

Child Welfare Annual Report

Calendar Year 2020

Produced by:

Office of Child and Family Services

Maine Department of Health and Human Services

INTRODUCTION

The following report provides data from calendar year 2020 related to referrals to Child Protective Services. These data include the number of reports investigated, not assigned for investigation, and various characteristics of the referrals that were assigned to caseworkers for investigation.

A referral, or report, is any written or verbal request for Child Protective Services (CPS) intervention, in a family situation on behalf of a child, in order to assess or resolve problems of suspected child abuse and/or neglect.

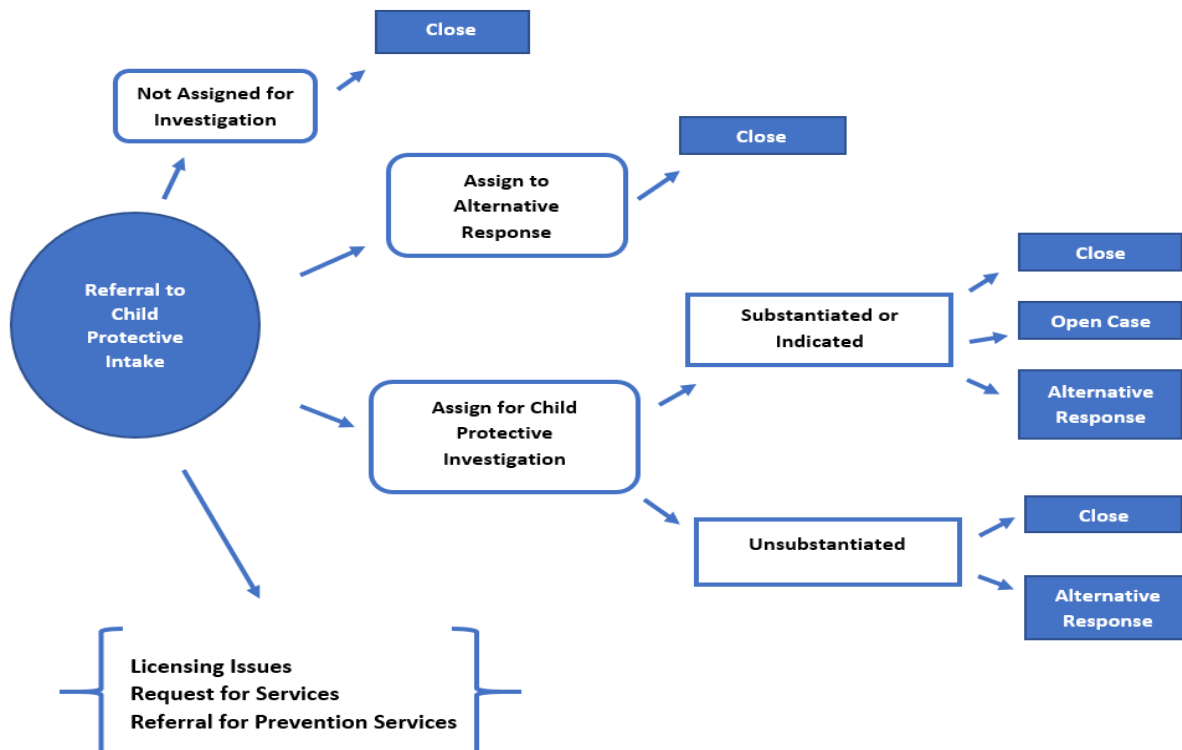
A glossary of child protective terms is available in the appendix of this report and on the Office of Child and Family Services' [website](#).

Abuse and Neglect are defined in Title 22 MRSA, Chapter 1071 as "a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child."

INTAKE: THE FRONT DOOR OF THE CHILD WELFARE SYSTEM

All referrals to CPS and reports of alleged abuse and neglect are received by Intake where they are screened using a Structured Decision Making (SDM) tool to determine whether the allegations are appropriate for child welfare investigation and possible intervention. OCFS' involvement with nearly every child in the Department's custody began with a report to Intake.

Over the last year, significant effort has gone into conducting quality assurance reviews of the Intake process and working with [Evident Change](#) to improve the SDM tool utilized by Intake staff. Staff received training on the updates in November 2020 and they have since been implemented.



CALLS TO CHILD PROTECTIVE SERVICES

During calendar year 2020, the Department of Health and Human Services received **24,243** referrals for Child Protective Services intervention in a family situation. Most referrals are received through Child Protective Intake, though a small amount of reports are received within one of OCFS' eight District Offices. When reports are received, a decision is made regarding whether the report contains allegations of abuse and/or neglect per [MRS Title 22, Chapter 1071](#): Child and Family Services and Child Protection Act. If the report does not contain allegations of abuse or neglect per Maine state law, the report is not assigned for investigation. When reports contain allegations of abuse and/or neglect they may be assigned for a child protective investigation or assigned to the Alternative Response Program (ARP).

Over the last few years, several high-profile cases have increased the collective awareness of Maine people regarding the child welfare system and the need to ensure all Maine children are safe. Due to this, Maine saw an increase in cases in 2018 and 2019; which was not atypical as other jurisdictions have reported a similar trend of increased calls when public awareness of child welfare has increased. However, 2020 data reflect that after the State of Civil Emergency order was issued in mid-March in response to the COVID-19 pandemic, there was a temporary decline in the number of calls to Intake, contributing to a 2% decrease in the number of reports from 2018 to 2020.

The following chart shows the number of reports received by county over the past three years. This includes reports not assigned for investigation, reports assigned for alternative response, and those assigned for a child protective investigation.

NUMBER OF REFERRALS* BY COUNTY AND CALENDAR YEAR			
COUNTY**	2018	2019	2020
Androscoggin	2913	2827	2525
Aroostook	1526	1905	1807
Cumberland	3131	3514	2950
Franklin	607	631	589
Hancock	735	816	809
Kennebec	2545	2837	2445
Knox	725	808	692
Lincoln	542	607	595
Oxford	1168	1471	1345
Penobscot	3458	3762	3398
Piscataquis	276	411	382
Sagadahoc	529	568	474
Somerset	1362	1376	1219
Waldo	901	881	928
Washington	640	633	581
York	3359	3360	3051
Unknown	10	142	133
Out of State	248	357	320
TOTAL	24,675	26,906	24,243

*Excludes reports referred to Licensing, Out of Home Investigation Unit, Service Requests, and reports received where a case was already open and the information was not a new incident.

**County represents the county where the primary caregiver was residing at the time of the Intake referral.

REFERRALS NOT ASSIGNED FOR INVESTIGATION

During calendar year 2020, **11,682** reports were not assigned for investigation. Some examples of such reports include:

- **Parent/child conflict:** Children and parents in conflict over family, school, friends, or behaviors, with no allegations of abuse or neglect.
- **Non-specific allegations:** May be poor parenting practice but are not considered abuse or neglect under Maine law.
- **Conflicts over custody/visitation.**
- **Families in crisis:** Due to financial, physical, mental health, or interpersonal problems, but there are no allegations of abuse or neglect.

The Department may also point referents of these reports to other available resources, such as mental health or social services supports.

The Department has published its [Mandated Reporter Training on OCFS' website](#). This training provides guidance to mandated reporters and meets the statutory requirement that requires mandated reporters to be trained every four years.

The following is the breakdown of these reports received by county over the past three years.

NUMBER OF REPORTS NOT ASSIGNED BY COUNTY			
COUNTY*	2018	2019	2020
Androscoggin	1289	1185	1062
Aroostook	699	872	886
Cumberland	1508	1669	1386
Franklin	298	275	293
Hancock	328	388	380
Kennebec	1226	1340	1136
Knox	358	391	341
Lincoln	243	287	281
Oxford	522	664	576
Penobscot	1720	1888	1700
Piscataquis	135	191	199
Sagadahoc	257	267	214
Somerset	660	644	598
Waldo	440	399	444
Washington	302	275	252
York	1597	1533	1483
Unknown	10	142	131
Out of State	239	344	320
TOTAL	11,831	12,754	11,682

*County represents the county where the primary caregiver was residing at the time of the Intake referral.

ALTERNATIVE RESPONSE

Through 2020, the Department maintained contracts with private agencies to provide an alternative response to reports of child abuse and neglect when the allegations are considered to be of low to moderate severity.

In 2020, **1,256** reports were assigned to a contract agency for alternative response at the time of initial report. Referrals are also made to alternative response programs at the conclusion of a child protective investigation or case with a family when ongoing services and support are deemed necessary. Beginning in 2019 and continuing through 2020, OCFS has been working to implement the Federal Family First Prevention Services Act (“Family First”), which will include the implementation of a federally-approved Maine-specific prevention plan for evidence-based services that are intended to prevent the need for further child welfare involvement with a family.

The following chart shows the number of reports assigned for alternative response at the time of the referral to Intake.

REPORTS ASSIGNED FOR ALTERNATIVE RESPONSE BY COUNTY			
COUNTY*	2018	2019	2020
Androscoggin	369	371	207
Aroostook	178	199	104
Cumberland	343	380	173
Franklin	81	77	51
Hancock	86	85	104
Kennebec	111	74	40
Knox	13	41	24
Lincoln	10	20	40
Oxford	148	187	103
Penobscot	182	305	202
Piscataquis	21	32	11
Sagadahoc	9	51	40
Somerset	41	11	9
Waldo	19	33	55
Washington	38	70	34
York	139	129	59
TOTAL	1,788	2,066	1,256

**County represents the county where the primary caregiver was residing at the time of the Intake referral. One (1) referral listed the primary caregiver’s address as out of state.*

The Biennial Budget for State Fiscal Years 2022 and 2023 included funds OCFS requested to replace contracted alternative response program workers with 15 child welfare caseworkers (while the Administration proposed the 15 workers start on July 1, 2022, the Legislature passed ten workers starting on January 1, 2022 and the remainder on July 1, 2022).

REFERRALS FOR CHILD PROTECTIVE SERVICES

There were **10,616** reports involving **13,731** children assigned to a caseworker for a child protective investigation during calendar year 2020.

Although the number of reports declined in 2020, the percentage of those reports sent to the Districts for investigation has generally remained in-line with data from 2018 and 2019. This indicates that although OCFS has, at times, been receiving fewer reports, the allegations contained in those reports are generally as likely to be considered appropriate for investigation by OCFS staff. There was an increase of nearly 500 investigations (a 5% increase) between 2018 and 2020. Each investigation typically involves interviews with the family, gathering information and records, follow-up with service providers, and other collateral contacts. Conducting thorough, high-quality investigations takes time, attention, and dedication of the assigned caseworker.

OCFS uses Structured Decision Making, including a standardized tool, to analyze reports and ensure consistency as Intake staff make decisions about the allegations contained in the report. Decisions about what reports to assign for investigation are not based on the capacity (or lack thereof) of District Office staff; reports deemed appropriate for investigation are always referred to the District.

The following is the breakdown by county of reports assigned for a child protective investigation.

REPORTS ASSIGNED FOR CHILD PROTECTIVE INVESTIGATION BY COUNTY			
COUNTY*	2018	2019	2020
Androscoggin	1103	1131	1115
Aroostook	575	761	746
Cumberland	1195	1376	1340
Franklin	220	254	233
Hancock	295	313	314
Kennebec	1128	1322	1211
Knox	317	336	299
Lincoln	266	275	253
Oxford	434	557	615
Penobscot	1440	1417	1427
Piscataquis	107	172	167
Sagadahoc	244	232	210
Somerset	598	650	563
Waldo	394	413	408
Washington	254	245	247
York	1549	1612	1468
TOTAL	10,119	11,066	10,616

* County represents the county where the primary caregiver was residing at the time of the Intake referral. For families that were out of state residents, the county above is that where the incident occurred while they were in Maine.

REFERRALS FOR CHILD PROTECTIVE SERVICES

The following is the breakdown by county and age group of the alleged victims associated with the reports assigned for a child protective investigation over the past three years.

NUMBER OF ALLEGED VICTIMS ASSOCIATED WITH REPORTS ASSIGNED FOR CHILD PROTECTIVE INVESTIGATIONS												
COUNTY*	2018 Age Group				2019 Age Group				2020 Age Group			
	0-4	5-9	10-14	15-17	0-4	5-9	10-14	15-17	0-4	5-9	10-14	15-17
Androscoggin	655	592	427	149	653	618	479	168	641	599	470	168
Aroostook	396	309	247	67	477	407	299	109	434	362	333	143
Cumberland	529	583	503	186	605	682	583	232	648	598	602	211
Franklin	126	112	80	25	156	136	127	34	107	139	119	48
Hancock	174	149	102	39	221	150	103	42	176	166	140	41
Kennebec	600	615	430	156	689	665	535	211	660	591	480	202
Knox	169	180	115	37	171	178	140	37	158	159	122	41
Lincoln	137	137	108	47	125	131	126	36	134	130	126	37
Oxford	225	235	196	67	314	282	232	90	347	292	281	116
Penobscot	854	734	532	173	786	716	549	211	794	703	543	219
Piscataquis	62	47	50	11	115	63	86	39	103	87	77	31
Sagadahoc	103	115	107	33	107	117	112	37	82	115	81	45
Somerset	300	292	313	118	325	306	333	120	291	296	241	89
Waldo	184	207	171	64	247	208	140	52	188	233	213	65
Washington	124	131	101	37	145	115	96	37	164	124	103	41
York	814	788	670	235	817	777	653	263	770	759	621	236
TOTAL	5452	5226	4152	1444	5953	5551	4593	1718	5697	5353	4552	1733

Children may be counted multiple times if more than one report was received in the year. There were 13,731 unique children in calendar year 2020.

**County represents the county where the primary caregiver was residing at the time of the Intake referral.*

The majority of children associated with reports assigned for investigation are between 0 and 10 years of age. A primary focus of OCFS and the Children’s Cabinet¹ is high-quality early care and education. Accessible and available high-quality child care is considered to be one of the most effective protective factors in preventing child abuse and neglect and strengthening families. Child care is an essential part of Maine’s economy, and supporting providers has been a key part of OCFS’ response to COVID-19. In 2020, OCFS published regularly updated guidance for providers, and developed and implemented funding initiatives to support providers who have incurred losses or additional costs as a result of the pandemic. In 2020, Maine received nearly \$11 million in Federal Child Care Development Block Grant (CCDBG) funding under the Federal CARES Act. Approximately \$10 million of this funding was made available directly to child care providers through stipends and grants, while the remaining funds were

¹ The Children’s Cabinet brings together the Departments of Health and Human Services, Public Safety, Labor, Education, and Corrections. The Cabinet represents a common and continuous link among different areas of state government that impact children and their families. The Cabinet continues to provide a forum for collaboration toward systemic improvements that benefit Maine’s children, including any needed improvements related to mandated reporting.

used to provide qualifying essential workers with child care subsidy. An additional \$8.4 million in Coronavirus Relief Funds (CRF) was made available by the Mills’ Administration to support the child care industry by providing reimbursement for COVID-19 related business costs not already covered by other initiatives, grants, or programs. Maine has received over \$30.5 million in CCDBG funding as a result of Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) of 2021. OCFS has announced and begun implementing its plan to invest these dollars, including over \$19 million in direct grants to child care providers.

The State has also released a [Child Care Plan for Maine](#) which provides an initial outline for the Department’s plans to spend over \$127 million in American Rescue Plan Act funding allocated to child care.

REFERRAL SOURCE OF REPORTS

The following is a breakdown of the report source, (i.e. “Referent”) for reports received. Mandated reporters are required by law to provide their name and information about their professional relationship with the family, though they can ask that their name be kept confidential from the family. The Department has published its [Mandated Reporter Training on OCFS’ website](#), which all mandated reporters are required to complete at least once every four years (see 22 M.R.S.A. §4011-A(9)).

In 2020, law enforcement and school personnel were the two most frequent reporters of suspected abuse or neglect. Over the last few years, school personnel have made up a significant portion of all reports of suspected neglect and/or abuse to OCFS’ Intake Unit. Hotline call volume tends to follow a similar pattern each year, including an annual dip in reporting during times when school vacations occur. As part of the emergency order in mid-March schools were temporarily closed in the state, potentially causing a temporary decrease in the number of calls to Intake.

REFERRAL SOURCE – ALL REPORTS			
REFERRAL SOURCE	2018	2019	2020
Anonymous	7%	7%	8%
Child Care Personnel	1%	1%	1%
Law Enforcement Personnel	15%	15%	17%
Medical Personnel	13%	13%	14%
Mental Health Personnel	10%	9%	9%
Neighbor/Friend	4%	4%	5%
Other	0%	0%	0%
Relative	5%	5%	6%
School Personnel	22%	22%	16%
Self/Family	10%	10%	11%
Social Services Personnel	12%	13%	13%

REFERRAL SOURCE REPORTS ASSIGNED FOR CHILD PROTECTIVE INVESTIGATION			
REFERRAL SOURCE	2018	2019	2020
Anonymous	7%	7%	7%
Child Care Personnel	1%	1%	1%
Law Enforcement Personnel	20%	19%	21%
Medical Personnel	11%	12%	13%
Mental Health Personnel	9%	8%	8%
Neighbor/Friend	4%	4%	5%
Other	0%	0%	0%
Relative	6%	5%	5%
School Personnel	22%	22%	17%
Self/Family	8%	8%	9%
Social Services Personnel	13%	13%	13%

HOUSEHOLD TYPE/LIVING ARRANGEMENT OF FAMILIES ASSIGNED FOR CHILD PROTECTIVE INVESTIGATION

When receiving reports of suspected abuse or neglect, OCFS documents information regarding the living arrangement of each family or household. For example, a two parent, unmarried family may include a biological parent and their live-in partner who is also a caretaker to the child(ren). A one parent family is a household with a single parent caring for the children. A relative household type is when grandparents, aunt/uncle, etc. are the caregiver for a child. A non-relative household type is when children are being cared for by a person not related to them.

The following chart shows the living arrangement at the time of the receipt of the Intake report for those reports that were assigned for a child protective investigation.

LIVING ARRANGEMENT OF FAMILIES FOR REPORTS ASSIGNED FOR CHILD PROTECTIVE INVESTIGATION			
Household Type/Living Arrangement	2018	2019	2020
Two Parent Married	20%	19%	17%
Two Parent Unmarried	32%	33%	31%
One Parent Female	31%	31%	33%
One Parent Male	12%	13%	14%
Adoptive Home	1%	1%	1%
Relative	3%	3%	2%
Non Relative	0%	0%	0%
Other	0%	0%	0%

The data above reflect that child protective services becomes involved with families from a variety of life circumstances. There is no “typical” family our staff work with. Each investigation is different based

on the information contained in the report and that which is gathered during the investigation. When these data are considered in conjunction with the data regarding the number of investigations during 2018, 2019, and 2020 it becomes evident why it is critical that district offices have sufficient staff to complete thorough and timely investigations and make recommendations regarding services and/or further child protective involvement for the family.

A significant portion (47%) of the families investigated by child protective services in 2020 were single parent households. This statistic further reinforces the value of accessible high-quality child care to ensure that parents have the support necessary to attend work or school. Key to the accessibility of child care is the Child Care Subsidy Program (CCSP) which provides subsidy payments for child care while parents are employed or pursuing education and/or career training. OCFS, in conjunction with the Children’s Cabinet, continues to focus on increasing the accessibility and quality of child care with the goal of increasing protective factors. This increase will improve the lives of Maine’s children and may lead to a decrease in the need for child protective services involvement by improving family functioning.

OCFS is also devoting significant resources to implementation of the Family First Prevention Services Act, a federal law which, once implemented, will allow Maine to claim federal reimbursement for evidence-based services meant to ensure children can remain safely with their parents, avoiding the need for more intrusive child welfare involvement into a family’s life. OCFS plans to fully implement Family First in October 2021.

FAMILY RISK FACTORS IDENTIFIED DURING INVESTIGATION

The following shows the percentage of substantiated or indicated investigations where one or more of the following risk factors were found during the investigation. Each investigation may have more than one risk factor (totals will exceed 100%).

RISK FACTOR	2020
Parent Caregiver Risk Factors	
Abandonment	1%
Caretaker's alcohol use	18%
Caretaker's drug use	25%
Caretaker's significant impairment - cognitive	2%
Caretaker's significant impairment - physical/emotional	8%
Death of caretaker	1%
Educational neglect	4%
Emotional or Psychological abuse	33%
Failure to return	0%
Incarceration of caregiver	3%
Medical neglect	5%
Neglect	51%
Parental immigration detainment or deportation	0%
Physical abuse	21%
Sexual abuse	6%
Voluntary relinquishment for adoption	0%

Child Risk Factors	
Child requested placement	0%
Child's accidental ingestion	0%
Child's alcohol use	0%
Child's diagnosed condition	8%
Child's drug use	1%
Child's severe behavior problem	4%
Prenatal alcohol exposure	0%
Prenatal drug exposure	4%
Runaway	1%
Sex trafficking	0%
Whereabouts unknown	0%
Family/Environmental/Other Risk Factors	
Domestic Violence	22%
Family conflict re: child's sexual orientation/gender identity or expression	0%
Homelessness	2%
Inadequate access to medical services	1%
Inadequate access to mental health services	2%
Inadequate housing	4%
Public agency title IV-E agreement	0%
Tribal title IV-E agreement	0%

The risk factors with the greatest prevalence are neglect, domestic violence, and drug/alcohol use. Within OCFS, domestic violence liaisons in each district office assist staff in navigating domestic violence-related issues in child welfare matters. OCFS also continues to partner with stakeholders throughout the child welfare system on improving the response to both domestic violence and substance use. In early 2019, the Judicial Branch held a statewide conference focused on the impact of domestic violence and substance use in child welfare cases. This training was attended by OCFS staff, Judicial Branch staff, staff from the Office of the Attorney General, Judges, Justices, Parents' Attorneys, Guardians ad Litem, and Court Appointed Special Advocates.

Issues related to children's mental and behavioral health were also noted in a significant number of investigations in 2020. These are reflected in the chart above as "Child's diagnosed condition." In 2019 the Department developed and implemented a plan to improve the Children's Behavioral Health system of care. The latest report on this work is [available on the Department's website](#). The goals of the initiative are to increase family engagement, empowerment, and well-being; ensure children are receiving the right services at the right time and for the right duration; and allowing children to remain safely with their family. Under this plan, efforts have been undertaken to revise the waitlist process, improve coordination in transitioning services from the children's system to the adult system, and hiring a full-time on-site OCFS medical director (in early 2020, OCFS hired Dr. Adrienne Carmack as medical director).

OCFS partnered with the Children’s Cabinet on several of its initiatives geared towards older youth in Maine. Specifically, OCFS has developed and implemented a training program for Maine therapists in the evidence-based Trauma-Focused Cognitive Behavioral Therapy (TFCBT) treatment program. Over 100 Maine clinicians will be trained under this program which will allow for national certification in TFCBT with the goal of increasing the availability of high-quality clinicians delivering evidence-based treatment throughout the state.

OCFS has developed a pilot of crisis aftercare services that was implemented in Aroostook County during 2020. The goal of this pilot is to study the effectiveness of high-quality aftercare services to support youth and their families as the youth transitions back to their home from a crisis stay. OCFS is seeking to determine whether aftercare services increase the percentage of children who are able to remain safely in their home after a period of crisis (versus requiring the utilization of a higher level of care like a residential treatment program or additional crisis stay), as well as providing support to parents and caregivers who are working to meet the child’s needs once discharged from crisis.

COMPLETED INVESTIGATIONS

Below are outcomes for investigations completed in calendar year 2019 and 2020, showing the number of completed investigations which resulted in a finding of abuse or neglect (substantiated or indicated), or no findings (unsubstantiated).

Not every investigation that is completed results in a finding of abuse or neglect. Assessment caseworkers work diligently to meet with the family and collateral contacts, conduct interviews, and gather information and records in an effort to investigate the allegation(s) of abuse or neglect. The outcome of the investigation, whether abuse or neglect is found or not, can have a profound impact on the life of a family. Maine benefits from the leadership of a Governor and administration that recognize the impact child welfare involvement can have for a child and their family. 2020 introduced new challenges for OCFS staff; however, the department was able to successfully pivot to a remote working environment and conduct investigations via telecommunication for the first weeks of the pandemic before returning to in-person investigations.

In 2020, OCFS continued the partnership with the Muskie School of Public Service at the University of Southern Maine. The focus of this partnership is on improving OCFS’ child welfare policies and trainings. Muskie staff have considerable experience in child welfare in jurisdictions throughout the country. They have been tasked with reviewing and updating policies, as well as streamlining the navigability of OCFS’ policies for ease of reference. Muskie staff are also partnering with OCFS’ to update the trainings available in order to maximize child welfare staff engagement and learning. This includes improvement to training for new workers, as well as ongoing trainings available for more experienced OCFS staff.

CHILD PROTECTIVE INVESTIGATION FINDINGS

COUNTY*	2019			2020		
	Assigned	Substantiated/ Indicated	Unsubstantiated	Assigned	Substantiated/ Indicated	Unsubstantiated
Androscoggin	1131	270	861	1115	277	838
Aroostook	761	213	546	746	247	499
Cumberland	1374	258	1115	1340	257	1083
Franklin	254	81	173	233	51	182
Hancock	313	111	202	314	106	208
Kennebec	1319	345	972	1211	424	787
Knox	336	76	260	297	99	198
Lincoln	275	42	232	253	59	194
Oxford	557	155	402	615	152	463
Penobscot	1416	433	981	1427	389	1038
Piscataquis	172	55	116	167	46	121
Sagadahoc	232	48	184	210	51	159
Somerset	648	262	385	563	179	384
Waldo	413	99	312	407	136	271
Washington	245	56	188	247	80	167
York	1611	504	1106	1468	441	1027
State	11066	3008	8058	10613	2994	7619

**County represents the county where the primary caregiver was residing at the time of the Intake referral.*

INVESTIGATIONS FINDINGS RATE

The following shows the percentage of investigations completed where findings of abuse or neglect were substantiated or indicated by county for the past three years.

The findings rate has held relatively steady over the last three years with a slight upward trend, despite the significant increase in the number of investigations in 2019 and 2020. These data are an important metric in evaluating the impact that the increase in the number of investigations has had on our system. These data also indicate that while the number of reports to OCFS has increased, the share of reports deemed appropriate for investigation has appeared to stay relatively consistent.

These data are also helpful in identifying geographic areas where findings are made at a higher than average rate. Using these data, the reasons for these variances can be explored and addressed, including those which are related to geography (e.g., availability of services in a particular area).

INVESTIGATION FINDINGS RATE			
COUNTY*	2018	2019	2020
Androscoggin	24%	24%	25%
Aroostook	29%	28%	33%
Cumberland	21%	19%	19%
Franklin	22%	32%	22%
Hancock	36%	35%	34%
Kennebec	32%	26%	35%
Knox	18%	23%	33%
Lincoln	19%	16%	23%
Oxford	22%	28%	25%
Penobscot	28%	31%	27%
Piscataquis	25%	32%	28%
Sagadahoc	12%	21%	24%
Somerset	31%	41%	32%
Waldo	19%	24%	33%
Washington	29%	23%	32%
York	31%	31%	30%
TOTAL	26%	27%	28%

*County represents the county where the primary caregiver was residing at the time of the Intake referral.

CHILD ABUSE AND NEGLECT VICTIMS BY ABUSE TYPE

The following report shows the victims by age group and type(s) of abuse found during the child protective investigation for the past three years. Children may be counted multiple times if they were the victim of more than one abuse type in a given investigation, or the victim in separate investigation during the calendar year.

2018				
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	47	568	1180	324
5-9	95	342	772	515
10-14	107	251	567	499
15-17	56	83	132	159
Total	305	1244	2651	1497
2019				
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	70	575	1301	357
5-9	107	418	879	566
10-14	145	274	667	563
15-17	47	101	191	164
Total	369	1368	3038	1650
2020				
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	76	485	1230	343
5-9	99	326	887	616
10-14	140	249	681	618
15-17	47	95	189	224
Total	362	1155	2987	1801

The data reflect an 11% increase in the number of findings made from 2018 to 2020. Some of this is likely due to the significant increase in the number of investigations in 2019 and 2020, but it is also worth noting there was a 13% increase in findings of neglect, a 19% increase in the findings of sexual abuse, and a 20% increase in findings of emotional abuse from 2018 to 2020. Physical abuse decreased by 7% during this time. Of note, the finding categories of neglect and emotional abuse are those most often associated with parental substance use. For example, parents who are under the influence and are unable to provide safe and appropriate supervision of their children, resulting in neglect and/or exposure to unsafe individuals or situations, resulting in an emotional abuse finding.

The Department continues to focus resources and energy on responding to the opioid epidemic, as well as other types of substance use, across the state and ensure resources for recovery are available. Parents

who are able to successfully engage in substance use disorder treatment can eliminate one of the primary risk factors for child protective involvement in their family's life.

The Federal government recognized the impact of parental substance use on children and families and has made evidence-based services related to parental substance use one of the primary focuses of the Family First Prevention Services Act. As OCFS continues the work of implementing Family First in Maine, the agency will continue to use data to drive decision making, focusing state and federal resources on evidence-based programming likely to have the biggest impact on children and families in Maine.

CONCLUSION

The Department's ongoing work to improve the child welfare system includes collaborating with the Legislature to pursue law changes that help keep children and families healthy and safe, as well as advancing the safe and timely transitions of children out of state care, maintaining safety for children while in State care, continuing improvements in child welfare caseworker retention, increasing the number of resource (foster) homes, and advancing policy improvements and training.

Additionally, in response to emerging state and national trends, the Department has intensified its health education campaigns in response to pandemic-related challenges. Despite progress in turning the tide on the pandemic, evidence from Maine and across the country continues to suggest that people are experiencing heightened mental health and substance use issues, including [parents](#) and [children](#). The Department has extended and broadened its [StrengthenME](#) campaign, which offers free stress management and resiliency resources to anyone in Maine experiencing stress reactions to the pandemic, and bolstered public education about how to store medications safely.

The Department also recently [launched](#) the Maine Maternal Opioid Misuse (MaineMOM) initiative, which aims to improve care for pregnant Mainers and new parents who are struggling with opioid use disorder, and implemented the first statewide free texting system to alert Maine residents to any sudden increase in overdoses in their counties and connect them with resources that can save lives, support those struggling with substance use, and promote recovery.

Appendix: Glossary of Child Welfare Terms

- **Alternative Response (ARP)** – Provides community-based intervention services or coordinates these services. ARP is designed to reduce the risk of child abuse and/or neglect by utilizing case management, counseling, substance use disorder treatment, and parenting education. ARP services are provided under contract with the Department.
- **Appropriate Report** – A report where the information alleged regarding abuse and/or neglect rises to the level of child welfare or ARP intervention.
- **Caregiver** – An adult, parent, or guardian in the household who provides care and supervision for the child.
- **Custody Case** – Ongoing Office of Child and Family Services (OCFS) involvement beyond Investigation which involves the Department obtaining custody of the children. A Custody Case is opened when the family circumstances and/or other information obtained during the Investigation indicates a need for ongoing OCFS involvement in order to ensure child safety and the concerns are serious enough to warrant court involvement.
- **District Office** – The local office housing OCFS staff within a given district. A district may have more than one office. Get more information on [Districts or office locations](#).
- **Finding** – A decision, reached by OCFS staff based on the facts and evidence gathered during an Investigation, that a person responsible for a child has, by a preponderance of the evidence, abused or neglected a child. Findings include indicated and substantiated findings.
- **Indicated Emotional Abuse** – (Pursuant to OCFS Policy IV.D-1 *Child Abuse and Neglect Findings*) An OCFS Caseworker reaches a finding of indicated emotional abuse when:
 - The individual has been determined to be a person responsible for the child; and
 - That individual has exposed the child to circumstances, behaviors or conditions that resulted in that child demonstrating a noticeable degree of emotional impairment or distress.
- **Indicated Neglect** – (Pursuant to OCFS Policy IV.D-1 *Child Abuse and Neglect Findings*) An OCFS Caseworker reaches a finding of indicated neglect when:
 - The individual has been determined to be a person responsible for the child; and
 - That individual failed to provide essential food, clothing, shelter, care, supervision, medical and/or mental health treatment when the failure caused and/or was likely to cause a minor injury, minor illness or minor impairment in the near future that did not or would not require treatment; or
 - That individual failed to protect the child from experiencing low to moderate severity physical, sexual, emotional abuse and/or neglect caused by another person that could have been prevented; or
 - That individual has allowed or deprived a child at least 7 years of age and has not completed grade 6 to have the equivalent of 7 full days of unexcused absences or 5 consecutive days of unexcused absences during the school year when not attending school has had documentable minor impact upon the child.
- **Indicated Physical Abuse** – (Pursuant to OCFS Policy IV.D-1 *Child Abuse and Neglect Findings*) An OCFS Caseworker reaches a finding of indicated physical abuse when:
 - The individual has been determined to be a person responsible for the child; and

- That individual caused or engaged in behavior that was likely to cause a minor physical injury to that child that did not or would not require medical attention.
- **Indication** – A decision, reached by OCFS staff based on the facts and evidence gathered during an Investigation, that a person responsible for a child has, by a preponderance of the evidence, subjected the child to low or moderate severity abuse or neglect.
- **Intake** – The unit of OCFS that receives reports of child abuse and/or neglect and determines whether reports are appropriate for investigation by OCFS, do not require investigation, or meet the requirements for another type of response (such as Alternative Response).
- **Investigation** – The process whereby Reports deemed Appropriate are assessed to ascertain if child abuse and/or neglect has occurred, make findings of child abuse and/or neglect, and determine whether further Department intervention is required to ensure child safety.
- **Maine Automated Child Welfare Information System (MACWIS)** – The system currently used by OCFS to maintain electronic records of child protective activities.
- **Mandated Reporter** – Individuals who pursuant to statute (22 M.R.S.A. §4011-A) are required to report to the Department when they know or have reasonable cause to suspect that a child has been or is likely to be abused or neglected.
- **Not Assigned for Investigation** – A report where the information alleged regarding abuse and/or neglect does not require child welfare or ARP intervention.
- **Person Responsible for a Child** – (Pursuant to OCFS policy IV.D-1 *Child Abuse and Neglect Findings*) Means a person with responsibility for a child’s health or welfare, whether in the child’s home or another home, or a facility which, as part of its function, provides for care of the child. It includes the child’s custodian.
- **Referral** – See Report
- **Report** – A report of suspected child abuse or neglect made to OCFS’ Intake unit.
- **Safety Plan** – A voluntary agreement between the child’s caregiver(s) and the Department. The plan is developed to address concerns regarding child safety and wellbeing that arise during an Investigation or Case. The plan contains steps that the caregiver(s) are agreeing to take to remediate risk and ensure child safety. Generally, if a safety plan cannot be agreed upon, or if the safety plan is violated, the Department will file in court for custody of the child to ensure his or her safety and wellbeing.
- **Service Case** - Ongoing Office of Child and Family Services (OCFS) involvement beyond Investigation which does not involve the Department obtaining custody of the children. A Service Case is opened when the family circumstances and/or other information obtained during the Investigation indicates a need for ongoing OCFS involvement in order to ensure child safety, but those concerns do not rise to the level of seeking custody of the children. In Service Cases, the Department seeks to ensure that the members of the family receive services to address child safety and wellbeing concerns.
- **Substantiated Emotional Abuse** – (Pursuant to OCFS Policy IV.D-1 *Child Abuse and Neglect Findings*) An OCFS Caseworker reaches a finding of substantiated emotional abuse when:
 - The individual has been determined to be a person responsible for the child; and
 - That individual has acted in such a way as to have caused a child to experience “serious harm” (mental or emotional injury or impairment which now or in the very near future is likely to be evidenced by serious mental, behavioral or personality disorder; severe

anxiety, depression or withdrawal; untoward aggressive behavior; seriously delayed development; or other serious dysfunctional behavior); or

That individual has exposed a child to a pattern of or at least one serious incident of domestic violence. Exposure to very serious physical violence equates to high severity impact. However, in a domestic violence case, this finding can only be reached for the adult victim of the abuser when that person is a party to a child protection petition that has been filed that seeks to ensure child safety.

- **Substantiated Neglect** – (Pursuant to OCFS Policy IV.D-1 *Child Abuse and Neglect Findings*)

An OCFS Caseworker reaches a finding of substantiated neglect when:

- The individual has been determined to be a person responsible for the child; and
- That individual failed to provide essential food, clothing shelter, care, supervision, medical and/or mental health treatment when that failure caused or was very likely to cause a serious injury, serious illness or serious impairment in the near future that required or would require treatment; or
- That individual poses a threat of neglect based on the identification of a sign of danger supported by an analysis of available information and/or a lack of parental protective capacity; or
- That individual has allowed or deprived a child at least 7 years of age and has not completed grade 6 to have the equivalent of 7 full days of unexcused absences or 5 consecutive days of unexcused absences during the school year and that lack of attendance has had a documentable serious impact upon the child; or
- That individual failed to protect that child from experiencing high severity physical, sexual, emotional abuse and/or neglect caused by another person that could have been prevented.

- **Substantiated Physical Abuse** - (Pursuant to OCFS Policy IV.D-1 *Child Abuse and Neglect Findings*) An OCFS Caseworker reaches a finding of substantiated physical abuse when:

- The individual has been determined to be a person responsible for the child; and
- That individual caused a serious physical injury to that child that required medical attention (whether or not medical attention was actually received); or
- That individual has engaged in confirmed conduct, past or present, that is unlikely to change in a timely manner and that created an immediate risk of serious physical injury to a child, which, if to occur, would require medical attention

- **Substantiated Sexual Abuse** – (Pursuant to OCFS Policy IV.D-1 *Child Abuse and Neglect Findings*) An OCFS Caseworker reaches a finding of substantiated sexual abuse when:

- The individual has been determined to be a person responsible for the child; and
- That individual had physical contact with either a child’s breasts, genitals, buttocks, or other body parts in a sexualized manner or for sexual gratification; or
- That individual had the child touch him/herself or anyone else in a sexualized manner; or
- That individual is a convicted child sexual offender or previously substantiated sexual abuser of child/ren who has unsupervised access and/or contact with a child in contradiction of law or DHHS child safety plan and so poses a threat of sexual abuse to that child imminently; or

- That individual who is not a convicted sexual offender or substantiated sexual abuser has engaged in confirmed sexual conduct, past or present that is unlikely to change in a timely manner and that has created an imminent threat of sexual abuse to that child; or
- That individual created or caused to be created, or that permitted or distributed sexualized media content (e.g. photographs, videos, recordings, etc.), involving the child; or
- That individual intentionally and purposefully subjected that child to suggestive remarks, sexualized behaviors or to a sexualized environment (including prostitution or human trafficking), that caused and/or creates a threat to that child to be sexually abused; or
- That individual forces or encourages a child to view either adult or child pornography.
- **Substantiation** – A decision, reached by OCFS staff based on the facts and evidence gathered during an Investigation, specifically that a person responsible for a child has, by a preponderance of the evidence, subjected the child to high severity abuse or neglect.
- **Sudden Unexplained Infant Death (SUID)** – Per the U.S. Centers for Disease Control and Prevention, a term used to describe the sudden and unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation. These deaths often happen during sleep or in the baby’s sleep area.
- **Unsubstantiated** – A decision, reached by OCFS staff based on the facts and evidence gathered during an Investigation, that there is not enough information to conclude that a person responsible for a child has, by a preponderance of the evidence, abused or neglected a child.