinship families have the same standards to meet in regards to licensing with the exception of a shortened kinship training. If a kinship home chooses to take on non-kinship children, they are expected to complete the full lengthier training. While the Resource Family Licensing Standards were revised and are in the process of being reviewed prior to becoming finalized policy in 2017, there was no substantive change to the standards outlined in the previous 2008 standards policy. This latest revision was instead an effort to provide more succinct policy guidance. The revised policy includes newly inserted information about the added requirements for foster parents to apply reasonable and prudent parenting standards. The newly inserted information in the Resource Family Licensing Standards policy is as follows:

Reasonable and Prudent Parenting

Reasonable and prudent parenting standard is defined as the standard characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, that a caregiver must use when determining whether a child in foster care under the responsibility of the state/Tribe to participate in extracurricular, enrichment, and social activities. These decisions will be based upon ensuring a child's safety while also ensuring the child has the opportunity to participate in normal child and youth activities.

Caregiver (for this purpose only) is a foster parent or designated official at a child care institution. As defined in Title IV-E of the Social Security Act, section 475(10).

A combination of requirements and standards for foster and adoptive homes and institutions are found in Maine statute, foster home licensing rules and OCFS policy. Family foster homes and child care institutions are subject to licensure and are included in the general licensing category of

children's homes. The OCFS licenses resource family homes which must meet the uniform standards prior to approval. Once approved for a resource family license, the licensee can choose from an array of service provision, including foster care, adoption, permanency guardianship or respite. The approval of resource homes, as opposed to our former practice of separately licensing foster homes and approving adoptive homes, allows the licensee to seamlessly transition amongst various types of service provision during the term of the license without encountering previous barriers relating to a need for submitting a new application or need to repeat background checks when one chooses to provide a different service type. The Maine DHHS Division of Licensing and Regulatory Services licenses children's residential care facilities, child placement agency, emergency shelters and shelters for homeless children.

The Resource Family Licensing Standards policy describes the inquiry, informational, application, and home study components in the process related to becoming licensed. These standards include requirements relating to age, health/functioning, background checks (including criminal history), and physical plant (including a fire inspection and water test).

The home study includes a review of various life domains, including the applicant's life experiences, family relationships, support systems, family beliefs and values. The home study also includes an assessment of applicant's ability to parent safely and successfully and meet the needs of the children served by OCFS, as well as the applicant's ability to collaborate as a team partner with OCFS and service providers. Foster and adoptive parents are required to attend an initial 18-hour Resource Family Introductory Training (RFIT) and to participate in ongoing training as a condition of license renewal. While this initial 18- hour initial training is frequently waived for kinship families who are carrying for a relative child placed in their home, the kinship family is required as part of the process for becoming licensed to participate in an alternative 6-hour kinship-specific introductory training.

Resource family licenses are issued for a two-year term. Licenses for facilities and programs last 2 years, with the exception of child-placing agencies, which are licensed for 1 year. District Resource Unit licensing supervisors are responsible for approving licensing recommendations and for assuring that licensing standards and policies are followed.

While Maine doesn't have any specific quantitative or qualitative data related to standards being applied equally, if we license a home, then the license itself is evidence that the home met standards, perhaps with a waiver for a specific non-safety standard for a specific kinship home. In the process of licensing a home, the home study process assures that the home and caregiver are safe. OCFS does not grant waivers for basic safety standards. These basic safety standards include the need for a home to pass a satisfactory fire inspection and for a caregiver to demonstrate that any past involvement which involved a concern relating to child welfare, criminal or motor vehicle charges or convictions has been resolved to the point that these are no longer current safety concerns. Our process of licensing approval assures that no individual with a disqualifying type of felony conviction is approved for licensure.

Non- safety waivers which are commonly granted are allowing a relative or kinship family to meet the introductory training requirement through their participation in kinship training rather than requiring them to participate in the full Resource Family Introductory Training. Waivers are

documented in our MACWIS system in the Resource module in a waiver documentation screen. As we license all of our approved homes, we regard every licensed home as meeting uniform standards.

Resource Unit Supervisors meet as a group monthly with the Resource Parent Program Manager for the purpose of ensuring consistent statewide licensing practice. Through review of policy and practice, as well as through discussion of complicated licensing scenarios, the Resource Unit staff strives to reach consensus regarding consistent practice relating to application of specific licensing standards.

**Maine DHHS, OCFS, MACWIS Information Services
Foster Home Application & Approval Data 1/1/16-12/31/16**

Initial Applications	738
Renewal Applications	486
Approved Renewal Applications	374 (as of 1/230/17)
Approved Initial Applications	335*

*This number will change as applications received towards the end of CY 2016 may not have had sufficient time to achieve license approval.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR and Maine was able to demonstrate that it provides for background checks and fingerprinting as a component for all licensed foster and adoptive placements, including relatives and child care institution staff.

Maine requires all applicants for resource family licensing to complete fingerprint-based background checks through national crime information databases. DHHS Resource Family Licensing Standards policy additionally requires in-state background checks, including State Bureau of Investigation criminal background checks, Bureau of Motor Vehicle background checks

and OCFS Child Protective Services background checks. If the applicant has resided out of state in the past five years, then out of state child abuse registries are also checked.

In 2016, Maine OCFS trained all staff who are required to have access to fingerprint-based background checks with a PowerPoint training to ensure that these staff are aware of security measures required by the FBI CJIS division. Each office was made aware of the need for compliance regarding storing these criminal background check results in locked cabinets.

All adult household members and individuals who routinely frequent the resource home property also must have complete background checks. These background checks consist of in-state background checks, unless the adult household member has resided out of state in the past five years, in which circumstance, the adult household member must also complete fingerprint-based background checks. In order for a resource family license to be approved the home study and supporting documentation must verify that the federally required background checks were completed.

DHHS policy for Relative Placement and Kinship Care, including Fictive Kin requires in-state criminal background checks and OCFS CPS background checks must be initiated at the time of placement of any child in a home that has not yet been licensed. Prior to placement in an unlicensed kinship home, policy requires completion of a kinship assessment. This assessment determines the safety of the home as well as safety and capacity of the caregiver. Due to situations in which OCFS staff have approved placements in homes which once these homes applied for licensing were determined not able to meet standards, there is increased focus upon the need for quality kinship assessments. The Resource Program Manager is often consulted in questionable situations to ensure that standards are applied consistently. Resource unit staff have been challenged when presented with situations in which a child has been placed in a home and the child's needs appear to be met by the caregiver and yet there are circumstances which prevent the home from being licensed. Some of these factors may include insufficient space in the caregiver's home; inability to pass a fire and safety inspection; or past criminal or child welfare history which has not been satisfactorily resolved to assure confidence in the caregiver's capacity to provide safety to the child. Due to these situations, OCFS is now requiring all kinship assessments to be approved by the Resource Unit Supervisor who is more likely to identify issues which may present licensing challenges. OCFS has however identified that not all kinship assessments are channeled through the resource unit supervisor, especially when placement in a kinship home occurs on week-ends or after-hours. This issue of ensuring quality kinship assessment of caregivers who can meet licensing standards will continue to be a focus of OCFS managers, supervisors, caseworkers and resource unit staff as we progress into another year of improving practice in this area.

OCFS practice requires within 30 days of placement of a child in an unlicensed home, the caregiver must apply for a resource family license and is expected to complete as part of the application process fingerprint-based background checks of national criminal databases.

Maine requires employees to conduct criminal background checks on all child care institution staff and to keep the results of those checks on file.

The June 2016 Title IV-E Foster Care Eligibility Primary Review also found that OCFS is in compliance with the background provisions: “Maine’s criminal background checks system is effective. The completion of fingerprint-based checks of the national crime information database to ensure compliance with section 47 (a) (20) of the Act are clearly documented in the licensing file. The OCFS has designated staff that work with state police to ensure criminal background checks are completed and process timely”.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state’s process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

This item was assigned a rating of strength in the 2009 CFSR as Maine was able to demonstrate that concerted efforts are being made in various locations to recruit resource families that reflect the ethnicity and race of these children.

During 2010-2014, there was a cultural shift in the way in which the Department looked at recruitment of resource families who could meet the specific ethnic and cultural needs of children in care. Rather than the Department assuming internal responsibility for recruitment, there was recognition that diligent recruitment of families needed to be an effort shared with youth in care, resource families, community members and organizations, including faith-based organizations. Partnerships were built with community members and organizations. Some of these partnerships were formalized into community partnerships and others were more informal in structure.

Youth were invited to participate in various workgroups and meetings, including panel participation during district resource family informational meetings and pre-service training for prospective resource families. Hearing the youth voice has been described by both Department staff and by community members as very instrumental in educating the community about the need for families in the community who are compatible in their interest and capacity to meet a youth developmental cultural needs.

For a period of time, the Department collaborated with Casey Family Services in providing Extreme Recruitment services. This proactive approach to recruitment involved preparing youth for permanency; diligent search for potential permanency kinship resource families; and stressing the importance of youth having connections to their extended family members to increase their awareness of their cultural heritage and their identity with their biological family and community.

During the summer of 2015, OCFS initiated a new contract service focused upon recruitment of foster families who can provide temporary care to children in foster care as well as recruitment of adoptive homes for children in care who are waiting for an identified adoptive family.

Near the end of the first contract year, it became apparent to both the contract agency and to OCFS that the provider was not successful in efforts to recruit families to provide placement to children for whom OCFS has identified a target need. A mutual decision was made to not enter into a second contract year.

OCFS has contracted with another agency to provide this service which began its work in November 2016. The contract includes very specific outcomes for recruitment of new families in each district and statewide and includes the following:

- Tracking unique inquiries;
- Tracking those who attend informational meetings;
- Tracking those who apply and eventually become licensed providers; and
- The contract agency is to create a recruitment plan with approval from OCFS management.

The contracted provider will not include retention activities as retention of families is the responsibility of OCFS and an additional supportive agency. Retention activities are in the form of appreciation events, an advisory committee, advanced and improved trainings, district specific events and support groups.

Maine DHHS OCFS has been challenged during the past year in locating appropriate placements for children in the following groups which are being targeted for special focus of recruitment efforts:

- Youth who are nearing readiness for discharge from residential programs, with no identified step-down placement home in the community.
- Infants who are born drug-affected and who are in the process of reunification with birth family.
- Larger sibling groups.

Accompanying the need to recruit families who can provide placement to these targeted populations is the need to focus upon matching of these children to caregivers who can maintain their connections to their culture, extended family, and community of origin while recognizing and supporting the racial and ethnic diversity of children in foster care in Maine. Among efforts currently underway in Maine are efforts to collaborate with Tribal partners toward enhanced and focused recruitment of Tribal families who can provide placement to children in care who have connections to a Tribe.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate that it effectively uses cross-jurisdictional adoption exchanges including AdoptUsKids and the Interstate Compact on the Placement of Children (ICPC) to support permanent placements for children.

In terms of using cross district resource to support permanent placements for children this is an area that could use some strengthening in Maine. In years past each adoptive family had an adoption caseworker assigned to them that assisted them in being matched with a child. This allowed for better information sharing/matching of adoptive family profiles and child profiles across districts. This isn't in place at this time.

We do utilize the following program/resources:

1. We utilize AdoptUsKids so Maine families can see all the available kids in Maine.
2. We utilize the Wendy's Wonderful Kids program for recruitment.
3. We have a new recruitment contract with Spurwink that will include child specific recruitment.
4. Adoption supervisors send child profiles to the Adoption Program Manager and their peers across the state when they are struggling to find a match.
5. Families sometimes contact the Adoption Program Manager if they are concerned they haven't been matched with a child. The Program Manager has the family send their profile which is then sent to all the adoption supervisors.

The OCFS ICPC Program Specialist maintains a spreadsheet to track the ICPC home studies Maine completes for children in the custody of the states. The spreadsheet allows the Program Specialist quick access to determine what studies are pending and is able to have communication with local offices to ensure timely completion of the home studies. The types of home studies completed include parent, relative and adoption.

In 2016, a total of 104 home study requests were received and assigned, this includes parent, relative and adoption. At the time the data for this assessment was collected there were 9 studies pending. Of the 95 studies completed, 83% were completed within the 60-day timeframe allowed under the Safe and Timely Interstate Placement of Foster Children Act of 2006.

The only available measures of effectiveness are the statistical reports available from the DHHS ICPC manager. Findings from a review of annual ICPC statistical reports indicate that requests for out of state adoption homes studies have been increasing over the last 4 years:

Year	# of ICPC adoption request for out of state placement
2009	36
2010	9
2011	13
2012	11
2013	12
2014	16
2015	21
2016	33

The data reflects adoptive placement requests for children in the care of another state being placed in Maine have been declining during the last 2 years:

Year	# of ICPC adoption requests from other states
2009	16
2010	15
2011	16
2012	13
2013	15
2014	11
2015	9
2016	19