

Office of Child & Family Services

State of Maine

Annual Progress & Service Report

FFY 2024



Table of Contents	Page
State Agency Administering the Program	3
Collaboration	4
Assessment of Performance	10
Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes	129
Child and Family Services Continuum	173
Current Services to Support CFSP Goals	185
Populations at Greater Risk of Maltreatment & Services for Children Under Five	199
Efforts to Track and Prevent Child Maltreatment Deaths	202
Services Offered Under PSSF	204
Monthly Caseworker Visits	205
Adoption Incentive	207
Adoption Savings	207
Inter-Country Adoptions	207
Consultation and Coordination between States and Tribes	208
Financial Information	216
Appendix A- Child Abuse Prevention Treatment Act	221
Appendix B- Chafee	234
Appendix C- ETV	250
Appendix D- Foster & Adoptive Parent Diligent Recruitment Plan	251
Appendix E- Health Care Oversight & Coordination Plan	258
Appendix F- Disaster Plan	267
Appendix G- OCFS Training Plan	274
Exhibits	286

Introduction of Maine 2020-2024 CFSP

The Maine Child and Family Services Plan (CFSP) is a multi-year plan for Maine which is based on findings and recommendations from:

- Data collected from Maine Child and Family Services Reviews 2009-2018.
- ACF Data Profile January 2019.
- CFSR Maine Final Report 2017.
- Recommendations from the Maine Child Welfare Advisory Panel.
- Recommendations from the Child Death and Serious Injury Review Panel.
- Priorities of the Office of Child and Family Services Director and Associate Director of Child Welfare Services.
- Recommendations of Office of Child and Family Services District Management Team; and
- Recommendations from the Public Consulting Group (PCG) evaluation of the Maine OCFS Final Report 2019.
- Recommendations of the Maine Children’s Ombudsman
- Recommendations from the Collaborative Safety Review conducted in 2021
- Recommendations from the Office of Program Evaluation and Government Accountability (OPEGA)

State Agency Administering the Programs

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS), will administer IV-B programs under the 2020-2024 CFSP.

OCFS is one organization that is part of the larger community working toward a system of care that is child-centered and family-focused with the needs of families and children dictating the array of services needed in Maine.

The organizational unit responsible for programmatic implementation of the CFSP is the OCFS Child Welfare Division, overseen by Associate Director Bobbi Johnson. The organizational unit responsible for the administrative support of CFSP implementation and the development and submission of the CFSP and Annual Progress and Services Reports (APSRs) is the collaboration between the aforementioned team as well as the Division of Technology and Support overseen by Associate Director Robert Blanchard.

The OCFS Organizational Chart can found at the following link:

<https://www.maine.gov/dhhs/ocfs/org-chart.shtml>

The State of Maine FY24 APSR will be located on the State of Maine Website accessed by the following link: [Child Welfare Reports | Department of Health and Human Services \(maine.gov\)](#)

Practice Model

The OCFS Practice Model articulates the philosophy and values of OCFS when providing child and family services and in developing a coordinated service delivery system. The Practice Model can be found at the following link: <http://maine.gov/dhhs/ocfs/cw/policy/>

Within OCFS, child welfare intersects with other program areas that have an increased focus on prevention, such as children's behavioral health, early care and education services, child care services, services for individuals who are homeless, violence prevention programs and the Maine Children's Trust Child Abuse and Neglect Prevention Councils. To best support families at risk of or in need of child welfare intervention, it is essential for families to have access to an array of prevention services to help them achieve optimal functioning and support to resolve any identified child safety concerns. It is also critical for child welfare services to look upstream to prevent future involvement.

Collaboration

Adoptive & Foster Families of Maine (AFFM): This agency administers Resource Family Support Services (RFSS) that provide resource parents (kinship, foster, adoptive, and permanency guardianship resource parents) with an array of services to support them in their role of caregiver for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent and 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 the children placed in their homes. 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. In addition to these services, AFFM also provides services and supports to informal kinship families.

Maine Child Welfare Advisory Panel (MCWAP): MCWAP is a federally mandated group of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective and child welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and the Children's Justice Act (CJA). This multidisciplinary panel was formed in 2015 with the following mission: "The mission of MCWAP is to assure that the state system is meeting the safety, permanency and well-being of children and families through assessment, research, advocacy, and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth, and families." The members of this group were formerly part of two separate groups, the Child Welfare Steering Committee and Maine's Citizen Review Panel. Given the overlap in the roles and responsibilities, a decision was made in 2015 to combine the work of these two groups into a single cohesive group.

Members of MCWAP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. MCWAP has been focused primarily on advising OCFS on matters related to the investigation of child safety, ongoing service delivery to families and providing feedback regarding OCFS' strategic priorities and the Child and Family Services Review (CFSR) process, including the Program Improvement Plan. These activities support the goals of the OCFS Strategic Plan.

The Maine Child Welfare Advisory Panel (MCWAP) convenes ten meetings per year, from September through June. Given the status of the COVID-19 Pandemic in 2022, the monthly MCWAP meetings continued to be held virtually. At each meeting, OCFS provides an update, panel business is discussed as a large group, and subcommittees meet to work on selected topics and then report out to the larger group. Most subcommittees also schedule meetings outside of the monthly MCWAP meeting. In 2022, the Panel held nine meetings, including an extended planning retreat in September. One meeting was cancelled due to a state office closure because of inclement weather. In 2022, the primary focus areas were 1) a study of OCFS' parent information practices; 2) a review of lived experience data collection; 3) clarification of the oversight role of MCWAP; and 4) improving process for citizen input, policy review and measuring progress.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2022 Annual Report is attached as Exhibit A.

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils. Prevention Councils promote and deliver evidence-based/informed family strengthening programs, including, but not limited to public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each Prevention Council conducts an annual Community Needs Assessment within its coverage area and uses the information gathered to develop a plan for prevention programming targeted to address the identified needs. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the Prevention Councils and their communities. Key areas addressed previously include mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence. Work of the Prevention Councils has continued through the pandemic with meetings held virtually.

Maine Child Death and Serious Injury Review Panel (CDSIRP): This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries

to children, with a focus on improving the state systems related to child safety and care. The mission of the Child Death and Serious Injury Review Panel is to provide multidisciplinary, comprehensive case review of child fatalities and serious injuries for the purpose of promoting prevention, improving present systems, and fostering education to both professionals and the general public. Furthermore, the panel strives to collect facts, develop opinions, and articulate those opinions in a fashion that promotes system change. Finally, the Panel serves as one of the Department of Health and Human Services' required task forces pursuant to the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

The CDSIRP follows a review protocol to meet the purpose defined within the CDSIRP's governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies, and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

The CDSIRP meets monthly to review cases; evaluate sentinel events and patterns of injury and/or death; and analyze the effectiveness of state programs that provide for child protection, safety, and care. The CDSIRP's goal is to help reduce the number of preventable child fatalities and serious injuries in the state, accomplishing this by comprehensively reviewing cases, summarizing findings, and making recommendations for changes to the current system with the goal of increasing protection, safety, and care for Maine's children. The members of the CDSIRP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. Through the commitment of the Panel's members, the Panel has been able to build a collaborative network to foster teamwork, and to share the CDSIRP's recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all New England states to share experiences and information, and review cases that involve services from more than one state, or which represent a challenge that all States are trying to address. Each month, CDSIRP reviews the child fatalities, serious injuries, and ingestions reported to OCFS in the prior month. In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: motor vehicle accidents, gunshot wounds, failure to thrive, and abusive head trauma. The CDSIRP has participated in dual case reviews with Maine's Domestic Abuse Homicide Review Panel whenever a case touches on both Panel's statutorily mandated subject areas. Moreover, at several points throughout the year, the Panel hosted guests from various disciplines to present on certain topics relevant to the Panel. In 2022, the panel conducted five in depth Level 3 case reviews in addition to completing Level 1 summary reviews of all child fatalities and serious injuries reported to OCFS from previous months. The panel invited presenters to discuss pediatric ingestions and poisonings and implementation of the Maine Safety Science Model.

The Maine Child Death and Serious Injury Review Panel 2022 Annual Report and the OCFS response is attached as Exhibit B. <https://www.mecitizenreviewpanels.com/child-death-and-serious-injury-review-panel/>

Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector providers working together at the local and state levels to increase resources and opportunities for youth in foster care. MYTC strives to improve outcomes for youth transitioning from foster care to adulthood. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for youth transitioning from foster care.

The MYTC hosts Regional Learning Exchanges to support “front-line” staff from various public and community-based agencies to meet each other, receive joint training, and to encourage planning for future collaboration to create a system of support addressing the comprehensive transition needs of youth with a focus on race equity and LGBTQ+ issues for youth in foster care as well as those involved in other systems such as those experiencing homelessness, and those with juvenile justice involvement.

Youth Leadership Advisory Team (YLAT): Administered through a contract with University of Southern Maine, University of Maine, Catherine Cutler Institute, 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. YLAT offers low barrier youth leadership opportunities across the state through monthly YLAT meetings and the annual Teen Conference.

Youth 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 on foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care.

Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT 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.

Throughout the Pandemic, YLAT meetings and the annual teen conference occurred through a combination of virtual platforms and in-person meetings during warmer weather. In 2022, the annual teen conference occurred in person.

Foster Family-Based Treatment Association (FFTA) - Maine Chapter: This Association is comprised 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 and to build statewide consistency in expectations. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care. More recently, members of the Executive Management Team have begun meeting with representatives of this group to discuss the current utilization of treatment foster care resources as well as best practices for the Level of Care (LOC) process that assigns therapeutic designation to children and youth with needs beyond the average scope of children in care.

Alternative Response Program (ARP): This group was comprised of OCFS staff and providers of ARP services statewide. In 2017, this group began meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work was to prevent a higher level of child welfare intervention for these families. Using data, the group reviewed outcomes to include engagement with families, initial contact with alleged child victims within 72 hours of approval of an appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts included building statewide consistency in service delivery and reporting, as well as collectively defining systemic gaps for families, and developing strategies to meet identified needs most effectively. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

OCFS has decided to pivot to research and implement evidence-based prevention program services, given the new expectations that prevention efforts must be evidence-based and approved by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports the Alternative Response Program as a supported or well-supported evidence-based service. Given this, OCFS discontinued the contracts for these services, effective June 30, 2022. OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services.

Community Partnership for Protecting Children (CPPC):

As part of implementing the federal Family First Prevention Services Act (FFPSA), OCFS has pivoted to supporting and implementing evidence-based prevention program services, as approved by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports CPPC as a supported or well-supported evidence-based service.

As a result of this, OCFS discontinued the contracts for Community Partnerships for Protecting Children (CPPC) Program, effective June 30, 2020, when the contracts ended.

OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services. With that in mind, the Department conducted a pilot

project focused on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*. The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system.

Parent Partner Pilot Program:

OCFS contracted with The Opportunity Alliance (TOA) to complete a one-year Parent Partner Pilot Program. The purpose of the program was to provide Parent Partner support to eligible families in York and Cumberland Counties. These families were involved with, or at risk of child protective involvement. The program sought to reduce family involvement with Child Protective Services, improve permanency outcomes, and reduce repeated substantiations and child removals within TOA's service area.

While the Parent Partner Pilot Program continued to support the service needs of parents, OCFS conducted an internal evaluation of the service in collaboration with The Opportunity Alliance. As part of this evaluation, OCFS included a "return on investment" component to ascertain the long-term sustainability of the program by evaluating both family outcomes and cost per family served. Based on the results, a decision was made to discontinue this service at the end of the contract period (June 30, 2021), yet to continue to identify opportunities to include family voice in the work of OCFS.

The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system. In partnership with the Catherine Cutler Institute at the University of Southern Maine, OCFS has established two Family Engagement Specialist Positions, one mother and one father and a pool of Family Engagement Consultants. These Family Engagement Specialists have lived experience with the child welfare system and are members of the team that works at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs. These two positions will help build a larger network of participants with lived experience and will also participate on the Maine Child Welfare Advisory Panel. The consultants also provide support in these areas of system change.

Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been in existence since 1999. Originally, the workgroup consisted of OCFS staff, Indian Child Welfare staff, as well as staff from the University of Southern Maine, Catherine Cutler Institute. In addition to these three areas of representation, the workgroup currently includes representatives from the Office of the Attorney General, the Family Division of the Courts, a representative from Wabanaki Health and Wellness, and a former youth in tribal care. The role of this group is to provide a forum for collaboration between State and Indian Child Welfare programs. Topics of discussion include, but are not limited to, co-case management of ICWA cases from intake through permanency, identifying areas of concern regarding the handling of ICWA cases within OCFS or the court system, any updates, or changes to OCFS policy and/or practice, areas in which to build

relationships and strengthen collaboration, resource sharing and development, training for staff, and recruitment and training of Qualified Expert Witnesses. The ICWA Workgroup takes the lead in developing many of the partnership projects between the State and the Tribes to enhance understanding of the law, as well as tribal culture.

ICWA Workgroup meetings continued to be in the virtual format until the last meeting of 2022, which was in person. Moving forward meetings will be offered in a hybrid format to ensure the greatest participation possible as, geographically, Maine is a large state and travel time can be a challenge. The ICWA Workgroup is also currently working on finalizing the updated OCFS Indian Child Welfare Act policy, implementing a standardized inquiry letter/form, continued recruitment and training for Qualified Expert Witnesses; increasing the 3 ½ hour training to a full day training, providing education to the Probate Court to ensure that ICWA is followed in guardianship cases that do not have child welfare involvement, working in a technical assistance/education capacity for legislation to enact a Maine Indian Child Welfare Act, continued strengthening of co-case management, and continued partnership with the court system to ensure Guardians ad Litem and attorneys understand ICWA and how OCFS partners with the Tribes.

Maine Judicial Branch (MJB)/OCFS/AAG Collaborative - OCFS and members of the Court Improvement Project (CIP) meet on a quarterly basis to discuss progress and barriers to the PIP and the CIP. Representatives from the MJB participate in regularly scheduled meetings with the Children's Bureau and OCFS to discuss progress on Maine's PIP and CFSR measurements.

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.

- The most recent available data demonstrating the state's performance is included for each of the two safety outcomes. 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).
- 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 is developed based on this data and input from stakeholders, tribes, and courts.

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 2017 CFSR, achieving the standard in 73% of the applicable cases reviewed. Performance was higher in this item for service cases (75% strength) compared to foster care cases (70% strength).

The 2017 CFSR PIP improvement goal for Item 1 is 84%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
1 Timeliness of initiating investigations of reports of child maltreatment	73% Strength	78% Strength

Maine received notification from the Administration of Children and Families on 3/16/20 that it met the PIP goal for Item 1, successfully completing it in the first measurement period.

Despite this accomplishment, Maine recognizes the importance of continuing to work on ensuring alleged victims are seen quickly. In CY 2022, the Management Report data reflects that on average Maine met the 24-hour timeframe of contact with all alleged victims in 65% of the reports received, a decline from CY’s 2021 (80%), 2020 (84%) and 2019 (75%). In CY 2022, the Management Report data reflects that on average Maine met the 72-hour time frame in 54% of the reports received, also a decrease from CY’s 2021 (77%) 2020 (71%) and 2019 (63%).

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Performance was slightly higher in this item for foster care cases (79% strength) compared to in-home service cases (78% strength).

Strengths:

- Caseworkers attempt initial contacts upon receipt of assignment of referral, no delays in making the initial attempts.
- Good efforts made to make the initial contact timely despite the parent’s avoidance, i.e., returning to the home every day after unsuccessful first attempt, contact with law enforcement for additional information, making unannounced visits to the known relatives of the parent.
- Caseworkers make contact within the established timeframes on both open service and foster care cases when an additional report is received.

Challenges

- When caseworkers do not make initial attempts to meet a family quickly and they have little time left if those initial attempts are unsuccessful.
- Reports received on Friday morning's or prior to a long holiday weekend and decisions made not to initiate the contact that day which leaves little time to meet timeframe on the next business day.
- Agency does not see all the alleged victims within the assigned timeframes.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Safety Outcome 2 includes services to families for protection of the child(ren) in the home, and prevention of the removal of the child(ren), or re-entry of the child(ren) into foster care (**Item 2 - Services to prevent removal**) and risk assessment and safety management (**Item 3 - Risk and safety management**). Both items were assigned a rating of Area Needing Improvement in the 2017 CFSR.

Item 2 achieved the standard in 50% of the applicable cases reviewed. Performance was higher in this item in foster care cases (80% strength) compared to in-home service cases (13% strength).

Maine's challenges in providing services to prevent removal was evidenced in the 2017 CFSR data and the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
2 Services to family to protect children in the home and prevent removal or re-entry into foster care	50% Strength	51% Strength

The 2017 CFSR PIP improvement goal for Item 2 was 65% with the method of measurement being the quality case reviews.

Maine has historically been challenged in providing services to a family to prevent removal of children; however, performed well in the national standard related to re-entry into foster care which is currently 5.6%. The most recent ACF Data Profile (February 2023) reflects that Maine continues to meet the national standards in this measure as it did in 20A20B (4.5%) and 20B21A

(6.0%). The current re-entry rate is 6.1% which is statistically no different than the national performance standard although noted to be increasing.

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Performance was higher in this item for foster care cases (57% strength) compared to in-home service cases (46% strength), both improved from the last reporting period.

Strengths:

- Agency is taking the appropriate and necessary step of removing children from the care of parents due to significant substance abuse and domestic violence. In those cases, there were not sufficient services that could have been implemented quickly to mitigate the safety concerns for the children.
- Agency is taking prompt action in foster care cases when the parents have not sufficiently engaged or made progress in reunification efforts and have another child. The agency filed for immediate removal of the infants in several of the cases reviewed.
- Evidence of the agency taking appropriate and necessary step of removing children from the care of parents due to significant substance abuse, domestic violence, and significant child injury when it was unknown which parent inflicted the injury. In those cases, there were not sufficient services that could have been implemented quickly to mitigate the safety concerns for the children.
- Demonstrated ability to provide services immediately for substance abuse detox / treatment to prevent removal from the home.
- Agency is taking prompt action to partner with a Domestic Violence Taskforce when safety concerns increased during a trial home placement.

Challenges:

- Record reflected safety concerns were discussed, however not addressed either through appropriate safety planning or service provision. Examples include significant domestic violence and batterers remained in the home, inadequate housing/living conditions that could have led to child injury, parental mental health/suicidality with no plan following mother's psychiatric hospitalization as to her level or nature of contact with her children following the event.
- Safety planning parent out of the home due to safety concerns, however not then providing that parent with intensive services to address the issues leading to the removal from the home.
- The agency relying on safety plans to mitigate safety threats, however not also providing safety related services such as intensive in-home teams to support the family and prevent removal of the children from the home.

- A gap of multiple days in responding to allegations made from a collateral contact concerning abuse by significant other of parent.
- Trial home placements occurring despite continued concerns that parents did not demonstrate that they had mitigated the need for removal.
- The agency not beginning safety services timely and not checking in on progress timely given case circumstances. Additionally, systemic issues leading to long waitlists for services.
- The agency closing the case with safety concerns still present while waiting for services to begin, i.e., reunification and evidence that the perpetrator is back around or children’s behaviors continuing to be unsafe, etc.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 3 achieved the standard in 40% of the applicable cases reviewed. Performance was higher in this item in foster care cases (50% strength) compared to in-home service cases (24% strength).

The 2017 CFSR PIP improvement goal for Item 3 is 47% with the method of measurement being the quality case reviews.

Maine has historically been challenged in adequately assessing for risk and safety throughout the life of a child welfare intervention was evidenced in the 2017 CFSR data and the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
3 Risk and safety assessment and management	40% Strength	35% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/22-3/31/23 found the following:

Performance was higher in this item for foster care cases (46% strength) compared to in-home service cases (18% strength) both improved from the last reporting period.

Strengths:

- Agency assessing risk and safety as it relates to the child’s home environment, placement, and visits with parents.

- In 82% of the cases reviewed there were no safety concerns related to the child in foster care during visitation with parents/caregivers or other family members.
- In cases of nonverbal and/or developmentally delayed young children, the agency engaged in ongoing assessment of child safety through observations of the child with caregivers and contact with providers involved with the family including medical, educational, and child care.
- Caseworkers obtaining information from collateral contacts in their assessment of safety and risk, including involved relatives and school officials.
- In 93% of the cases reviewed there were no concerns for the child in foster care related to the foster parents, members of foster parents' family or other children in the home that were not adequately or appropriately addressed.

Challenges:

- In 51% of the cases reviewed it was apparent the agency conducted an initial assessment that accurately assessed all the risk and safety concerns.
- In 48% of the cases reviewed there were safety concerns that were not adequately or appropriately addressed, this is an improvement from the last Assessment of Performance review period.
- In 26% of the cases reviewed it was apparent that, if safety concerns were present, the agency developed an appropriate safety plan and continued to monitor and update the plan as needed. It is noted that this is an improvement from the last Assessment of Performance review period.
- In 35% of the cases reviewed it was apparent that the agency conducted ongoing assessments that accurately assessed all the risk and safety concerns.
- If safety concerns were present, the agency doesn't develop an appropriate safety plan separate from the prevention/family plan, with continued monitoring and updating as needed. Not thoroughly assessing the external control parties on safety plans for ability / willingness to follow through with the plan and not checking in with those parties while the plan is active.
- Lack of documented efforts to interview parents separately despite history of domestic violence between the parents to fully assess the home environment.
- Lack of comprehensive conversations with verbal children who are developmentally appropriate. Lack of collateral contacts for nonverbal children when it appears there are safety or risk concerns present.
- Lack of assessing visitation with extended relatives i.e. overnights with grandparents on an ongoing basis, etc.
- The agency not assessing other caregiver and their homes for safety.
- Lack of fully assessing and addressing when siblings are sexualized or violent with each other.

The data reflects that Maine is experiencing challenges in preventing recurrence of maltreatment. The most recent ACF Data Profile (February 2023) reflects that Maine demonstrated a continued

decline of performance in this measure. Maine’s current recurrence of maltreatment rate is 19.6% statistically worse than the national performance standard (**9.7% or below**). It is noted that Maine’s decline in this area has been observed since FY18-19 (15.4%), FY 19-20 (16.8%) and currently FY 20-21 (19.6%).

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

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; and
- Item 6 - Achieving reunification, guardianship, or permanent placement with relatives.

Item 4: (Stability of placement) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 75% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 4 is 83% with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
4 Stability of Placement	75% Strength	75% Strength

Maine received notification from the Administration of Children and Families in the fall of 2020 that it met the PIP goal for Item 4, successfully completing it in the first measurement period.

The most recent ACF Data Profile (February 2023) reflects that Maine continues to meet the national performance standard related to stability of placement. The current rate (22A22B) is 4.63 which is a slight decline for Maine however statistically no different than the national performance standard of 4.48. The Data Profile indicates that the placement stability rate in Maine has been declined for the last three reporting period.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/22-3/31/23 found the following:

Strengths:

- Children experience just one placement which was stable and willing to provide long term permanency if/when reunification as was not successful. This included relative and non-relative placements.
- If/when a child moved, the move was done to meet the permanency goals of the child, i.e., moving to an adoptive placement.
- Initial placements made with unlicensed relatives who were then able to be licensed and ultimately provide permanency for the children in their care. Many relative providers indicated receiving a lot of support from the agency that helped in maintaining the stability and permanency of those placements.

Challenges:

- Children with multiple placements in part due to lack of assessment/matching between placement and the child's needs. Resource parents/relatives are unable to manage the behavioral needs of the children (through service provisions) which ultimately led to disrupted placements.
- Providers openly experiencing challenges in caring for multiple children, yet no documentation of efforts made by the agency to support the placement leading to instability for the children in the home.
- Children experiencing multiple placement changes within a couple of months of entry into foster care. Reasons including placements only intended to be short-term and placed out of necessity due to lack of resources, high level of needs of children that are not known before initial placements but then are such that the providers are unable to manage and request the move.
- Lack of utilization of respite care to support overwhelmed caregivers.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 5: (Permanency goal for child) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 80% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 5 is 88% with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
5 Permanency goal for child	80% Strength	55% Strength

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- In 100% of the cases review the permanency goal was specified in the case record.
- In 85% of the cases reviewed, the permanency goals in effect were established timely.
- Use of concurrent planning with adoption, PG or OPPLA goals being established timely.
- In 73% of the cases reviewed the permanency goals were appropriate to the child’s needs for permanency and to the circumstances of the case.
- Timely filing of the TPR petition.
- Goal of reunification established at the time child enters care.
- Timely establishment of OPPLA goal involving older youth.

Challenges:

- Goal of family reunification inappropriate based on the case circumstances. Examples include prolonging these efforts even though the parents had significant history with the agency including previous termination of parental rights.
- In 46% of the cases reviewed the agency filed a TPR timely before the period under review or timely during the period under review.
 - Documentation supports timely discussion with parent(s) regarding need to file TPR however no further action.
- Supervisors report directing caseworkers to prepare the TPR, however caseworkers not completing the activity timely.
- Caseworkers reporting the delays in filing TPRs are due to workload issues.
- Delay in TPR hearings and appeal decisions in part due to the backlog created by the COVID-19 pandemic.
- Changes in staff resulting in need for worker reassignments and having a ‘new’ worker get up to speed on the case.

- Lack of moving pre-adoptive parents through the process timely, i.e., licensing, delays in obtaining an attorney, etc.
- Lack of timely establishment of and actively working toward concurrent goals.
- Lack of actively working on reunification with second parent due to incarceration, or due to lack of efforts to engage the parent until well into the reunification effort.

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 reunification, guardianship, adoption, or other planned permanent living arrangement.

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 55% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 6 is 65% with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	25% Strength

The ACF Data Profile (February 2023) reflects that Maine falls below the national performance standard in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months: The Data Profile reflects that Maine’s performance is 28.8% which is statistically worse than the national performance standard of 35.2%, as well as a decline in performance from the prior period (20A20B) of 30.0%.
- Achieving permanency between 12-23 months: The Data Profile reflects that Maine’s performance is 35.1% which is statistically worse than the national performance standard of 43.8%, as well as a decline in performance from the prior period (21B22A) of 38.2%.
- Achieving permanency for children 24+ months: The Data Profile reflects that Maine’s performance is 39.8% which is statistically better than the national performance standard of 37.3% as well as improvement from the prior period (21B22A) of 36.5%.

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- Efforts to achieve permanency goal clearly documented, including placing children in homes willing to commit to being a long-term permanency placement if/when appropriate.
- Establishing and working on concurrent goals early in case process leading to timely achievement of goal.
- Filing TPR petitions within 12 months of entry into foster care leads to timely achievement of adoption permanency goal.
- In cases with reunification as goal the record and interviews reflected consistent contact and discussions with parents, providers, children, and other case collaterals to monitor the progress being made in services and visitation that would then lead to timely decisions regarding trial home visits or establishing another permanency goal.

Challenges:

- The goal of reunification remained the only goal well past the 12-month federal timeframe of permanency.
- Allowing parents who were not engaging in reunification services from the onset of the case additional time towards reunification when they begin to show effort several months after the child entered care.
- Delays in filing TPR led to delays in timely achievement of adoptions even in cases where the concurrent plan of adoption was established very early on in the case.
- Court: delays in obtaining hearing dates - in part due to COVID 19 closures and needing to prioritize jeopardy hearings over termination of parental right hearings.
- Lack of concurrent planning impacts timely achievement of adoption goals.
- Lack of ongoing planning / updating planning to achieve goals. Lack of concerted efforts to engage parents, especially incarcerated parents, contributes to this challenge.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Permanency Outcome 2 includes the following:

- Item 7 - Placement with siblings.
- 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 7: (Placement with siblings) was assigned a rating of Strength in the 2017 CFSR achieving the standard in 91% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
7 Placement with siblings	91% Strength	94% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/22-3/31/23 found the following:

Strengths:

- In larger sibling groups, efforts were demonstrated to place as many together as possible in one home.
- Assessment was evident in those situations when siblings were unable to be placed together, either due to the highly specialized need of the child, or his/her sibling(s).
- When new siblings are born and enter custody, the agency makes placement with the provider caring for the child being reviewed.

Challenges:

- Lack of efforts to reassess the ability to place siblings together when initial placement couldn't maintain a larger sibling group.
- Lack of ongoing efforts to place siblings together due to the agency's belief that the children were doing well in their established placements and there was concern around disrupting those placements.
- When siblings enter foster care assessment of placing siblings together is not conducted or documented as to why placement of siblings would not be appropriate.
- Lack of assessing for placement with sibling who is placed with the other side of the family or other father.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 8: (Visiting with parents and siblings in foster care) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 58% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
8 Visiting with parents and siblings in foster care	58% Strength	46% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/22-3/31/23 found the following:

Strengths:

- Cases that reflect visits with mothers of children happening multiple times a week.
- Cases that demonstrated a progression down in the level of supervision, starting off as supervised in an agency transitioning to unsupervised.
- The agency utilized the use of video to ensure contact between the children and parents if face to face visits were not possible.
- Siblings having visits outside of family visits with parents, even in cases where there are multiple siblings.
- The agency utilized the child's resource parents and clinical supports to develop strategies to strengthen the quality of contacts between the child and parents.
- In 78% of the cases reviewed, concerted efforts were documented that reflected visitation between the child and his or her mother was of sufficient *frequency* to maintain or promote the continuity of the relationship.
- In 73% the cases reviewed, concerted efforts were made to ensure the *quality* of visitation between the child and the mother were sufficient to maintain or promote the continuity of the relationship.
- Cases that reflect parents having visits in home settings where they can do routine care such as mealtime, bath time, etc.

Challenges:

- In 66% of the cases reviewed, concerted efforts were documented that reflected visitation between the child and his or her father was of sufficient *frequency* to maintain or promote the continuity of the relationship.
- In 66% of the cases reviewed, concerted efforts were made to ensure the *quality* of visitation between the child and the father were sufficient to maintain or promote the continuity of the relationship.
- In 58% the cases reviewed, concerted efforts were documented that reflected visitation between the child and his or her sibling was of sufficient *frequency* to maintain or promote the continuity of the relationship.
- In 59% of the cases reviewed, concerted efforts were made to ensure the *quality* of visitation between the child and the sibling were sufficient to maintain or promote the continuity of the relationship.
- Factors impacting overall quality of visits include:
 - Agency not following up when learning about difficulties the parents or children were having in the visit.

- In cases involving unsupervised contact between children and parents, the agency is unaware as to what activities take place during the visit and unable to reflect on if the quality of the visits meets the needs of the family.
- Visitation suspended due to concerns and many months going by before addressing concerns.
- Not working through barriers to visitation when parents are incarcerated (case circumstances dependent).
- The agency doing most monthly contacts with parents during visit times taking away from the quality of the visit.
- For siblings not placed together relying on the foster parents to arrange contact independently without the Department following up on the plan to ensure compliance.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 9: (Preserving connections) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 85% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
9 Preserving connections	85% Strength	58% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/22-3/31/23 found the following:

Strengths:

- In 96% of the cases reviewed, there was an inquiry conducted with the parent, child, custodian, or other interested parties to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe.
- Older youth being able to make decisions related to maintaining connections important to the youth.
- Placement in the same community allows for children to remain in the school districts and maintain established friendships.
- Foster parents supporting contact with child’s parents and extended relatives allowing for more frequent visits supervised by foster parent, i.e., holiday, birthdays as well as supporting phone contact for children and their relatives.
- In cases where the child may not have had a relationship with one side of the family, the agency made efforts to build those relationships to support the child.

- Connections maintained between children and their siblings who were adopted by other families.

Challenges:

- In 58% of the cases reviewed, concerted efforts were made to maintain the child’s important connections (for example, neighborhood, community, faith, language, extended family members, including siblings who are not in foster care, Tribe, school and/or friends).
- Record identified that the child is Native American however the caseworker is unable to speak to exploration around child’s heritage or to confirm that this is accurate and make the appropriate notifications to the Tribe.
- Lack of documentation of efforts to maintain connection with extended maternal and paternal relatives.
- The agency did not always ensure that the children were maintaining connection with the fathers of the sibling even when that person is identified by the child as being a father figure prior to child entering custody.
- Lack of effort to maintain connections with siblings who are not in foster care, i.e. living in adoptive homes, birth home.
- Lack of obtaining connections from verbal children upon them entering care.
- Lack of agency asking the children about important connections (youth voice).

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 10: (Relative placement) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 87% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
10 Relative Placement	87% Strength	69% Strength

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For the CY 2022 relative placements as a percentage of the population ranged from 35% to 45%, averaging 42% which was slightly down from CY 2021 (43%) however up from CY 2020 and 2019 averages of 42% and 40% respectively.

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- In the cases reviewed with the children placed with a relative, 83% reflected that this was a stable and appropriate placement.
- Reviews found concerted efforts to locate and assess relatives, and relatives being ruled out for good cause (i.e., extensive CPS history, unwillingness to care for the child, family situation prevented them from caring for the child, physical environment unsafe).
- Exploring both maternal and paternal relatives consistently throughout life of the case. This included sending notifications and following up with phone calls.
- Placement of infant child with adoptive parents of sibling who would be considered relatives based on the adoption.

Challenges:

- In 62% of the cases reviewed, concerted efforts were documented related to identifying, locating, informing, and evaluating maternal relatives for potential placements for the child.
- In 45% of the cases reviewed, concerted efforts were documented related to identifying, locating, informing, and evaluating paternal relatives for potential placements for the child. This is an improvement from the prior Assessment of Performance review period.
- Sending notifications to some, but not all, relatives that were identified and not following up with contact especially when placements or permanency goals change.
- Significant gaps between entry into foster care and the agency completing the search for extended family members.
- Exploration of relatives end at the grandparent level versus looking further for relatives if/when grandparents aren't available to be a resource, i.e., aunts, uncles etc.
- Placements occur with relatives that eventually become unstable however the agency doesn't continue ongoing exploration for relatives who might be able to become permanent placements for the children after the initial relative placement.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 11: (Relationship of children with parents) was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 64% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
11 Relationship of child in care with parents	64% Strength	60% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/22-3/31/23 found the following:

Strengths:

- Parents were invited/encouraged to attend medical appointments and school activities and were often provided transportation to support this involvement.
- When parents were unable to attend events or appointments, they were provided an update on the appointment, outcome, next steps etc.
- Foster parents supported parent involvement in appointments/activities including special events and visits such as birthday, holidays etc.
- Foster parents provided parents with ongoing information, allowed phone contact during daily routines, and provided mentoring for parents.
- Allowing parents to join via video when they are unable to join or when it is unsafe to do so in person.

Challenges:

- In 67% of the cases reviewed, concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.
- In 57% of the cases reviewed, concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.
- Lack of efforts to locate, engage or inform the parents as to the child's appointments or activities.
- Lack of ongoing efforts to support, promote and maintain the relationships between the child and parents particularly as permanency goals changed. In some cases, the children were clearly articulating the desire to maintain those relationships.
- Lack of continued engagement with both parents if/when the parents separated. One parent seemed to be identified as the primary contact and the other parent was not provided information specific to child appointments or activities or additional contacts for special events with the children.
- Lack of efforts to support strained relationships between children and parents through therapeutic intervention.
- Foster parents scheduling appointments for children in care and not wanting the birth parent of the foster child to attend the appointments.
- Lack of concerted efforts to engage a parent and child in relationship building while parent is incarcerated.
- Lack of alerting parents of appointments regarding the child before the appointment; also, not taking the "lead" to bridge the gap to make sure the process of the parents getting information regarding the child's appointments is clear. (Responsibility is given to the

resource parent to communicate with birth parents, however no formal process of how this is done/follow up to ensure it is happening).

- Lack of working around barriers such as incarceration by offering video or sharing records /information.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

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: (Need's assessment and services to children, parents, resource parents) was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 38% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (45% strength) compared to in-home service cases (28% strength).

This item is further broken down to reflect agency work with children, parents, and foster parents. The CFSR data reflected the following outcomes:

- Needs Assessment and Services to Children: This was rated a strength in 69% of the cases reviewed.

- Needs Assessment and Services to Parents: This was rated a strength in 33% of the cases reviewed.
- Needs Assessment and Services to Foster Parents: This was rated a strength in 63% of the cases reviewed.

The 2017 CFSR PIP improvement goal for Item 12 is 46%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
12 Needs and services of child, parents, and foster parents	38% Strength	21% Strength
12A Needs Assessment of Children		45% Strength
12B Needs Assessment of Parent(s)		20% Strength
12C Needs Assessment of Foster Parents		64% Strength

Performance was higher in this item for foster care cases (25% strength) compared to in-home service cases (14% strength).

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- Ongoing assessment of children’s needs were evident in the record through interviews with children, parents, resource parents, GAL’s, and other collateral contacts. In these cases, the workers were timely in addressing the identified needs and following up when issues were brought to the caseworker’s attention.
- For nonverbal children observing them with their caregivers even when the parents are not living in the same home - seeing the child in each home.
- Use of frequent provider meetings by the agency to ensure ongoing assessment for needs of the family even in cases where the family was refusing to engage.
- Supporting resource parents during the pandemic including, in one case, reimbursing the cost of a nanny for the children in the home as one child was immunocompromised and would have been at risk if any of the children in the home were in a child care setting outside the home.

- Evidence of preparing children for adoption as well as preparing youth for independent living.

Challenges:

- In 51% of the cases reviewed the needs of children were assessed, addressing those needs in 35% of the cases.
 - Children's needs not assessed/addressed despite the behavior impacting the others, including siblings, in the home.
 - Lack of documentation related to working with children specifically to prepare them for adoption, i.e., life book work.
 - Lack of working with youth on independent living skills.
 - Lack of addressing evidence of DV relationships for youth.
 - Not assessing or addressing all the needs for children in service cases when there are multiple children in the home.
 - Formal evaluations being completed such as CDS or Developmental Peds and no documentation regarding outcome / recommendations and no follow-up with providers to ensure services are in place.
 - Lack of support services for children surrounding grief and loss for deceased and newly absent parents, substance abusing parents, relationship building with parents, etc.
- In 24% of the cases reviewed the needs of mother were assessed; addressing those needs in 21% of the cases; in 24% of the cases reviewed the needs of father were assessed; addressing those needs in 20% of the cases.
 - In cases with parents who have significant others, lack of documentation of assessing and addressing their needs despite their role with the children, i.e., providing care.
- The lack of quality and frequent contact with the parents and children impact conducting ongoing assessing of needs and service provision.
- In 69% of the cases reviewed the needs of foster/pre-adoptive parents were assessed, addressing those needs in 55% of the cases.
 - Lack of support when resource parents are verbalizing having challenges managing the behavior of foster children, despite concerns of placement disruption.
- Documentation did not support those ongoing assessments were occurring, including having contact with providers to determine if the services were appropriate and adequate to meet the needs of parents and children both in service cases and foster care cases. In one case the relative provider stopped taking the child to the original counselor and the caseworker was not aware of this for an extended period.
- Assessment of need was evident, however there was a lack of providing services to address the identified needs.
- Waitlists for in home services impacted the ability to provide appropriate services once the need was identified.

- Lack of assessing for services available to incarcerated parents and lack of following-up with those providers when services are in place in the facility.
- Lack of assessing and addressing issues pertaining to the paramour or stepparent in the home.
- Lack of assessing a second resource parent when case circumstances warrant (foster fathers, resource parent who works out of the home, etc.)

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 13: (Child and family involvement in case planning) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 40% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (47% strength) compared to in-home service cases (32% strength).

The 2017 CFSR PIP improvement goal for Item 13 is 48%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
13 Child and family involvement in case planning	40% Strength	24% Strength

Performance was higher in this item for foster care cases (28% strength) compared to in-home service cases (18% strength).

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- In cases involving parental resistance to agency involvement, the agency continued to make efforts to case plan with them through face-to-face contact and/or phone as well as ongoing contact with the parent/family formal and informal supports.
- Routine and quality contact with children and parents to actively engage them in the case planning process.
- Consistent contact through phone and meetings that included providers and supports, as well as discussions during the face-to-face contacts with parents.

- In cases where a parent may be volatile and not appropriate to engage in a full FTM, using other opportunities to engage parent in case planning, i.e., phone calls and emails.

Challenges:

- Little to no contact with services providers for input as to how parents and/or children were progressing in treatment that could inform case planning.
- Lack of consistent contact with children and parents limiting case planning opportunities.
- FTM's not held at key times in the case, for example prior to trial placement or prior to case closure and no other opportunities evident to case plan with case members leading up to these events.
- In 25% of the cases reviewed it was evident that children were involved in case planning.
 - In both service cases and foster care cases there was a lack of engaging age and developmentally appropriate children in case planning either formally or informally.
- In 25% of the cases reviewed it was evident that mothers were involved in case planning; in 24% of the cases reviewed it was evident that fathers were involved in case planning.
 - Planning with just one parent despite both parents having a role and responsibility for the children.
 - In cases where there is a significant other with concerning history there is lack of planning with the parent around how that significant other could impact their ability to care for their own children.
 - Lack of planning with parents to address their service needs and addressing barriers that impact the parent's ability to access those services.
- Lack of case planning specific to independent living / life skills and transitional living for age-appropriate youth.
- Case planning is not including services that would work towards goals, i.e., issues related to the relationship between the child and parent with the goal being reunification.
- Lack of providers and informal supports being included in FTM's / planning meeting.
- The agency conducting FTM's with parents together when DV is alleged / present.
- Lack of youth being invited to FTM's, lack of youth voice included in FTM's, and lack of youth being asked who they want to attend.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 14: (Caseworker visits with child) was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 63% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (68% strength) compared to in-home service cases (56% strength).

The 2017 CFSR PIP improvement goal for Item 14 is 70%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
14 Caseworker visit with child	63% Strength	38% Strength

Performance was higher in this item for foster care cases (43% strength) compared to in-home service cases (30% strength).

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- Nonverbal children were observed in their environment including the interactions between those children and their caregivers. In addition, caseworkers were contacting medical or child care providers for their perspective on how the child was doing in the home.
- Key conversations were evident during the contacts and included checking on the following:
 - Feeling of safety in the home.
 - How visitation was going for the child and parents.
 - Perspective/wishes related to permanency goals.
 - Perspective regarding relationships
 - Child’s mental health appointments/needs.
 - Child’s medical appointments/needs.
 - Child’s education.
 - Child perspective on services they were working with.
 - Child’s medication if applicable.
- Increased contact with children during changes in the level of contact with parents including leading up to trial placement with parents.

Challenges:

- In 42% of the in-home service cases reviewed the *frequency* of contact met the expectations; in 73% of the foster care cases reviewed the *frequency* of contact met the expectations.
 - In service cases there were multiple gaps in months between contacts with the agency and child.
 - In service cases with multiple children, not all were consistently seen or interviewed. Children not seen in each home when there are multiple homes.

- In service cases, children not being seen prior to the case closure to assess if there were any concerns the child had or regarding any planning for what could go wrong when the Department was no longer involved.
- In those cases where frequency wasn't met it was generally due to agency worker not interviewing child(ren) as warranted by the case circumstances:
- Children not seen during the 30 days that an initial written plan for safety was in place.
- Caseworker not seeing child until a month after each report of the child being injured nor was there contact with medical providers.
- Children seen at visits with their parents as opposed to in the home.
- Children seen consistently in groups as opposed to individually.
- Lack of seeing children in other locations when there is a lack of privacy.
- In 37% of the in-home service cases reviewed the **quality** of contact met the expectations; in 46% of the foster care cases reviewed the **quality** of contact met the expectations.
 - In service cases with nonverbal children, the caseworker did not reach out to providers working with the family to obtain their perspective on how the family/child was doing in relation to child risk and safety.
 - For age and developmentally appropriate children, there was a lack of documentation of conversations related to child safety, permanency, and well-being needs.
 - Visits not consistently occurring in the child's home.
 - Interviews with children often occurring with parents, other caregivers, or siblings, present or nearby.
- In cases where the caseworkers have left the agency without sufficiently documenting contacts made with children, it could not be determined through the record or interview with caseworkers the frequency or quality of the contacts.

Table 1 reflects the data pulled from the CY 2022 Monthly Management Reports related to the percentage of monthly caseworker contacts with **children in foster care** that occurred during the month as well as the percentage of those that occurred in the child's home environment, with a decline in performance reflected in both measures from CY 2021:

Table 1

District	Average % of Children Seen Face to Face (CY 2022)	Average % of Children Seen in the home (CY 2022)
1	84%	78%
2	93%	64%
3	77%	75%
4	64%	68%
5	79%	74%

6	90%	87%
7	71%	69%
8	71%	71%
CY 2022 Total Average	79%	73%
CY 2021 Total Average	94%	92%

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 15: (Caseworker visits with parents) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 35% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (38% strength) compared to in-home service cases (32% strength).

The 2017 CFSR PIP improvement goal for Item 15 is 43%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
15 Caseworker visit with parent(s)	35% Strength	16% Strength

Performance was higher in this item for foster care cases (17% strength) compared to in-home service cases (14% strength).

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- Meeting with parents alone in an environment conducive to open conversations.
- Case record and interviews with parents reflect the agency was having, at a minimum, monthly contact and if needed more frequent contact. Generally, contacts were in the home.
- Documentation reflected conversations with parents that included efforts to assess/address the safety needs of the children, the needs of the parents and progress being made towards

meeting case goals. In addition, for foster care cases the conversations included updating parents on how the children were doing in placement, school, medical updates etc.

- In some situations where contact was not monthly, the caseworker documented concerted efforts to schedule time to meet with parents including multiple phone calls, letters, and unannounced contact.

Challenges:

- In 31% of the in-home service cases reviewed the frequency of contact with the **mother** met the expectations; in 41% of the foster care cases reviewed the frequency of contact with the **mother** met the expectations.
- In 21% of the in-home service cases reviewed the quality of contact with the **mother** met the expectations; in 27% of the foster care cases reviewed the quality of contact with the **mother** met the expectations.
- In 30% of the in-home service cases reviewed the frequency of contact with the **father** met the expectations; in 32% of the foster care cases reviewed the frequency of contact with the **father** met the expectations.
- In 19% of the in-home service cases reviewed the quality of contact with the **father** met the expectations; in 21% of the foster care cases reviewed the quality of contact with the **father** met the expectations.
- Lack of documentation of quality conversations with the parents related to why the agency was involved with the family, needs and services, including brainstorming strategies to overcome some of the challenges presented by the parent.
- Missing contacts in a record that cannot be verified through the CFSR interview with the agency worker as the assigned worker at that time left the agency and unable to fill in the gaps in the record. Lack of documentation of concerted efforts to locate/engage parents.
- Not seeing parents as needed based on case circumstances which could be more than once a month. This was seen more often in services cases when plans of safety were implemented yet parents were not seen for a couple of months impacting the agency's ability to ensure the plans were being followed
- Not meeting consistently with parent(s) in the home, often being seen in court, FTMs, office visits or during supervised visits between the parents and children.
- Lack of documentation as to the reason/barriers as to why the Department is not meeting with parents alone and lack of documented efforts to find solutions to the barriers.
- Lack of documented efforts to see or engage with parents who are in jail or out of state.
- Lack of preparation with collateral contacts before monthly contact with a parent.
- The agency meeting with parents together when DV is alleged or present and not making concerted efforts to see the victim in other ways.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

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

Item 16: (Educational needs of child) was assigned a rating of Strength in the 2017 CFSR, achieving the standard in 95% of the applicable cases reviewed. Performance was higher in this item for foster care cases (97% strength) compared to in-home service cases (50% strength).

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
16 Educational needs of child assessed and addressed	95% Strength	66% Strength

Analysis of the data of the Child & Family Services Reviews conducted from **4/1/22-3/31/23** found the following:

Strengths:

- In-home service cases in which the caseworker had monthly discussions with the parents and children related to the child’s educational needs and what needed to be implemented to address any identified needs.
- Cases where it was evident that the caseworker was having monthly conversations with foster parents and children in care about their educational needs and if services are in place whether they are meeting their needs.
- Cases where it was evident that the educational teams for the children, including the caseworker and caregivers, were having regular contact to monitor the educational plan, and making appropriate adjustments.
- In 79% of the foster care cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.

Challenges:

- In 58% of the in-home service cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
 - Concerns related to lack of timely assessment of identified issues leading to needs not being addressed in a manner that would impact child’s educational growth.
 - Lack of documentation of contacts with school as part of the assessment of children’s educational needs.
- In 33% of the in-home service cases reviewed, concerted efforts were made to address the educational needs of the identified child(ren) through appropriate provision of services.
 - Lack of follow-up to ensure recommendations of evaluations were completed.

- Lack of follow-up to determine services to overcome identified barriers were in place for children to receive the educational supports needed, i.e., transportation needs.
- Wait list for developmental services impacted timeliness of children having their needs met.
- Lack of ongoing assessment to determine if the services in place to address educational/developmental needs are appropriate and meeting those needs.
- Limited or no contact with schools to assess and ensure the children’s educational needs are being met even when the agency is made aware of academic challenges being experienced by the child.
- Assumptions that the caregiver of children (foster parent or parent) was engaging with the school to ensure needs are being met, however this didn’t happen, and the child’s needs were left unassessed/addressed.
- In 63% of the foster care cases reviewed, concerted efforts were made to address the educational needs of the identified child(ren) through appropriate provision of services.
 - Lack of ongoing assessment to determine if the services in place to address educational/developmental needs are appropriate and meeting those needs.
 - Limited or no contact with schools or service providers to assess and ensure the children’s educational needs are being met even when the agency is made aware of academic challenges being experienced by the child.
 - Assumptions that the caregiver of children (foster parent or parent) was engaging with the school to ensure needs are being met, however this didn’t happen, and the child’s needs were left unassessed/addressed.
 - Systemic issues with waitlists for developmental services.
 - In-home service cases not assessing and addressing truancy for teens.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

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 2017 CFSR.

Item 17: (physical health needs of the child) achieved the standard in 64% of the applicable cases reviewed. Performance was higher in this item for foster care cases (70% strength) compared to in-home service cases (47% strength).

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
------	-----------------------------	---

17 Physical health needs of child assessed and addressed	64% Strength	42% Strength
--	--------------	--------------

In addition, the data from the 4/1/22-3/31/23CFSTRs conducted by QA reflected the following as challenges during that period:

Strengths:

- In 75% of the foster care cases reviewed the information supported that the agency had accurately assessed the child’s physical health needs.
- Documentation reflects the agency caseworkers checking in with the foster parents regarding the children’s medical and dental needs monthly and ensuring follow up referrals for specialists were completed timely to meet the medial and/or dental needs of the children.
- Service cases with the agency workers having monthly conversations with parents/caregivers of children to assess if medical/dental needs were being assessed and appropriately addressed.
- The agency ensured that appropriate medical and dental records were obtained by providers, including any known incident reports.

Challenges:

- In 50% of the in-home service cases reviewed the information supported that the agency had accurately assessed the child’s physical health needs; addressing those needs in 48% of the cases reviewed.
- In 30% of the in-home service cases reviewed the information supported that the agency had accurately assessed the child’s dental health needs; addressing those needs in 25% of the cases reviewed.
- In 60% of the foster care cases reviewed the information supported that the agency had accurately assessed the child’s dental health needs; addressing those needs in 53% of the cases reviewed
- In 69% of the foster care cases reviewed the record supported that the physical health needs of the children were addressed.
- In 47% of the foster care cases reviewed the information supported that the agency provided appropriate oversight over prescription medications to address physical health issues.
- Children with medical needs received further evaluation or specialist care however the caseworkers do not follow up with the caregivers or providers to learn about the outcomes and next steps need to address the recommendations from the provider
- Children with high medical needs, however the agency not aware of the medical history of the children or contacted pediatrician or specialist offices to determine if the needs of the child were being addressed appropriately.

- Lack of planning by the agency to ensure that the child’s needs are being met despite knowing that the parents were struggling in doing so on their own.
- OCFS made aware of concerns that children sustained bruising, however did not follow up with medical providers to ensure that the caregivers of the children responded promptly to the potential injuries to include follow up appointments if/when needed.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

Item 18: (Mental/behavioral health of the child) achieved the standard in 67% of the applicable cases reviewed. Performance was higher in this item for foster care cases (69% strength) compared to in-home service cases (62% strength).

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
18 Mental/behavioral health needs of child assessed and addressed	67% Strength	25% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/22-3/31/23 found the following:

Strengths:

- The agency demonstrated stronger performance in assessing and addressing children’s mental health needs in foster care cases than in-home service cases.
- Caseworkers engaged in discussions with clinical providers to assess treatment needs.
- Caseworkers attended medication appointments for children in foster care and followed up with caregivers monthly to check in on how the child was handling the medication regime.
- Caseworkers had monthly conversations with caregivers regarding children’s mental health needs and subsequent follow up if/when concerns were raised.
- Caseworkers had routine conversations with the children regarding their work in clinical services.
- Evaluations and treatment notes present in the record.

Challenges:

- In 43% of the foster care cases reviewed the information supported that the agency had accurately assessed the child’s mental health needs; addressing those needs in 29% of the cases reviewed.
 - Gaps between assessing and ensuring the children’s needs were being addressed occurred as cases were transferred between caseworkers.

- Lack of contact with providers at key moments in the case, i.e. child behaviors escalating as the case was moving towards termination of parental rights and the caseworker didn't contact provider to explore if additional supports would be recommended.
- Gaps of several months between when a mental health need is identified and when addressed.
- Lack of contact with providers to gain a full understanding of identified needs, treatment provided, progress, etc.
- MH records not entered / updated in the system.
- Lack of assessing and addressing youth dabbling with substance use / abuse.
- In 53% of the foster care cases reviewed the information supported that the agency provided appropriate oversight on prescription medications to address mental health issues. This is an improvement from the prior Assessment of Performance review period.
 - There was a lack of documentation of caseworker contact with prescribing medical providers to conduct this oversight.
 - Child known to be prescribed medication to address mental health needs however no documentation as to what medications child was prescribed.
- In 48% of the in-home service cases reviewed the information supported that the agency had accurately assessed the child's mental health needs; addressing those needs in 27% of the cases reviewed. Both reflecting improvement from the prior Assessment of Performance review period.
 - Children being seen by mental health providers in service cases however the caseworkers being unaware of children's diagnosis, specific behaviors of concern or detail regarding the child's treatment plan and progress towards goals.
 - Evaluations completed for children however the caseworkers did not follow up with the provider and families to ensure that the recommended services were put in place.

Maine is committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document.

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:

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the Maine statewide information system can readily identify a child’s status, demographic characteristics, location, and goals. Stakeholders reported that placement changes are documented within twenty-four hours. The state has monthly processes in place to review, and, if necessary, correct the information in the system to ensure accuracy.” (*Child and Family Services Report Maine Final Report 2017*)

Through planned upgrades to functionality, and rapid technological responsiveness to child welfare practice needs, the Maine Automated Child Welfare Information System (MACWIS) continued to readily identify the status, demographic characteristics, location, and goals for every child in foster care until it’s sunseting on January 18, 2022.

On November 27, 2019, Jerry Milner, Associate Commissioner of the Children’s Bureau acknowledged receipt of and provided his approval of Maine’s Implementation Annual Planning Document, to develop a new Comprehensive Child Welfare Information System (CCWIS). The Development of the new Child Welfare Information System (Katahdin) began in April of 2020. The project included the development of Intake, Investigation, Case Management, Finance, Resources and Reporting modules. The build utilized resources from the Office of Information and Technology, Information Services, and Subject Matter Experts from the field to develop over 1,800 user stories, write and execute both interim and final user acceptance test scripts, pilot the new system and ultimately deploy the new Child Welfare Information System (Katahdin) which supports the ease of staff work flow, increases connections and meets state and federal requirements with final certification and the system coming online for business users on January 18, 2022.

The system can readily identify for its users the status, demographic characteristics, location, and goals for every child in foster care. The system tracks and stores the data. The system time stamps each entry, and this stamp, along with additional information, can be reported out for review. The entry of demographics within Katahdin is a combined effort between OCFS staff, and the state’s eligibility system, ACES, which is the default and single client repository for demographics. ACES exchanges demographic data with Katahdin hourly.

Katahdin utilizes validation and system controls for data accuracy, as well as object, and entry requirements prior to saving and exiting from screens. Supervisory approval of staff entries is required throughout the business processes of intake, investigation, cases, and resources. Supervisory oversight ensures that the status of a child is entered accurately and timely. Audit

reporting for AFCARS and NYTD elements, and for the quality requirements of OCFS Child Welfare policy and practice, are run monthly. Any of the standardized reports can be run as needed for auditing, as previously stated. Timeliness of a child's placement, and the entry of the child's goals into the Child Plan is also assured through monthly reporting and review.

Katahdin has the capability of producing IV-E eligibility reporting, as well as financial reporting for foster care and adoption. This reporting will allow staff to verify inaccuracies, correct data errors, and/or identify system issues that need to be addressed through workload report and the determinations completed within 60 days reports that OCFS delivers for the IVE process. Staff can submit data fix helpdesk tickets for correction of data, in 2022 Katahdin deployed approximately 2,825 data fixes, 4 enhancement release which included 113 enhancement application requirement tickets. Requests for application changes that may enhance a user's accuracy and timeliness, as well as improve reliability and validity of the data are also received ongoing.

Maine continues to sustain a high functioning Information Services Team and Program utilizing an Agile methodology. The team is responsive to the needs of its business customers and users, while also upholding federal, state, and department rules, policies, and practices.

Effective January 2022, the Office of Child and Family Services ended its contract with the University of Kansas for the use of the Results Oriented Management Reporting System effective when Katahdin went live. OCFS continues developing and refining several reports in Katahdin to be able to report out on the Federal measures related to Permanency, Re-entry, Placement Stability, and Safety while in Care.

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:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. "In the statewide assessment, Maine described challenges in jointly developing written case plans with parents, especially fathers. Stakeholders said that plans were usually written by caseworkers and presented to parents. Stakeholders also noted challenges with actively involving parents in case planning, including parents not understanding the process; FTMs occurring shortly after removal

when parents were overwhelmed and not able to effectively participate; confusion for both staff and parents resulting from the variety of case plans; and challenges in developing case plans during FTMs when parents were not communicating with one another, or there were domestic violence issues.” (*Child and Family Services Report Maine Final Report 2017*)

Historically, OCFS has recognized this as being a challenge, and has instituted different protocols to improve this practice. In August 2017, OCFS implemented a new process for the development of the Family and Child Plans. This process was automated in the spring of 2018. The framework behind this new model was that assessing needs, developing action steps, and measuring progress is intended to be a dynamic process between the family, team, and agency, that helps to guide the trajectory of the work to resolve safety concerns.

In 2020, OCFS collaborated with the AAGs office to develop a revised Family Plan based on feedback from stakeholders including parents, attorneys, and staff. The plan was initially piloted in one district and fully implemented statewide in November 2020. Community partners, including parent attorneys, GALs, AAG staff and the Maine Judicial Branch shared positive feedback regarding this plan.

In the spring of 2022, in response to the PIP extension, OCFS QA began conducting PIP Targeted Reviews in each district to support measurement of practices that had been identified as key to improving outcomes for families. Several practices were targeted including Family Team Meetings, Rehabilitation and Reunification Plans, and the frequency and quality of contacts with children and parents. The practices being reviewed are those completed in the prior 6 months of the date of review allowing feedback in a timelier fashion to the districts. This data is provided to the district CQI Teams for discussion related to the strengths and challenges in each of these areas, as well as the opportunity to develop strategies for improvement. Meetings are held quarterly to allow for an ongoing forum to evaluate the successes of strategies implemented and make appropriate changes to achieve success. Of note, between the first and third review cycle there was feedback to the QA Team that having information split out regarding the FTMs with each parent would be more helpful to staff and those adjustments were made.

	July- Oct. 2022	Nov- Dec 2022	Jan.- March 2023
Was the R&R Plan completed every 3 months?	10%	20%	18%
Does the R& R Plan address the jeopardy findings?	79%	77%	81%
Were FTMs offered/held at least once every three months	17%	37%	
Were FTMs offered/held at least once every three months with mother?			35%
Were FTMs offered/held at least once every three months with father?			28%

Were efforts made to see the children every month?	65%	68%	72%
Were conversations with children focused on their perception related to services, goals, and ideas specific to their situation?	45%	57%	72%
Were efforts made to see the mothers every month?	21%	29%	33%
Were conversations with mothers focused on their perception related to services, goals, and ideas specific to their situation?	45%	67%	80%
Were efforts made to see the fathers every month?	9%	21%	17%
Were conversations with fathers focused on their perception related to services, goals, and ideas specific to their situation?	31%	64%	66%

Data pulled from the case review process found the following strengths and areas of needing improvement were identified in case planning for the 4/1/22-3/31/23 reviews:

Strengths:

- In cases involving parental resistance to agency involvement, the agency continued to make efforts to case plan with them through face-to-face contact and/or phone as well as ongoing contact with the parent/family formal and informal supports.
- Routine and quality contact with children and parents to actively engage them in the case planning process.
- Consistent contact through phone and meetings that included providers and supports, as well as well as discussions during the face-to-face contacts with parents.
- In cases where a parent may be volatile and not appropriate to engage in a full FTM, using other opportunities to engage parent in case planning, i.e., phone calls and emails.

Challenges:

- Little to no contact with services providers for input as to how parents and/or children were progressing in treatment that could inform case planning.
- Lack of consistent contact with children and parents limiting case planning opportunities.
- FTM's not held at key times in the case, for example prior to trial placement or prior to case closure and no other opportunities evident to case plan with case members leading up to these events.
- In 25% of the cases reviewed it was evident that children were involved in case planning.
 - In both service cases and foster care cases there was a lack of engaging age and developmentally appropriate children in case planning either formally or informally.
- In 25% of the cases reviewed it was evident that mothers were involved in case planning; in 24% of the cases reviewed it was evident that fathers were involved in case planning.

- Planning with just one parent despite both parents having a role and responsibility for the children.
- In cases where there is a significant other with concerning history, there is lack of planning with the parent around how that significant other could impact their ability to care for their own children.
- Lack of planning with parents to address their service needs and addressing barriers that impact the parent's ability to access those services.
- Lack of case planning specific to independent living / life skills and transitional living for age-appropriate youth.
- Case planning is not including services that would work towards goals, i.e., issues related to the relationship between the child and parent with the goal being reunification.
- Lack of providers and informal supports being included in FTM's / planning meeting.
- The agency conducting FTM's with parents together when DV is alleged / present.
- Lack of youth being invited to FTM's, lack of youth voice included in FTM's, and lack of youth being asked who they want to attend.

In addition, the Maine Judicial Branch will continue to implement its strategies related to its a two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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 Area Needing Improvement in the 2017 CFSR. "Although many stakeholders said that periodic reviews were routinely occurring on a timely basis, data and information in the statewide assessment showed that on average, less than half of the periodic reviews occurred timely. Stakeholders reported that the agency drafts and circulates the order. If all parties agree, the judge signs the order, but this process does not provide an opportunity for a thorough review." (*Child and Family Services Report Maine Final Report 2017*)

The CFSR found that the timeliness of quality of periodic reviews by the courts needed improvement. This finding was based on file reviews, stakeholder interviews, and focus groups to collect the data. The file review data for the CFSR was pulled strictly from the MACWIS, and

neither the Maine Judicial Information System (MEJIS) analysis of data nor an in-person review of the court files was completed. In response to the findings of the CFSR, OCFS identified the need for increased collaboration with the courts to improve in the area of review, including the timeliness of periodic reviews. To this end, OCFS and the members of the Administrative Office of the Courts, including the court improvement coordinator, held a series of weekly meetings facilitated by the Children's Bureau to review and discuss the CFSR findings that pertained to court performance. As part of that collaborative review process, representatives from the courts conducted a manual file review and analyzed data from MEJIS for the cases that were selected for the CFSR. This manual data analysis showed that the courts are performing much better on timeliness measures than was reported in the CFSR. A total of 37 cases were hand reviewed by judicial branch employees who are attorneys and experts in child protective law. Data collection indicated the following about periodic reviews:

- The statewide average for days between judicial reviews in Maine was 119 days. This average is far less than the statutorily required 6-month, approximately 180-day, timeframe.
- Of the 37 cases reviewed, there were 256 judicial reviews held and only 8.2% of the judicial reviews were outside of the required timeframe.

Based on the judicial analysis of the cases reviewed, 91.8% of the judicial reviews held were timely. Because this in-depth manual data review demonstrated that the timeliness of quality for period reviews does not need improvement in Maine, the key activities below do not address this item. However, the discrepancy between the data gathered from the in-person review of the court files and the data in MACWIS underscored the need for improved communication and collaboration between the judicial branch and OCFS, particularly on data provided to the Children's Bureau for its reviews. Recognizing the need and benefit of improved collaboration, all the strategies in this program improvement plan that involve the courts were developed with substantial input from both the courts and the OFCS, including their respective leadership.

Beginning in May 2019, the MJB began reviewing reports for each district court showing the total number of child protection filings as compared to the previous year. These reports are reviewed monthly and have successfully alerted regional scheduling judges of case surges that will increase the demand for trial time before the demand materializes. This has allowed regional scheduling judges to move judges in their region from dockets that do not involve CP matters to the CP docket as needed to accommodate the CP caseload and comply with all statutory timeframes.

The ACF Data Profile (February 2023) reflects that Maine falls below the national performance standard in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months: The Date Profile reflects that Maine’s performance is 28.8% which is statistically worse than the national performance standard of 35.2%, as well as a decline in performance from the prior period (20A20B) of 30.0%.
- Achieving permanency between 12-23 months: The Date Profile reflects that Maine’s performance is 35.1% which is statistically worse than the national performance standard of 43.8%, as well as a decline in performance from the prior period (21B22A) of 38.2%.
- Achieving permanency for children 24+ months: The Data Profile reflects that Maine’s performance is 39.8% which is statistically better than the national performance standard of 37.3% as well as improvement from the prior period (21B22A) of 36.5%.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §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 Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038(5) stipulates “After hearing or by agreement, the court shall make written 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, if the child is receiving instruction to aid the child in independent living.”

In addition, the Maine Judicial Branch will continue to implement its strategies related to its a two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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 2017 CFSR, as information obtained confirmed that initial and ongoing permanency reviews were held on a timely basis in almost all the cases, and that these reviews met the federal requirements.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) mandates: “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.”

In addition, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) states “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.”

On an annual basis, the OCFS IV-E Financial Resources 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 months thereafter. While no raw data is available, the IV-E Program Manager reports that errors found during these reviews are very rare.

A March 2023 QA review of 10% of children who entered foster care in 2021 found that initial permanency hearings occurred timely in 94% of the cases reviewed. In 94% of the cases reviewed it was found that the subsequent permanency hearings were held within 12 months of the prior permanency hearing. This was down slightly from the last two reporting periods, 99% and 95% respectively.

The goals, strategies and key activities outlined in the OCFS PIP will continue to support the success of Maine’s child welfare system in ensuring timely permanency hearings being held.

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 Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that terminations of parental rights (TPR) were filed in a timely manner in slightly more than half the applicable cases. A small number of stakeholders felt that TPRs were filed timely; however, other stakeholder said that TPR was not filed timely, and that delays in paternity testing, the need for publication for parents, crowded court dockets, and caseworker workloads were barriers to timely filing.” (*Child and Family Services Report Maine Final Report 2017*)

In 46% of cases reviewed from 4/1/22-3/31/23 the agency filed a termination of parental rights petition before the period being review or in a timely manner during the review period, down slightly from the prior report period.

In addition, the Maine Judicial Branch will continue to implement its strategies related to its a two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders identified significant barriers to ensuring 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 hearing held with respect to the children in their care. Stakeholders said that the trailing docket used in many courts, and rescheduling hearings at the last minute, made it difficult for participants to be available. Stakeholders also reported that the caregiver’s ability to be heard, varied according to the judge.” (*Child and Family Services Report Maine Final Report 2017*)

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §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 to 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.”

Barriers identified in meeting this expectation includes:

- Trailing docket system in Court impacts the ability to provide the caregiver with an exact date and time for the review.
- Continuances occur and foster parents aren’t provided notification of the rescheduled hearing.
- Inconsistency with the Courts as to how well foster parents are invited to be heard during the hearing.

In March 2023, a total of 80 Court Orders (10 per district) from Judicial proceedings held in CY 2022, were reviewed to determine if caregiver notifications were being filed with the courts prior to the hearing/review. Of those, 98% reflected that Judicial Officers indicated that notice to caregivers was filed with the court.

The study also included a review of Katahdin to see if the court notification for the identified Judicial activity was documented. Below you will find the results including the data that was found per district in relation to the court notifications found in Katahdin.

	March 2023	D1	D2	D3	D4	D5	D6	D7	D8
% Of Judicial Orders reflecting confirming of DHHS filing of notification	98%	100%	80%	100%	100%	100%	100%	100%	100%
% Of identified	23%	0%	40%	10%	80%	0%	0%	0%	50%

court notifications in Katahdin									
---------------------------------------	--	--	--	--	--	--	--	--	--

Based on these studies it does appear that notifications to resource parents are being created and filed with the court, although not found in the case record.

Due to the impact COVID-19 pandemic had in the state’s ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 1** (Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers).

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 2017 CFSR. “Information in the statewide assessment showed that Maine has a fully functioning quality assurance system operating in all jurisdictions that uses data to evaluate the quality of services, and to identify the strengths and needs of the service delivery system. The state’s case review system uses a model based on the federal review process to conduct targeted case reviews. The state shares data with both internal and external stakeholders and solicits input from them to inform policy and practice improvements.” (*Child and Family Services Report Maine Final Report 2017*)

- Historically, OCFS has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. OCFS maintains a unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each child welfare district office. The QA Specialists are supervised by the QA Program Manager based in central office. In 2020, the decision was made to expand the QA Unit by three positions to ensure that all but one district office, including Intake/Central Office, have access to a QA Specialist. The QA unit continues to conduct case reviews utilizing the federal Model of CFSR to measure progress in its PIP following the 2017 CFSR. This model was adopted by the QA Unit following the 2009 CFSR. Specific activities of the QA Unit include monthly child welfare case reviews, monthly Child Care Subsidy federal audits for the Child Care Program, in 2021, monthly National Youth Transition Database (NYTD) reviews, as well as special projects to provide senior management with qualitative data in areas of interest or concern.
- 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 2020-2024 CFSP included strategies to support ongoing work to ensure that quality services are available to protect children.
- The OCFS Data Team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data. Data reports are tested for accuracy through a sampling audit. QA staff conducts monthly case reviews, which consist of comprehensive case reviews using the ACF review instrument and focused reviews based on the agency's need for data.
- District staff has 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 management dissemination of this information. In February 2021, QA Staff reinstated a debriefing process of the month's CFSRs for those child welfare staff who are interested in participating, to include the assigned caseworker, supervisor, Assistant Program Administrator and Program Administrator.
- In the spring of 2022, OCFS created Quarterly District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists, and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and reviews conducted by the CW Program Specialists that include investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved. In the spring of 2023, the Child

Welfare Youth Transitional Program Specialist were introduced into this process as NYTD review feedback is also provided in the District CQI meetings.

- In calendar year 2023, the QA Program Specialist Team and the OCFS Child Welfare Program Specialist Team will participate in an Advanced Practical Training (APT) in the Collaborative Safety Model. The Advanced Practical Training is a twelve-month engagement designed for Licensure, Investigations, Continuous Quality Improvement (CQI), Quality Assurance or other staff involved in direct agency oversight. The APT is designed to provide those in licensing, regulatory, and investigatory roles with key safety science concepts and skills that will enhance how licensing eligibility, reviews, evaluations, and investigations are completed. Specifically, the training will provide QA/QI staff with techniques that improve how questions are asked and information is gathered, creating a more robust and scientific way to understand and learn and determine safe placements. When this is done, QA/QI staff will be better equipped to determine next best steps/recommendations/determinations from such reviews/evaluations/investigations.

The QA unit's primary function is to provide data for the various federal review program improvement plans for the CFSR, NYTD and CCSP.

OCFS conducted an assessment to ensure the QA system meets the five key components of a sound QA/CQI system as laid out in the 2007 ACF Information Memorandum. Maine continues to meet the basic requirements required for a sound QA system.

1. Foundational Administrative Structure:

- a. Maine has dedicated staff housed in each district office and supervised centrally.
- b. QA staff are 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 are trained in the child welfare system, understand policy, and can navigate the child welfare information system. The QA team has monthly staff meetings virtually and quarterly in person meetings. These meetings are utilized to allow the team an opportunity for peer group contact to discuss or plan upcoming projects, or challenges faced by the team.
- c. 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 utilize the tool consistently. The QA unit has access to the Online Monitoring System (OMS) through the federal CFSR Portal and continues to use that system to conduct individual case reviews. The unit also completed the Onsite Review Instrument (OSRI) Item Specific training modules to ensure the team is meeting the requirements for maintaining the integrity of the tool during case review, the team has 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 completing the training modules on the OMS.

- d. An informal inter-rater reliability process is utilized on most projects, and combines peer to peer consults, pairing teams, and/or consulting with the QA Program Manager as an anchor point for any project/study.
 - e. 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 and allows for consistency in conducting both review processes. As feedback is received from ACF related to secondary review of the reviews conducted in the CFSR model it is shared with the entire team as a learning opportunity in future reviews.
2. Quality Data Collection:
- a. Maine has an ACF certified SACWIS program, which was certified in May 2009. In January 2022 the new child welfare information system, Katahdin, went live as the replacement of the MACWIS program. Quality Assurance was represented in the building of the Katahdin system, including in a testing role. The QA Program Manager participates in quarterly Data Quality Committee meetings established to support the Federal Data Quality Plan. The purpose of the committee is to look at current data trends within Katahdin and then advise and recommend actions to improve quality to ensure the State's child welfare data is complete, timely and accurate. The plans for improved data quality may include prioritizing or adding enhancement to the Katahdin system, needs and action for practice change/improvement, additional training and other.
 - 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 also consults with the Boston ACF region to ensure that the integrity of the federal tool is intact. The assessment from ACF was that the Maine team consistently uses the tool to fidelity. As feedback is received from ACF related to secondary review of the reviews conducted in the CFSR model it is shared with the entire team as a learning opportunity in future reviews.
 - 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 Technology and Support, 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 was to increase fiscal accountability and effective and efficient services through appropriate quality assurance programs. Between these systems, Maine can collect quantitative and qualitative data to address key issues. In 2020, the unit formerly known as the Operations Unit was renamed Technology & Support. The QA, Information

Services and ICPC teams remains in this program area. The IV-E manager falls under the Family First Prevention Services Program Manager who reports to the OCFS Director.

- 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 routinely conduct case reviews, which could be comprehensive case reviews using the ACF review instrument, or focused reviews based on the agency's 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, and 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. Maine utilizes this same structure/process adopted to conduct case reviews which will provide PIP measurement data. Maine plans to use this same structure to conduct the state-led review for Round 4.
 - 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 the person responsible for providing QA on each of the tools, which assures for inter-rater reliability as one person is identified as the anchor. Maine developed 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.
 - e. In the spring of 2018, Maine's PIP Measurement Plan was approved by ACF. This plan includes an annual review of 130 cases, using the approved sampling methodology and OSRI. These reviews began in April of 2018 and will continue throughout the PIP measurement period.
4. Analysis and dissemination of quality data:
- a. OCFS utilizes monthly management reports, Kids in Care reports, CFSRs, and PIP Targeted and NYTD reviews, which 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. In September 2019 OCFS rolled out the data dashboard <https://www.maine.gov/dhhs/ocfs/dashboards/key-measures.shtml>. The dashboard features key measures related to Child Welfare, Children Behavioral Health, and Early Care and Education. By making the metrics publicly available, OCFS is better able to work with the public, including stakeholders and clients, to continue to move our work forward to ensure that all Maine children and families are safe, stable, happy, and healthy. The dashboard shows several areas where Maine is performing well as well as areas that need continued improvement.
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 OCFS to increase efficiencies and enhance the overall quality of review, discussion, and feedback provided from 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 convened, Maine Child Welfare Advisory Panel (MCWAP). This group meets monthly and includes the Associate Director of Child Welfare Services. Each month, the agenda includes an update related to the Child and Family Services Review (CFSR).
 - b. In January 2021, Workforce Wellness Teams were implemented. The Workforce Wellness Teams are defined as: *“A group of co-workers and/or peers that work together effectively as a team, especially by means of sharing ideas, solutions, and knowledge to enhance a statewide positive culture. Collectively meeting on a consistent and regular basis. A venue that encourages and increases morale, promotes professional satisfaction, and assists with collaboration through trainings and support services.”* The focus of these teams is on office culture and creating a positive work environment that increases staff support and retention. The teams are co-facilitated with Clinical Consultation and Support Services (CCSS) clinicians.
 - c. QA staff continue to be available to provide more district-specific consultation through working on special reviews that provide the district with relevant information specific to that district’s efforts to improve outcomes.
 - d. In March of 2017, the Caseworker Advisory Team was created, consisting of a caseworker representative from each district. The purpose of this team is to create a platform for sharing information between front line staff and the Executive Management Team, and to work together on improving practice, resulting in successful outcomes for the agency. In 2019, the Supervisor Advisory Team was created to provide the same opportunity for supervisory staff. Both groups have been key partners in providing feedback to ACF for its focus groups to help inform the progress on the PIP.

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 2020-2024 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 2020-2024 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 2017 CFSR. “In the statewide assessment, Maine reported data and information to show that new caseworkers must complete the 12-day initial training as a condition of employment. The state provided information on caseworkers’ evaluation of initial training, showing that they found it relevant to effectively performing their job functions.” (*Child and Family Services Report Maine Final Report 2017*)

In 2019 the OCFS entered into a new cooperative project with the University of Southern Maine, Catherine Cutler Institute (Cutler). This cooperative project leverages the University’s expertise and experience in child welfare to support and strengthen the Department’s Child Welfare program. Activities within this project includes assessment, design, and implementation of a new Foundations training system that aligns with the agency’s policies, model of practice, and legal requirements, and that supports workforce development in the demanding field of child welfare.

The Maine Child Welfare Cooperative Project conducted a comprehensive child welfare training system assessment with a workforce development framework in mind. The Associate Director of Child Welfare has prioritized a workforce development approach, recognizing that training alone is not enough to develop a competent workforce who can deliver high quality child welfare services that result in improved outcomes for children, youth, and families.

The Cutler team conducted research that included a review of the literature and the Maine Foundations Training, a national scan of pre-service training models, and outreach to national experts.

The Cutler team sought to understand the strengths and areas for improvement in the current Foundations training. To do this, Cutler staff met with DMT, engaged the OCFS Training and Policy Team in a series of meetings focused on the training content, held a stakeholder meeting focused on the training, and analyzed the post-Foundations training evaluations to identify areas in need of change. Feedback was solicited about what a worker must learn and how they must develop by the end of the foundations training, at the six-month mark of their employment, and when they have reached the end of their first year of employment.

The redesign of the Caseworker Foundations training expanded the training from five to seven weeks. This redesigned training was launched in January 2022 (survey data from OCFS staff who participated in the OCFS-Cutler Foundations Training for new caseworkers in 2022 can be found at the end of this report).

During the training there are joint training days in which core material is delivered to all caseworkers together. Additionally, there are program specific days in which content related to each role is delivered separately to Investigations Caseworkers and Permanency Caseworkers. Using adult learning theory, the classroom and e-learning training content provides knowledge, awareness, and beginning skill-building with opportunities for application and simulated practice experience. Skill acquisition is enhanced through learning happens inside as well as outside the classroom such as through job shadowing experiences.

The training provides fundamental knowledge of the dynamics that are impacting families who are reported to the OCFS as well as competency-based skills in relation to OCFS policy, procedures, and Maine specific practices and tools, such as Structured Decision Making (SDM).

New content has been incorporated into the training (training calendar is attached that shows all of the topic areas and the flow of content from one week to the next). Foundations staff developed legal training content with the review and approval of the CPS Division Chief in the Office of the Attorney General. The content includes:

- Legal Basics; Legal Basis for Investigation
- Legal Basis for Family Services Work
- Legal: The Investigator in Court
- Legal Testimony
- Legal Writing: Assignment for Mock Court Documents
- Legal: The Permanency Worker in Court
- Legal: Closing Cases for Each Permanency Outcome.

Additional new content incorporated into the curriculum redesign includes:

- Preparation and reflections for supervision
- Family First Prevention Services Act

- **Ethics and Values in Child Welfare Casework**
This segment was reworked in order to create stronger engagement of participants, particularly because this is typically scheduled during week 7 of training when participants are saturated with content.
- **Conflict Management**
Conflict Management was reworked in such a way that allows the whole class to see 2-3 students practice the de-escalation skills taught by the trainers. All participants are engaged in providing feedback to the observed practice.

Additional simulated practice experiences in the training includes:

- **Fact Finding Child Interview**
Trainers incorporated an activity in which they model an interview using the protocol for the class, which enables the participants to observe a “model” example prior to the simulation activity. This activity is recorded for other potential uses.

- **Adult Interviewing Practice**
In this module, caseworkers have the opportunity to practice developing questions in small groups that they might ask the adults in the mock case. Caseworkers then participate in a round robin style practice session in the large group, with all participants having the chance to practice asking open-ended questions and to learn from their peers.
- **Caseworker Monthly Contact at a Trial Home Placement**
- **Mock Trial**
There are two distinct mock trial simulations, one for Investigation and one for Permanency. The Investigators participate in a Summary Preliminary Hearing, and the Permanency workers in a Contested Judicial Review.

Additional asynchronous training content developed in the Spring included:

- Introduction to Human Trafficking, and Commercial Sexual Exploitation
- Diversity, Equity, and Inclusion
- Confidentiality
- Family Dynamics
- Recognizing Child Abuse

A new knowledge test was piloted in the August-September 2022 training round as a post-test and will be launched as a pre/post-test in the October-December round. The new test has a total of 31 questions (compared to 27 questions in the prior quiz). The Foundations team worked with the evaluation team and curriculum designer in the development of the questions, working on both question content and optimal phrasing. The number of questions about family team meetings increased and five questions were added regarding SDM.

Hybrid Training Plan

The Cutler team and the OCFS Policy and Training Team Manager developed a plan to move the training to hybrid. To do this the team created in-person activities to support the in-person

training days held during the first, fourth, and seventh weeks of training. In-person training sessions were held in the Central Office training room.

Group Orientation and Pre-Meetings

The Cutler team provides group orientation to the training during the week prior to the start of training. All new caseworkers and their supervisors are invited to attend. The OCFS Training Liaison to the District is also invited. The orientation introduces participants to each other, the training content, including what to bring, and BrightSpace, the OCFS Learning Management System. Additional time is spent introducing the Levels of Learning upon which the course is built. Supervisors are asked to explain what job shadow days are, the value they bring, and how they are set up in their District. The Cutler team talks about how essential the collaborative approach is in this learning partnership.

The OCFS Policy and Training Team also provides in-person pre-meetings prior to the start of Foundations Training with new staff and their supervisors in their district office. Topic areas covered in this in-person meeting include:

- OCFS District Training Liaison Introduction and Role
 - Role During Foundations
 - Role in the District
 - Ongoing trainings
 - New Worker Support Groups
 - Who to go to in district for assistance
 - Foundations Training - expectations in person and on zoom (work day, cameras on, arrive on time, dress code, hotels/meals, mileage, expectations if a participant need to miss training)
 - Review of the Foundation Training Calendar
 - Job Shadow Days - discussion about the structured field guide
- Computers (walk through on how to find/access/navigate/add shortcuts to the desktop)
 - Brightspace: locate trainings, calendar, certificates
 - Intranet
 - Katahdin/Macwis - information needed to get set up, Katahdin feedback, Help Desk Information
 - Timesheets-A#
 - Mileage-Short cut, numbers needed, help, manual (leave copy)
 - Teams-unit set up
 - Outlook Cal.- permissions, location-keep up to date-safety
- New Worker Checklist - review and assist caseworker in signing up for trainings, use in ongoing supervision even during Foundations
- Other Trainings - car seat, statewide trainings, New Worker Support Group
- Staff meetings in district/unit meetings
- Phones – hand out guide, provide contact information for Krystal Fortin
- Recorder
 - Importance of taking care of equipment, value \$300-\$500

- Keep in case/in bag
- Pin protected/where to find PIN
- Trainers have seen recorders come back in a baggies, in pieces, without all the attachments and with interviews not downloaded
- Social Work Licensure - have copy and review expectations. Need to obtain conditional license asap, no cases can be assigned until licensed and complete Foundations Training.

Post Meetings

At the end of training, post meetings are held with individual workers, their supervisors and the OCFS Training Liaison for that district, to review the learning experience and to set learning goals. Topic areas covered in this meeting include:

The Job

Supervisors & OCFS Liaison: Can you talk about some of the things that helped you be patient with yourself while you continued to learn and grow during the first 2 years?

The Training

- Is there anything we/you want to talk about that is or is not covered in the Foundations Training?
- Reflections - Each week you emailed reflections to your supervisor. Are there any pieces you want to lift out from your reflections or other assignments?
- What were some of the real “aha!” learning moments for you...
 - in the classroom?
 - on field days during job shadowing? (What worked well about getting out in the field? Challenges?)
- What are some of those topics & skills that you feel really confident in?
- What are some of those topics & skills that you feel you would benefit from seeing more in the field?

Simulation

- Would it be helpful to review how simulations are done in Foundations?
- What were some of your takeaways from your simulations?
- Did you notice any significant changes between your simulations?

Questions for the Participant

- Where are you on the new worker checklist?
- How are things going now that you are back in the office?
- Do you have assessments or cases assigned yet? If so, how is that going?
- Does anyone have questions about that process?
- What is your licensure status?

Office Climate & Culture

Supervisor: What can you share about the OCFS office dynamics?

(How often is the supervisor in the office? Who else is? What expectations are there of workers with regards to being in office, etc?)

Supervision

Supervisor: What do your supervision meetings or unit meetings look like moving forward with your new worker? (How often do you meet?)

- Can you share with us your structure for supervision?
- What do you want workers to come prepared with?
- Are there other pieces that you want to share with regards to what makes supervision successful?

Final Questions

- What worked and what was challenging about the Foundations Training for you?

Structured Job Shadow Guide

A Structured Job Shadow (SJS) Guide supports the new caseworker and supervisor with tools to guide job shadowing before and during Foundation's training. The SJS Guide was designed based on examples from those used successfully in other states, Maine's prior guide and feedback from training participants regarding job shadowing, input provided by District leadership and supervisors, and from piloting initial activities with select workers and their supervisors. Additionally, sessions with district staff focused on how to best support new caseworkers in job shadows, using the SJS Guide.

Early pilots were rolled out in the Spring of 2022 with additional content rolled out for each round of training in 2022. The SJS Guide was completed in December 2022.

Each activity in the SJS Guide provides an overview of the practice, guidance that will help workers and supervisors prepare, conduct, and debrief from job shadow experiences, and gives new caseworkers a tool for reflecting on their experience. The index of activities includes:

1. Getting Started
 - *Design of Activities*
 - *How to use Policy*
 - *Independent Tasks*
 - *Confidentiality*
2. Resources, Services & Professional Relationships
 - *Support Roles in your Office*
3. Investigations
 - *Assignment Activities*
 - *Initial Parent Interview*
 - *Fact Finding Interview*
 - *Related Tools and Policies*

4. Family Team Meeting
 - *Family Team Meeting*
 - *Related Tools and Policies*
5. Monthly Caseworker Contact
 - *Monthly Caseworker Contact*
 - *Related Tools and Policies*
6. Child Placement
 - *Child Placement*
 - *Family Share*
 - *Related Tools and Policies*
7. Legal
 - *Court Hearing*
 - *Discovery*
 - *E-Discovery Training*
 - *How to Enter a Court Order into Katahdin*
 - *Court Orders: Overview and Types*
8. Permanency
 - *Visitation*
 - *Related*
 - *Tools and Policies*

New Caseworker Checklist

All new Child Welfare Caseworkers are required to complete trainings and activities that must occur within specific timeframes before a new caseworker can be assigned cases. The New Caseworker Checklist outlines of these trainings and activities with the required timeframes. This checklist is completed and signed off on by the supervisor and the caseworker. The checklist is kept in the caseworker's file. Below are the items/activities and timeframes of the New Caseworker Checklist.

Online trainings completed before and during New Worker Foundations Training completion:

- Random Moment Time Study Training (to complete as soon as possible after their start date)
- Mandated Reporter Training
- DHHS New Employee mandatory on-line modules:
 - Confidentiality 101 (PowerPoint)
 - Domestic Violence
 - Ergonomics/Video Display Terminal
 - Harassment
 - Language Access
 - New Employee Orientation (PowerPoint)
 - Records Management
 - Americans with Disabilities Act

- Family Medical Leave Act
- Office Attire
- Reports of Injury
- Infant Safety; Abuse Prevention and Unsafe Sleep Related Death Prevention

REQUIRED REGISTRY

- National Center Sign Up & Period of Purple Crying

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

(Note to Supervisors: Review of policies and other assigned readings during the Foundations Training may have to be completed on days that staff are in the office. It is highly recommended that new workers job shadow one initial investigation interview with a parent prior to attending week two of Foundations).

Complete Foundations Training

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

- Job shadow 2 investigations (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 FFTM, and document the FFTM in the narrative window, using the FTM/FFTM Summary Sheet, and review with supervisor.
- Job shadow a C-1/Summary Hearing, which could include a waiver and discuss with the supervisor.
- Read at least two PPO petitions, and two straight petitions.
- Read at least four investigations (2 substantiated, 1 indicated, and 1 with no findings), and discuss with supervisor.
- Listen to three fact finding interviews that are associated with the investigations.
- Attend a FTM, document the plan from this meeting, and review with supervisor.

Once the above is completed, the caseworker can be assigned investigations/cases. The caseworker’s supervisor is required to accompany the new caseworker on their first investigation/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 Employee’s Confidentiality Statement sheet with the caseworker, and obtain their signature. This discussion should include instructions outlining 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:

- Legal Training
- Introduction to the Indian Child Welfare Act
- 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 investigations
- 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)
- Children's Behavioral Health in Maine Training

To be coordinated by the supervisor:

- Introduce/participate in on-site training with TANF, OFI and other programs that assist the families we work with; this will be coordinated by the supervisor.

Maine OCFS Foundations Training 2022 Survey Data

March 2023¹

This document contains survey data from OCFS staff who participated in the OCFS-Cutler Foundations Training for new caseworkers in 2022. The purpose of this survey was to gather feedback from OCFS staff who completed the Foundations Training between January and December 2022 in order to understand more about their experience with Foundations and the effectiveness of the training.

¹ Survey distributed on 2/27/2023 and closed on 3/17/2023. One initial email and two reminders were sent during that time.

A total of 153 people enrolled in Foundations Training in 2022 over five sessions and approximately 114 are still currently employed with OCFS. Twenty-two participated in the survey.²

The data is displayed in frequency tables below with the number and percent of respondents. Open-ended response questions are summarized briefly in blue throughout this document and then found in their original format.

Survey Demographics

Month of hire at OCFS		
<i>There were no respondents who were hired before February 2022, or in March, July, or August of 2022.</i>		
<i>n=22</i>		
Time period	n	%
February	4	18%
April	2	9%
May	5	23%
June	1	5%
September	4	18%
October	6	27%

Foundations Training Participation Month		
<i>There were no respondents from the January or August training sessions. n=22</i>		
Month (start)	n	%
January	0	0
March	6	27%
June	6	27%
August	0	0
October	10	46%

Role at OCFS		
<i>82% of respondents reported working in the same role as when they started. n=22</i>		
Role	N	%

² Approximately 153 people enrolled in Foundations Training in 2022; approximately 114 are currently employed at OCFS, therefore the response rate is approximately 19%. Not all participants responded to every question. Due to this low response rate, the survey will be redeployed in April to collect more responses and inform future training efforts.

Permanency	12	55%
Assessment/Investigation	8	36%
CES	2	9%

Time in Social Work <i>n=22</i>		
Amount of time	N	%
Less than one year	10	46%
1-5 years	7	32%
6-10 years	4	18%
More than 10 years	1	5%

Number of Cases (current) <i>Staff reported a mean average of 10.2 cases. 18% have 6 cases and 14% have 10 and 14% have 13. n=22</i>		
Number of cases	N	%
6 or fewer	8	36%
7-12	6	29%
13+	8	36%

District <i>There were no respondents from District 7. n=22</i>		
Number	N	%
1	3	14%
2	4	18%
3	4	18%
4	3	14%
5	4	18%
6	2	9%
7	0	0
8	2	9%

Foundations

How helpful was Foundations Training in enhancing your skills on engaging with children and families?		
<i>n=22</i>		
Response	n	%
Not at all helpful	3	14%
A little helpful	9	41%
Somewhat helpful	5	23%
Helpful	5	23%
Very helpful	0	0

Please explain. (n=17)

Numerous respondents thought that Foundations provided a good basic training and introduction, however felt that the training should have incorporated more technical skill development (e.g., documentation and using Katahdin) as well as more hands-on experience through scenarios/simulations and field experience. Respondents found field experience through shadowing to be helpful as well as simulations. Additionally, several participants commented that there was a heavy focus on policy versus how to do day to day tasks. These comments may highlight an underlying tension of the training – it is intended to be an introduction to the role with a focus on policy so that workers come away with an understanding of the foundation of the work and their role. Some respondents thought that there should be more about permanency work and the tasks of that role. Previous experience in the field of social work or related fields was helpful for some new workers.

Being in the field as long as I have been, and the clients that I have worked with enabled me to have the skills that new workers may not have. It was nice to have some of the job specific information and goals/skills for CPS.
Did not learn how the job once done. Leaned more about reading policy than how to do the job. Should of been a lot more hands on and had more opportunity to learn in the field following cases.
Foundations training was A LOT of information to grasp in 7 weeks. It shouldn't have been all virtual - it was very difficult to pay attention for almost 8 hours a day looking at a computer screen and listening to speakers. I wanted to go to sleep! I understand the material is important, but at least make it more interactive and interesting. I learned SO much more out shadowing in the field than in Foundations.
From my past experiences I already felt comfortable engaging with children and families, so I didn't really learn any new skills in this area during Foundations Training.

Going through foundations was great. It was a good overview of the job and provided a great historical background of CPS. However, it didn't teach me how to do my actual job. I have been out of foundations 2 months, and I still don't know how to write a PPO, a legal summary, or how to type up a family team meet notes. My supervisor is showing me how to do my actual job step by step. Permanency was barely talked about. A majority of the focus was on doing an Investigations assessment. Looking back, I feel that foundations was a tremendous waste of time.

I do not feel foundations focused on actually talking to families. There were not many practice scenarios and even the practice ones are nothing compared to talking to people in real life. CW's are never really taught what they can or can't say to families in regard to information that can be given or released. While it is important to be kind when speaking to families, it was not stressed enough in training to be stern at times or even blunt about concerns. I think a lot of CW's were never taught to have those tough conversations and as a result avoid them or don't know how to go about them. It felt that foundations focused too much on being nice to families rather than how to be respectful and ensure child safety.

I feel like foundations covered very little of real-life application. Situations are never the same and results vary so much that focus should be shifts in foundation to policy and procedures to enter field. Field shadowing and supervisions will continue to round out caseworkers

I feel that the training could have been better and more relevant; however, it was somewhat helpful. I honestly feel like it would have been helpful to have simulations in Katahdin as we were going through the mock case. For example, when going through the case of the Simmons Family we should have all sat there in front of the computer opened to Katahdin and been walked through every step of the documentation process. Documentation is so important in this role, and I did not feel prepared at all when I did my first two cases. I do feel that it was helpful to learn how DHHS expects interviews to be conducted and to learn the steps for that. I enjoyed / learned from the interview and court simulations.

I learned many skills that were helpful to see another perspective when talking with children and families.

I learned some basic terms and functions of what I do now.

I think getting training on the basics was a great place to start. However, once I began my actual position post foundations training, I still felt like I had no idea what my role was and how to do it.

I was able to practice using Katahdin and learn how to complete assessments as well as practice interviewing clients.

it does not prepare you for the real-life cases. On the job training is more beneficial. Foundations is best case scenario and does not prepare you for the situations that arise and that you are faced with in the moment. Decisions have to be made quickly. Its best use was almost like a new employee orientation. Getting into groups with new people is not going to help you as they do not know how to do it either.

It was a good overview. It could have been longer. So much to learn.

The entire training was set up for investigations, which helps but doesn't really cover permanency or adoption at all.

There was no training regarding how to do the job. Not enough focus on processes of court/removal/straight/everyday functioning. Too focused on policy.

What we do on a daily basis is not really covered in that training at all. It is a good basic training but definitely does not address what life is like daily.

How well Foundations Training prepared you...

To do my job overall n=22

Response	n	%
Not at all prepared	6	27%
A little prepared	8	36%
Somewhat prepared	6	27%
Prepared	2	9%
Very prepared	0	0

How well Foundations Training prepared you...

To take on new assignments and/or newly assigned cases n=22

Response	n	%
Not at all prepared	5	23%
A little prepared	10	46%
Somewhat prepared	3	14%
Prepared	4	18%
Very prepared	0	0

How well Foundations Training prepared you...

To work with children and families on safety n=22

Response	n	%
Not at all prepared	4	18%
A little prepared	6	27%
Somewhat prepared	5	23%
Prepared	5	23%
Very prepared	2	9%

How well Foundations Training prepared you...

To work with children and families on permanency n=22

Response	n	%
-----------------	----------	----------

Not at all prepared	10	46%
A little prepared	4	18%
Somewhat prepared	2	9%
Prepared	4	18%
Very prepared	2	9%

How well Foundations Training prepared you...		
<i>To work with children and families on well-being n=22</i>		
Response	n	%
Not at all prepared	3	14%
A little prepared	8	36%
Somewhat prepared	4	18%
Prepared	5	23%
Very prepared	2	9%

Please explain. (n=14)

Like the responses to the previous question, respondents highlighted that shadowing, simulations, and previous experience was helpful. As one person stated, "...Foundations is an overview of child protective as a whole...." Respondents echoed calls for more shadowing, more on documentation, and more on Katahdin. Another respondent stated, "most of what I knew was from shadowing or my own history of knowing how to speak with families." Some respondents stated they would like more on permanency. Numerous respondents also stated that the training was a helpful overview of the field/child protective, and that the information provided was helpful. As one person shared, "Being able to go over policies and procedures were helpful and knowing a basis of where to start with a new case or assessment."

Being able to go over policies and procedures were helpful and knowing a basis of where to start with a new case or assessment.
Currently, foundations is an overview of child protective as a whole. Also, the primary focus was on doing an investigations assessment. However, we only did one assessment. Doing one group assessment is not enough to prepare you for actually doing an assessment. Plus, so much time was spent on the assessment and very little was time was spent on showing what a permanency worker does.
Foundations shared many key points, however there were many that were not talked about and/or were glossed over which could have been more helpful.
I did not participate in Permanency sessions. Foundations itself did not prepare me for most of my job. The most helpful training I received was shadowing fellow caseworkers. I feel Foundations did help me somewhat and would be beneficial to have maybe 1 or 2 days a week locally in tandem with job shadowing so that it is fresh in our minds as we do a case. It was

difficult to drive to Augusta, stay in a hotel, go to a class, try to do work in a hotel room, drive home, then do a week of lessons on zoom, then do a week of shadowing and then back to Augusta. It lost a lot of the consistency / repetition needed to learn.
I feel that I received great information on safety, permanency, and well-being during foundations.
I felt that most of Foundations Training was focused on how to do an investigation. I was hired as a permanency worker and felt that Foundations did not teach me what I needed to know as a permanency worker.
It was a good overview of the field. There is nothing like working in the field though. The first simulation where we lined up asking questions of the client, one after another, in my opinion, completely fell flat. The other simulations were very good.
most of what I knew was from shadowing or my own history of knowing how to speak with families.
see above. I really don't remember anything pertaining to this information being addressed as far as safety permanency and wellbeing. I am not understanding those questions maybe?
The whole training was about the theory of investigation. We did not get trained on how to use Katahdin or documentation.
There are a lot of resources for families, and they vary from district to district.
There are just SO many tasks associated with this position, it's impossible to learn them all in a class...lots are learned by doing.
There is many aspects of the job that can only be learned through experience.
Way to many slide shows and lecturing about things that were not relevant.

During Foundations Training how well did you learn about the impact your biases have on the work you do?		
n=22		
Response	n	%
Not well at all	2	9%
Slightly well	3	14%
Moderately well	7	32%
Very well	8	36%
Extremely well	2	9%

Please explain. (n=13)

The majority of respondents stated that the training was helpful in building their awareness of their own biases and how biases might impact their work. As one respondent stated, "During foundations I came to realize many biases I had that I was unaware of. There were many perspectives I had never thought of until hearing the different stories from our foundations"

teachers.” Several stated that it helped them slightly. Several expressed mixed responses to their experiences with discussing biases in training.

During foundations I came to realize many biases I had that I was unaware of. There were many perspectives I had never thought of until hearing the different stories from our foundations teachers.
Foundations helped me look at my beliefs and be able to identify them when situations arise when my beliefs do not correlate with the clients.
I already had awareness. I am not sure if we really talked about it that much.
I do think about that daily when I report on a case. I think that it affects all of us daily and by being aware it is easier to think about other's perspectives.
I feel it was adequate. I feel it was informative for me to hear the parent boards (both those who had been investigated and those who are now foster parents) and especially the father who is a police officer telling his story of how he was treated during his experience with DHHS. It brought our work to life.
I felt the Foundations Training did a great job in this subject area.
I learned how I prejudge people without even realizing it. I now consider alternate hypotheses.
My feelings and opinions are to be considered but overall all investigations are based on facts not our opinions or feelings.
This is something that will always be great to review for everyone as this can commonly be a struggle for many people. I think foundations mostly only focused on how CW's have biases towards families, but what I have also found is a lot of families having biases towards us which can help CW's to prepare for when starting their work.
This was one area where I think they tried to hammer it home. I could see how someone bias could easily cause a case to go the wrong way very quickly. Unfortunately, biases are usually developed over time and can't go away in one training.
What?
Yes slightly gave an insight.
Yes, this was discussed. However, it does not teach out about your job function. Yes, learning about your biases is good but it should replace learning time about what is expected of you. They could have spent an hour on that topic and moved on to something more critical to the job function and expectations.

How would you rate the Foundations Training handouts and PowerPoints? <i>n</i>=22		
<i>Response</i>	<i>n</i>	<i>%</i>
Very poor	3	14%
Poor	1	5%
Fair	6	27%

Good	7	32%
Excellent	5	23%

Please explain. (n=12)

Respondents shared mixed responses about the handouts and PowerPoints. Many stated that they were helpful and thorough, while others said that they were too much.

Easy to follow.
Foundations was exactly that- foundations. further training should be implemented within the Department. "Foundations" were learned in 4+ years of college courses necessary to obtain a BSW- and day to day functions and expectations/ note taking / time management/ systems utilization/ access to resources/ writing petitions and reunification plans, etc. are all items that are not taught to caseworkers at length before they complete foundations training and are immediately assigned cases. Shadowing opportunities on designated days are not well planned for and often times caseworkers are too busy to offer shadowing opportunities to new workers.
I enjoy a good template and being able to access them later is nice.
PowerPoints helped caseworkers follow along with process
The flow charts were excellent.
The info given was very good.
there are a lot of handouts and wordy PowerPoints, not all of which are helpful.
They were certainly prepared. I received a lot of handouts, and they had many PowerPoints.
they were thorough.
Too lengthy
Yes, the information was well presented and well prepared. However, the information is useless. I'll probably never look at that information again.
Zzzzzzzzzzzzzzzzzzzzz. The PowerPoints were so-so. There weren't really any handouts - it was documents I would have received anyway, for example the policies, flow-charts, etc.

Skill Development

*The most noted skills that people **found useful from the training** were interviewing and policy. Additionally, respondents shared that shadowing, court information (simulation and understanding policy, legal definitions), and learning about investigations were helpful. As one person stated, "Learning the policies and were to find the information when I am looking for it. I also think the experience of our teachers in foundations was helpful to understand the perspectives and reasoning behind the things we are asked to do." Another person stated both a positive remark that it was helpful to learn how everything works, however it could have been longer as the amount of information was overwhelming ("How everything works into play with regards to the flow charts. Again, it could've been longer. The short time and massive amount of knowledge thrown at you really was overwhelming.")*

*Skills that respondents would **improve about the training** included more training and hands on experience using Katahdin and using it alongside the simulations or scenarios that are practiced and discussed in the training. Several respondents stated that they would like more scenarios and field experience, and opportunity to shadow experienced caseworkers. Several stated that they would like to see more about a case from start to finish, more on documentation, and that the training pace felt crammed and too fast. Several respondents also stated they would like more about permanency. Suggestions included pairing new workers with a “mentor” in their office, more observation time with experienced caseworkers, and lengthening the training.*

What skills or tools from Foundations Training have you found most useful and relevant to your work? (n=16)

Fact Finding Interviews sheet as well as expectations of interviewing adults/parents.
Get a good night's sleep the night before I am on a zoom training all day the next day. Also, real life shadowing and experiences are so much more worthwhile and beneficial when it comes to learning about this type of work.
How everything works into play with regards to the flow charts. Again, it could've been longer. The short time and massive amount of knowledge thrown at you really was overwhelming.
how to go out on an investigation.
I learned how to effectively interview people through asking open ended questions.
Learning the policies and were to find the information when I am looking for it. I also think the experience of our teachers in foundations was helpful to understand the perspectives and reasoning behind the things we are asked to do.
Maybe the actual tools that are utilized -and how you use them to develop your case. I think actually doing a case together from beginning to end for one whole day. Like you would in the field...or over two days. Not spread out over the course. and you need to start with the investigation.
More focus on actual policy and laws
None
SDM and tools utilized in processes; practice engagement with clients/case members and understanding legal definitions/law/policy.
The court scenario was helpful and learning the policy which we do not have time to spend reading through that once you start the job.
The importance of documenting.
The interviewing, working with families, talking to families
The steps DHHS requires for interviews. It is great to have a baseline to look to assure you are going through the interviews correctly. The simulations were all helpful.
to stay open minded. You never know what to expect and it is important to notice your own biases and stay kind.

What skill development and/or training would you recommend be added to the Foundations Training curriculum to improve the preparation of new workers in the future? (n=16)

A lot more work in Katahdin. Simulations within it - go through the required documentation.
all items mentioned above. Better understanding of how to utilize Katahdin and what notes are supposed to look like- monthly contacts, plans, summaries, petitions, or simple emails to address providers. How to sort and save documentation and upload it in every necessary portal. More mock practice opportunities or viewing of re-enacted scenarios: court proceedings, family team meetings, client, and parent contacts.
Be in person. Do not meet every day. Incorporate more scenarios, field days, etc. Ensure/encourage that each district's office utilizes a mentor program - that is one great way for new workers to learn best when they join OCFS.
Change it all. Lot more interactive and hands on training with documenting and useful tools.
Having difficult conversations, handling confrontation.
I believe Permanency and Adoption workers needs more training. Also everyone needs Katahdin training and how to document.
I think the shadowing was and in important part for me and I picked up a lot on those days. The debriefs were just as important to understand what I was seeing in the field and if it was the best practice.
I would do away with this classroom setting and have new workers placed with experienced caseworkers in their unit for 3 to 6 months. After that time, have the new employee take a test or an do an assessment with a supervisor observing. This is a lot like field training that police officers have to complete.
I would like more real-life application. More simulations, more help developing investigation process, and more help with Katahdin
It would be nice to have a clear start case to finish case situation, maybe include possible outcomes and allow for practice of FTM facilitation, time management planning, organization/management, "what you didn't know you didn't know" list.... other new worker panel as well as the seasoned worker panel?
More field days. following an actual case from beginning to end watching someone actually doing it-whether it be an investigative worker or case worker. it really should be from investigations then when a case is opened then follow the open case to permanency and then on. It could be previously taped and shortened to fit into a day. Like a camera following a employee.
More information about collateral contacts, forms, and requirements.
More time, longer training. Full weeks. Better Katahdin training. It was not good at all. We did a day training early on, then an hour here and an hour there during out last couple weeks. I forgot everything I had learned previously.
More training on how to be a permanency worker and more training on how to use Katahdin. The Katahdin training was gone over very quickly, and it was difficult to follow. It would be

much better done in person vs. zoom. I felt that the Foundations Training material is crammed into 7 weeks. Could it be spread out longer and spend more time focusing on specific aspects of each job. Perhaps have a Foundations Training specifically for investigation workers and one for permanency workers.

The organization of how the case works. What to do for each process. I did not learn anything about permanency therefore, it is hard to understand the transition process to that department.

to actually walk through the steps in order when you get assigned a case and documentation of it. I was so lost about the order of things because foundations didn't do it in order. When i actually got cases, i didn't even know where to start because it felt the actual things we do at work were gone over too quickly in training. It was not explained well when we used risk assessment or how findings are decided, etc.

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 2020-2024 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 2020-2024 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 2020-2024 CFSP.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR.

“Information in the statewide assessment and collected during interviews with stakeholders showed that although there was a policy for ongoing training, and that training was required to maintain a social work license, there is no statewide system for tracking training. Caseworkers or supervisors maintain a log of trainings completed, but those logs are unique to every district and the information is not aggregated statewide. Stakeholders also reported that the agency generally lacks trainings for experienced workers, and that there is no evaluation of relevance of the training provided.” (Child and Family Services Report Maine Final Report 2017).

Maine has had a statewide tracking system that it utilized to maintain logs of trainings for staff. The information from this training database could be pulled to determine how many staff attended any one particular training or could be pulled to show all trainings any one particular staff person had attended. These reports could be generated and be made available for any staff person upon request. Maine also previously contracted with the Justice Planning and Management Associates Inc. (JPMA) to use their Learning Management System (LMS) for online learning. There were optional online trainings for staff on this LMS system, as well as any new/revised policies mandatory for all staff to read and pass a quiz on with a 100%. This LMS system tracked all online trainings and policy quizzes within its system that staff had completed with their scores. As with Maine's training database, the JPMA LMS system could pull data per training as to number of staff having completed it or could pull all online trainings/policies any one staff member had completed within its system. The contract with JPMA ended June 30, 2021. OCFS now has an OCFS Learning Portal (Learning Management System – LMS), Brightspace. The OCFS/Muskie LMS Administrator Workgroup successfully launched the OCFS Brightspace Learning Portal on July 6, 2021, utilizing a communication plan that included announcements to OCFS staff served by the Learning Portal; an online help center within the learning portal to house all of the previously developed training materials and answers to frequently asked questions; and two live training events for OCFS staff on how to access and use the Learning Portal following launch.

Since the launch in July of 2021 the Learning Portal has been utilized to provide course content for the Caseworker Foundations Training, Resource Family Introductory Training, OCFS Student Interns, learning modules on newly developed or revised child welfare policy and mandatory quizzes, and OCFS Katahdin training (new CCWIS system), which the trainings rolled out end of 2021 and into the beginning of 2022. The 'Ongoing Staff Trainings' were loaded into the LMS throughout 2022 and continue to be loaded as new E-Learnings and revised trainings are developed. Staff now have the ability to search trainings and enroll themselves at any time in the LMS system. Once staff complete a training, they are awarded badges/certificates which they can view and keep track of within their awards section in the LMS.

The Policy Manual is currently built in the LMS for easier viewing and access of the Child Welfare Policy with a separate glossary which is due to go live in Spring 2023. For staff that it is mandatory to pass policy quizzes, they can view the badges that are awarded upon successful completion (100%) in the awards section in the LMS.

Staff attributes are still being loaded in the LMS system in hopes of getting the Manager Dashboard for supervisors and managers fully functional in 2023 to allow the ability to track training progress as well as to monitor completion of policy quizzes.

As referenced in Item 26 related to training, the same standards remain regarding the requirement that caseworkers attend core trainings on various topics during the two years following completion

of the Foundations New Caseworker Training. Additionally, all casework staff are required by Maine social worker licensing rules to complete 25 hours of training for licensing renewal every 2 years, including 4 hours of training in Ethics and Mandated Reporter Training every 4 years. To monitor completion of the ongoing training contact hour 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 cannot 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 licensure. 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 or 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 or full social work license. Also, for new staff within OCFS in a position that requires a social work license, the Recruitment and Retention Specialist checks the Maine Board of Social Work Licensing website on a weekly basis checking the status of new staff licenses and sends a list of names to the Policy & Training Specialists showing the status of that new workers license; Active, Pending, or No Record so that the Policy & Training Specialist can follow up with the new staff person and supervisor if needed to ensure license is progressing to Active status. All staff with social work licenses are initially entered into the OCFS training database and are now entered in the new OCFS Brightspace Learning Portal.

National Children's Advocacy Center (NCAC): Since 2016, OCFS has continued to contract with the National Children's Advocacy Center (NCAC) to provide all staff that qualify with Advanced Forensic Interviewing Training. New caseworker staff are initially trained in forensic interviewing in the New Worker Foundations training. For the advanced training it is recommended that the interviewer have at least two years of experience in the field conducting interviews. This training is specifically designed for experienced professionals who have responsibility for initial forensic interviews of children and provides participants with an opportunity to critically review and practice key elements of forensic interviewing. Question types designed to elicit the most complete and reliable information from a child witness, as well as the fundamentals of a forensic interview are examined and practiced. This model is based on the same model and protocol that new workers are introduced to in the initial Forensic Interviewing training. In 2022, one 2-day training session was conducted, below are the evaluations results from participants in that training.

EVALUATION

Please provide comments and assess the following sessions using a scale of 1 to 5:

1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent

1. The directions sent on course enrollment were clear regarding how to access the virtual training.

Responses Received: 10

Average: 4.4

2. The training topics were effectively organized in a way that helped me learn.

Responses Received: 10

Average: 4.3

3. The Forensic Interview trainers presented content clearly and in an organized manner.

Andra Chamberlin and Kim Madden

Responses Received: 10

Average: 4.9

4. The Forensic Interview trainers encouraged questions and participation.

Andra Chamberlin and Kim Madden

Responses Received: 10

Average: 4.9

5. The Advanced Forensic Interview topics and exercises developed my abilities and skills.

Andra Chamberlin and Kim Madden

Responses Received: 10

Average: 4.2

6. This complete training was effective in teaching the skills needed to conduct a forensic interview with a child.

Responses Received: 10

Average: 4.2

7. The live training meetings were an appropriate length of time each day.

Responses Received: 10

Average: 4.6

8. The quality of this virtual training is equal to or greater than the quality of training I have experienced through in-person training.

Responses Received: 10

Average: 3.5

9. I would recommend this training to another professional.

Responses Received: 10

Average: 4.3

10. Did you encounter any technology issues during the course? If yes, please provide details.

Responses Received: 10

- 2 people no
- Some issues logging in
- The Zoom link sent out the day of the training was not the same link that was on the website
- It was hard to hear at times
- Lagging internet speed and difficult to hear some of the videos
- Initially I had a hard time logging in as did others. And apparently, I didn't enroll and needed help to do this survey.

11. Additional comments and/or topic suggestions.

Responses Received: 10

- A very helpful training. I was particularly interested in interviewing children with developmental issues and/or special needs. Thank you!
- I think this training needs to be more structured. I feel like we jumped around quite a bit especially with conversation. Day one seemed more like a refresher instead of building on the education we already have. Day two was much more helpful. I think there needs to be more time spent talking about the ways in which children with complex communication needs can be better interviewed. Captions would be helpful for the example interviews that were shown. It was very hard to hear the children in their interviews.
- Great Training!

12. What is your preference for professional training, in-person or virtual?

Responses Received: 10

- Five people would like in person
- Three people said either
- One said virtual

Maine Coalition to End Domestic Violence (MCEDV): Since 2016, the Maine Coalition to End Domestic Violence (MCEDV) has been offering an advanced training series in Domestic Violence for OCFS staff. Prerequisite for this training is at least 6 months of field experience. The full training series was redesigned in 2020 to be an interactive training presented live by MCEDV trainers via Zoom, this format continued through 2022, and will return to a live format in 2023.

TRAINING OUTLINE:

Module 1:

Addressing the Lasting Impact of Domestic Violence: How to Support the Non-Offending Parent
Provides opportunities for trainees to consider the most effective and trauma-informed ways to support non-offending parents who are victim-survivors of domestic abuse and violence that lead to safer outcomes for those parents and their children.

Acknowledging Harm: Holding Domestic Abusers Accountable for their Choices

Asks trainees to think critically about the importance of engaging with people who use abuse/the offending parents who have harmed/are harming the other parent and gives trainees tools and options for holding those abusers accountable in a manner that does not jeopardize the safety of the non-offending parent and their children.

Module 2:

Domestic Violence: Connecting Oppressions & The Impact of Culture

This training is designed to broaden caseworkers' understanding of global topics like oppression and the impact of culture, and to equip caseworkers to better recognize the way these concepts intersect within the wider child welfare system and their day-to-day work. This module is arranged intentionally to analyze these concepts at the macro level by providing trainees with the opportunity and space to pause and consider ways the child welfare system can better achieve its mission of keeping children safe and helping them to thrive.

Module 3:

Accountable Language: How to Write Effective DV-Competent Narratives

Focuses on skills building. The goal is for caseworkers to critically analyze the way language shapes our understanding of situations, and how vital it is to write case narratives that utilize active voice and are arranged in a DV-competent manner. Trainees will critique written case narratives and practice rewriting them using active voice.

Domestic Violence: Understanding Safety and Risk

Dives deeper into issues of safety and risk, and how centering the safety needs and expertise of victim-survivors can lead to better outcomes for child safety.

Two series provided during 2022 (January & November). Evaluation results are below:

January 2022

Total # of people trained = 37

- Total # of respondents to Module 1 survey = 14
- Total # of respondents to Module 2 survey = 13
- Total # of respondents to Module 3 survey = 7

1. Did today's presentation increase your content knowledge, skills, and/or capacity to serve victims?

- a. Module 1 – 100% YES

- b. Module 2 – 100% YES
 - c. Module 3 – 100% YES
- 2. Did today’s presentation change any of your beliefs or attitudes about domestic abuse?**
- a. Module 1 – 14% YES
 - b. Module 2 – 30% YES
 - c. Module 3 – 14% YES
- 3. Did today’s presentation teach you to recognize domestic abuse?**
- a. Module 1 – 100% YES
 - b. Module 2 – 76% YES
 - c. Module 3 – 100% YES
- 4. Did today’s presentation provide information about domestic abuse resources?**
- a. Module 1 – 93% YES
 - b. Module 2 – 76% YES
 - c. Module 3 – 100% YES
- 5. Did today’s presentation prepare you to respond to people affected by abuse in your work?**
- a. Module 1 – 100% YES
 - b. Module 2 – 100% YES
 - c. Module 3 – 100% YES
- 6. Did today’s presentation provide useful and practical information?**
- a. Module 1 – 100% YES
 - b. Module 2 – 100% YES
 - c. Module 3 – 100% YES
- 7. Rate the presenter(s) knowledge of content:**
- a. Module 1 – 12 Excellent; 1 Good; 1 Satisfactory
 - b. Module 2 – 9 Excellent; 2 Good; 1 Satisfactory
 - c. Module 3 – 4 Excellent; 2 Good; 1 Satisfactory
- 8. Rate the presenter(s)’ approach and energy:**
- a. Module 1 – 4 Excellent; 4 Good; 2 Satisfactory (4 did not respond)
 - b. Module 2 – 9 Excellent; 1 Good; 2 Satisfactory
 - c. Module 3 – 4 Excellent; 2 Good; 1 Satisfactory
- 9. Rate the presenter(s)’ clarity of presentation:**
- a. Module 1- 12 Excellent; 1 Good; 1 Satisfactory
 - b. Module 2 – 10 Excellent; 0 Good; 1 Satisfactory (1 did not respond)
 - c. Module 3 – 4 Excellent; 2 Good; 1 Satisfactory
- 10. Rate the presenter(s)’ quality of response to questions:**
- a. Module 1 – 7 Excellent; 2 Good; 1 Satisfactory (4 did not respond)
 - b. Module 2 – 7 Excellent; 1 Good; 1 Satisfactory (3 did not respond)

- c. Module 3 – 4 Excellent; 2 Good; 1 Satisfactory

November 2022

Total # of people trained = 30

- Total # of respondents to Module 1 survey = 13
- Total # of respondents to Module 2 survey = 6
- Total # of respondents to Module 3 survey = 4

- 1. Did today's presentation increase your content knowledge, skills, and/or capacity to serve victims?**
 - a. Module 1 – 100% YES
 - b. Module 2 – 83% YES
 - c. Module 3 – 100% YES

- 2. Did today's presentation change any of your beliefs or attitudes about domestic abuse?**
 - a. Module 1 – 42% YES
 - b. Module 2 – 17% YES
 - c. Module 3 – 50% YES

- 3. Did today's presentation teach you to recognize domestic abuse?**
 - a. Module 1 – 86% YES
 - b. Module 2 – 83% YES
 - c. Module 3 – 100% YES

- 4. Did today's presentation provide information about domestic abuse resources?**
 - a. Module 1 – 100% YES
 - b. Module 2 – 67% YES
 - c. Module 3 – 100% YES

- 5. Did today's presentation prepare you to respond to people affected by abuse in your work?**
 - a. Module 1 – 100% YES
 - b. Module 2 – 83% YES
 - c. Module 3 – 100% YES

- 6. Did today's presentation provide useful and practical information?**
 - a. Module 1 – 100% YES
 - b. Module 2 – 100% YES
 - c. Module 3 – 100% YES

- 7. Rate the presenter(s)' knowledge of content:**
 - a. Module 1 – 13 Excellent; 1 Good; 0 Satisfactory
 - b. Module 2 – 5 Excellent; 1 Good; 0 Satisfactory
 - c. Module 3 – 4 Excellent; 0 Good; 0 Satisfactory

8. Rate the presenter(s)' approach and energy:

- a. Module 1 – 9 Excellent; 3 Good; 0 Satisfactory
- b. Module 2 – 2 Excellent; 2 Good; 1 Satisfactory
- c. Module 3 – 3 Excellent; 1 Good; 0 Satisfactory

9. Rate the presenter(s)' clarity of presentation:

- a. Module 1 – 9 Excellent; 4 Good; 0 Satisfactory (2 did not respond)
- b. Module 2 – 3 Excellent; 1 Good; 0 Satisfactory (1 did not respond)
- c. Module 3 – Excellent; Good; Satisfactory Fair

10. Rate the presenter(s)' quality of response to questions:

- a. Module 1 – 11 Excellent; 2 Good; 0 Satisfactory
- b. Module 2 – 3 Excellent; 2 Good; 0 Satisfactory (1 did not respond)
- c. Module 3 – 2 Excellent; 0 Good; 0 Satisfactory (2 did not respond)

Staff Education and Training Unit (SETU): New supervisors/managers are required to participate in training regarding employment and labor laws in the 4-day Managing in State Government training that is offered through the DHHS Staff Education and Training Unit (SETU). Since development of the Policy and Training Team and bringing the trainings in-house, the training team has directly collaborated with the DHHS SETU unit, which also provides optional trainings for staff and has tracked those trainings for staff within their system.

Supervisory Academy 'Putting the Pieces Together': In the Spring/Summer of 2015, the Supervisory Academy 'Putting the Pieces Together' training on administrative, educational, and supportive supervision was brought to Maine and all child welfare supervisors participated in this training. The Supervisory Academy is a mandatory training for all new child welfare supervisors that consists of 3 modules that are 3 days each, trained over the course of the year and a new supervisor can start in any Module. Module 1, Administrative Supervision, focuses on those areas of supervision related to the efficient and effective delivery of services. This module stresses the importance of understanding one's own management style within the context of the agency's mission, vision, and administrative structure; and focuses on agency goals and outcomes. Key concepts covered in this module include management styles; the use of power, advocacy, recruitment, and selection of workers, change management, transitioning from peer to supervisor, and performance management. Module 2, Educational Supervision, focuses on educating workers to attain more skillful performance of their job duties. Topic areas within this module are learning styles, mentoring, orienting new employees, stages of worker development, transfer of learning, constructive feedback, coaching, and clinical supervision. Highly interactive, key learning activities are encased in engaging games that stimulate thought, as well as energize the atmosphere. Module 3, Supportive Supervision, focuses on supporting, nurturing, and motivating workers to attain a high level of performance. Within the supportive supervision domain, the primary goal is to improve morale and job satisfaction. Key topics include secondary trauma, conflict management, job satisfaction, and management of a team. Because child welfare work is so

demanding, and the stress is often high, humor is integrated throughout the module to model the importance of maintaining a positive atmosphere, as well as to make an otherwise difficult subject more engaging. This module reflects the reality of the supervisor's position as head cheerleader, arbitrator, and counselor.

In 2022, the following number of new Child Welfare supervisors participated in the Supervisor Academy:

Module 1: 5

Module 2: 11

Module 3: 10

During 2022, a Child Welfare Supervisor policy was drafted and is due to be finalized in spring of 2023. This policy is being used to help guide the development of the Supervisory Framework which will provide ongoing support and trainings for Child Welfare Supervisors. The Supervisory Framework Workgroup is using the policy to enhance and develop manuals, tools, and trainings to support supervisors including:

- New/ Revised Supervisor Competencies
- New Supervisor Checklist
 - Required trainings
 - Functions to learn
- Onboarding Guidelines
- Supervision History
- Supervisory Agreement

In 2022, the New Worker Support Group (NWSG) was designed and piloted in Districts 6 & 7 and will roll out statewide in 2023. The NWSG is a meeting that is led by the Policy and Training Liaison in each assigned district with content expertise from that district (internal/external) and occurs once a month in person with new workers under a year of in field experience. Topics/trainings that are covered in the NWSG include:

- Time Management
- Interviewing Children
- Quality Caseworker Contacts
- FTM
- Permanency/Adoption
- Domestic Abuse and Violence
- Plans
 - Part 1 Safety Plan
 - Part 2 All Other Plans

The below topic areas are currently in process and will be completed Spring 2023 for the NWSG:

- Placement
- Findings
- Legal
- Youth Transition
- Mentoring

Structured Decision Making (SDM) Tools: Evident Change, previously known as The National Council on Crime and Delinquency (NCCD) introduced the Structured Decision Making (SDM) Tools to Maine in 2017 with the SDM Intake Assessment Tool. This included the initial training and implementation of the SDM Intake Tool. This was followed by the introduction and implementation of the remaining SDM Tools. In 2018, the SDM Investigation Tools, comprised of the SDM Safety Assessment Tool and Risk Assessment Tool were introduced to field staff and supervisors. These tools were fully implemented in December 2018 after statewide trainings for supervisors and staff. A review of the tool's implementation occurred in 2019 which was followed by refresher/booster trainings to ensure consistent and accurate use of the tools. In 2020, SDM Permanency Tools and Case Reading Tools were introduced and implemented. These tools were fully implemented after statewide training of all management staff, supervisors, and district staff. Immediate booster and refresher trainings were also offered so that staff could have additional practice using the tools prior to full statewide implementation. All of these tools were incorporated into the new worker Foundations Training where new caseworkers are introduced to the tools and practice applying them to a mock case.

Katahdin Training: The new Katahdin information system, which replaced the previous MACWIS system, went live in January 2022. The goal of this new system is to support the Department's vision of high-quality care for children in ways that lead to improvements in their functioning and in the functioning of their families. This Comprehensive Child Welfare Information System integrates and supports services that are child-centered, individualized, family-focused, strengths-based, community based, culturally respectful, appropriate in type and duration, and seamless within and across organizations. During the month of December 2021 there were 5 teams that consisted of Child Welfare staff and Policy and Training Team Specialists that presented 35 two-day Katahdin trainings. These trainings rolled into, and were completed, in January of 2022. The learning objectives of this training were:

- to teach participants how to navigate the system
- to support OCFS staff in becoming familiar with the look and feel of Katahdin
- to assist OCFS staff in understanding the layout of the screens and fields
- to provide an opportunity for hands-on practice in the systems

In 2022, since the completion of the 2-day Katahdin roll out training there have been ongoing Katahdin booster trainings/support sessions provided. These have included:

January 2022:

- Just for You Training: *Finance Training for finance staff on their tasks/functions in Katahdin.*
- Just for You Training: *OOH specialized training for Out of Home Investigations—specific to their program.*
- Just for You Training: *Supervisors/PA/APA (x3) specific training regarding functions only for supervisors and higher management level positions.*
- Just for You Training: *CCW (x2) specific training for the staff that license resource families.*
- Just for You Training: *Eligibility (x2) specific training for IV-E staff.*
- Brie Gutierrez & Erin Ripley Training *specific training for these specialized staff.*

February 2022 and Beyond:

Mini Training for Children’s Behavioral Health staff

D1 Unit Meeting

Intake Staff Meeting x2

Resource Unit Q&A Statewide x2

D1 Unit Meeting

D2 Supervisor’s Meeting

D7 Staff Meeting

D1 Resource Meeting

D8 All Staff Meeting x 2

Support Staff Training

Resource Unit Mini Training—D4, D7, D8

Youth Transition Workers Unit Meeting x3

Training for OAG—x3

D2 All Staff Meeting

Mini Training for Michelle O’Ryan and Leslie Cosgrove

D6 All Staff Meetings x2

D5 All Staff Meetings

D7 Support Staff Training x2

D1 Supervisors Meeting

Contract Staff Mini Training x2

MRP Training x3

Resource Parent Portal Training x6

D3 Investigation Workers

D8 Resource Staff

D5 Unit Meeting
D1 Unit Meeting
Mini Training: Placements x6
IV-E Unit Meetings x3
D2 Court Orders Training
OOH Unit x3
D3 Unit Meeting
D7 Unit Meeting
Appeals Unit
Background Check Unit
Central Office Medical Staff (Dr. Kang, Dr. Carmack)
Levels of Care (LOC) Staff x3
Family First Unit
D7 Adoption Unit x2
D7 Resource Unit x2
D4 Unit Meeting
Resource Portal D8 Meeting
Resource Portal 2.0 x3
D3 Resource Unit
Central Office Adoption Unit x2

Weekly:

Placement Support Meetings District Specific: weekly for 3 months
Supervisor Training: weekly for 3 months
Katahdin Placement Meeting Statewide: October to present
New Worker Training: October to present

Regularly:

Foundations - New Workers X 5 rounds
Monthly Statewide Training starting in September and ongoing

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 regarding foster and adopted children.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed significant differences in the training provided to kinship resource parents and non-relative resource parents. Stakeholders also reported that while resource parents must complete eighteen hours of training every two years to renew their licenses, relevant training is often not available, and that the same trainings are offered year after year.” (*Child and Family Services Report Maine Final Report 2017*)

In late 2018 and early 2019, The University of Southern Maine, Catherine Cutler Institute (formerly the Muskie School of Public Service) was contracted to study, revise and review the Resource Family Introductory Training and the Kinship Training. A national scan was conducted of other state’s curriculums to identify training strengths and challenges.

In early 2020, OCFS selected the National Training and Development Curriculum to adopt for Maine Resource Family preservice training. The National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents is funded through a five-year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. Spaulding for Children is the lead agency for this initiative and is working in close partnership with four other national partners. Maine was accepted to adopt the curriculum and partnered with the University of Southern Maine’s Catherine Cutler Institute to amend and provide the training to all resource families. While Maine is not part of the eight pilot sites using the curriculum, Maine has adopted the curriculum, adjusting it to reflect Maine policy and to be useful for Maine families.

NTDC curriculum in Maine provides 24 hours of live and live/virtual classroom training for all foster and adoptive applied resource families. OCFS requires all applied kinship families participate in the same curriculum as foster, adoptive and non-kinship providers as there was a concern that the previously approved reduced training hours did not provide adequate content to prepare kinship families in navigating the complicated dynamics and needs of providing care. NTDC consists of classroom-based trainings and offers additional training sessions known as

“Right Time Trainings” to be used by families when they have a need for additional information and/or license renewal.

Right Time Trainings provide ongoing learning and skill development for topics not covered in the introductory classroom-based training. They contain videos, podcasts, and prompts designed to help resource families apply practical knowledge and skills to their parenting experiences.

OCFS offered the first series of NTDC curriculum to applied families in January 2021, using a live/virtual model due to pandemic protocols. In September of 2022, all contracted services followed the Department’s lead of offering families both in person and live/virtual options to select from. To date, 1,918 families have completed the curriculum. Sessions are offered in a variety of schedules (days and times) to meet the convenience of applied families. Each class accommodates a limited number of participants, but many sessions are offered concurrently to accommodate a larger number of applied families. OCFS plans to continue to offer sessions both in-person and an in-person/virtual hybrid experience in the 2023 spring/summer sessions. The assessment and evaluation of the program is ongoing in partnership with the Catherine Cutler Institute.

Some of the themes covered in NTDC are:

- Introduction and Welcome
- Child Development
- Attachment
- Separation Grief and Loss
- Trauma Related Behaviors
- Trauma Informed Parenting
- Effective Communication
- Reunification - the Primary Permanency Planning Goal
- Foster Care - A Means to Support Families
- Preparing for and Managing Intrusive Questions
- Maintaining Children’s Connections with Siblings, Extended Family Members, and their community
- Cultural Humility
- Parenting in Racially and Culturally Diverse Families
- Mental Health Considerations
- Impact of Substance Use
- Creating a Stable, Nurturing, Safe Home Environment
- Accessing Services and Support
- Youth Panel
- Resource Parent Panel

The revised NTDC curriculum also includes the Period of Purple Crying video, and the Safe Sleep environment video, both of which are focused upon ensuring the safety of infants and children under the age of one year old. The final session consists of ensuring applicants are familiar with resources available to support them in their role as resource families. Each of the eight local districts also provide one session that includes local support services, the district organizational charts, and other district specific information.

Training staff from the contracted Resource Family Support Services entity, Adoptive and Foster Families of Maine (AFFM) and the Catherine Cutler Institute partner to provide the pre-service curriculum. The training facilitators consist of one experienced foster/adoptive/kin resource parent and one trained facilitator.

In 2022, 896 individuals successfully completed the Resource Family Introductory Training (RFIT). Of the 896 persons, 64% self-identified as kinship providers. Of the families who completed RFIT in 2021, 76% went on to become licensed resource providers by June of 2022. Participants completing RFIT in 2021 and 2022 have access to the Resource Learning Portal, which contains helpful resources and information designed to reinforce the information disseminated to families during their training experience. RFIT staff created 1,432 unique portal accounts, and to date, 1,105 accounts have been accessed independently of classroom training.

Initial evaluation results from 2021 and early 2022 have shown promising training outcomes in Maine and nationally, as pre-post surveys have demonstrated changes in knowledge over the course of the training. Additionally, post-training outcomes show that participants find skills learned in the training to be important and that they plan to implement them.

Feedback collected from focus groups with families who completed the training and had children placed with them for three months or more in the Summer of 2022 indicates that the training has helped families to address challenging behaviors, better understand the child welfare system, and apply skills related to trauma, attachment, child development, and self-care. The focus groups also provided important feedback about the structure and format of the training program that the team is working to incorporate (this includes balancing kin and non-kin families and offering both kinship only and non-kin only classes and adding content about managing complex family dynamics).

Resource Family trainers through the Catherine Cutler Institute are currently meeting with OCFS and cultural brokers from an array of New Mainer communities to discuss dissemination of the Resource Family Introductory Training to a variety of communities primarily comprised of immigrant, refugee, and asylum-seeking individuals for the purpose of ensuring all children in care have access to culturally appropriate placement options which can effectively support reunification activities.

The Resource Family Support Services contract includes a requirement to provide ongoing training to licensed resource families. The contractor (Adoptive & Foster Families of Maine) sponsors an annual training conference which brings together speakers on relevant topics. In 2021 and 2022, AFFM offered this opportunity via a virtual learning platform due to COVID-related public health concerns. In 2023, AFFM returned to an in-person conference. In addition to their annual conference, Adoptive and Foster Families of Maine provides a variety of in-person and virtual trainings and workshops that support caregivers in fulfilling their role and enhancing their skills.

Throughout the year AFFM delivers, or arranges for training to be delivered, in resource family support group settings. Since March 2020, those support groups have continued to be offered in a virtual setting to accommodate Covid-19 concerns. Currently, AFFM offers both virtual and in-person support group opportunities to accommodate a broad range of schedules and needs. The contractor also maintains a listserv, which notifies resource families of trainings delivered by various community partners statewide. The contractor maintains a lending library of books and video training materials, which are available to resource families. In 2019, AFFM began offering adoption specific support groups to provide post-adopt families an opportunity to meet and receive training specific to the needs of this group. These groups continued through 2022 in a virtual format.

The Foster Parent Advisory Committee was created in 2017 and has met quarterly since its formation though attendance at quarterly committee meetings declined significantly in 2018. OCFS looked at creative ways for the committee to provide feedback while keeping busy schedules in mind (conference call or web-based interaction). In 2019 and into 2020, a new web-based method of reaching the Foster Parent Advisory Committee was created in partnership with Adoptive and Foster Families of Maine. This method has increased involvement by the group and provided direct communication with OCFS staff. The Committee identified four key areas to focus its attention initially. Among those areas identified was training and a sub-committee was formed to address this need. The following topics were 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. These topics have been offered in a variety of settings throughout the state since 2017 through 2023:

- Parenting teens/pre-teens 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 is reunified with their birth parents, identify the

different kinds of losses, and how to cope with them, ways to practice self-care related to grief and loss).

- Strategies for resource parents to work effectively with birth parents, caseworkers, and Guardians ad Litem.
- Facilitated Family Team Meetings - What is the foster parent's role?
- Mandated Reporting
- Adoption Process
- Parenting Adopted Children through Childhood Transitions

In 2020, and continuing presently, AFFM provided a large variety of training topics both in person and virtually (after the start of Covid-19) intended to assist families in meeting the required bi-annual training requirements, including:

- ACES
- Adoption & Foster Parent Nutrition
- Adoption Subsidy & Tax Credits
- Adoption: What is Normal?
- AFFM Book Club
- Allegation Prevention
- Art Journaling
- Assessing Attachment: A Look at Attachment Theory and Emotional Coaching
- Be an Askable Parent
- Building Healthy Relationships
- CDS Informational Training
- Challenging Behavior
- DHHS Q & A
- Helping Young People Navigate Relationships in the Time of COVID-19
- In It for the Child
- Kids, Computers, and the Internet
- Kinship Issues Training
- Leadership Training
- Loss, Grief, and Self Care during a Global Pandemic
- Managing Stress and Anxiety in the age of COVID-19
- Mandated Reporter Training
- Online Safety for Tweens/Teens
- Parenting Life Skills
- Period of Purple Crying & Infant Safe Sleep
- Positive Discipline
- Protective Factor
- Q&A with D4 Resource Parent Care Team

- Resource Parent Care Team Informational Training
- Resources for Success
- Reunification, Visitation and Working with the Biological Family
- Safety
- Self-Care for Foster and Kinship Families
- Services for Children in the Time of COVID-19
- Substance Use and Recovery: Understanding the Impacts
- The Miracle is You!
- The Science of Us
- Understanding the Transformative Connections between Trauma and Addiction
- What Every Person Can Do

In addition to the above sessions, AFFM secured online training through Foster Parent College and made it available to all Resource Families. This included new options in 2020 to present for Resource Families that were well received and attended. These items continue to be available through 2023.

Topics provided through Foster Parent College include:

- Anger Outbursts
- Anger Pie
- Caring for Children Who Have Been Sexually Abused
- Child Abuse & Neglect
- Child Development
- Child Safety and Supervision
- Children Entering Care: Mental Health Issues
- Children Entering Care: Physical Health Issues
- Children with Autism
- Cultural Issues in Parenting
- Culturally Competent Parenting
- Eating Disorders
- Family Dynamics in Foster Care
- Fire Play and Fire-setting
- Foster Care to Adoption
- Grief & Loss in the Care System
- House Safety
- It's My Marriage!
- Kinship Care
- Lying (2nd Edition)
- Lying (Advanced Parenting Workshop)

- Non-compliance and Defiance
- Parent-Child Attachment
- Parenting a Child Who Was Substance Exposed
- Positive Parenting (Series 1-3)
- Problematic Sexual Behaviors (Advanced Parenting Workshop)
- Reactive Attachment Disorder
- Reducing Family Stress
- Running Away
- Safe Parenting
- Sleep Problems (2nd Edition)
- Substance-Exposed Infants
- Supporting Normalcy
- The Child Welfare Team
- The Foster Home Investigation Process
- The Impact of Fostering on Birth Children
- The Role of Mandated Child Abuse Reporters
- Trauma-Informed Parenting
- Understanding Behavior in Foster Children
- Understanding Birth Family Relationships
- Understanding Sex Trafficking
- Wetting and Soiling
- Working Together with Primary Families
- Working with Schools
- Escalating Behavior Unwrapped
- Self-Injury (Advanced Parenting Workshop)

Following an initial, in person training in 2016, the PowerPoint presentation of Reasonable and Prudent Parenting Standards became the foundation upon which a webinar training was built that is easily accessible to resource parents online. This webinar can also be used during resource parent support groups or district events/meetings to familiarize resource parents and OCFS staff with the Reasonable and Prudent Parenting Standards.

The OCFS Policy and Training unit has also developed training on appropriate use and installation of child car seats. This one and one-half hour training is available to resource families in various venues throughout the calendar year.

In late 2017 and continuing through 2023, OCFS created a new contracted service called Resource Parent Care Team (RPCT). This service includes liaisons, who are in district offices. The liaison is available to assist resource parents in getting their needs met. A liaison may assist with

paperwork, contacting the caseworker, problem-solving service access or addressing training needs. The RPCT contract also has a clinical in-home component. If a family requests additional support a clinical team is available to provide up to 12 hours of in-home clinical supports (with more hours available if necessary). Both families and staff have reported the RPCT is a successful service and has served many families on a variety of needs. The service went out for RFP in 2022 with new contracts encumbered in 2023.

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 2020-2024 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 2020-2024 CFSP.
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the 2020-2024 CFSP.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders described a waiting list for core services, and major gaps in services in rural areas of the state. Distance, and a lack of transportation, prevent clients from accessing needed services in rural areas. According to stakeholders, the agency relies on clients having access to MaineCare (Medicaid) to receive any services. However, when a child comes into care, the parents lose their eligibility, and are not able to pay for the treatment programs required by their case plans. The agency does not have access to funding to provide for these services, or alternative services available to address long waiting lists.” (*Child and Family Services Report Maine Final Report 2017*)

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

- CradleMe: 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. This program creates a centralized referral process for PHN and home visiting services with the goal to improve timely service delivery and outcomes for families in need of these services.
- Help Me Grow Maine: A free information and referral service available to pregnant parents and families with children through the age of eight. Help Me Grow provides parents, physicians, and community partners all across Maine with resources to make a difference in the lives of Maine Families.
- The State of Maine's Sexual Assault Forensic Nurse Examiner Program provides trainings and educational offerings for providers including SAFE Adult/Adolescent 5 day course, a SAFE Pediatric 3 day course, simulation days, SANE TeleECHO, Experiential Testimony Training, Pediatric Case review, Drop-in Sessions, Stalking, as well as in-service trainings at hospitals and college nursing programs across the state.
- Currently, Maine has 65 actively certified SAFE nurses for adult and adolescent victims and 10 actively certified SAFE nurses for pediatric cases.
- The Violence Prevention Program, housed within OCFS, participated in the expansion of the Children's Advocacy Centers (CAC). There are 8 fully operational CACs throughout the state serving each district, and some with multiple locations. Four of these are accredited and three additional sites are actively pursuing or have recently received accreditation from the National Children's Alliance. The work includes supporting multi-disciplinary teams (MDT) in each of the CACs. The MDT includes law enforcement, the District Attorney, CPS, Safe Nurses, as well as community supports, such as mental health agencies, domestic abuse and violence advocates and sexual assault advocates. In 2022, Maine's CACs interviewed 1,151 children and provided services and supports for 1,316 children statewide.
- In 2016, Maine OCFS was selected as a pilot site to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine launched the mental health component of the training with five Mental Health agencies, as well as several private therapists participating. The goal was

to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018. Unfortunately, due to unforeseen circumstances the goal to fully implement the mental health component of the training did not lead to the decision to mandate it and thus there was only a 10% completion rate. Efforts continue to educate staff and providers using the C.A.S.E. curriculum.

- Under a contract with the Department, 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 resources to support caregivers in their role of caring 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 providing support to increase the resource parent's understanding of the role shared with the Department in promoting timely permanent outcomes for children in care. Additionally, RFSS provides resource parents with a neutral entity with whom they can process their thoughts and feelings surrounding important decisions affecting the lives of children and how they are personally impacted by the experience of caring for children who are in the custody of the Department.
- Family Visitation: This service (provided by trained visit support workers) offers skilled observation and assessment of parent/child(ren)'s interactions, as well as modeling and teaching parenting skills, to ensure a safe environment in which children in the care or custody of DHHS can spend quality time with their parents and other important people in their lives. This service is available statewide. In 2019, OCFS implemented a Family Visitation Pilot program in a rural and urban area that would provide time-limited, intensive coaching services. The goals of this service were to assist parents in identifying and adapting parenting strategies to the needs of their children and develop improved parenting skills and attachment with their children. In 2020, the first year of the Family Visitation Coaching Pilot was completed. The service was extended through June 2021 while OCFS leadership reviewed project outcomes and determined next steps with the contracted provider agency. Funding has been allocated by the legislature to expand Family Visitation Coaching in several districts across the State. A contract was initiated on 4/1/22 with Fair Shake, a visitation pilot program in the Newport area. This program monitors 4 to 5 visits at a time using video cameras at their facility. Staff are available to intervene if necessary. These three different visitation programs are all part of a continuum of visitation services, ranging from intensive in-home coaching to supervised, to monitored.
- Clinical Team Intervention and Assistance for Foster and Kinship Families began offering supportive services to resource and kinship families in the fall of 2017. This contract includes support available during regular business hours from liaisons based in each of the eight OCFS district offices, as well as in-home clinical supports. The support services available to the resource parents are expected to directly impact retention of these families as they navigate the inherent challenges of supporting children who have experienced abuse and neglect.

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 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the agency relies on its staff to individualize services using the services available. However, funding is limited, and therefore the state is not able to address service gaps or use the family’s natural supports and resources to individualize case plans. Providers do not have linguistically appropriate services because often there is not a large demand for this in the state. Stakeholders reported that the state is challenged in providing services appropriate for developmentally challenged children and parents.” (*Child and Family Services Report Maine Final Report 2017*)

Maine’s geography and severe weather can restrict accessibility and public transportation remains limited, or non-existent in some areas of the state. Caseworkers often transport, or arrange for transportation, for case members. Recently OCFS allocated additional funding to transportation services.

OCFS views itself as part of the broader community that partners to assure the families and children in Maine have access to services and supports to meet their needs. The 2020-2024 CFSP supports development of community programs that will be accessible statewide, increased funding in the family visitation program, funding for and development of the Family First Prevention Services Act programming, as well as OCFS participation in community collaborations.

In the 2009 CFSR, Maine demonstrated the ability to individualize services despite limitations attributable to service availability and accessibility. At that time, it was recognized that Maine had implemented 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 individualized services for the families. Another example is the efforts to improve the teaming process with families to develop effective plans that will address each person's unique needs.

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 and cultural brokers. They also work with a family's team to ensure that the family understands information presented and are competent to make decisions.

In 2022, OCFS and other partners on the Maine Justice for Children Task Force (JCTF) formed the Race and Equity Data Collection Sub-committee to develop an understanding of what systems are in place for the sharing of aggregate data in order to inform policy decisions, measure fairness and equity, and provide the courts and partner agencies with data about the people and populations they serve. The JCTF contracted with Public Consulting Group (PCG) who completed research and interviews with partner agency leadership and national experts. PCG completed two reports, which have been shared with task force members. The subcommittee will continue to convene to review the recommendations from the PCG report and develop next steps. These two reports are located on the Maine Child Welfare Citizen Review Panel website, [Annual Reports & Documents | Maine Child Welfare Review Panel \(mecitizenreviewpanels.com\)](https://www.mecitizenreviewpanels.com).

Since the 2009 CFSR, 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 OCFS 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 and Prevention, Intervention and Coordination of Care, Community Partnerships, and Accountability and Information Services. The restructure was functionally implemented in the fall of 2012. In February of 2015, a realignment of the Community Partnership team was implemented to increase fiscal accountability and to increase effective 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 established distinct Child Welfare, Children's Behavioral Health and Early Intervention and Prevention Teams. In 2022, OCFS further restructured the Children's Behavioral Health and Early Intervention and Prevention Teams to become two distinct teams which are the Children's Behavioral Health and the Early Care and Education Teams.

In 2015, OCFS realigned the tasks/scope of work through the creation of a Children's Behavioral Health Services Team, separate and distinct from its former placement within the Child Welfare Team. The Children's Behavioral Health Services (CBHS) Team assists with policy development,

provider engagement, and improvement of all behavioral health services. The Behavioral Health Director works closely with resource coordinators to amend MaineCare policies, increase provider capacity across Maine, and improve the integrity of services. Additionally, the team established measurable performance outcomes for contracted providers.

In 2020, OCFS was awarded a 4-year federal SAMHSA grant to improve behavioral health services available for children and youth in their home and communities. Grant funds are currently being utilized to hire staff in historically underserved counties (Aroostook, Penobscot, and Piscataquis) with the plan to expand the program incrementally over 4 years to serve the entire state. The primary areas of focus: Family and Youth Engagement, Clinical Coordination, QA and QI oversight, Increased focus on evidenced based practices (EBP), workforce development, and creation of a permanent infrastructure to ensure long term impact.

Child Welfare and Children’s Behavioral Health Services have been working in conjunction in the implementation of the Family First Prevention Services Act Plan. Utilizing survey data collected in the spring, national FFPSA resources, the Title IV-E Clearinghouse, EBP Stakeholder Convening and meetings with other state and community partners (including the Maine CDC, Maine General Health, Public Health Nursing) a draft service array has been created to show programs that will be implemented as part of the Family First Prevention Services Act. This plan includes the expansion of the Parents as Teachers Program, the implementation of the Homebuilders Family Preservation and Reunification Program, and the expansion of existing Maine Care Covered EBP (Triple P, Incredible Years, and Parent Child Interaction Therapy). OCFS has hired a Youth Substance Youth Disorder Specialist to map system gaps for youth in need of treatment. The Youth SUD Specialist is also leading OCFS in applying for a federal SAMHSA grant to expand evidence-based youth SUD treatment in Maine. Additionally, OCFS is working with the Office of MaineCare Services to assess what reimbursement rate is needed in order for children’s residential services providers to provide high quality care.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to 2020-2024 CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the 2020-2024 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 2020-2024 CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the 2020-2024 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 2020-2024 CFSP.

State Response:

This item was assigned a rating of strength in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the agency partners with stakeholders in the development of the CFSP and the APSR. Stakeholders generally agreed that the agency shares information and uses stakeholder input to develop CFSP/APSR goals with strategies, and to assist the agency in implementing those strategies. Stakeholders said that the agency’s engagement with Tribal stakeholders was very positive and could be used as a model for other states.” (*Child and Family Services Report Maine Final Report 2017*)

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:

Collaboration

Adoptive & Foster Families of Maine (AFFM): This agency administers Resource Family Support Services (RFSS) that provide resource parents (kinship, foster, adoptive, and permanency guardianship resource parents) with an array of services to support them in their role of caregiver for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver’s skills as a resource parent and 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 the children placed in their homes. 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. In addition to these services, AFFM also provides services and supports to informal kinship families.

Maine Child Welfare Advisory Panel (MCWAP): MCWAP is a federally mandated group of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective and child welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and the Children’s Justice Act (CJA). This multidisciplinary panel was formed in 2015 with the following mission: “The mission of MCWAP is to assure that the state system is meeting the safety,

permanency and well-being of children and families through assessment, research, advocacy, and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth, and families.” The members of this group were formerly part of two separate groups, the Child Welfare Steering Committee and Maine’s Citizen Review Panel. Given the overlap in the roles and responsibilities, a decision was made in 2015 to combine the work of these two groups into a single cohesive group.

Members of MCWAP are volunteers who represent both public and private agencies with an interest in the welfare of Maine’s children. MCWAP has been focused primarily on advising OCFS on matters related to the investigation of child safety, ongoing service delivery to families and providing feedback regarding OCFS’ strategic priorities and the Child and Family Services Review (CFSR) process, including the Program Improvement Plan. These activities support the goals of the OCFS Strategic Plan.

The Maine Child Welfare Advisory Panel (MCWAP) convenes ten meetings per year, from September through June. Given the status of the COVID-19 Pandemic in 2022, the monthly MCWAP meetings continued to be held virtually. At each meeting, OCFS provides an update, panel business is discussed as a large group, and subcommittees meet to work on selected topics and then report out to the larger group. Most subcommittees also schedule meetings outside of the monthly MCWAP meeting. In 2022, the Panel held nine meetings, including an extended planning retreat in September. One meeting was cancelled due to a state office closure because of inclement weather. In 2022, the primary focus areas were 1) a study of OCFS’ parent information practices; 2) a review of lived experience data collection; 3) clarification of the oversight role of MCWAP; and 4) improving process for citizen input, policy review and measuring progress.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2022 Annual Report is attached as Exhibit A.

Maine Children’s Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils. Prevention Councils promote and deliver evidence-based/informed family strengthening programs, including, but not limited to public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each Prevention Council conducts an annual Community Needs Assessment within its coverage area and uses the information gathered to develop a plan for prevention programming targeted to address the identified needs. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the Prevention Councils and their communities. Key areas addressed previously include mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete

support in times of need, and social and emotional competence. Work of the Prevention Councils has continued through the pandemic with meetings held virtually.

Maine Child Death and Serious Injury Review Panel (CDSIRP): This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries to children, with a focus on improving the state systems related to child safety and care. The mission of the Child Death and Serious Injury Review Panel is to provide multidisciplinary, comprehensive case review of child fatalities and serious injuries for the purpose of promoting prevention, improving present systems, and fostering education to both professionals and the general public. Furthermore, the panel strives to collect facts, develop opinions, and articulate those opinions in a fashion that promotes system change. Finally, the Panel serves as one of the Department of Health and Human Services' required task forces pursuant to the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

The CDSIRP follows a review protocol to meet the purpose defined within the CDSIRP's governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies, and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

The CDSIRP meets monthly to review cases; evaluate sentinel events and patterns of injury and/or death; and analyze the effectiveness of state programs that provide for child protection, safety, and care. The CDSIRP's goal is to help reduce the number of preventable child fatalities and serious injuries in the state, accomplishing this by comprehensively reviewing cases, summarizing findings, and making recommendations for changes to the current system with the goal of increasing protection, safety, and care for Maine's children. The members of the CDSIRP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. Through the commitment of the Panel's members, the Panel has been able to build a collaborative network to foster teamwork, and to share the CDSIRP's recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all New England states to share experiences and information, and review cases that involve services from more than one state, or which represent a challenge that all States are trying to address. Each month, CDSIRP reviews the child fatalities, serious injuries, and ingestions reported to OCFS in the prior month. In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: motor vehicle accidents, gunshot wounds, failure to thrive, and abusive head trauma. The CDSIRP has participated in dual case reviews with Maine's Domestic Abuse Homicide Review Panel whenever a case touches on both Panel's statutorily

mandated subject areas. Moreover, at several points throughout the year, the Panel hosted guests from various disciplines to present on certain topics relevant to the Panel. In 2022, the panel conducted five in depth Level 3 case reviews in addition to completing Level 1 summary reviews of all child fatalities and serious injuries reported to OCFS from previous months. The panel invited presenters to discuss pediatric ingestions and poisonings and implementation of the Maine Safety Science Model.

The Maine Child Death and Serious Injury Review Panel 2022 Annual Report and the OCFS response is attached as Exhibit B. <https://www.mecitizenreviewpanels.com/child-death-and-serious-injury-review-panel/>

Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector providers working together at the local and state levels to increase resources and opportunities for youth in foster care. MYTC strives to improve outcomes for youth transitioning from foster care to adulthood. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for youth transitioning from foster care.

The MYTC hosts Regional Learning Exchanges to support “front-line” staff from various public and community-based agencies to meet each other, receive joint training, and to encourage planning for future collaboration to create a system of support addressing the comprehensive transition needs of youth with a focus on race equity and LGBTQ+ issues for youth in foster care as well as those involved in other systems such as those experiencing homelessness, and those with juvenile justice involvement.

Youth Leadership Advisory Team (YLAT): Administered through a contract with University of Southern Maine, University of Maine, Catherine Cutler Institute, 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. YLAT offers low barrier youth leadership opportunities across the state through monthly YLAT meetings and the annual Teen Conference.

Youth 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 on foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care.

Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT 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.

Throughout the Pandemic, YLAT meetings and the annual teen conference occurred through a combination of virtual platforms and in-person meetings during warmer weather. In 2022, the annual teen conference occurred in person.

Foster Family-Based Treatment Association (FFTA) - Maine Chapter: This Association is comprised 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 and to build statewide consistency in expectations. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care. More recently, members of the Executive Management Team have begun meeting with representatives of this group to discuss the current utilization of treatment foster care resources as well as best practices for the Level of Care (LOC) process that assigns therapeutic designation to children and youth with needs beyond the average scope of children in care.

Alternative Response Program (ARP): This group was comprised of OCFS staff and providers of ARP services statewide. In 2017, this group began meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work was to prevent a higher level of child welfare intervention for these families. Using data, the group reviewed outcomes to include engagement with families, initial contact with alleged child victims within 72 hours of approval of an appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts included building statewide consistency in service delivery and reporting, as well as collectively defining systemic gaps for families, and developing strategies to meet identified needs most effectively. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

OCFS has decided to pivot to research and implement evidence-based prevention program services, given the new expectations that prevention efforts must be evidence-based and approved by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports the Alternative Response Program as a supported or well-supported evidence-based service. Given this, OCFS discontinued the contracts for these services, effective June 30, 2022. OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services.

Community Partnership for Protecting Children (CPPC):

As part of implementing the federal Family First Prevention Services Act (FFPSA), OCFS has pivoted to supporting and implementing evidence-based prevention program services, as approved

by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports CPPC as a supported or well-supported evidence-based service.

As a result of this, OCFS discontinued the contracts for Community Partnerships for Protecting Children (CPPC) Program, effective June 30, 2020, when the contracts ended.

OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services. With that in mind, the Department conducted a pilot project focused on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*. The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system.

Parent Partner Pilot Program:

OCFS contracted with The Opportunity Alliance (TOA) to complete a one-year Parent Partner Pilot Program. The purpose of the program was to provide Parent Partner support to eligible families in York and Cumberland Counties. These families were involved with, or at risk of child protective involvement. The program sought to reduce family involvement with Child Protective Services, improve permanency outcomes, and reduce repeated substantiations and child removals within TOA's service area.

While the Parent Partner Pilot Program continued to support the service needs of parents, OCFS conducted an internal evaluation of the service in collaboration with The Opportunity Alliance. As part of this evaluation, OCFS included a "return on investment" component to ascertain the long-term sustainability of the program by evaluating both family outcomes and cost per family served. Based on the results, a decision was made to discontinue this service at the end of the contract period (June 30, 2021), yet to continue to identify opportunities to include family voice in the work of OCFS.

The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system. In partnership with the Catherine Cutler Institute at the University of Southern Maine, OCFS has established two Family Engagement Specialist Positions, one mother and one father and a pool of Family Engagement Consultants. These Family Engagement Specialists have lived experience with the child welfare system and are members of the team that works at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs. These two positions will help build a larger network of participants with lived experience and will also participate on the Maine Child Welfare Advisory Panel. The consultants also provide support in these areas of system change.

Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been in existence since 1999. Originally, the workgroup consisted of OCFS staff, Indian Child Welfare staff, as well as staff from the University of Southern Maine, Catherine Cutler Institute. In addition to these three

areas of representation, the workgroup currently includes representatives from the Office of the Attorney General, the Family Division of the Courts, a representative from Wabanaki Health and Wellness, and a former youth in tribal care. The role of this group is to provide a forum for collaboration between State and Indian Child Welfare programs. Topics of discussion include, but are not limited to, co-case management of ICWA cases from intake through permanency, identifying areas of concern regarding the handling of ICWA cases within OCFS or the court system, any updates, or changes to OCFS policy and/or practice, areas in which to build relationships and strengthen collaboration, resource sharing and development, training for staff, and recruitment and training of Qualified Expert Witnesses. The ICWA Workgroup takes the lead in developing many of the partnership projects between the State and the Tribes to enhance understanding of the law, as well as tribal culture.

ICWA Workgroup meetings continued to be in the virtual format until the last meeting of 2022, which was in person. Moving forward meetings will be offered in a hybrid format to ensure the greatest participation possible as, geographically, Maine is a large state and travel time can be a challenge. The ICWA Workgroup is also currently working on finalizing the updated OCFS Indian Child Welfare Act policy, implementing a standardized inquiry letter/form, continued recruitment and training for Qualified Expert Witnesses; increasing the 3 ½ hour training to a full day training, providing education to the Probate Court to ensure that ICWA is followed in guardianship cases that do not have child welfare involvement, working in a technical assistance/education capacity for legislation to enact a Maine Indian Child Welfare Act, continued strengthening of co-case management, and continued partnership with the court system to ensure Guardians ad Litem and attorneys understand ICWA and how OCFS partners with the Tribes.

Maine Judicial Branch (MJB)/OCFS/AAG Collaborative - OCFS and members of the Court Improvement Project (CIP) meet on a quarterly basis to discuss progress and barriers to the PIP and the CIP. Representatives from the MJB participate in regularly scheduled meetings with the Children's Bureau and OCFS to discuss progress on Maine's PIP and CFSR measurements

Families First Prevention Services Act (FFPSA):

On February 1, 2021, the Office of Child and Family Services (OCFS) FFPSA Maine State Prevention Plan was submitted to the Administration for Children and Families (ACF) with the plan approved on September 15, 2021. OCFS submitted an amendment to this plan on September 26, 2022 with that [Amended Plan](#) being approved on January 3, 2023.

Prevention Services:

- *State Plan Amendment:* OCFS submitted an amendment to the original State Prevention Plan after recognizing that the Homebuilders Program will be supporting families immediately upon investigation when the imminence of entry into foster care is the greatest. With the approval of the State Plan, OCFS will utilize Safety Plans as an additional

“Prevention Plan” to outline services with families under Family First. This amendment allows OCFS to serve more families earlier in the child welfare intervention process to prevent removal from the home.

- *Service Delivery:*

- Parents as Teachers Expansion: Maine’s Family First Prevention Services State Plan includes an expansion of the Parents as Teachers model (implemented by the Maine Families Home Visiting program) to serve more families engaged in child welfare services to prevent removal from the home. OCFS has continued to work through implementation in collaboration with the Maine Center for Disease Control and Prevention, the Maine Children’s Trust and the Local Implementation Agencies which has included monthly and sometimes bi-weekly meetings. Over the past several months, planning and implementation activities that have occurred include, but is not limited to:
 - Securing the annual contract with providers which turned implementation from 5 select sites to statewide,
 - Updating the [CradleMe referral form](#),
 - Refining a one pager information sheet for OCFS staff on how to make referrals to the PAT expansion project,
 - Creating a one pager information sheet for families to educate on the Family First aspect of the Maine Families Home Visiting Program,
 - Training OCFS District offices on the program and how to make referrals,
 - Training of Local Implementation Agencies on the Homebuilders program.
- Homebuilders Family Preservation and Reunification Program: In January 2022, Bethany Christian Services of New England (BCSNE) was selected as the provider for the implementation of the Homebuilders program in Maine through the competitive bidding process. This is a new service for Maine so setting up the service including workspace, management staff, and the like has been the focus of the first half of 2022. The contract for this service was fully encumbered in early June 2022, with the first referral to the program being made on August 8, 2022.
 - OCFS had weekly meetings with BCSNE to work on contract development and implementation of 8 teams to serve the entire state of Maine. OCFS continued to work on implementation planning in a parallel process while waiting for the contract to be encumbered.
 - As of March 31, 2023, 5 of 8 OCFS district offices have been trained in the Homebuilders program and 4 of them are currently making referrals. The delay in getting teams built have been the result of the slow progression of hiring due to a limited number of applications for the specialists and supervisor positions. The provider is implementing increased recruitment strategies to address this challenge.

- Other Services: In collaboration with the Children’s Behavioral Health Program under OCFS, there has been continued efforts to examine opportunities to bring forth other evidenced based practices that can possibly be implemented under Family First. The Family First Program Manager has attended several collaboration and planning sessions to discuss programming opportunities.
- *Data Collection and Evaluation:*
 - Data: In January 2022, Maine’s new child welfare information system, also known as “Katahdin”, went live. This brought about some changes to how data is collected and documented that also impacts Family First. OCFS has worked through several aspects of the system to ensure that data is collected on Family First cases and can be collated for purposes of federal reporting requirements. Information on data entry has been provided to staff in the form of training and fact sheets. Cases whereby referrals have been made to Family First Prevention Services are being reviewed by the OCFS Family First Program Manager to ensure data is being entered timely and accurately.
 - Evaluation: Through the competitive bidding process, OCFS secured a contract with Public Consulting Group (PCG) to conduct process and outcome evaluation of Family First Prevention Services in Maine.
 - Bi-weekly meetings have been established for evaluation planning and implementation.
 - The first bi-annual evaluation report is being drafted with data collected to date on service delivery.
 - Through several meetings, collaboration with the Maternal Infant Early Childhood Home Visiting (MIECHV) program in Maine has occurred to ensure that there is not duplication of data collection or evaluation of the Parents as Teachers Program.

Other Resources for Prevention:

- Services Trainings: In June 2022 and November 2022, three (3) regional trainings for OCFS child welfare staff on “Services and Supports for Maine Families” were conducted. In partnership with the OCFS training and policy team, these trainings were part of OCFS’ efforts to continue to educate staff on the primary, secondary, and tertiary prevention services and supports available to Maine families going beyond what Title IV-E is funding. Local community providers as well as some statewide programs presented directly to OCFS staff on resources, referral protocols, etc. Following these trainings, staff also received a resource sheet of all presenters/programs for their region. In the reverse, in the spring of 2022, OCFS provided training for service providers on working with families receiving services from child welfare.

- Family Services Resource Guide: In Maine’s State Prevention Plan, OCFS announced a goal to increase knowledge of other services and supports that might be available to families. Maine committed to developing an online resource guide for staff and in April 2022, this online resource guide known as Access Maine (www.AccessMaine.org), went live and was made available to the public, not just OCFS staff. Analytic data on the tool has been reviewed monthly and demonstrates consistent and ongoing utilization of this resource. To share how to use Access Maine and Maine’s 211 System, a [fact sheet](#) was created along with a [recorded webinar](#) for OCFS staff and the public.

Small Scale Gap Analysis: Another strategy in Maine’s State Prevention Plan was to conduct a small-scale gap analysis on existing resources and gaps in Maine’s service array for families. In 2022 and 2023, OCFS continued to work with Chapin Hall on this analysis related to the needs and availability of services for families living in Maine. A significant amount of data collection has taken place to date utilizing the 211 Maine call system data to identify needs and communities of need. Additional data is being collected to expand this analysis to examine social determinants of health such as poverty, housing, and the like. Casey Family Services is continuing to fund Chapin Hall to provide this assistance to OCFS in 2023 which will help OCFS to examine additional data sets and assist with primary and secondary prevention strategic planning.

Other Prevention Program Updates:

- Communication and training with staff on Family First Implementation has continued through:
 - Family First Friday Updates that are disseminated the first Friday of every month to the District Management Team who then disseminates it out to staff.
 - District specific trainings on Family First implementation related to prevention programming but also Children’s Residential Care Facility (CRCF) Services.
 - OCFS Town Hall calls and Senior Management meetings.
- Stakeholder Engagement continues occur through various workgroups:
 - Behavioral Health and Supportive Services (BH/SS) Workforce Committee: This committee has been meeting for the past year to develop recommendations to address the BH/SS workforce issues in Maine. The group completed a recommendations chart that was distributed to the DHHS Commissioner’s Office. The future goals of the group are still being established.
 - Family First Implementation Workgroup: This stakeholder group meets every 6 weeks and is briefed on Family First updates and provides implementation input.
- In-State and Cross State Collaboration: OCFS continues to facilitate the State Agency Partnership for Prevention which was created under the Family First Prevention Services initiative. This group has been instrumental in the sharing of resources and information on primary, secondary, and tertiary prevention. OCFS also continues to meet with other

New England states to share implementation successes and challenges. It has been beneficial to learn from other states and share resources Maine has created. Maine also participates in the monthly Casey Learning Collaborative calls.

- *Diverse Populations:* OCFS has conducted outreach with invitations for the with the Immigrant/New Mainer communities and Tribal communities to be involved in trainings for OCFS staff (Services and Supports for Families in Maine). They have been at the table for those trainings and there has been tribal representation on stakeholder workgroups. OCFS has also done targeted outreach for project specific input (such as the Resource Guide.)
- *Engagement in Primary and Secondary Prevention Planning:* In February 2023, the OCFS Family First Program Manager began engagement with the Maine Child Welfare Action Network and DHHS Commissioners Office to develop a statewide Child Safety and Family Well-Being plan to address primary and secondary prevention of child abuse and neglect in Maine. This plan will align with Maine’s Family First State Prevention plan and will encompass the theme of strengthening families as a child abuse prevention strategy.

Children’s Residential Care Facility (CRCF) Services:

- OCFS’s Child Welfare, Children’s Behavioral Health, and Children’s Licensing and Investigation teams in collaboration with the Office of MaineCare Services worked diligently over the past year to implement the Family First Qualified Residential Treatment Program (QRTP) standards that were inserted into the MaineCare and Children’s Residential Care Facility Services Licensing rules in 2021, making these QRTP standards a requirement for all Children’s Residential Care Facilities (CRCF) in Maine.
- Monthly meetings with the 10 CRCF providers in Maine have occurred to discuss implementation successes and needs.
- OCFS has met monthly with KEPRO, MaineCare, and Licensing to ensure that implementation is supported, and any barriers are addressed immediately.
- In 2021, State legislation and new rules were passed to set process standards associated with the required Judicial Review of child welfare youth admissions into a CRCF.
 - In 2022 educational presentations on the QRTP/CRCF requirements (including those related to the Judicial Review) were provided to:
 - The Assistant Attorney Generals
 - Juvenile Court Corrections Officers (JCCO’s)
 - OCFS Staff
 - A one pager fact sheet on the Judicial Review requirements for OCFS staff that was created in 2021 has been disseminated to staff through update emails and presentations.
- Throughout the planning process, stakeholders and OCFS staff were engaged in the development of tools and resources to assist with implementation of the new

rules/standards. In 2022/23, the following resources have been updated and/or disseminated:

- An OCFS Staff Toolkit including instructional forms, flow charts, training materials, and a OCFS Children’s Residential Care Facility Services Staff Guide.
- A [CRCF Provider Guide](#) was created along with associated forms for documenting the new Aftercare requirements.
- OCFS staff and CRCF Provider webinars were held and recorded in December 2021, at which time education was provided on the new MaineCare rules and other procedures relative to the new CRCF requirements.
- Beginning in 2020, with the help of the Family First Transition Grant, CRCF providers were given an opportunity to request reimbursement for costs associated with meeting the new fingerprint based criminal background check and accreditation requirements. To date, all CRCF staff have undergone the fingerprinting process and all programs have completed the accreditation process.
- A Trauma Informed Care Committee has assisted OCFS with planning for the rollout of the Trauma Informed Organizational Assessment (TIOA). This is a new requirement for CRCF Providers to meet FFPSA requirements. The group assisted OCFS with selecting the National Child Traumatic Stress Network (NCTSN) TIOA tool which rolled out in 2022 with CRCF providers.
- In collaboration with MaineCare, an Aftercare Support Services webinar was held on 5/10/22 to educate providers and staff on this new service as part of FFPSA. An [FAQ and Informational Sheet](#) were created to help educate on this new service requirement for CRCF providers.
- OCFS was accepted to present at the National Child Welfare League of America Conference in April 2023, on the implementation of QRTP in Maine.

Family First Prevention Services ACT Transition Grant Funds: Maine continues to expend the Family First Transition Grant as outlined in the chart below.

What is/was funded	Explanation	Updates
Residential Treatment Programs Readiness and Capacity Building	<ul style="list-style-type: none"> ● Provided funding for accreditation fees to CRCF’s that are not currently accredited as well as those up for re-accreditation. ● Provided financial assistance to CRCFs to complete the fingerprint requirement (One time/one year) ● One limited period (2 year) position (ID Specialist) was funded to process background checks. 	<p>All CRCF providers have undergone the fingerprinting process.</p> <p>All CRCF providers are now accredited.</p>

Parents as Teachers training support	Training for staff for the 0-5 program. One time funding.	Partial implementation. After additional hiring more funds will be used for training.
Homebuilders	Evidenced Based Program training for implementation staff and annual allocation to assist with implementation.	Partial implementation.

Item 32: Coordination of 2020-2024 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 2020-2024 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 2020-2024 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 2017 CFSR. “Information in the statewide assessment and confirmed during interviews with stakeholders verified the various agreements and Memoranda of Understanding (MOU) the agency has with other state agencies that receive federal funding. Agency senior managers meet with, or participate in workgroups with agencies, such as Temporary Assistance for Needy Families, Head Start, Child Welfare Substance Abuse Committee, and Maine’s Children’s Trust Fund. The MOUs and the agency senior managers’ participation in these workgroups have resulted in prioritization and better coordination of services for agency clients.” (*Child and Family Services Report Maine Final Report 2017*)

Since 2009, Maine has continued to coordinate with other federal or federally assisted programs. In March of 2012, a new organizational structure was announced within OCFS 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 and Prevention, Intervention and Coordination of Care, Community Partnerships, and Accountability and Information Services. The restructure was functionally implemented in the fall of 2012. In February of 2015, a realignment of the Community Partnership team was implemented to increase fiscal accountability and to increase effective 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 established distinct Child Welfare, Children’s Behavioral Health and Early Intervention and Prevention Teams. In 2022, OCFS further restructured the Children’s Behavioral Health and Early

Intervention and Prevention Teams to become two distinct teams which are the Children's Behavioral Health and the Early Care and Education Teams.

The Children's Behavioral Health Services Team assists with policy development, provider engagement, and improvement of all behavioral health services. The Behavioral Health Director works closely with resource coordinators to amend MaineCare policies, increase provider capacity across Maine, and improve the integrity of services. Additionally, the team has established measurable performance outcomes for contracted providers.

The Finance Team provides management of the financial resources of OCFS. This includes contracting, financial analysis and management of accounts, appropriations, and allocations. OCFS has increased clarity regarding the role of quality oversight of services and that of financial coordination.

KEPRO continues to be awarded the contract to provide Maine's Behavioral Health Utilization Management System for services currently purchased through the State's Office of MaineCare Services and administered by the Children's Behavioral Health Services Team.

As the Maine Administrative Service Organization (ASO), KEPRO 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 of services for children who are in foster care, as well as those who are not.

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

- Department of Corrections
- Office of Aging and Disability Services
- Public Health Nursing Program
- Department of Education
- Penobscot Indian Nation
- Houlton Band 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

- Catherine Cutler Institute, University of Southern Maine
- Maine Center for Disease Control
- Office of Behavioral Health Services
- Maine Coalition Against Sexual Assault
- Maine Families Home Visiting Services
- Child Advocacy Centers

Examples of coordination of other federal programs include:

- **MaineCare Services:** Current health information and family health history is tracked in Katahdin. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information with MaineCare’s MIHMS system. OCFS currently has access to Maine's Electronic Immunization Information system (Immpact) for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Immpact system. OCFS will continue to work with MaineCare towards the establishment of an electronic health record system for all youth in care to improve access to medical record information.
- In 2016, Maine OCFS was selected as a pilot site to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine launched the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal was to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018. Unfortunately, due to unforeseen circumstances the goal to fully implement the mental health component of the training did not lead to the decision to mandate it and thus there was only a 10% completion rate. Efforts continue to educate staff and providers using the C.A.S.E. curriculum.

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 childcare 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 childcare institutions receiving title IV-B or IV-E funds.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment and confirmed during interviews with stakeholders showed that standards are applied equally across the state. Licensing supervisors meet monthly, and discuss the application of standards, and uses waivers to ensure consistency across the state.” (*Child and Family Services Report Maine Final Report 2017*)

Kinship and non-kinship families are required to meet the same licensing standards and Maine utilizes waivers for non-safety related items to reduce barriers for families who meet the definition of kinship providers. OCFS adopted the National Training and Development Curriculum (NTDC) preservice curriculum for Resource Families in January of 2021. All families, including kinship providers complete the same curriculum. As of January 2023, 1,918 families have completed the training with 62% of trainees identified as kinship homes.

At this time, trainings are provided in an online virtual format, in person format and a hybrid model to meet the needs of prospective resource families. The Resource Family Licensing Standards are in the process of being reviewed. The latest revision reflects a commitment to the changing demographic of increased numbers of kinship placements and the commitment to provide more succinct policy guidance that aligns with federal standards. The Office of Child and Family Services continues to educate and promote the reasonable and prudent parenting standard that supports resource parents exercising reasonable judgement in supporting and promoting normative experiences for children in their care. The information related to reasonable and prudent parenting standards in the Resource Family Licensing Standards policy is as follows:

Reasonable and Prudent Parenting

The 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 may participate in extracurricular, enrichment, and social activities. These decisions will be based upon ensuring a child's safety, while also ensuring the child can participate in normal childhood

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

Foster Home Licensing: The foster homes, adoptive homes, and institutions in Maine are regulated by statute, licensing rules, and agency 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 Department 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 the 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 barriers, such as submitting a new application or completing additional background checks when one chooses to provide a different service type. As of 12/31/2022, there were 1,760 active, licensed homes statewide.

In 2016, components of foster home licensing were transferred to the Department's Division of Environmental and Community Health (DECH). This new model, called the Shared Oversight Model of foster home licensing, was implemented to allow for regulatory licensing decisions to be separated from child placement decisions. Under the new model, DECH managed all regulatory portions of foster home licensing while OCFS staff continued to deliver informational meetings, introductory and ongoing training, and the completion of the home study report. Final licensing decisions were made by DECH in collaboration with OCFS.

In October of 2018, it was recognized that the Shared Oversight Model of licensing was not working as had been hoped. Licensing decisions were delayed and complicated due to the two offices sharing the responsibility. On 11/1/2018, foster home licensing reverted to a single manager with all decisions made by OCFS. This has served to ease confusion for foster parents, agencies, and staff. Resource supervisors once again make all decisions related to foster home licensing.

The Resource Home Licensing policy was updated on 2/22/23 and describes the inquiry, informational, application, and home study components of the licensing process. These standards include requirements related to age, health/functioning, background checks (including criminal history) and physical plant (including a safety inspection and water test) and procedures for guiding families through the licensing process.

In late 2019, there was a change in Maine state law intended to remove barriers, increase the pool of resource families, and ease the process to become licensed as a resource family. The new law shifted the responsibility for the pre-licensing and bi-annual licensing "fire inspections" completed by the state Fire Marshall's office to OCFS staff. The new inspection is called a "Safety

Inspection” and addresses common safety issues such as smoke detectors, egress, home safety, heating safety and other common concerns often noted. A checklist was created for OCFS staff to use when conducting safety inspections and all licensing staff were trained on the new procedure. Licensing staff use a Plan of Correction with the family when there is an item that needs to be addressed. This new procedure has streamlined the licensing process as the inspection can be completed while OCFS staff are already in the home completing home studies. This shift went smoothly and there have been few challenges with this new procedure. The safety inspection is completed on all new applicant homes and with every renewal. The Resource Program Manager is often consulted in situations to ensure that standards are applied consistently.

The home study includes a review of various life domains, including the applicant’s life experiences, family relationships, support systems, family beliefs, and values. It also includes an assessment of the applicant’s ability to safely parent and meet the needs of children served by OCFS, as well as the applicant’s ability to collaborate as a team partner with OCFS, and service providers. The OCFS Resource Parent Program Manager is collaborating with external partners to provide a home study development “refresher” training for all resource staff in the summer of 2023. This training is designed to support staff in maintaining consistent quality home/family assessments and to ensure studies are effective tools that support activities such as placement matching.

Foster, adoptive and kinship providers are required to attend an initial 24-hour Resource Family Introductory Training (RFIT) and to participate in ongoing training as a condition of license renewal. In early 2021, OCFS adopted the NTDC Curriculum and provides it to all applied families in partnership with contracted agencies. Resource family licenses are issued for a two-year term.

While Maine does not have any specific quantitative or qualitative data related to standards being applied equally, if a home is licensed, then the license itself is evidence that the home met standards. The Department grants waivers for non-safety standards for kinship homes when safe and appropriate. DHHS does not grant waivers for basic safety standards. These basic safety standards include the need for a home to pass a satisfactory safety 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 there is no concern regarding child safety. The DHHS process of licensing approval ensures that no individual with a disqualifying type of felony conviction is approved for licensure.

Waivers are documented in the OCFS Katahdin system in the Resource Parent Record that can be accessed from the Person Record. Previous records entered in the MACWIS system were also converted to the new system and MACWIS remains available in a read-only format to ensure

comprehensive access to safety/licensing information. Due to the regulatory nature of the licensing process, OCFS regards every licensed home as meeting uniform standards.

Beginning in March 2020, OCFS Resource Family Home Licensing was impacted by Covid-19. OCFS continued to complete in person Home Safety Inspections, but home study interviews were often completed over a virtual audio/visual meeting to ensure family and staff safety. In the summer of 2021, in person interviews were again conducted in person while adhering to all safety protocols.

Resource Unit Supervisors meet as a group monthly with Program Administrators, Assistant Program Administrators, and the Resource Parent Program Manager, to ensure 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 licensing standards.

As of 12/31/2022, there were 1,760 active, licensed homes statewide.

Licenses issued in 2022:

District	Initial	Renewal	Temporary	Grand Total
01 York District	54	59		111
02 Cumberland District	102	104		202
03 Western Maine District	89	97		180
04 Mid Coast District	37	37		74
05 Central Maine District	90	90		178
06 Penquis District	113	89	1	199
07 Downeast District	38	40	2	79
08 Aroostook District	44	36		79
09 Central Office		1		1
Grand Total	568	553	3	1103

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:

The June 2016 Title IV-E Foster Care Eligibility Primary Review found that OCFS follows 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 works with state police to ensure criminal background checks are completed and processed timely”.

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the state completes background checks that include federal requirements, on a timely basis. There is no coordinated case planning process to address safety issues when an incident is discovered through a background check. However, when an incident is discovered through a background check, the agency does, on a case-by-case basis, address the issue. Stakeholders raised no concerns about safety issues.” (*Child and Family Services Report Maine Final Report 2017*)

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 (SBI) criminal background checks, Bureau of Motor Vehicle background checks, Sex Offender Registry check and OCFS Child Protective Services background checks in the current and former databases. If the applicant has resided out of state in the past five years, then out of state child abuse registries for all household members above age 18 are also checked. For a resource family license to be approved, the home study, and supporting documentation must verify that the federally required background checks were completed. Additionally, each office stores original criminal background check results in locked cabinets.

In 2017 and continuing presently, OCFS trained all Resource Unit and Financial Resource Specialist Unit staff who are required to have access to fingerprint-based background checks with a new revised and Maine SBI approved online training to ensure that these staff are aware of security measures required by the FBI CJIS Division. The training completions are monitored by a Maine State Police liaison.

In 2019, OCFS participated in a federal audit of the state's management of CJIS data. The audit found no deficiencies

In January of 2023, OCFS implemented a digital process for obtaining and storing Adam Walsh Act/federal fingerprint results. This process increases security by limiting the staff who handle/manage federal fingerprint checks. Additionally, staff in the Background Check Unit store the original results digitally, utilizing the MAPNET system. Once the background check is completed by the Background Check Unit, Community Care Workers receive a template/letter indicating that the individual screened does or does not have a criminal history in a state other than Maine. Original results of the federal checks are not disseminated to staff outside the BCU.

DHHS policy for Relative Placement and Kinship Care, including fictive kin, requires completion of a kinship assessment which includes in-state criminal background checks and OCFS CPS background checks be initiated prior to placement of any child in a home that has not yet been licensed. This assessment determines the safety of the home, as well as safety and capacity of the caregiver.

Resource Unit staff often complete kinship assessments, but many times caseworkers, who are not as familiar with the details of licensing rules will complete a kinship assessment afterhours and on weekends. It is the expectation that the Resource Unit Supervisor is consulted and approves these placements in an effort to reduce placements in kinship homes that would be unable to be licensed. The Resource Parent Program Manager is often consulted in situations where there is complex history to ensure that standards are applied consistently.

Some of these factors may include insufficient space in the caregiver's home, inability to pass a safety inspection, or past criminal or child welfare history which has not been satisfactorily resolved to ensure confidence in the caregiver's capacity to provide safety to the child. The 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 OCFS continues to improve practice in this area and document the rules and regulations for the licensure of kinship resources. Maine will further differentiate between safety items and other areas of licensing that can be waived for kinship families to reduce barriers to kinship placement.

OCFS policy requires that 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.

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:

During 2010-2014, there was a cultural shift in the ways 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 community members as instrumental in providing education about the need for resource families willing and interested in meeting a youth's developmental and cultural needs.

For a period of time, the Department collaborated with Casey Family Programs to 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 connection to their biological family, community, and cultural heritage.

During the summer of 2015, OCFS initiated a new contracted service focused upon recruitment of foster families to provide temporary care to children in foster care, as well as recruitment of adoptive homes for children in care awaiting an 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 had identified a target need. A mutual decision was made to terminate the contract after the first year of service.

OCFS contracted with another agency, Spurwink, doing business as A Family for Me to provide this service, which began its work in November 2016. The contract includes specific outcomes for recruitment of new families in each district, as well as statewide, and includes the following:

- Track unique inquiries.
- Track those who attend informational meetings.
- Track those who apply and eventually become licensed providers; and
- The contract agency is to create a diligent recruitment plan with approval from OCFS management that is updated quarterly to reflect changes in recruitment needs and populations.

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not presently have a statewide recruitment plan. The state has contracted with an agency to recruit foster and adoptive resource families and has provided the agency with demographic data.” (*Child and Family Services Report Maine Final Report 2017*)

Beginning in 2021, the contracted recruitment service developed and updated a diligent recruitment plan based on a nationally recognized template requiring quantitative data points to track the efficacy of recruitment efforts across a variety of targeted populations. This plan accounts for the disproportionate rate of children entering care from families identified as immigrants, refugees, and asylum seekers, as well as families who self-identify as having more than one race and young people who identify as members of the LGBTQ+ community. OCFS and the contracted recruitment service currently meet with cultural brokers from the “New Mainer” community to mutually develop strategies for the development of diverse resource family options and ensure families have cultural appropriate access to training and support resources. The contracted recruitment service partners with OCFS to develop and maintain the statewide Placement Development Solutions Team, which collaborates with communities, agencies and Resource Parents with the knowledge and experience to support the development of specialized homes that are able to meet the specific and unique needs of children in care, including but not limited to youth who identify as LGBTQ+, children/youth diagnosed with Autism Spectrum Disorders and older youth who are seeking permanency options.

Retention of resource families is the goal of two additional contracts. Adoptive and Foster Families of Maine (AFFM) which offers mentoring, allegation support, appreciation events, trainings, a yearly conference, hosts support groups in each of the districts, district specific events, camperships for post adopt and PG youth, and co-hosts the Resource Parent Advisory Committee in collaboration with OCFS and kinship navigator services.

The Resource Parent Care Team is another contract that provides liaison services to all current OCFS resource families, staff are available during business hours to take calls from resource

parents seeking information and resources, reach out to families with new placements to offer support and can refer to clinical in-home services, also provided by the agency through this contract. Post Adopt and PG families also have access to these services.

Retention activities are provided through mentoring, appreciation events, a Resource Parent Advisory Committee, advanced and improved trainings, district specific events, Resource Parent Care Teams, and support groups.

Maine is currently recognized in the 2021 *Kids Count* data report as being “very strong” in the commitment to placing siblings together, which was an area of focus through 2021. Despite this recognition, Maine DHHS OCFS has been challenged during the past year in locating appropriate placements for children in the following groups which are targeted for focus of recruitment efforts:

- Youth who are nearing readiness for discharge from residential programs with no identified step-down placement in the community.
- Infants born substance exposed and in the process of reunification with birth family; and
- Children over the age of 10 with specialized level parenting requirements.

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 connection 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. OCFS collaborates with tribal partners to enhance and focus recruitment on tribal families who can provide placement to children in care with tribal connections. In 2019 and continuing through 2021, our contracted recruitment agency, A Family for Me (through Spurwink) partnered with state LGBTQ leaders to connect with the public through their sponsored events and annual conference. There are also new partnerships with the religious and military communities.

In September of 2022, OCFS requested the contracted recruitment service return to a model of attending public events in person, as well as continuing to offer virtual recruitment events.

In late 2020, A Family for Me Maine and OCFS collaborated to begin offering the Informational Session Meeting virtually on the A Family for ME website using a customer service based software program to support Resource Family Recruitment and assist OCFS in timely application completion. The software allows families to seek information about becoming a Resource Family online and remotely at their convenience. A recruiter then works with the family to complete the online process for participants who demonstrate reasonable competency in key areas through the completion of a ten-question survey. The family receives a unique certificate number as well as a link to the OCFS Resource Family Portal.

The OCFS Resource Family Portal launched in April of 2022 which allows families to create a unique account, from which they can complete an application to be a resource family as well as download and upload supplemental documents. The system was further enhanced in December 2022, to allow Resource Families with existing accounts to access critical information about children placed in their home. OCFS provides information about education, court dates, dates of visitation and medical appointments, and medical information regarding allergies and medications for each child in primary placement in the resource home.

Once submitted via the portal, applications to become licensed are then processed by OCFS staff. This process has made it easier and faster for a family to apply. The contracted recruitment agency remains available to support prospective resource families by answering questions and assisting in the navigation of all systems.

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 2017 CFSR. "Information in the statewide assessment described the agency's effective use of cross-jurisdictional resources, both within and outside of the state, to facilitate timely permanency for children in care. Information in the statewide assessment showed that most Interstate Compact on the Placement of Children home study requests are completed timely." (*Child and Family Services Report Maine Final Report 2017*)

In terms of using cross district resources to support permanent placements for children, this is an area that could be strengthened in Maine. In years past, each adoptive family had an adoption caseworker assigned to them that assisted in matching the family with a child. This structure allowed for better information sharing/matching of adoptive family profiles and child profiles across districts. This is not in place currently.

OCFS utilizes the following program/resources:

- AdoptUsKids to ensure that Maine families can see all available children in Maine.
- Wendy’s Wonderful Kids for recruitment.
- Recruitment Contract through Spurwink that includes child specific recruitment.
- Adoption supervisors send child profiles to the Adoption Program Manager and their peers across the state when they are struggling to find a match.
- Families sometimes contact the Adoption Program Manager if they are concerned, or haven’t been matched with a child. The Program Manager has the family send their profile which is then sent to all adoption supervisors.

In regard to other cross-jurisdictional efforts, the OCFS ICPC Program Specialist maintains a spreadsheet to track the ICPC home studies Maine completes for children in the custody of the state. The spreadsheet allows the Program Specialist quick access to determine which studies are pending to ensure timely completion of the home studies. The types of home studies completed include parent, relative, foster care and public agency adoption. In 2022, a total of 67 home study requests were received and assigned. This includes parent, foster care, and adoption. Of those 67 home studies completed, 55 (82%) 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:

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
2017	17
2018	22
2019	12
2020	16
2021	22
2022	14

Year	# of ICPC adoption requests from other states
2009	16
2010	15
2011	16
2012	13
2013	15
2014	11
2015	9
2016	19
2017	18
2018	15
2019	11
2020	19
2021	23
2022	5

Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes

Plan for Improvement-Goals, Strategies, Measures of Progress

The following is Maine’s 5-year CFSP 2020-2024 goals which reflects the needs of the OCFS and is in line with the Assessment of Performance report. The Program Improvement Plan goals, strategies and key activities are the primary activities and will be the focus for the first three years of the CFSP cycle. In addition, Maine will be continuing some key activities that were outlined in the 2015-2019 CFSP given the importance of ongoing focus in several areas related to improving outcomes for children and families. Maine has developed four primary goals that will provide the structure for underlying key activities:

Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, court and community partners.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child in formal and informal supports to address these needs.

The established baselines were drawn from the 2017 CFSR with the associated goals specified in the Maine OCFS PIP Measurement Plan. OCFS will measure the results, accomplishments, and annual progress towards meeting the goals and strategic targets through data extracted from the SACWIS system, Management Reports, Quality Assurance data and ACF Data Profiles.

On September 9, 2022, the Administration for Children and Families notified OCFS that that the state has completed all required PIP goals and necessary strategies related to the CFSR outcomes and systemic factors. Maine must still meet eight outstanding PIP measures and the associated CFSR outcomes.

Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.

(CFSR Outcome covered: Safety Outcome 1; Safety Outcome 2)

Strategy 1: Strengthen safety by ensuring all alleged victims of maltreatment are seen within OCFS policy defined timelines.

Root cause analysis: OCFS has historically been challenged in ensuring that all reports of child abuse and neglect are responded to within an appropriate timeframe to meet the needs of the alleged victims of abuse. This was evidenced in the 2017 CFSR data as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
1 Timeliness of initiating investigations of reports of maltreatment	73.1% Strength	78% Strength

OCFS identified two factors impacting Maine’s performance in Safety Outcome 1, the strategies identified to improve performance on Safety Outcome 1 address those factors.

The factors include:

- Delays in reports being reviewed and assigned to districts and/or ARP through the Centralized Intake Unit. In May 2017, Maine implemented the Structured Decision Making (SDM) model in the Central Intake Program. The purpose of the screening and response priority tool is to assess whether a referral meets the statutory threshold for an in-

person OCFS response and if so, the response timeframe (within 24 or 72 hours of receipt of the report). In 2018, OCFS changed the intake approval process to decrease the timeframe for assignment of appropriate reports. Appropriate reports are sent directly to the district supervisors for review and assignment. Intake supervisors review all reports deemed inappropriate and any child death/serious injury reports. The PCG report included recommendations to ensure every report receives second level review and approval by a supervisor within 24 hours to ensure accurate decision-making and timely response.

- Maine utilizes contracted Alternative Response providers to conduct assessments on low-severity reports of child abuse and neglect. In the CFSR, it was determined that these agencies do not always meet contract performance expectations, including timeframes for initial contact with the alleged victim. The PCG report included recommendations to reassess the ARP program to align expectations with best practice and further define the referral process.

GOAL 1 Key Activity updates:

Key activities over the next to five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Update the Structured Decision-Making Intake Tool and Intake Policy for full implementation by Intake staff which guides decision making regarding the appropriateness of assignment to OCFS or ARP and the response timeframe (up to 24 or 72 hours). With the ARP redesign it is anticipated that there will be a change to Intake making the final decision on all reports. **(PIP activity - Q2 7/2020)**

Status Update: OCFS has worked with Evident Change (Formerly NCCD) to update and implement the SDM intake tool. The updated tool was fully implemented March 1, 2021. All Intake staff have been trained in the new tool. The updated tool includes additional clarification around thresholds for allegations of abuse and neglect and impact to children. Further, the tool updates reflect changes for the screening of reports involving foster resources, which are now screened similarly to all other child welfare (family) reports.

Through the Cooperative Agreement with the Catherine Cutler Institute, University of Southern Maine the draft intake policy was completed in June 2020. The changes to intake policy focus on alignment with updates to other OCFS policies since the last implementation in 2017. This includes clarification and examples for intake staff as well as an appendix for the Intake Documentation Procedural Steps (IDPS). This is a tool used at Intake to assist staff with certain tasks (i.e. when to create a new report vs. adding a duplicate narrative). Additional updates to the policy address timeframes for intake workers to send reports for approval. These changes will assist in meeting Face to Face timelines as reports will be sent to the district in a timelier manner.

- Coaching to Intake supervisors and caseworkers by NCCD to build increased consistency and fidelity in the use of the SDM Intake Tool. **(PIP activity - Q1 4/2020 and ongoing)**
Status Update: Throughout 2020, Evident Change provided remote coaching via virtual platforms to Intake Staff on the SDM Intake Tool. Additional training was also provided regarding the Case Reading Tool, which will assist in accuracy and consistency in use of the tool.

The contract with Evident Change for coaching services ended on December 31, 2020. OCFS is working with internal resources and other existing contracted providers for ongoing coaching support for staff.

- Present the revised guidance with Intake staff for full implementation.
Status Update: As part of implementation Intake staff were trained on the new definitions of the items and coached by their supervisor on how to apply these to new reports.
- Implement use of the new call center software in the OCFS Intake Program to increase the number of live calls answered. **(PIP activity - Q4 1/2021)**
Status Update: The call center software was implemented in the Intake Program on 6/18/19. This has led significant improvement in prioritizing child welfare reports, increasing the calls answered live and decreasing wait times for callers.

The call center software allows callers for an option of “first in line” call backs when a certain threshold for wait times are met. Prior to the software implementation, callers had the option to wait, leave a message, or hang up and call back. This has reduced the rate of abandoned calls.

The software includes updates to the voice recordings and options for callers upon calling the hotline. This allows for increased data regarding the types of calls coming in and the needs of callers. Incoming calls are now sorted into categories (Law Enforcement, Medical Personnel, Judicial Staff, All Other Child Welfare Calls). The system prioritizes calls from those categories.

- Complete redesign of the Alternative Response Service based on the analysis of caseload, workload, and available staff resources. This will include an evaluation of the current services provided as compared to the needs of the population served and a review of performance outcomes. Feedback from stakeholders will be an important component of the redesign. **(PIP activity - ~~Q4 1/2021~~ Q8 1/2022)**

Status Update: OCFS requested and was approved for an extension of this key activity through Quarter 8. The current contract with the Alternative Response Agencies has been extended through 12/31/2021. The Regional Associate Director assigned to oversee the ARP Contract facilitates monthly provider meetings. Since the outset of the pandemic, these meetings have occurred remotely. The purpose of these monthly meetings is to review contract and policy expectations, discuss challenges, and to review practice guidance and updates during the pandemic.

On January 8, 2021, Governor Mills introduced the proposed budget for State Fiscal Years 2022 and 2023. This budget proposes the elimination of the ARP program. To compensate for the elimination of ARP, the budget proposed adding 15 caseworker positions within OCFS. These additional staff will absorb the work previously completed by ARP, as all appropriate reports will receive an OCFS Child Welfare investigation once ARP is eliminated. OCFS discontinued the contracts for these services, effective June 30, 2022. OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services.

- OCFS training at the Child Protective Conference on *Caseworker 101* - info about child welfare case flow, use of SDM tools and best practices for engaging child welfare staff. Including survey to participants requesting they rate the training and inviting them to comment on the training. **(PIP activity - Q2 7/2020, extended to Q3 due to pandemic)**

Status Update: The 2020 Judicial Branch Child Protective Conference was conducted remotely on October 27, 2020 - October 30, 2020. Approximately 300 people participated in the conference including OCFS Staff, Parent's attorneys, Assistant Attorneys General, Guardians Ad Litem, and various community partners. OCFS presented a workshop titled "Collaboration to Achieve Positive Outcomes" which included three components (An Overview of the Child Welfare Process, Structured Decision Making, and the intersections between the Child Welfare System and Legal Systems). A focus also highlighted how all stakeholders, including the Child Welfare Agency and the Legal Community can work together to build solutions with families. Other presentations by OCFS included updates to the Children's Behavioral Health System and the Implementation of the Families First Prevention Services Act.

Participant feedback for the Review of FFPSA: 10% rated excellent, 26% very good, 28% good, 7% fair, 1% poor, 27% did not attend.

Participant feedback for Children's Behavioral Health Developments, Services and Options: 15% excellent, 21% very good, 21% good, 5% fair, less than 1% poor. 38% did not participate.

Participant feedback for Collaborating to Achieve Positive Outcomes for Families: 14% excellent, 41% good, 9% average, 0% poor, 33% did not participate.

- Develop the plan to improve program management of the Alternative Response contract.
Status Update: *see above update under ARP key activity*
- Develop correction action plans with Alternative Response providers to address any deficiencies in meeting performance as outlined in their contracts.
Status Update: *See above update under ARP key activity*
- Explore alternative caseworker recruitment activities to strengthen the pool of qualified applicants.
Status Update: The PIP development led to OCFS shifting this activity under Goal 3, Strategy 3.
- Evaluate the current caseworker exit interview process and identify strategies to more effectively retain staff based on the information gathered in that process.
Status Update: The PIP development led to OCFS shifting this activity under Goal 3, Strategy 3.
- Annual, periodic staff allocations among districts.
Status Update: Covered in Goal 3 Strategy 2.
- Annual, periodic staff allocations within each district.
Status Update: Covered in Goal 3 Strategy 2.

On 11/30/20 Maine was officially notified by ACF that it had met the negotiated level of improvement for the PIP Item 1 goal.

Strategy 2: Strengthen safety through statewide implementation of Structured Decision Making (SDM) in assessment casework practice to build consistency in practice and improve critical thinking and decision making at key child welfare decision points.

Root cause analysis: Maine has historically been challenged in adequately assessing risk and safety throughout a family's involvement with child welfare services. Maine also struggled to provide services to families to prevent removal of children, however performed well in the national standard related to re-entry into foster care. The most recent Administration for Children and Families (ACF) Data Profile (August 2020) reflects that Maine's performance for FY17B18A is 9.3. The most recent ACF Data Profile (February 2021) reflects that Maine has now fallen behind in meeting this measure. The current reentry rate is 13.6% which is statistically worse than the national performance. Maine's challenges in assessing risk and safety and providing services to

prevent removal was evidenced in the 2017 CFSR data and the ongoing CFSR reviews conducted by the OCFS ME- QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
2 Services to family to protect children in the home and prevent removal or re-entry into foster care	50% Strength	51% Strength
3 Risk and safety assessment and management	40% Strength	35% Strength

The following factors were found both during the CFSR and following the CFSR during consultation and focus groups with managers throughout the state:

- The quality and timeliness of post-assessment involvement by contracted Alternative Response providers was inadequate.
- Issues related to safety planning, including:
 - The development of safety plans that were unrealistically difficult or onerous for families to follow.
 - An inability to access all information necessary to create the safety plan, including information regarding key members of the plan.
 - Lack of consistency in monitoring safety plans to ensure they were adhered to.
 - Lack of a consistent tool to evaluate the success of safety plans and determine next steps for working with the family; and
 - Difficulty in ensuring that families engage in services to address the concerns that led to the need for a safety plan.
- Lack of assessment skills and tools necessary to fully assess families, particularly those that are struggling with domestic violence and/or substance abuse.
- Inconsistency in the transition between child welfare program areas (for example, when a case transfers from assessment to permanency); and
- Workload issues primarily related to an increase in the volume of reports of abuse and neglect and the rate of staff turnover.

A key project to improve child welfare practice related to comprehensively addressing the concerns listed above is the utilization of the Structured Decision Making (SDM) Safety and Risk Assessment and Permanency Tools. The purpose of the SDM Safety Assessment Tool is to guide decision-making related to whether a child is in immediate danger that may require a protective intervention and to determine what intervention should be initiated or maintained increase child

safety. The SDM Risk Assessment Tool assesses the likelihood of future maltreatment and system involvement. While the SDM Permanency Tools determine what interventions could address child and family needs; if a child can safely return home and when a case can be closed.

Through the implementation of SDM, Maine transitioned to safety planning only when a child can remain in the home with their parent/caregivers. This was a significant change in that the default had become safety planning children out of the home. In December 2020, OCFS implemented the use of a Short-Term Alternative Care Plan. This alternative plan can be used in situations where it is appropriate to develop a short term (no longer than 5 days) alternative care plan with a family to prevent court action and the removal of a child from the legal custody of his/her parent. For this to be considered, an existing safety threat may be resolved in 5 days and the parent has a friend/relative who is able to provide care for the child.

It will be necessary for staff to consider the safety threats, actions of protection and potential safety interventions that promote child safety and allow the child to remain in the home. Safety interventions can include activities by the caseworker or a family's support network or legal actions such as filing a Protection from Abuse Order. The tools are a framework for improving decision making, strengthening the assessment of safety and risk, and better serving families that require ongoing child welfare intervention. Through utilization of these tools, it is expected that OCFS will also see improvements in the recurrence of maltreatment for children because of improved service delivery to families.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Complete development and testing of the SDM Permanency Tools in consultation with NCCD.

Status Update: The OCFS Regional Associate Directors have developed a roll out plan for the Permanency Tools that was altered due to the recent pandemic. SDM Permanency Tools were implemented in September 2020. All OCFS staff were provided with training on the new SDM Permanency Tools prior to implementation.

- Provide training for all staff in the utilization of the SDM Permanency tools and develop guidance tools to support staff in this work. **(PIP activity - Q1 4/2020 and ongoing)**

Status Update: All staff were provided with training on the SDM Permanency tools through the summer of 2020. SDM Permanency tools were implemented statewide September 8, 2020. The OCFS training unit began providing ongoing refresher trainings for the tools in November 2020.

- Coordinate coaching support for supervisors in partnership with NCCD on the SDM Assessment and Permanency tools to ensure fidelity and sustainability. **(PIP activity - Q3 10/2020)**

Status Update: In 2019, NCCD began providing coaching support for supervisors that aligned with SDM Assessment Tools. This support included a coaching overview, 3-day coaching institute, group supervisor training and coaching support to individual districts. In October 2020, Evident Change (Formerly NCCD) developed Case Reading Tools for Intake, Investigation and Permanency tools. Training on the tools was provided to Intake Supervisors and Managers, QA staff, and Permanency and Investigation Supervisors through the fall of 2020. Additional coaching trainings were offered through Quarter 4 including refresher trainings for SDM tools, “Mentoring, Shadowing and Observational Skills”; “Using all of your Supervisor Hats”, and “Responding to Technical and Adaptive Challenges”.

The contract with Evident Change for coaching ended on December 31, 2021. OCFS is working with internal resources and other existing contracted providers to provide ongoing coaching support for staff.

- Monitor implementation of the SDM Safety, Risk Assessment, and Permanency tools based on QA reviews, feedback from stakeholders and data reports. **(PIP activity - Q2 7/2020)**

Status Update: In October 2020, the QA unit, Intake staff and members from the Training Unit were trained by NCCD on the Case Reading Tools in preparation for review of the implementation of the SDM tools. In November 2020, casework supervisors were also trained in the use of the Case Reading Tools to support implementation of SDM tools and the work of their staff.

The QA team completes targeted reviews of a random sample of cases from each district to assess the use of SDM tools, Family Team Meetings, Family Plans, and monthly caseworker contacts. Additionally, the QI team completes targeted reviews of a random sample of cases and review those cases that have been selected for the CFSR to identify areas for improvement in advance of the review. These reviews also focus on the above referenced areas, including SDM tools. District themes are shared with leadership at the District CQI meetings.

- Monitor implementation of the Child Welfare Investigation Policy based on QA reviews, feedback from internal and external stakeholders and data reports.

Status Update: Maine received notification from the Administration of Children and Families on 3/16/20 that it met the PIP goal for Item 1, successfully completing it in the first measurement period.

In CY 2022, the Management Report data reflects that on average Maine met the 24-hour timeframe of contact with all alleged victims in 65% of the reports received, a decline from CY's 2021 (80%), 2020 (84%) and 2019 (75%). In CY 2022, the Management Report data reflects that on average Maine met the 72-hour time frame in 54% of the reports received, also a decrease from CY's 2021 (77%) 2020 (71%) and 2019 (63%).

- Revise the OCFS Permanency Policy to provide practice guidance and incorporation of SDM tools and procedures. (PIP activity - ~~Q3 10/2020 Q5 4/2021 Q6 7/2021~~)

Status Update: OCFS requested and was granted an extension of this key activity through quarter 6. The Permanency Policy has been updated and completed. All staff were required to participate in a training and quiz on the updated permanency policy through the Learning Management System.

Measurement table for evidence of completion for Goal 1:

CFSP Year Goal:						
CFSR Item	Baseline	Year 1 6/2020 submission	Year 2 6/2021 submission	Year 3 6/2022 submission	Year 4 6/2023 submission	Year 5 6/2024 submission
1	73.1%	78%	81%	84.2%	90%	95%
2	50.0%	55%	60%	65.1%	70%	75%
3	40.0%	42%	45%	47.8%	52%	58%

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

(CFSR and Systemic Factor Outcomes Covered: Permanency Outcome 2; Well Being Outcome 1; Well Being Outcome 3)

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the wellbeing and best interest of children involved with the child welfare system.

Root cause analysis: OCFS has struggled to build and sustain engagement and partnership with the families involved with the child welfare system and their formal and informal supports. This was evidenced in the 2017 CFRS data as well as the ongoing CFRS reviews conducted by the OCFS ME-QA CFRS team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
4 Stability of Placement	75% Strength	75% Strength
5 Permanency goal for child	80% Strength	55% Strength
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	25% Strength
12 Needs of services of child, parents, and foster parents	38% Strength	21% Strength
12A Needs assessment and services to children	69% Strength	45% Strength
12B Needs assessment and services to children	33% Strength	20% Strength
12C Needs assessment and services to foster parents	63% Strength	64% Strength
13 Child and family involvement in case planning	40% Strength	24% Strength
14 Caseworker visits with child	63% Strength	38% Strength
15 Caseworker visits with parents	35% Strength	16% Strength

On 11/30/20 Maine was officially notified by ACF that it had met the negotiated level of improvement for the PIP Item 4 goal.

The ACF Data Profile (February 2023) reflects that Maine falls below the national performance standard in 2 out of the 3 measures related to timely achievement of permanency:

The ACF Data Profile (February 2023) reflects that Maine falls below the national performance standard in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months: Maine’s performance was 28.8%, statistically worse than the national performance standard of 35.2% and ranking 44th out of 52 jurisdictions.
- Achieving permanency between 12-23 months: Maine’s performance was 35.1% statistically worse than the national performance standard of 43.8% and ranking 38th out of 52 jurisdictions.

- Maine’s performance on achieving permanency for children 24+ months is 39.8% which is statistically no different than the national performance standard of 37.3, and ranking 6th out of 52 jurisdictions.

Since the 2017 CFSR, the agency worked with consultants to complete an organizational assessment that included focus groups with central office and district staff; observations of current family team meeting practice; review of policy and data and the convening of a workgroup of agency staff, parents, and community partners to assess the barriers to effectively engage with families. Some of the findings included:

- Differences in the value placed on family engagement, kinship care and the inclusion of children in the family team meeting process.
- Inconsistency in practice amongst those facilitating the meetings.
- Lack of a formal training curriculum; and
- Challenges maintaining fidelity to the family team meeting model.

Stakeholders described a lack of inclusion in decision-making and case planning, as well as role confusion as to how they were part of the solutions to ensure child safety. This often resulted in a lack of continued participation in the family team meeting process. Internal focus groups were held and concerns regarding workload emerged as the largest perceived barrier to quality engagement with families. Thus, it was decided that a key activity to improve engagement with families and their supports is the review and implementation of effective family team meeting practices.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Executive Management Team will define the framework and policy expectations for effective teaming practices.
- Provide staff with training to assist in the development of skills required to effectively engage with families and provide quality child welfare services:
 - a. Forensic Interviewing.
 - b. Motivational Interviewing.
 - c. Principles of Teaming.
 - d. Action Planning.
 - e. Conflict Management; and
 - f. Facilitation.

Status Update: The OCFS training unit and Muskie School provide initial training in engagement, forensic interviewing, motivational interviewing, and teaming through the Foundations training provided to all new casework staff. OCFS and the training

unit provide ongoing advanced training in Forensic Interviewing, Motivational Interviewing and Action Planning. OCFS has contracted Clinical Support Services (through Spurwink) who also have provided ongoing continuing education for staff in conflict resolution and facilitation.

Principals of Teaming (FTMs) is covered in Foundations Training with all new staff. The FTM policy was finalized in November 2021 and OCFS convened a two-part training for staff. The initial training focused on facilitation, conflict management, and strategies for engaging supports. The second training focused on the specific policy and practice expectations.

Conflict Management is discussed in Foundations training with all new staff. This topic is discussed during the topic of Interviewing adults and understanding each individual conflict management style. *Facilitation* is woven throughout the Foundations training content in how to facilitate conversations with family member and others and facilitating Family Team Meetings.

Forensic Interviewing is provided to all new staff through Foundations Training.

The National Children’s Advocacy Center provided a two-day training in “Advanced Forensic Interviewing” via Zoom in 2022.

Motivational Interviewing Training rolled out statewide in 2019. This training is offered ongoing for all staff.

Action Planning (Goals and Action Steps Planning): This training is offered ongoing for all staff.

Additionally, SDM Permanency Tools trainings for all districts have been completed via remote learning; refresher trainings for permanency tools for supervisors have also been completed.

- Revise the OCFS Family Team Meeting Policy to provide practice guidance for staff to utilize in their work with families. Revisions will be made to outline practice expectations for family engagement prior to family team meetings, the critical decision points when meetings will be convened, including supporting placement stability, required team members to be invited, and requirements for documentation of these activities. **(PIP activity - Q3 10/2020, Q5 4/2021, Q6 7/2021)**

Status Update: OCFS requested and was granted an extension of this key activity through quarter 6. The FTM policy was finalized in November 2021 and OCFS convened a two-part training for staff. The initial training focused on facilitation, conflict management, and strategies for engaging supports. The second training focused on the specific policy and practice expectations.

- **NEW 2020:** Provide training for all staff through JPMA, the web-based training portal, in the revised Family Team Meeting Policy. Staff are required to complete a test as part of

the training and demonstrate 100% competency. Supervisors monitor completion and provide additional support to staff when necessary. **(PIP activity - Q4 1/2/2021 and ongoing-Q6 7/2021)**

Status Update: OCFS requested and was granted an extension of this key activity through quarter 6. The FTM policy was finalized in November 2021 and OCFS convened a two-part training for staff. The initial training focused on facilitation, conflict management, and strategies for engaging supports. The second training focused on the specific policy and practice expectations.

- **NEW 2020:** Monitor implementation of the Family Team Meeting policy based on QA reviews, feedback from stakeholders and data reports. **(PIP activity - establish baseline and ongoing)**

Status Update: In the spring of 2022, in response to the PIP extension, OCFS QA began conducting PIP Targeted Reviews in each district to support measurement of practices that had been identified as key to improving outcomes for families. Several practices were targeted including Family Team Meetings, Rehabilitation and Reunification Plans, and the frequency and quality of contacts with children and parents. The practices being reviewed are those completed in the prior 6 months of the date of review allowing feedback in a timelier fashion to the districts. This data is provided to the district CQI Teams for discussion related to the strengths and challenges in each of these areas, as well as the opportunity to develop strategies for improvement. Meetings are held quarterly to allow for an ongoing forum to evaluate the successes of strategies implemented and make appropriate changes to achieve success. Of note, between the first and third review cycle there was feedback to the QA Team that having information split out regarding the FTMs with each parent would be more helpful to staff and those adjustments were made.

Question	July-Sept. 2022	Nov.-Dec. 2022	Jan.-Mar. 2023
Was a FTM held every 3 months?	17%	37%	
Was FTM offered/held every 3 months for mother?			35%
Was FTM offered/held every 3 months for father?			28%

- Utilize the JMPA training website for OCFS staff to review the Family Share policy and increase their understanding of the expectations for conducting these meetings when children enter custody.

Status Update: OCFS has decided that, although Family Share is still the expectation, and training continues to be provided to new caseworkers in Foundations this key activity will be discontinued in the 2020-2024 CFSP as Family Share Meetings was not identified in staff and stakeholder focus groups as one of the OCFS Child Welfare Strategic Priorities. **This key activity is discontinued.**

- ~~• Track baseline and ongoing performance data for each district on the frequency of Family Share meetings held per policy when children enter custody. This data will be provided to DMT quarterly for monitoring.~~

~~Status Update: **This key activity is discontinued see above.**~~

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Root cause analysis: In 2016, OCFS undertook efforts to streamline the planning process for families and children involved with the child welfare system. The agency had multiple plan documents for different case types and a lack of clear practice expectations related to case planning. The result of these challenges was evident in the data from the 2017 data as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22 -3/31/23
13 Child and family involvement in case planning	40% Strength	24% Strength

An analysis of the 2017 CFSR data found the following:

- challenges in involving parents and youth in case planning.
- a lack of clarity for parents regarding what needs to happen to resolve the child safety concerns and to close the case.
- parents' voices not being heard and valued and a lack of focus on case planning outside of formal team meetings.
- A small number of stakeholders felt that TPRs were filed timely; however, other stakeholders said that the TPR was not filed timely and that delays in paternity testing, the

need for publication for parents, crowded court dockets, and caseworker workloads were barriers to timely filing.” (*CFSR Maine Final Report 2017*)

- Parents given extended periods of time to reunify despite little demonstration of progress being made in services to alleviate jeopardy issues; and

Over many years, OCFS has gathered feedback from stakeholders and staff related to the functionality of the agency's case planning tools. The themes have remained similar, and the agency has responded by developing and implementing the OCFS Family and Child Plan tools. These new plans were initially implemented in paper format statewide while the data team built the modules in the MACWIS system. Although considered a technical fix, the Family and Child Plan include specific documentation requirements that address concerns related to case planning. Two examples are reasonable efforts to prevent removal and the engagement of families to create solutions which address child safety and wellbeing. Subsequent feedback from stakeholders has been that the plan is lengthy and doesn't provide clear guidance for families about what it would take to demonstrate resolution of child welfare concerns.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- **New 2020:** In collaboration with the AAGs Office, revise the OCFS Family Plan in response to feedback from stakeholders. **(PIP activity - Q1 4/2020)**

Status Update: The RADs collaborated with the AAGs office to develop a revised Family Plan based on feedback from parents, the legal community, and staff. The updated plan was initially piloted in one district. Community Partners (Parent's Attorneys, GALs), AAG's staff and the Maine Judicial Branch Team shared positive feedback regarding this plan. Training on the updated family plan was provided to all district staff via online learning during the week of October 26, 2020, through two online sessions. The plan was fully implemented statewide on November 2, 2020.

In the spring of 2022, in response to the PIP extension, OCFS QA began conducting PIP Targeted Reviews in each district to support measurement of practices that had been identified as key to improving outcomes for families. Several practices were targeted including Family Team Meetings, Rehabilitation and Reunification Plan, and frequency and quality of contacts with children and parents. The practices being reviewed are those completed in the prior 6 months of the date of review allowing for feedback in a timelier fashion to the districts. This data is provided to the district CQI Teams for discussion related to the strengths and challenges in each of these areas as well as opportunity to develop strategies to make improvements. These meetings are held quarterly allowing for an ongoing forum to evaluate

successes of strategies and making appropriate changes to achieve that success. Of note, between the first and third review cycle there was feedback to the QA Team that having information split out regarding the FTMs with each parent would be more helpful to staff and those adjustments were made.

Question	July-Sept. 2022	Nov.-Dec. 2022	Jan.-Mar. 2023
Was a FTM held every 3 months?	17%	37%	
Was FTM offered/held every 3 months for mother?			35%
Was FTM offered/held every 3 months for father?			28%
Was a R&R Plan completed every 3 months for each parent if applicable?	10%	20%	18%
Do the R&R Plan address the Jeopardy findings that led to the agency's involvement with the family?	79%	77%	81%

- Develop curriculum to train all staff in the completion of the OCFS Family and Child Plans, including a core set of skills to strengthen the ability of staff to engage family more effectively in the case planning process.

Status Update: Action Planning training was provided for all staff in August and September 2020. Two all staff trainings were conducted via remote platforms in October 2020 on the use and implementation of the updated family plan. The plan was implemented statewide on November 2, 2020.

- Provide staff with training in the completion of the OCFS Family and Child Plans. **(PIP activity - Q3 10/2020)**

Status Update: See above

- Convene a statewide Supervisor Advisory Team to review and make recommendations for revisions of the Macwis Supervisory Tool. **(PIP activity - Q3 10/2020)**

Status Update: The Children’s Bureau conducted Stakeholder Feedback sessions with the Supervisor Advisory Team as well as the Regional Management team.

During these feedback sessions, information was shared about the efficacy of the Supervisory Tool. Consistent feedback from the team was that the tool was helpful for newer supervisory staff but somewhat redundant for more experienced staff.

The Regional Associate Directors and Associate Director for Child Welfare services determined after the feedback sessions to suspend the expectation that the Supervisory Tool be used in all supervisions and use of this tool is now optional. Ongoing revisions of what this tool should look like will occur with the supervisory teams in their statewide supervisor meetings. NCCD and the Muskie School are also in the process of working on an updated supervision framework.

- The Child Welfare Management Team will determine which recommendations to implement to increase the effectiveness of the Macwis Supervisory Tool as a strategy for coaching staff on the development of Family and Child Plans.

Status Update: In response to the feedback from CB partners and feedback sessions; updated practice guidance was issued to all staff through a series of town hall meetings and through email communication in December 2020. Supervisors are no longer required to use the Supervision Tool in MACWIS, although it remains available as a checklist/guide. The SDM Reunification Assessment Tool, SDM Case Planning Tool, and SDM Risk Reassessment Tools, as well as the permanency review process, will help guide supervision and decisions regarding safety, risk, reunification, and permanency for children.

- ~~• Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to completion of the Family and Child Plans.~~

~~Status Update: Due to child welfare operational need a decision was made in the fall of 2019 that utilizing district child welfare staff to support the QI program was not sustainable. At that time a decision was made to request four additional QA lines to support those districts that were not specifically covered by a QA Specialist and to include activities beyond just the completion of the Family and Child Plans. The vision for these lines is to support CQI practices within the district and statewide as well as to support the monitoring of the various federal correction action plans to include the PIP, Child Care Subsidy Audit and the National Youth Transition Database audit. These lines were approved and three of the four were hired in the spring of 2020. Child welfare management determined that, due to an administrative operational need, the fourth line would be repurposed to support a different program area. **This key activity is discontinued.**~~

Measurement table for evidence of completion for Goal 2:

CFSP Year Goal

CFSR Item	Baseline	Year 1 6/2020 submission	Year 2 6/2021 submission	Year 3 6/2022 submission	Year 4 6/2023 submission	Year 5 6/2024 submission
2	50.0%	55%	60%	65.1%	70%	75%
3	40.0%	42%	45%	47.8%	52%	58%
12	38.5%	41%	43%	46.2%	50%	55%
13	40.4%	43%	45%	48.7%	55%	60%
14	63.1%	65%	68%	70.7%	80%	90%
15	34.7%	38%	40%	43.4%	50%	60%

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports and community partners.

(CFSR and System Factor Outcomes Covered: Permanency Outcome 1, Case Review Systemic Factor, Service Array and Resource Development Systemic Factor, Staff and Provider Training)

As a result of the collaboration between OCFS, the Maine Judicial Branch and ACF in the PIP process, the strategies originally submitted in the CFSP have been changed. It is believed that the following revisions best support the child welfare system in Maine as it works to improve its timeliness to permanency for children and families.

Strategy 1: Court improvement Project (CIP)/Coordination with the Court’s and the AAG’s office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care. **This strategy was revised to reflect the need more accurately as identified in the PIP.**

(NEW) Strategy 1: Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers.

Root Cause Analysis: The CSFR found that Maine established appropriate permanency goals for children in a timely manner in 80% of the 40 reviewed cases. It was also found that Maine was challenged in achieving timely permanency for children in foster care, meeting the standard in 55% of the 40 reviewed cases. Maine continues to challenge in this area as evidenced by the ongoing CSFR reviews conducted by the OCFS ME-QA CSFR team:

Item	State Performance CFSR 2017	State Performance ME CSFR Period 4/1/22-3/31/23
5 Permanency goal for child	80% Strength	55% Strength

6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	25% Strength
---	--------------	--------------

The CFSR findings regarding Maine’s case review system generally point to the need for enhanced engagement of parents and resource caregivers, both outside and inside the courtroom, as a necessary step towards improving the timeliness to permanency.

First, regarding engagement outside of the courtroom, the CFSR found that Maine has experienced challenges in jointly developing written case plans with parents. Stakeholders said that “plans were usually written by caseworkers and presented to parents” and noted “challenges with actively involving parents in case planning, including parents not understanding the process.”

Second, the statewide assessment also highlighted the need to improve engagement of parents and caregivers inside the courtroom at judicial reviews. Stakeholders interviewed as part of the CFSR reported that “the agency drafts and circulates an order, if all parties agree, the judge signs the order, but this process does not provide an opportunity for a thorough review.” Regarding resource caregiver engagement, two barriers to engagement were identified. First, the Children’s Bureau found that a lack of proper notice to resource caregivers created a barrier to their engagement. Second, caregivers identified the need for more date certainty of court proceedings to enable them to plan in advance and thereby improve their ability to attend.

In addition to the findings on engagement, the CFSR found that the timeliness of quality of periodic reviews by the courts needed improvement. This finding was based on file reviews, stakeholder interviews, and focus groups to collect the data. The file review data for the CFSR was pulled strictly from the MACWIS, and neither a Maine Judicial Information System (MEJIS) analysis of data nor an in-person review of the court files was completed. In response to the findings of the CFSR, OCFS identified the need for increased collaboration with the courts to improve on the areas of review, including the timeliness of periodic reviews. To this end, OCFS and the members of the Administrative Office of the Courts, including the court improvement coordinator, held a series of weekly meetings facilitated by the Children’s Bureau to review and discuss the CFSR findings that pertained to court performance. As part of that collaborative review process, representatives from the courts conducted a manual file review and analyzed data from MEJIS for the cases that were selected for the CFSR. This manual data analysis showed that the courts are performing much better on timeliness measures than was reported in the CFSR. A total of 37 cases were hand reviewed by judicial branch employees who are attorneys and experts in child protective law. Data collection indicated the following about periodic reviews:

- The statewide average for days between judicial reviews in Maine was 119 days. This average is far less than the statutorily required 6-month, approximately 180-day, timeframe.

- Of the 37 cases reviewed, there were 256 judicial reviews held and only 8.2% of the judicial reviews were outside of the required timeframe.

Based on the judicial analysis of the cases reviewed, 91.8% of the judicial reviews held were timely. Because this in-depth manual data review demonstrated that the timeliness of quality for period reviews does not need improvement in Maine, the key activities below do not address this item. However, the discrepancy between the data gathered from the in-person review of the court files and the data in MACWIS underscored the need for improved communication and collaboration between the judicial branch and OCFS, particularly on data provided to the Children’s Bureau for its reviews. Recognizing the need and benefit of improved collaboration, all the strategies in this program improvement plan that involve the courts were developed with substantial input from both the courts and the OFCS, including their respective leadership.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

To enhance parent engagement in case planning, Maine will provide training on the best practices to improve engagement of parents at family team meetings prior to court.

- **Parent Engagement at Family Team Meetings:** The Maine Judicial Branch will provide a training at its 2019 Child Protective Conference on *Effective Family Team Meetings and Writing Individualized Reunification Plans*. The conference is attended by approximately 400 participants, including judges, tribal judges and caseworkers, assistant attorney generals, parent attorneys, guardian’s ad litem, and caseworkers. The session on family team meetings will feature a parent attorney, guardian ad litem, assistant attorney general, and caseworker. Panelists will explain how engagement enhances outcomes and will discuss best practices for parent engagement at the family team meeting for each role. A separate session at the conference will be entirely dedicated to former youth in care and parent partners who will share their recommendations on engagement based on their experiences with the child welfare system. A survey will be provided to participants requesting that they rate the training and inviting them to comment on the training. **(PIP activity - Q1 4/2020)**

Status Update: Completed. The MJB held its 2019 Child Protective Conference in May 2019. One of the Plenary Sessions held was *Effective Family Team Meetings and Writing Individualized Reunification Plans* featuring a panel that included a parent attorney, guardian ad litem, assistant attorney general, and caseworker. A survey was provided to participants requesting that they rate the training and to comment on the training. 219 surveys were completed and rated the following:

- Excellent: 19%
- Very Good: 38%

- Good: 30%
- Fair: 10%
- Poor: 0%

Of those respondents who provided comments on the survey there was a mix between finding the session very helpful (“panel discussion with excellent information); and recommendations to strengthen the session (“more information related to current practice would have been helpful”). Feedback from this conference is being used to inform the planning and development of the 2021 Conference.

Since the onset of the Pandemic, OCFS has been conducting family team meetings through virtual platforms. OCFS staff as well as stakeholders within the legal community (parents’ attorneys and AAGs) and the judicial branch have noted increased participation by parents and their supports in FTMs held remotely.

Key activity to enhance parent and caregiver engagement in Court at Judicial Reviews and Permanency Hearings:

To enhance parent and caregiver engagement at judicial reviews and permanency hearings, Maine will implement a three-part process to address the following: (1) judicial officer engagement of parents and caregivers in court, (2) notice to resource caregivers of judicial reviews and permanency hearings, and (3) use of predictive data analysis to ensure sufficient court resources to accommodate the child protection caseload as a way to improve date certainty for court proceedings.

- As set forth below in subsections a through d, the Maine Judicial Branch will select a court for a two-year transformation zone (i.e. pilot project) for child protective cases involving children who have entered foster care, in which the judicial officer will engage each parent at the judicial review to discuss the reunification and rehabilitation plan and break it down into easily understood concrete action steps the parents are expected to complete prior to the next judicial review. Outcomes will measure whether structured engagement around action steps shortens the time to permanency for children who have entered foster care. **(PIP activity - Q8 1/2022)**
 - a. The trial chiefs of the district court will designate the judge and court for the two-year transformation zone.
 - b. The court improvement program will work closely with the judge and clerks in the designated court to develop a process and evaluation plan for the transformation zone. No later than 2 months after PIP approval, the process and evaluation plan will be presented to the district court trial chiefs for

review and approval detailing the following: scheduling protocol, guidelines for engagement, data points for evaluation, and method of capturing identified data points. The evaluation plan will be finalized within 3 months of PIP approval.

- c. The transformation zone will then be implemented for a total of 24 months. The court improvement program will communicate with the presiding judge on a quarterly basis to check in on the progress of the transformation zone.
- d. For interim data collection, the court improvement program will measure how many cases in the transformation zone have reached permanency at the 6-month and 12-month marks. Cases will be grouped by the filing month and will be evaluated for permanency six and twelve months after the filing month. Based on the findings, Maine may consider expansion to other court(s) at 18 months from the start of the transformation zone.
- e. Every six months, the court improvement program will verify that the engagement guidelines for the transformation zone are being implemented with fidelity. This will be done through court observations or review of transcripts for a randomized sample.
- f. Upon completion of the 24-month transformation zone period, the court improvement program will collect data measuring outcomes pursuant to the approved evaluation plan. The court improvement program will provide a report on the outcomes of the transformation zone and provide said report to the trial chiefs and Supreme Judicial Court no later than two months after conclusion of the 24-month project period.

Status Update: The transformation zone project began on 9/14/2020 in two different locations. As of the end of Q3, the courts were in the case collection mode and each court location had 11 different cases selected. A Judicial Bench Guide was developed and shared with the presiding judges for each of the involved courts and the Judges participated in a training in the beginning of September 2020.

Initially, 25 cases per location were to be selected. This number has since increased to 35 cases given that some have resolved prior to the first judicial review. Location 1 has collected 21 cases and Location 2 has collected 35 cases. The first series of judicial reviews under this model will be occurring in Q5.

Improve notification to foster parents, pre-adoptive parents and relative caregivers of child in foster care regarding court hearings and the right to be heard at any review or hearings held in response to the following CFSR feedback: “Information in the statewide assessment and collected during the interviews with stakeholders identified significant barriers to ensuring that foster parents, pre-adoptive parent, 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 children in their care. Stakeholders said that the trailing docket used in many courts and rescheduling hearings at the last minute made it difficult to participants to be available. Stakeholders also reported that the caregiver’s ability to be heard varied according to the judge.” (*CFSR Maine Final Report 2017*)

Key Activity to improve notification to foster parents, pre-adoptive parents, and relative caregivers of child in foster care regarding court hearings and the right to be heard at any review or hearings held will consist of the following:

- OCFS will review the current process for providing proper written notification of court dates and continuances to caregivers and develop strategies to improve this process. **(PIP activity - Q3 10/2020)**
Status Update: See below.
- OCFS will file a copy of the written notification provided to caregivers with the court. OCFS will review a sample of Judicial Review Orders on which the Judicial officers will indicate if notice to caregivers was filed with the court. This data will be reviewed at the *OCFS/MJB/AAG Collaborative* meetings for oversight on compliance related to notification. **(PIP activity - Q4 1/2021)**

Status Update: In March 2023, a total of 80 Court Orders (10 per district) from Judicial proceedings held in CY 2022, were reviewed to determine if caregiver notifications were being filed with the courts prior to the hearing/review. Of those, 93% reflected that Judicial Officers indicated that notice to caregivers was filed with the court.

The study also included a review of Katahdin to see if the court notification for the identified Judicial activity was documented. The review found that 23% of the notices were found in Katahdin. Based on this it does appear that notifications to resource parents are being created and filed with the court.

- When resource caregivers better understand the court process and what to expect, they are more likely to attend court proceedings. Thus, the Maine Judicial Branch will develop a business-sized card with the link to the judicial branch child protective webpage, which

provides information and resources regarding the child protective court process. OCFS will include a card with each notice it sends to caregivers. The card will provide recipients an option to request that printed or translated materials be mailed to them. The Maine Judicial Branch will update all informational materials as needed to reflect any changes in the law or court procedure. **(PIP activity - Q2 7/2020)**

Status Update: The court completed the development of the business cards in the fall of 2020. A new website was also developed which went live in November 2020. The new website address is listed on the business sized cards.

In November 2020 the cards were distributed to each district office with instructions that they are to be attached and mailed with each notification of court hearing that is mailed to resource parents. A survey of district support staff indicates that this practice is occurring ongoing.

Coordination of timely periodic reviews: In response to the following feedback: “Although many stakeholders said that periodic reviews were routinely occurring on a timely basis, data and information in the statewide assessment showed that on average, less than half of the periodic reviews occurred timely. Stakeholders report that the agency drafts and circulates an order, if all parties agree, the judge signs the order, but this process does not provide an opportunity for a thorough review.” (*CFSR Maine Final Report 2017*).

Key activity to improve date certainty using predictive data analysis:

Stakeholders interviewed as part of the CFSR statewide assessment indicated that the “trailing docket” used in many courts made it difficult for participants to be available. In some courts in Maine, the “trailing docket” model for scheduling is used for final contested hearings in child protection cases. Under this model, the court places all the cases that are ready for a final contested hearing on a list and then assigns the cases to the available trial dates giving priority to those with upcoming statutory deadlines. If the court does not have sufficient trial time to accommodate all the cases, the cases are scheduled as back-ups, or if necessary, set on the trailing docket for the next month. Because cases often settle at the last minute, the trailing docket and back-up method of scheduling ensures trial time will not be wasted. However, when there is an unexpected increase in case filings and the trial time designated for each trailing docket does not similarly expand, cases can be delayed. The key to the success of the trailing docket is for the court to effectively predict case surges to expand court trial time accordingly and thereby improve date certainty for litigants.

- To improve the date certainty of child protection contested hearings, the judicial branch will generate quarterly reports for each district court showing the total child protection filings as compared to the previous year. By providing a point of comparison, the information gathered from these quarterly reports will allow regional scheduling judges to predict surges in protective custody filings and adjust court resources to ensure there is sufficient trial time to accommodate the caseload. Because court schedules are set 6 months in advance in Maine, the data on the number of initial filings gives the court sufficient notice to plan ahead and adjust future trial time so that by the time the cases proceed to a final contested hearing, the trial schedules have expanded appropriately. **(PIP activity - Q1 4/2020)**

Status Update: The Maine Judicial Branch has been generating and reviewing these reports on a monthly basis since May 2019. The reports have successfully alerted regional scheduling judges of case surges that will increase the demand for trial time before the demand materializes. This has allowed regional scheduling judges to move judges in their region from dockets that do not involve child protection matters to the child protection docket as needed to accommodate the child protection caseload and comply with all statutory timeframes. To the extent the regional judges do not have sufficient judges in their region to accommodate the anticipated increased demand in trial time, they have been contacting the chief judge of the district court for assistance. The chief judge then analyzes resources at a statewide level to identify judges from regionals with more capacity who are then temporarily assigned to the region in need to cover non-child protection dockets so that the regional judges can dedicate more time to the child protection dockets. Thanks to these reports, this regional and statewide resource reallocation has been able to take place with sufficient advance notice to ensure child protection matters continue to comply with all statutory timeframes.

OCFS and the Maine Judicial Branch will know it has successfully implemented these key activities through improved permanency outcomes.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Root cause analysis: OCFS has historically been challenged in meeting expectations around frequency and quality of contact with parents. The result of these challenges was evident in the data from the 2017 CFSR as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
------	-----------------------------	---

15 Caseworker visit with parent(s)	35% Strength	16% Strength
------------------------------------	--------------	--------------

The following factors were found during the CFSR, as well as through engagement with internal and external stakeholders:

- An inability to conduct regular and consistent ongoing assessments of how parents and children are progressing in the services as necessary to enable family rehabilitation and reunification.
- Lack of quality caseworker contacts with children in the Department’s care.
- Specific to in-home service cases, inconsistency in the frequency and quality of caseworker contact with household members as necessary to meet the case circumstances.
- For children in care, inconsistency in the frequency and quality of caseworker contact with parents as necessary to meet the case circumstances.
- A lack of tools and strategies to effectively engage with parent and paramours in quality case planning.
- Frequent changes in the caseworker assigned to a family.
- Challenges with workload for both caseworkers and supervisors; and
- Difficulty in addressing secondary trauma for district staff which impacts their ability to provide frequent and quality contacts with parents.

The recent PCG report included recommendations related to increasing compliance with statutory timeframes that reflects the importance of quality interactions with parents in child welfare cases. The recommendation indicated that caseworkers, in consultation with the Assistant Attorney Generals (AAGs), need to communicate honestly and openly about the trajectory of a case and likelihood of reunification with family parents.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

Two OCFS initiatives that support strengthening the quality of contact with parent(s) are implementation of the OCFS Family Plan and Family Team Meetings which guide and promote quality interactions between caseworkers and parents.

Additional key activities for improving the frequency and quality of contact with parent(s) include:

- As part of implementation, create a feedback loop for staff to evaluate progress in addressing technical and adaptive challenges related to quality face-to-face contacts with parents, including documentation of contacts. **(PIP activity - Q2 7/2020 and ongoing)**

Status Update: The Supervisor Advisory Team, Caseworker Advisory Team, Intern Staff and Regional Management team has convened and reviewed all of the

interview templates and developed updated user guides for the current templates for parent and child interviews.

- Analyze feedback and implement solutions to improve the quality and documentation of contacts with parents. **(PIP activity - Q3 10/2020 and ongoing)**

Status Update: In the spring of 2022, in response to the PIP extension, OCFS QA began conducting PIP Targeted Reviews in each district to support measurement of practices that had been identified as key to improving outcomes for families. Several practices were targeted including Family Team Meetings, Rehabilitation and Reunification Plans, and the frequency and quality of contacts with children and parents. The practices being reviewed are those completed in the prior 6 months of the date of review allowing feedback in a timelier fashion to the districts. This data is provided to the district CQI Teams for discussion related to the strengths and challenges in each of these areas, as well as the opportunity to develop strategies for improvement. Meetings are held quarterly to allow for an ongoing forum to evaluate the successes of strategies implemented and make appropriate changes to achieve success. Of note, between the first and third review cycle there was feedback to the QA Team that having information split out regarding the FTMs with each parent would be more helpful to staff and those adjustments were made.

Question	July-Sept. 2022	Nov.-Dec. 2022	Jan.-Mar. 2023
Were concerted efforts made to meet with the mother(s) every month?	21%	29%	33%
Did the conversation with the mother(s) focus on their perceptions related to services, goals and ideas that would be specific to the mother(s) and their circumstances/understanding of what is happening within the case?	45%	67%	80%
Were concerted efforts made to meet with the father(s) every month?	9%	21%	17%
Did the conversation with the father(s) focus on their perceptions related to services, goals and ideas that would be specific to the mother(s) and their circumstances/understanding of what is happening within the case?	31%	64%	66%

- Utilize a workload analytic tool to inform staff resource allocations and case assignments based on workload factors to support efficient time management and improve quality face-to-face contacts and documentation. **(PIP activity - Q2 7/2020 and ongoing)**

Status Update: During 2020, OCFS continued to work to refine the workload analytic tool to ensure that as much as possible it accounts for the impact of each type of worker's assigned duties and functions, as well as the impact of case-specific variables such as the number of children in a family or the amount of time required to travel to see case participants. Caseload and Workload Definitions In the 2020 report, OCFS set forth definitions of the terms caseload and workload to guide the Department's work related to LD 821. OCFS utilized the expertise of the Child Welfare League of America (CWLA) in establishing the distinction between caseload and workload.

The workload analytic tool results for December 2020 show a need for 74.6 additional caseworkers. This analysis does not consider current vacancies. Once current vacancies are considered, the net need is 22.6 positions.

- Train staff on the utilization of the face-to-face contact with parents' templates to address the quality of contacts.

Status Update: The templates for monthly caseworker contacts with parents, resource parents, and children have been updated and implemented. The Regional Associate Directors facilitate several trainings for all staff on the use of these templates and the OCFS Training and Policy Unit has implemented a Quality Contacts Training that is required for all staff.

- Full implementation of the Child Welfare Supervision Tool.

Status Update: This key activity was moved to Goal 2, Strategy 2.

- Monitor implementation of the District Clinical Support contracts for caseworker and supervisory staff to ensure the provider is meeting performance measures related to providing case consultation and staff support related to secondary trauma.

Status Update: The Regional Associate Director overseeing Clinical Support Contractor, Spurwink, has participated in the hiring interviews for the clinical support staff in each district office. The agency has provided critical incident stress management training to the clinicians and to the DMT. An additional training was held for those who were unable to participate and will be able to include more OCFS staff (the District Level Quality Circle Teams). The Spurwink program has been providing clinical consultation and staff support, even during the pandemic period. Spurwink has been involved in developing a framework for implementation of the critical incident stress management protocol for OCFS and reviewing related policies. Spurwink has also been providing support to district

management regarding the development of organization leadership skills. It is anticipated they will participate in developing a peer support model throughout OCFS.

- ~~Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to their reviews of the face-to-face contact narratives and the templates utilized to document the contact between caseworkers and parents.~~

~~Status Update: Due to child welfare operational need a decision was made in the fall of 2019 that utilizing district child welfare staff to support the QI program was not sustainable. At that time a decision was made to request four additional QA lines to support those districts that were not specifically covered by a QA Specialist and to include activities beyond just the completion of the Family and Child Plans. The vision for these lines is to support CQI practices within the district and statewide as well as to support the monitoring of the various federal correction action plans to include the PIP, Child Care Subsidy Audit, and the National Youth Transition Database audit. These lines were approved and three of the four were hired in the spring of 2020. Child welfare management determined that, due to an administrative operational need, the fourth line would be repurposed to support a different program area. **This key activity will be discontinued.**~~

- Implement recommendations from the PCG Child Welfare Evaluation and Business Process Redesign final report that will ultimately improve business processes focused on outcomes related to child safety including:
 - a. Quick wins.
 - b. Technology.
 - c. Policy and practice; and
 - d. Training.

~~Status Update: This work has been incorporated into the Child Welfare Strategic Priorities for OCFS and will be discontinued.~~

Strategy 3: Improve the recruitment, retention, and training of the child welfare workforce.

Root cause analysis: OCFS has historically been challenged in recruiting and retaining experienced staff and PCG cited some of the challenges as unmanageable caseloads, forced overtime and inadequate training. These factors have resulted in significantly high turnover rates. Between 2016-2018, the vacancy rate has varied from 21.8% in 2016 to 18.7% in 2017 to 37.2% in 2018. PCG recommended that OCFS should align new caseworker trainings and training techniques with national best practices and develop an ongoing training management plan for future implementations. Another source of information regarding workforce is the OCFS

Recruitment and Retention Specialist who, in addition to onboarding new staff, also sends exit surveys and conducts exit interviews with staff upon their request. OCFS recognizes the need to formalize the data collection process and collect data related to other key staff involved in child welfare operations.

Focus groups held during the CFSR and subsequently, found that Maine remains challenged in ensuring that trainings for child welfare staff and resource parents are sufficient to ensure that both groups have the opportunity to sharpen their skills related to child welfare practice. Specifically, the CFSR found that there is a lack of training for experienced child welfare workers, OCFS does not have a tracking system for participation in trainings and trainings are not evaluated for their relevance to the learning objectives. In addition, stakeholders reported that the initial training does not prepare resource families to perform their role as caregivers. Stakeholders also reported that while resource parents must complete 18 hours of training every 2 years to renew their licenses, relevant training is often not available and that the same trainings are offered year after year. Resource parents could benefit from training related to working collaboratively with birth parents.

In addition, the 2017 CFSR found that, at that time, Maine didn't have a statewide recruitment plan. Maine has since contracted with an agency to recruit and provide trainings for resource families.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Conduct district feedback meetings of current staff, convened by length of service, to identify recruitment and retention strategies. **(PIP activity - Q3 10/2020)**

Status Update: OCFS Has implemented Workforce Wellness Teams in each district. These teams were recently provided a 20-hour training in Critical Incident Stress Management Response. The teams will be meeting in Q4 to complete a district mapping of the strengths and challenges of each district, directly related to staff (including recruitment and retention).

The OCFS Recruitment and Retention Specialist convenes regular exit interviews with all staff leaving the agency. The Director of OCFS is provided a quarterly report on rolling averages of staff turnover and Churnover for all OCFS staff.

- Evaluate the current exit interview process and identify strategies to more effectively retain staff based on the information gathered in that process. **(PIP activity - Q4 1/2021)**

Status Update: The OCFS Recruitment and Retention Specialist convenes regular exit interviews with all staff leaving the agency. The Director of OCFS is provided a quarterly report on rolling averages of staff turnover and Churnover for all OCFS staff.

- Explore alternative caseworker recruitment activities to strengthen the pool of qualified applicants. **(PIP activity - Q4 1/2021)**

Status Update: Maine was selected as a site to participate in Child Welfare Workforce Data Analytic Institute. This project will help the agency build partnerships between child welfare and HR and explore how to leverage data necessary to examine and address child welfare workforce challenges. Maine OCFS identified the following individuals to participate in this project: Associate Director of Child Welfare, OCFS Recruitment and Retention Specialist, OCFS Training Program Manager and the Director of Human Resources.

OCFS is continuing to hire and onboard staff even while the majority of the work is being done remotely due to pandemic. The Recruitment and Retention Program Manager has considered creative opportunities to continue this work during this pandemic.

Since the onset of the pandemic in March 2020, the Recruitment and Retention Specialist primarily conducts initial panel interviews for new staff. Potential recruits can be screened, have their first interview, and have their names forwarded to the hiring districts within two weeks under this process. The Recruitment and Retention Specialist utilizes various strategies to engage potential staff including participating in college presentations (in person prior to the pandemic and via remote platforms during the pandemic) including UMF, UMaine and UMA); participation in virtual job fairs, including at USM, UConn, UNH, and State of Maine Veteran's job fairs. Recruitment activities also include the Indeed Platform as well as the State of Maine's Linked In and other social media accounts.

In collaboration with the University of Southern Maine, the Cutler Institute, develop and implement Field Instruction Units (FIU) statewide for child welfare interns. **(PIP activity - Q6 7/2021)**

Status Update: Development of the Field Instruction Program (FIP) is complete and OCFS and the Cutler Institute are piloting the model with the current group of OCFS interns. Full implementation of the FIP program began in the fall of 2022. During the trial year of 2021-2022, 4 interns completed the program. During the pilot year 2022-2023, 12 completed the program.

1. OCFS Foundations Program

The Foundations Training is being delivered to a cohort of five 2021-22 OCFS student interns. The Cutler Team created a paced weekly training plan that delivers the Foundations Training over the academic year and a corresponding

online course in the OCFS Learning Portal. The training counts toward the students' required field hours, and incorporates professional development coaching including licensing procedures, student loan management, professional dress and demeanor, and secondary trauma management. Students who successfully complete the program and are offered and accept positions at OCFS will not be required to repeat the Foundations training.

2. **Communications and Support to OCFS Supervisors and Casework Mentors**
The Cutler Team partnered with the QA Team to develop a structured supervision plan for participating student interns. Each student intern is paired with a caseworker mentor to shadow and help provide contextual orientation in the field. The student intern accompanies their caseworker mentor to the mentor's supervision sessions to see Structured Decision Making in real time and learn about making the most of the supervision process.
 3. **FIP Recruitment**
The FIP has implemented the recruitment plan, including an online application process, informational materials, and a standardized interview and background screening process for the academic year 2022-23.
 4. **Evaluation Tools**
The Cutler Team, in collaboration with the Evaluation Committee, has developed a logic model, which provides a foundation for the development of student intern evaluations. Evaluations will be administered with students before starting the FIP, after graduation, and 6-months post-graduation to measure knowledge gains and retention in the field.
- In collaboration with the University of Southern Maine, the Catherine Cutler Institute, review and revise the pre-service training process for new caseworkers. **(PIP activity - Q6 7/2021)**

Status Update: The redesign of the Caseworker Foundations training expanded the training from five to seven weeks. This redesigned training was launched in January 2022 (survey data from OCFS staff who participated in the OCFS-Cutler Foundations Training for new caseworkers in 2022 can be found at the end of this report).

During the training there are joint training days in which core material is delivered to all caseworkers together. Additionally, there are program specific days in which content related to each role is delivered separately to Investigations Caseworkers and Permanency Caseworkers. Using adult learning theory, the classroom and e-learning training content provides knowledge, awareness, and beginning skill-building with opportunities for application/practice and simulated practice experience. Skill acquisition is enhanced through learning that happens inside as well as outside the classroom such as through job shadowing experiences.

The training provides fundamental knowledge of the dynamics that are impacting families who are reported to the OCFS as well as competency-based skills in relation to OCFS policy, procedures, and Maine specific practices and tools, such as Structured Decision Making (SDM).

New content has been incorporated into the training (training calendar is attached that shows all of the topic areas and the flow of content from one week to the next).

Foundations staff developed legal training content with the review and approval of the CPS Division Chief in the Office of the Attorney General. The content includes Legal Basics; Legal Basis for Investigation; Legal Basis for Family Services Work; Legal: The Investigator in Court; Legal Testimony; Legal Writing: Assignment for Mock Court Documents; Legal: The Permanency Worker in Court; Legal: Closing Cases for Each Permanency Outcome.

- Provide staff with training to assist in the development of skills required to effectively engage with families and provide quality child welfare services: **(PIP activity - Q3 10/2020 and ongoing)**
 1. Forensic Interviewing.
 2. Motivational Interviewing.
 3. Principles of Teaming.
 4. Action Planning.
 5. Conflict Management; and
 6. Facilitation.

Status Update: All previously mentioned trainings are ongoing and available to all staff. The OCFS Training and Policy Unit is in the process of developing additional trainings and coaching opportunities for new staff including a consistent framework for a new worker support group and legal writing.

- Procure a Learning Management System that will track required trainings, other trainings available, and allow an individual to log in to track completed trainings, including OCFS, SETU and community-based trainings; track social work licensure and renewal dates; and serve as a place to store and print training certificates. **(PIP activity - Q8 1/2022)**

Status Update: The Bright Space Learning Management System went live in July 2021. Currently there are several training opportunities on the site and staff are able to sign up for trainings through this platform. Staff used the Bright Space LMS to register for a two-day training on the new CCWIS system (Katahdin). Some additional training opportunities on Brightspace include Social Work Ethics and Medical Indicators of Abuse/Neglect. Updated policies are available on Brights Space. All staff are required to review the policy and pass a policy quiz in this system when new policies are released.

For live/zoom trainings, staff attendance is captured through Brightspace. Once registered for a course, trainers use the registration list to mark a student as absent or present. Staff who were marked present during the training will earn a certificate (badge) for the training. Attendance can also be captured through an attendance tool spreadsheet. For E-learnings, the system tracks who has started and completed a training. Certificates (Badges) are awarded for all policy trainings once a staff member has completed and passed the quiz. For a course that awards contact hours, a printable certificate is issued. When a mandatory course for all staff is created, Brightspace can track attendance to determine who has completed the course.

Brightspace is able to track when required trainings for licensure will expire and generate automatic reminders for staff for the need to renew.

- In collaboration with the University of Southern Maine, the Catherine Cutler Institute, review and revise the Resource Family Introductory Training (RFIT) process for Foster, Adoptive and Kinship parents. **(PIP activity - Q8 1/2022)**

Status Update: In early 2020, OCFS selected the National Training and Development Curriculum to adopt for Maine Resource Family preservice training. NTDC curriculum in Maine provides 24 hours of live and live/virtual classroom training for all foster and adoptive applied resource families. OCFS made the decision to require that all applied kinship families participate in the same curriculum as foster, adoptive and non-kinship providers as there was a concern that the previously approved reduced training hours were not providing the content needed by kinship families and their complicated dynamics and needs. NTDC consists of classroom-based trainings and offers additional training sessions known as “Right Time Trainings” to be used by families when they have a need for additional information and/or license renewal.

Right Time Trainings provide ongoing learning and skill development for topics not covered in the introductory classroom-based training. They contain videos, podcasts, and prompts designed to help resource families apply practical knowledge and skills to their parenting experiences.

OCFS offered the first series of NTDC curriculum to applied families in January 2021, using a live/virtual model due to pandemic protocols. In September of 2022, all contracted services followed the Department’s lead of offering families both in person and live/virtual options to select from. To date, 1918 families have completed the curriculum. Sessions are offered in a variety of schedules, days, and times to meet the convenience of our applied families. Each class accommodated a limited number of participants, but many sessions were offered concurrently to accommodate a larger number of applied families. OCFS plans to offer some sessions in both an in-person classroom as well as an in-person/virtual hybrid

experience in the 2023 spring/summer sessions. The assessment and evaluation of the program is ongoing with our partner, the Catherine Cutler Institute.

- Evaluate the efficiency and effectiveness of the Foster Parent Recruitment contract, including strategies to strengthen the collaboration between the OCFS district offices, community stakeholders and the contracted provider with a focus on outreach efforts to targeted populations.

Status Update: The Recruitment Core team meets monthly. The core team consists of the OCFS Resource Parent Manager, OCFS Adoption Manager and the management of the contracted recruitment agency. The meeting focuses on efficiency and effectiveness of the contract including data outcomes, community collaboration (ICWA workgroups, YLAT, treatment agencies, etc.) and collaboration with OCFS district offices. Meetings occur monthly in each district office to maintain that connection, brainstorm recruitment ideas and ease barriers and challenges.

- Develop and implement a survey to be administered by the district foster parent liaison that will assess foster, adoptive and kinship parent needs and satisfaction.

Status Update: The Resource Parent Care Team (RPCT) uses a survey to assess foster, adoptive and kinship satisfaction with the services provided and any additional identified needs.

- Collate the results of the survey listed above and provide results to the OCFS Executive Management Team for decision making and action planning.

Status Update: The survey results are available as part of the data collected by RPCT. OCFS management meets often with RPCT leadership to discuss program outcomes and challenges.

- In collaboration with the Resource Parent Care Team contracted providers, strengthen utilization of the district foster parent liaisons to align their activities with the needs of foster, adoptive and kinship parents.

Status Update: Each district has a liaison in the office working directly with OCFS staff to identify families needing additional support. A brochure was created that describes the service and is distributed to every newly licensed home. The liaison staff routinely meets with the Resource Units and all OCFS staff to ensure that the RPCT program is understood and utilized within OCFS. Every time a family receives a new placement, a liaison contacts the family to assess the need for additional supports and answer questions.

- Implement recommendations from the PCG Child Welfare Evaluation and Business Process Redesign final report that will ultimately improve business processes focused on outcomes related to child safety including:
 - e. Quick wins.
 - f. Technology.
 - g. Policy and practice; and
 - h. Training.

Status Update: This work has been incorporated into the Child Welfare Strategic Priorities for OCFS and will be discontinued.

- Utilize the OCFS Child Welfare Business Process Redesign (BPR) Collaborative to inform recommendations to improve the effectiveness and efficiency of caseworker and supervisor activities.

Status Update: Collaborative Workgroup members were involved in the development of finalizing the Child Welfare Strategic Priorities which will strengthen child welfare practice and were based on the business process redesign. This step is completed.

- Evaluate and redesign the recruitment and retention process for relatives and resource homes to include components required to meet the unique needs of youth in foster care.

Status Update: The recruitment process focuses on recruiting homes for three populations: infants in reunification, sibling groups and teens. The retention process included AFFM services and RPCT clinical in-home supports.

Strategy 4: Coordination and implementation of training opportunities with the OCFS Policy and Training Unit and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill set foster, adoptive and kinship parents.

Root cause analysis: Focus groups held during the CFSR and subsequently, found that Maine remains challenged in ensuring that trainings for foster, adoptive and kinship parent are sufficient to ensure that resource parents have the opportunity to sharpen their skills related to child welfare practice. Specifically, the CFSR found that that the initial training for resource parents does not prepare them for their role as caregivers. Foster and adoptive parents also reported that relevant trainings to renew their licenses are not available and that the same trainings are offered year after year. Trainings related to supporting foster parents in recognizing and address any discomfort they may in working with parents would be important.

Key activities over the next five years:

- Develop a ‘level system’ (associated with a number of years and/or previous trainings completed) that guide staff in selecting trainings based on knowledge and experience.

Status Update: The Bright Space Learning Management System went live in July 2021. Currently there are several training opportunities on the site and staff are able to sign up for trainings through this platform. For live/zoom trainings, staff attendance is captured through Brightspace. Once registered for a course, trainers use the registration list to mark a student as absent or present. Staff who were marked present during the training will earn a certificate (badge) for the training. Attendance can also be captured through an attendance tool spreadsheet. For E-learning, the system tracks who has started and completed a training. Certificates (Badges) are awarded for all policy trainings once a staff member has completed and passed the quiz. For a course that awards contact hours, a printable certificate is issued. When a mandatory course for all staff is created, Brightspace can track attendance to determine who has completed the course. Brightspace is able to track when required trainings for licensure will expire and generate automatic reminders for staff for the need to renew.

- Develop a statewide training database that includes a list of all required trainings, as well as other trainings available, and allow an individual to log in to track completed trainings, including OCFS, SETU and community-based trainings; track social work licensure and renewal dates; and serve as a place to store and print training certificates.

Status Update: See Above

- Review and revise the Pre-Service Training curriculum for new caseworkers.

Status Update: This strategy has been moved under Goal 3 Strategy 3.

- Review and revise the Resource Family Introductory Training (RFIT) curriculum for Foster, Adoptive and Kinship parents.

Status Update: This strategy has been moved under Goal 3 Strategy 3.

- In collaboration with AFFM, OCFS will survey foster, adoptive and kinship parents six months after their initial training to identify needs and gaps.

Status Update: AFFM survey's foster, adoptive and kinship families soon after licensure and routinely during the year to identify needs. All new families are offered a mentor through AFFM.

- Collaborate with AFFM to increase knowledge of and access to training opportunities for foster and adoptive parents through the training directory and monthly newsletter.

Status Update: Key activity revised to next bullet to reflect the need more accurately as identified in the PIP.

- (NEW) Collaborate with Adoptive and Foster Families of Maine to increase training opportunities that meet the needs of resource parents. **(PIP activity - Q3 10/2020)**

Status Update: The Resource Family Support Services contract includes a requirement to provide ongoing training to licensed resource families. The contractor (Adoptive & Foster Families of Maine) sponsors an annual training conference which brings together speakers on relevant topics. In 2021 and 2022, AFFM offered this opportunity via a virtual learning platform due to COVID-related public health concerns. In 2023, AFFM will return to a live conference model. In addition to their annual conference, Adoptive and Foster Families of Maine provides a variety of in person and virtual trainings and workshops that support caregivers in fulfilling their role and enhancing their skills. *AFFM has offered several ongoing trainings which are referenced earlier in this document.

Strategy 5: Complete a statewide service inventory and develop a system for mapping the service array and availability. **This strategy was revised to reflect the need more accurately as identified in the PIP.**

(NEW) Strategy 5: Collaborate with other state agencies and community partners to improve access, availability, and efficacy of services to support children and families.

Root cause analysis: The CFSR focus groups found that Maine remains challenged in that there are wait lists for core services and gaps in services in rural areas of the state. Distance and a lack of transportation prevent clients from accessing services in rural areas. In addition, OCFS relies on clients having access to MaineCare to receive many services. In 2018, OCFS contracted with PCG to evaluate the behavioral healthcare service array. Based on findings in this report, a workplan is being developed to address system gaps. In 2019 Maine expanded access to MaineCare which will allow many parents, who would otherwise lose their MaineCare eligibility once a child enters foster care, to maintain this insurance coverage, increasing access to services. Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Utilize current data sources to identify resource gaps statewide. Utilize this information to advocate for additional funding and provide direction to current providers regarding future program development. **(PIP activity - Q6 7/2021)**

Status Update: OCFS worked with Chapin Hall for the last quarter of 2021 to begin a small-scale gap analysis related to prevention programming. OCFS worked on the required report to the legislature which has additional program updates and can be found [here](#) on the FFPSA public facing website. Casey is continuing to fund Chapin Hall's work with OCFS in the coming year and a new scope of work is being finalized. OCFS utilized the State Agency Partnership for Prevention to get ideas on future focus areas for the gap analysis and OCFS is looking at possibly a larger analysis of existing data that has been collected by other DHHS programs on substance use services and compare that to the need

identified by our service case and foster care case data. OCFS will also possibly be looking at primary prevention/Social Determinants of Health/OCFS candidate data to analyze communities of need to assist with targeted primary, secondary, and tertiary prevention services. This scope of work is still being finalized to determine a possible third area of analysis.

- Align service planning with Families First Prevention and Services Act (FFPSA). **(PIP activity - Q8 1/2022)**

Status Update: On February 1, 2021, the Office of Child and Family Services (OCFS) FFPSA Maine State Prevention Plan was submitted to the Administration for Children and Families (ACF) with the plan being approved on September 15, 2021. OCFS submitted an amendment to this plan on September 26, 2022 with that [Amended Plan](#) being approved on January 3, 2023. In collaboration with the Children's Behavioral Health Program under OCFS, there has been continued efforts to examine opportunities to bring forth other evidenced based practices that can possibly be implemented under Family First. The Family First Program Manager has attended several collaboration and planning sessions to discuss programming opportunities.

~~Develop a coordinated, comprehensive transportation system to assure access to services statewide.~~ Review OCFS contracted services (ex: transportation, visitation, etc.) and other virtual platforms to assure client access to services statewide.

- **(PIP activity – Q4 1/2021, Q8 1/2022)**

Status Update: Throughout the COVID-19 pandemic service availability and access has been a challenge. OCFS has supported the use of telehealth services when possible and has reinvested contract dollars that would have lapsed to support service providers in adapting to the current workforce/service delivery challenges, for example to support recruitment and retention activities. Specifically, OCFS has informed providers that they can utilize OCFS contract funds for sign on and recruitment bonuses for their staff.

As noted in other sections, OCFS is in process of implementing several services for children and families including Homebuilders (both prevention and reunification services), Hi-Fidelity Wraparound, Child Care and Early Child Care services, Parents Are Teachers Too, as well as Family Visit Coaching to expand the continuum of visitation services.

With regards to visitation, OCFS has contracts with visitation providers in all 8 districts throughout the state, however visitation services are minimally available statewide. This is due primarily to staffing shortages as a result of the pandemic.

With regards to transportation, OCFS continues to have quarterly meetings with the contracted transportation providers. The Division of Contract Management, the DHHS Commissioner's Office DHHS and Child Welfare Leadership continue to participate in ongoing meetings to discuss and develop plans for a statewide transportation system.

- Child welfare will coordinate activities with Children's Developmental and Behavioral Health Services to increase access to and availability of quality services. **(PIP activity – Q8 1/2022)**

Status Update: OCFS has sought to partner with providers to strengthen service accessibility, array, and availability. In 2022, Maine allocated \$230 million for SFY 2022 and 2023 to support and provide long-term stability for the behavioral health system. This funding included both one-time relief payments and permanent rate increases. In 2022, OCFS partnered with MaineCare to conduct comprehensive rate studies. These studies were completed in December 2022 and will impact numerous children's services and ensure that rates allow for the long-term stability of the CBHS system of care.

- Monitor the implementation of the Family Visit Coaching Pilot (FVCP) to develop best practices for parent child contact in reunification cases. **(PIP activity - Q8 1/2022)**

Status Update: The Family Visit Coaching Pilot has been completed. Results from the pilot:

54 families were reviewed; 24 completed the full 16-week program and 30 did not complete the program. Of the 30 who did not complete the program, 8 of the families ended early due to trial home placement and the remaining 22 ended early due to a variety of reasons including safety concerns, violation of policies/rules, termination of parental rights, change in placement, etc.

OCFS has contracts with visitation providers in all 8 districts throughout the state, however visitation services are minimally available statewide. This is due primarily to staffing shortages as a result of the pandemic.

- Disseminate results of key activities created in this strategy to internal and external stakeholders, including the Health & Human Services Legislative Committee.

Status Update: In collaboration with internal and external stakeholder, including national experts, OCFS engaged in an initiative mapping process to identify strategic priorities to address systemic gaps and create the OCFS Strategic Plan. The plan was shared with Government Oversight Committee and the Health and Human Services Legislative Committee and OCFS continues to provide updates.

Measurement table for evidence of completion of Goal 3:

CFSP Year Goal						
CFSR Item	Baseline	Year 1 6/2020 submission	Year 2 6/2021 submission	Year 3 6/2022 submission	Year 4 6/2023 submission	Year 5 6/2024 submission
2	50.0%	55%	60%	65.1%	70%	75%
3	40.0%	42%	45%	47.8%	52%	58%
4	75.0%	78%	80%	83.8%	90%	95%
5	80.0%	83%	85%	88.1%	90%	95%
6	55.0%	58%	62%	65.1%	70%	75%
12	38.5%	41%	43%	46.2%	50%	55%
13	40.4%	43%	45%	48.7%	55%	60%

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

(CFSR Factor Covered: Well Being Outcome 1)

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Root cause analysis: OCFS has historically been challenged with ensuring that well-being needs of children are consistently met. The result of these challenges was evident in the data from the 2017 CFSR as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/22-3/31/23
12A Needs Assessment of Children	69% Strength	45% Strength
13 Child and family involvement in case planning	55% Strength	24% Strength
14 Caseworker visit with child	63% Strength	38% Strength
17 Physical health of child	64% Strength	42% Strength
18 Mental/behavioral health of child	67% Strength	16% Strength

The following factors were found during the CFSR, as well as through engagement with internal and external stakeholders:

- Gaps in the assessment process for determining the needs of children and a lack of available appropriate services to address the needs when identified.
- Inconsistencies in the assessment of and response to children's medical, dental, and behavioral health needs.
- A lack of tools and strategies to effectively engage with children in quality case planning.
- Challenges related to the array of services available to meet the needs of children.
- An inability to conduct regular and consistent ongoing assessments of how children are progressing in the services as necessary to enable family rehabilitation and reunification.
- Frequent changes in the caseworker assigned to a family.
- The quality of caseworker contacts with children in the Department's care; and
- Challenges with workload for both caseworkers and supervisors.

Two OCFS initiatives that support strengthening the quality of contact with children are implementation of the Child Plan and Family Team meetings which guide and promote quality interactions between caseworkers and children. Successful implementation of key activities related to workforce recruitment and retention is important as having multiple caseworkers assigned to cases impact the consistency of the child welfare case process and, more importantly, the relationship between caseworkers and children. In addition, key activities related to the development of improved interviewing skills for caseworkers will assist them in having crucial conversations with children on their caseload.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- As part of implementation, create a feedback loop for staff to evaluate progress in addressing technical and adaptive challenges related to quality face-to-face contacts with children, including documentation of contacts. **(PIP activity - Q2 7/2020 and ongoing)**
Status Update: The Supervisor Advisory Team, Case Work Advisory Team, Intern Staff and Regional Management team has convened and reviewed all of the interview templates and developed updated user guides for the current templates for parent and child interviews.
- Analyze feedback and implement solutions to improve the quality and documentation of contacts with children. **(PIP activity - Q3 10/2020 and ongoing)**
Status Update: OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists, and the District Senior Management Child Welfare Teams. The four teams will participate in quarterly district practice

feedback sessions related to reviews conducted by the QA Program Specialist Teams focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and reviewed conducted by the CW Program Specialists that include investigation and permanency practices. The QI team facilitates debrief meetings with district staff for the specific cases reviewed to share feedback on strengths, areas for improvement and identify next steps to be completed with the caseworker, supervisor, and the PA/APA for the district. The CQI process provides feedback in real time and will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

- Train staff on the utilization of the face-to-face contact with children template to address the quality of contacts.

Status Update: The templates for monthly caseworker contacts with parents, resource parents, and children have been updated and implemented. The Regional Associate Directors facilitate several trainings for all staff on the use of these templates and the OCFS Training and Policy Unit has implemented a Quality Contacts Training that is required for all staff.

- Review and modify the MACWIS Supervisory Tool to ensure appropriate utilization of the tool related to supervisory coaching with caseworkers on face-to-face contacts.

Status Update: This key activity was moved to Goal 2, Strategy 2.

- Develop and implement a Courtesy Visit Protocol statewide.

Status Update: No update

- ~~• Full implementation of the centrally supervised Quality Improvement (QI) team to provide real-time direct feedback to casework staff related to their reviews of the face-to-face contact narratives and templates utilized to document the contact between caseworkers and children/youth.~~

~~Status Update: Due to child welfare operational need a decision was made in the fall of 2019 that utilizing district child welfare staff to support the QI program was not sustainable. At that time a decision was made to request four additional QA lines to support those districts that were not specifically covered by a QA Specialist and to include activities beyond just the completion of the Family and Child Plans. The vision for these lines is to support CQI practices within the district and statewide as well as to support the monitoring of the various federal correction action plans to include the PIP, Child Care Subsidy Audit, and the National Youth Transition Database audit. These lines were approved and three of the four were hired in the spring of 2020. Child welfare management determined that, due to an~~

~~administrative operational need, the fourth line would be repurposed to support a different program area. This key activity will be discontinued.~~

Measurement table for evidence of completion for Goal 4:

CFSP Year Goal						
CFSR Item	Baseline	Year 1 6/2020 Submission	Year 2 6/2021 Submission	Year 3 6/2022 Submission	Year 4 6/2023 Submission	Year 5 6/2024 Submission
2	50.5%	55%	60%	65%	70%	75%
3	40.0%	42%	45%	48%	52%	58%
4	75.0%	78%	80%	84%	90%	95%
5	80.0%	83%	85%	88%	90%	95%
6	55.0%	58%	62%	65%	70%	75%
12	38.5%	41%	43%	46%	50%	55%
13	40.5%	43%	45%	49%	55%	60%
14	63.1%	65%	68%	71%	80%	90%

As indicated in the OCFS Training Plan (Appendix G), the trainings available to staff are designed to build foundational knowledge and practice skills that support the delivery of quality child welfare services and advance the goals identified in the 2020-2024 CFSP.

OCFS recognizes that training alone will not improve practice and therefore as part of any implementation plan, OCFS will consider they type of support necessary to sustain and build these into the design of the plan. Some of these activities will include coaching, the use of quantitative and qualitative data, and any changes to the technology systems to align practice and policy expectations.

Child and Family Services Continuum

Child abuse and neglect prevention services are provided by the Maine Children’s Trust, Inc. and Child Abuse and Neglect Prevention Councils, which receive funding and provide services in all 16 counties in Maine. The Maine Children’s Trust, Inc. communicates, coordinates, and consults with the child welfare management team in its efforts to prevent child abuse and neglect. The Trust receives the Community Based Child Abuse Prevention (CBCAP) program federal grant from ACF.

All reports of child abuse and neglect are received and screened by the statewide Child Welfare Intake Unit within OCFS which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards screened reports to child protective supervisors in the district offices for assignment. In September 2007, the Department initiated steps to ensure a timelier 72-hour response to reports of child abuse and neglect by implementing the expectation that the Intake decision would be completed within 24 hours and children seen within 72 hours of the intake report.

In 2017, OCFS implemented the use of the SDM Intake tool to guide decision-making related to the appropriateness of assigning a report for child protection investigation and determining the response timeframe for completing initial contacts with critical case members. At this same time, the Intake Screening and Assignment Policy was updated. In February 2021, the SDM Intake tool was updated again based on feedback from Intake staff regarding the need for clarity in the definitions of some items on the tool and changes in OCFS practice.

In July 2008, Alternative Response Program contracts were revised to include the expectation that children would be seen in three days, moving toward a response timeframe that mirrored that of OCFS. These services were discontinued June 30, 2022.

The *Child Protection Assessment Policy* was revised in 2007 to give specific guidance around child protection assessment decisions as to when families need child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan.
- Safety plan failure.
- Findings of maltreatment with specific signs of risk that is likely to result in recurrence of maltreatment.
- Findings of child abuse or neglect within the previous 12 months.
- Parental unwillingness to accept services or to change dangerous behaviors or conditions.

If a child protection assessment determines that a family needs Child Protective Services, the caseworker convenes a Family Team Meeting (FTM) to develop a family plan to increase child safety.

This policy was revised again in 2018 to incorporate changes based on the implementation of SDM Safety and Risk Assessment tools. The current practice approach involves stricter adherence to forensic and investigative techniques and the policy was renamed the Child Protection Investigation Policy. This does not minimize the need to build strong engagement with families to enable staff to gather information yet increases the expectations to make factually supported decisions regarding child safety. The Child Protective Investigation Policy is in the final process of revision and updates and is expected to be released in the summer of 2023.

The *Child Assessment Policy* was also revised in 2007 to include the expectation that, for in home service cases, the frequency and type of caseworker's face to face visit with the child(ren) and family should be appropriate to the family's needs and risk to the child and visits should occur at least once a month in the home. More frequent contact with families helps to establish more effective working relationships, allows for a better assessment of safety and well-being, facilitates

monitoring of service delivery, and better enables the caseworker to measure and support the achievement of the agreed upon goals of the family. This policy also guides staff as to the nature and frequency of the reviews to determine if/when the Department's involvement should continue. Despite the policy revision, OCFS still struggled with having frequent, purposeful contacts with families in service cases which was evident in the data collected through the qualitative case reviews. In 2013, the OCFS Management Report was revised to include reporting of contacts made in service cases.

OCFS directly provides, refers, contracts, or otherwise arranges for needed therapeutic, educational, and support services to implement the family plan. Following the FTM, the caseworker makes referrals for services outlined in the agreed upon family plan. DHHS directly pays or contracts with services such as parent education and family support, early intervention services, homemaker services, child care, individual and family counseling services, transportation, family visitation and transitional housing services. A full listing of contracted services can be found in the resource module of Katahdin, the new child welfare information system. Families receive, directly or by referral, more intensive services, as needed, from domestic violence, mental health, and substance use treatment specialists.

DHHS caseworkers petition Maine District Court to place children in DHHS custody when an investigation has been completed and efforts toward reducing severe abuse/neglect have failed. In Maine, the Department may petition for custody or another disposition to protect the child. The court may order a child placed in DHHS custody upon finding at an ex parte hearing that the child is in immediate risk of serious harm. After a civil court hearing, in non-emergency situations, the court may order that a child is in jeopardy due to abuse or neglect as defined by Maine law.

When children cannot remain in their homes, initial Department social work efforts focus on exploring kinship options for placement. Children can be immediately placed with kin if a safe placement is located. Kinship assessment begins at Intake and continues throughout Department involvement with the child and family. If a kinship placement is unable to be identified at removal, the search for kinship connections continues. Fictive kin placements are the next preferred placement option for children, i.e., child care providers or friends of the family. The next option for placement would be foster care within the child's home community, whenever possible to maintain school and community connections. If a child requires therapeutic foster care, a statewide search is conducted and all therapeutic agencies receive a detailed referral form which outlines the needs, diagnoses, habits, behaviors, likes, and dislikes of the child.

When a child requires a higher level of support and cannot be successfully placed in a family setting various types of residential care are utilized. Residential programs vary from semi-independent living programs to those with 24/7 supervision. There is a universal application process in place for residential programs and OCFS collaborates with the OCFS Mental Health

Program Coordinators and Clinical Social Workers to ensure that residential care is the least restrictive placement required to meet the needs of the child.

Maine has a state administered District Court system. Within ten days of a child entering DHHS custody, a Family Team Meeting is convened to develop a Family Plan. From the time of investigation, and continuing throughout the period of court involvement, there is a focus on ensuring that parents understand the rehabilitation and reunification plan, including the goals and activities to resolve child safety issues as well as the expected timeframes for completion.

In October 2020, the Maine Judicial Branch began the “Transformation Zone” pilot project in two district courts. As part of this project, the judicial officer assigned to the court engages each parent at the judicial review to discuss the permanency plan in easily understood concrete action steps. The parents will be expected to complete the actions steps prior to the subsequent judicial review. As part of the pilot, a Judicial Bench Guide was developed and shared with the presiding judges for each of the two courts and the Judges participated in training in September 2020. The pilot project was completed, and the Judicial Branch contracted with an analyst to review the data from the project. The data analyst assessed cases, included a control group in the evaluation design, collected and reviewed cases included in the transformation zone project and completed a report of that analysis. The Judicial Branch is reviewing the reports and considering expansion of the project.

OCFS consistently file petitions to terminate parental rights for children who have been in care for 15 of the most recent 22 months unless case-specific information legally exempts a child. Through supervision and use of the SDM Reunification Assessment decision are made as to whether a petition for Termination of Parental Rights (TPR) should be filed. If the criteria are not met, this is documented in the case record along with a justification for an alternative permanency plan, which is documented as part of a court order.

Appointment of a Permanency Guardian is a dispositional alternative in Child Protection cases in Maine District Court. This alternative provides a viable permanency option to children who might otherwise remain in foster care through to the age of majority, including children who express a desire not to be adopted. In order to be considered for permanency guardianship, the child must be in the legal custody of the Department or Tribes; reunification must have been ruled out as a permanency option for the child; the child must meet the definition of “special needs”; the adoption option must have been fully explored and ruled out; permanency guardianship must be determined to be in the best interests of the child; and the family must meet all the required standards to qualify for permanency guardianship. Inherent in permanency guardianship is a respect and value for maintaining connections with family and the child’s culture. Subsidies are available to families who choose this option, with the rate, which is not to exceed the rate of reimbursement for regular foster care, negotiated with the family, based upon the level of need and the family’s resources.

Youth who have been appointed a permanency guardian may apply for Federal Education and Training Voucher assistance to help meet post-secondary unmet financial need up to a cap of \$5000 in assistance. Youth are also eligible to apply for one of the thirty college tuition waiver slots for schools within the University of Maine system.

In the permanency policy “Other Planned Permanent Living Arrangement” is identified as an appropriate goal only when a child has reached the age of 16 and the Department has documented to the court a compelling reason for determining that it would not be in the best interest of the child to return home, be referred for termination of parental rights or be placed for adoption, be cared for by a permanency guardian or be placed with a fit and willing relative. Maine’s Child and Family Services and Child Protective Act, Title 22, Chapter 1071, Section 4038 B states:

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

Maine has policies that outline activities to prepare children for independent living. All Maine children in foster care, regardless of their permanency goals, are required at age 12 to have a life skills strengths/needs assessment and an independent living case plan as part of the Child Plan. The plan outlines education/training, activities and resources that will assist the youth to develop skills for adulthood.

OCFS policy requires that the following be provided to the youth by the permanency caseworker or by the Youth Transition Caseworker: linkages with occupational and college prep high school classes; assistance linking with other educational alternatives; provision of information about financial aid for post-secondary education, tutoring or special education services, if needed.

OCFS has programs in place to help children prepare for a successful transition to adulthood. Youth in care are offered Extended Voluntary Care (V9) services. A youth in custody who is turning 18 years old has the option to enter into an agreement to remain in care, to accomplish the individual youth’s transition goals while still receiving the support of the Department. Individualized agreements are negotiated with the youth that outline specific services and supports that will assist the youth to achieve their educational or skills training goals. If a youth requires assisted living beyond what can be provided through a V9 agreement, a referral is made to DHHS Office of Behavioral Health Services on behalf of the youth at age 16. This support can be provided up until the age of 23 years effective this legislative session.

Transitional living services include ongoing training in skills such as money management and consumer skills, educational and career planning, locating, and maintaining housing, decision making, developing self-esteem, household living skills, parenting and employment seeking

skills among others. Prior to turning 18, OCFS assists the youth in applying for MaineCare (Maine Medicaid) for health insurance. Under new provisions of the Affordable Care Act, beginning 1/1/14, youth who turn age 18 while in foster care will remain eligible for coverage until their 26th birthday.

Through 2018, districts convened permanency reviews although there were variances in the models utilized during this period. In 2019, OCFS re-evaluated its process for reviewing permanency goals and steps towards timely achievement of those goal. In 2020, OCFS convened a workgroup to develop an updated permanency review process. The workgroup consisted of staff from all levels (caseworkers, supervisors, PA/APAs, Regional Associate Directors, and MSW interns). This work resulted in the updated permanency review teams that were implemented in March 2021.

The process includes designated roles for meeting participants, as well as focused topics to discuss in the meeting related to the primary and concurrent permanency goals for the child. The team reviews recommendations from the SDM Reunification Assessment and Risk Re-Assessment tools, parental behaviors that lead to a decrease in safety threats, efforts to engage both paternal and maternal relative resources, and barriers to achieving permanency to develop a plan outlining next steps to achieve timely permanency. OCFS continues to work with Casey Family Programs to develop a tracking and accountability system for the process. In addition, OCFS has trained staff in the use of the SDM Permanency tools, including those that guide case planning, risk re-assessment and case closure.

Child Welfare continues its commitment to assist children and youth in out-of-home placement to reside in the most normative setting that supports the child's safety, permanency, and well-being needs. Towards that effort, child welfare continues the residential permanency review process, to review the appropriateness of a child's referral to and placement in a residential treatment setting. In 2005, the residential reform workgroup identified that in Maine too many children were being placed for too long a period in residential placements. As a result, child welfare began reform efforts to focus upon moving children into more normalized family settings and towards assisting children to achieve permanency.

Residential placements were a focus of a prior 5-year plan in which OCFS began to track moves to and from residential care on a weekly basis. The tracking included monitoring the number of planned transitions from residential care each week in which the child went to live in a family/community setting, as well as those unplanned transitions that resulted in the child living in a more restrictive setting. Tracking of such data allowed OCFS to show evidence of positive outcomes for children moving out of residential care programs. Given the success in reducing the rates of children being placed in residential placements, OCFS moved from weekly tracking to monthly tracking through the OCFS Management Report.

OCFS continues to stress the importance of relative and kinship placement as the most desirable type of out-of-home placement when children cannot remain in the homes of their parents. Policy and procedure require staff to explore the possibility of relative and kinship placements on an ongoing basis throughout the period of involvement with the family. In addition to emphasizing the need for relative and kinship resource searches and placement, OCFS is also committed to funding services to help support and maintain kinship placements. In 2013, a Request for Proposals (RFP) was disseminated with a goal to streamline services to resource families by combining essential components of each previous contract into one which would serve families along a continuum of services, as needed. The RFP resulted in an award to Adoptive & Foster Families of Maine (AFFM) to provide what is now termed Resource Family Support Services (RFSS). The contract was awarded effective January 1, 2013, to AFFM and has continued to be renewed since that time.

AFFM is responsible for the following:

1. Providing services statewide to all resource families (foster, kinship, adoption, and permanency guardianship) who are caring for children placed by the Department.

Client Services Eligibility: Clinical/Income/Demographic Requirements to Receive Client Services and Provider Process for Eligibility Determination and Provider Methods for Provider Intake/Outreach

All resource families in Maine are, by their role, as an alternative caregiver for youth, eligible to receive services from the Provider. The provider will ensure that all resource parents who wish to receive the service are able to receive the service, and that resource parents are not subject to fees or any additional special eligibility criteria.

Resource Family/Parent: As defined in 22 M.R.S.A. §4002(9-D). “Resource family” means a person or persons who provide care to a child in the child welfare system and who are foster parents, permanency guardians, adoptive parents, or members of the child’s extended birth family.”

2. Providing statewide support to kinship care providers who are caring for children not in state custody all the services and supports available through this contract.
3. Providing families with information and support to assist them in providing quality care to children placed in their home.

The purpose of this agreement is to provide resource family support services which assist resource parents in their role of caregivers for youth placed in their homes by the Department. Resource family support services enhance the caregiver’s skills as a resource parent, and support resource parents’ increased understanding of the role shared with the Department in promoting timely permanency outcomes (including reunification) for youth in care.

4. Maintaining a listserv to ensure a prompt method of communication with all resource families.

The Provider will maintain the following information dissemination methods for resource families:

- Provide a Warm Line.
 - Provide Allegation Prevention and Protocol Training and support related to allegations of abuse and neglect, upon request by a resource family; and
 - Maintain a List Serve to provide prompt communication between the provider and the resource families to include, but not limited to, the following:
 1. Department-generated communication to be shared with the resource family parent(s).
 2. Notification of social events and training opportunities for resource families.
 3. Information on accessing available material goods provided by the provider; and
 4. Opportunities to network with peers.
5. Maintaining and updating a website to disseminate information and a toll-free phone number that is staffed to receive calls from resource families.

The provider shall maintain a toll-free telephone warm-line which is accessible to callers twenty-four (24) hours a day, seven (7) days a week, with an answering service, as well as an after-hours number.

6. Developing resource family support groups and peer mentors on a statewide basis, specifically:

Client Services to be Provided to Qualified Client

1. The provider shall continue to provide Peer Support Groups statewide to ensure that all resource families have access to a peer group.
 - A. At minimum, there will be one (1) peer support group in each county.
 - B. The number of peer support groups shall not be reduced unless approved by the Department; and
 - C. The provider will either facilitate the peer support group or will work with OCFS district staff and other community partners in providing administrative or other forms of assistance to an existing peer support group within the county.
 - D. Each peer support groups shall:
 - Be held at least once per month.
 - Provide childcare for attendees.
 - Provide trainings, related to the needs of resource families; and offer support.
2. The provider shall offer adoption specific support groups to resource families.

- A. Trauma-informed trainings shall take place during the adoption specific support groups.
 - B. Adoption specific support groups shall, at a minimum, be held in the following locations:
 - a. Bangor.
 - b. Augusta; and
 - c. Portland.
 - C. The number of adoption specific support groups shall not be reduced unless approved by the Department.
 - D. There shall be at least three (3) meetings held per month for the duration of this agreement (one (1) meeting per location specified in IV(D)(2)(b) (i-iii), above); and
 - E. Provide childcare for attendees.
3. The provider shall offer a mentoring service to all newly licensed resource families who express a need for a mentoring relationship.
 - A. The mentors will be recruited and trained by the provider; and
 - B. Mentors will be provided to resource families requesting them within thirty (30) days
 4. AFFM is responsible for supporting kinship families in transitioning from their former role as relative to their newly assumed role of primary caregiver to their relative child. AFFM will work with these families to support them in their unique role as a relative working toward the goal of facilitating positive interaction between the child, the birth parent, and the relative caregiver.
 5. AFFM will provide training to resource families, including acting as a co-trainer in all Department-delivered kinship training sessions provided to new kin families.

Performance measurement expectations are in place to monitor contract compliance in carrying out these responsibilities.

Throughout the pandemic, AFFM continued to facilitate support groups for foster and adoptive parents through remote platforms.

Moving forward, AFFM is invested in serving a broad range of caregivers, both those involved in a formal manner with the Department and those who may be informally involved through a family-arranged safety plan. The Department recognizes the need to increase awareness that the new contract for RFSS is targeted to support this broad range of caregivers, including families who have stepped forward to offer support to their relative children who are not in state custody. In 2019, OCFS was awarded the Kinship Navigator Grant through the Federal Government and utilized these funds to support the Kinship Program through AFFM. Many of these activities

outlined both support kinship families and incorporate components necessary for AFFM to become an evidence-based kinship program.

While OCFS is above the national average for the percentage of placements with relatives, staff continue to strive to improve practice in both placing and supporting connections for youth with relatives. Stability in a non-relative foster home does not equate to the benefits gained when a child resides with and maintains connections to his or her family of origin.

The OCFS Visitation Policy implemented in 2005 emphasizes the importance of visitation between children and their family members as a key service provided to assist with reunification efforts. Policy clarifies visitation purposes, visitation procedures, parental/participant responsibilities and the role of the foster parent or relative caregiver. OCFS staff collaborated with providers of contracted family visitation services for the purpose of finalizing performance-based measurements for the visitation contract. As a result of this effort, contracted agencies now report data relating to indicators of child safety during the visit.

Visitation support staff are expected to respectfully engage parents, inform them of any behaviors of concern which were observed during the visit, and note positive progress during the visit. As a result of this feedback, it anticipated the behaviors of concern will decrease over time, and fewer interventions to address safety issues will be required. OCFS implemented a Family Visitation Coaching Pilot program in a rural and urban area that provides time-limited, intensive coaching services. The goals of this service were to assist parents in identifying and adapting parenting strategies to the needs of their children and developing improved parenting skills and attachment with their children. In 2020, the first year of the Family Visitation Coaching Pilot was completed. Funding was allocated by the legislature to expand Family Visitation Coaching in several districts across the State. OCFS is exploring additional services for the visitation continuum, including initiating a contract with Fair Shake, a visitation pilot program in northern Maine. This program monitors 4 to 5 visits at a time using video cameras at their facility. Staff are available to intervene if necessary.

In March 2020 at the onset of the pandemic, OCFS suspended in person visitation between parents and children for safety purposes for approximately six weeks. During that period, OCFS developed a plan to ensure that parents and children were able to maintain contact through virtual methods. OCFS staff, resource parents, contracted visitation providers and informal supports facilitated regularly scheduled visits through virtual platforms such as Zoom, FaceTime and Skype. In situations where video visits were not able to occur, telephone contact was encouraged. In a handful of circumstances, access to technology was a barrier for parents to maintain contact with their child. In those circumstances, OCFS assisted in purchasing tablets to ensure contact. OCFS has been planning with families and their informal supports to ensure that in person

visitation can continue to safely occur in the event that circumstances with the pandemic deteriorate.

Section 4068 of Title 22 authorizes the Courts in child protection cases to order sibling visitation if the court finds the visitation is “reasonable, practicable, and in the best interests of the children involved”. The court can order the custodians of the children involved to make sure the children are available for visitation with each other. This statute gives the child, or someone acting on his behalf, the right to request visitation with a sibling from whom the child has been separated due to child protection involvement.

While the statute does not allow a sibling to request visitation from a sibling who has been adopted, it does require the Department to work with prospective adoptive parents to establish agreements in which the adoptive parent will allow contact between the adopted child and the child’s siblings, in circumstances where the contact is in the best interest of the child.

The rights of Maine youth in care are defined in law, in policies, and in statements of belief. A workgroup including youth members was formed to develop the Maine Youth in Care Bill of Rights. More than a philosophical statement about rights to which youth in care are entitled, the resulting publication is a resource for youth in care, for their care providers, and for OCFS staff to understand these rights, thereby ensuring they are upheld in the delivery of services to youth.

The School Transfer Policy for children in care provides guidelines and strategies that support positive educational outcomes for children in the custody of the State of Maine. In 2010, language was added to Maine Statute to meet the Fostering Connections Legislation regarding educational stability. The final decision on which school the child/youth will attend is made by OCFS in collaboration with the school district. The law required that the school abide by the decision made by OCFS with OCFS paying for transportation costs as necessary. Amendments to this law, including the “Every Students Succeeds Act”, further promote collaboration between schools, the Department, parents/caregivers, and the youth to make educational decisions in the best interest of the student. It also changed the expectation for the Department to assume transportation costs to the primary responsibility of the school, utilizing all possible resources available. In Maine, an agreement has been developed that transportation will be provided through resources offered by OCFS, for example, resource parents or contracted transportation services, first and foremost.

Since its inception in 2004, children in Maine’s foster care have had the opportunity annually to attend Camp to Belong Maine (CTBM)—a summer camp program for siblings who are separated by out of home placements. OCFS has provided significant support to CTBM by providing funding for administrative costs, paying camper fees, allowing OCFS staff to participate as volunteer counselors without having to use vacation time, helping to plan for camp during the year, and coordinating camper referrals in each district.

Since its inception, well over 600 children, ages 8 to 18, have attended camp. There have also been more than 2000 volunteers. CTBM ensures that siblings can spend a week together during the summer, bonding and having fun together. Campers have shared how much this week means to them. OCFS believe CTBM is a way to increase sibling's bonds through normal childhood experiences for children who otherwise do not see each other on a daily basis. After attending, some campers have experienced an increase in the frequency of contact with their sibling(s), while others have been reunited following their stay at CTBM.

Following a review of the case management related responsibilities of OCFS Child Welfare staff and OCFS Children's Behavioral Health staff, to avoid duplication of case management services, OCFS transitioned to a single case manager role in 2008. If a family previously receiving Children's Behavioral Case Management services became involved with Child Welfare, the child welfare caseworker assumed the case management role.

In the spring of 2012, in collaboration with Children's Behavioral Health Services (CBHS), a process was implemented to provide consults between child welfare and CBHS clinical staff to review situations when a child was prescribed antipsychotic medication. During these consultations, staff review the appropriateness and need for the medication, as well as anticipated duration for the medication. Staff are also expected to conduct quarterly medication reviews on children prescribed antipsychotic medication. This work is supported through the CBHS team who provide the districts with a quarterly report of youth on antipsychotic medications as queried through MACWIS and MaineCare.

In response to Fostering Connections Legislation, Maine engaged with several collaborative workgroups to ensure compliance to the Act, which included efforts related to:

- Health screening and follow up screenings.
- Disclosure and updating of medical information to providers, parents, and resource parents.
- Steps taken to ensure continuity of care that promote the use of medical homes for each child.
- Oversight of medication which was addressed by a multi-system workgroup that developed a checklist for reviewing the use of psychotropic medications for youth in foster care.
- State consultations with medical and non-medical professions on the appropriate treatment for children.

Service Coordination:

OCFS plans to utilize the Family First Prevention Services Act as an opportunity to align child welfare intervention services with prevention activities to support families and reduce the likelihood of future maltreatment and removal. Prevention strategies target the multitude of risk factors that impact child safety – for example, homelessness, substance abuse, domestic violence,

and past trauma. OCFS will collaborate with community partners to determine the most effective methods for addressing service gaps, particularly in more rural and remote areas. These activities will require collaboration with other DHHS programs and community partners.

OCFS currently has three active stakeholder groups which are made up of a diverse group of participants that provide feedback and share unique perspectives on the system to inform policy and practice decisions. These include the Maine Child Welfare Advisory Panel, the Child Death and Serious Injury Review Panel and the Maine Justice for Children's Taskforce. Through this engagement with community partners, OCFS can move the work of child welfare from an agency responsibility to a community goal. The focus of these efforts is on prevention, intervention and improving outcomes related to child safety, permanency, and well-being.

Current Services Supporting the CFSP Goals

The Family Team Meeting (FTM): The FTM has been a cornerstone of Maine Child Welfare practice since 2003. This process brings together (a) family (b) informal supports (i.e., friends, neighbors, and community members) and (c) formal resources (such as child welfare, mental health, education, and other agencies) to support the family's achievement of safety, permanency, stability, and well-being. The child and family team bring together the wisdom/expertise of family and friends, as well as the resources, experience, and expertise of formal supports.

It was recognized that the last time child welfare staff had been comprehensively trained in Family Team Meetings was during the initial implementation of the process in 2005. The Teaming Model (formerly known as FTM and FFTM) rolled out in the spring of 2017 and included district-based training and coaching. District Teaming Specialists were identified in every district office and certified as a Teaming Facilitator and Coach. Supervisors of Teaming Specialists were also certified as FTM facilitators. Each district office developed an implementation plan for training staff.

In the spring/summer of 2018, the following practices were implemented to ensure that family team meetings focused on the best interests of a child and promoted engagement with parents/caregivers to address child safety and risk:

- The goals of the team meetings are to address the needs related to the best interested and safety of the child. Agency staff guide the meetings in order to effectively address these needs. Meetings will be collaborative with the family and remained focused on issues related to the Department's involvement.
- Family Team Meetings will be convened at the following critical decision points:
 - ✓ Safety Planning for children to remain in the care and custody of their parents
 - ✓ At least once every 3 months; and
 - ✓ Prior to trial home placement, reunification, and case closure.

- OCFS Staff will ensure that all required team members are invited to attend Family Team Meetings. These participants include: the parents/caregivers, resource parents, tribal partners, Guardian Ad Litem, parents' attorneys, and the youth (if appropriate). The caseworker and parents will identify other team members together.
- Staff Engagement/Prep and Family Engagement/Prep are critical components to a successful meeting and should be incorporated into casework supervision and monthly face-to-face contacts with parents/caregivers.
- The Teaming Matrix outlines the agenda for the meeting and will be used to document the Family Team Meeting in MACWIS.

Additionally, due to the increase workload, OCFS put the implementation of the teaming model on hold. OCFS Executive Management reviewed the teaming implementation process to determine next steps to ensure staff have the skills they need to effectively engage with families and their supports.

In 2021, OCFS convened a workgroup to review and update the Family Team Meeting policy. In the interim, practice guidance was issued regarding the expectations of when to convene Family Team Meetings (including prior to a decision to file a petition for removal and prior to developing a safety plan with a family).

The Family Team Meeting policy was revised effective November 30, 2021.

- The goals of the team meetings are to address the needs related to the safety and risk identified to the child. Agency staff guide the meetings in order to effectively address these needs. Meetings will be collaborative with the family and remained focused on issues related to the Department's involvement.
- Family team meetings incorporate a strengths-based perspective, drawing on the family's protective capacities to promote change. FTMs emphasize teamwork, engagement with families, and the importance of forming relationships among team members to provide support to the family and continuity for the child.
- Family Team Meetings will be convened at the following critical decision points:
 - ✓ Pre-Removal- the purpose is to address safety threats, promote engagement with the family and explore relatives and other information supports.
 - Outcomes may result in a Safety Plan for children to remain in the care and custody of their parents or
 - A Preliminary Protection Order filed.

- ✓ When opening a Prevention Service Case within the first 30 days, every 60 days thereafter and prior to case closure.
- ✓ Child Custody cases based on identified needs of the family and at least every 3 months.
 - At the request of the family, child, or other team members
 - Prior to filing a jeopardy petition
 - To inform the development of the preliminary reunification and rehabilitation and reunification plan
 - To inform the development of the child plan and youth transition plan
 - Prior to recommending residential placement
 - Prior to changing the case goal
 - Prior to a trial home placement
 - Prior to case closure.
- OCFS Staff will ensure that all required team members are invited to attend Family Team Meetings. These participants include: the parents/caregivers, child if developmentally appropriate, resource parents, Tribal Partners, Guardian Ad Litem, parents' attorneys, and visit supervisors. The caseworker and parents will identify other team members together.
- Family Team Meeting preparation and engagement is incorporated into ongoing work with team members and includes ensuring team members know what to expect, so they may be fully engaged in the process.
- SDM tools are incorporated into the Family Team Meeting process to help identify safety threats, family and child strengths and priority needs.
- Family Team Meetings are documenting using the FTM summary sheet, which is being incorporated into Katahdin.

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils. Prevention Councils promote and deliver evidence-based/informed family strengthening programs, including, but not limited to public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each Prevention Council conducts an annual Community Needs Assessment within its coverage area and uses the information gathered to develop a plan for prevention programming targeted to address the identified needs. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the Prevention Councils and their communities. Key areas addressed previously include mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete

support in times of need, and social and emotional competence. Work of the Prevention Councils has continued through the pandemic with meetings held virtually.

Families First Prevention Services Act (FFPSA):

On February 1, 2021, the Office of Child and Family Services (OCFS) FFPSA Maine State Prevention Plan was submitted to the Administration for Children and Families (ACF) with the plan being approved on September 15, 2021. OCFS submitted an amendment to this plan on September 26, 2022 with that [Amended Plan](#) being approved on January 3, 2023.

Prevention Services:

- *State Plan Amendment:* OCFS submitted an amendment to the original State Prevention Plan after recognizing that the Homebuilders Program will be supporting families immediately upon investigation when the imminence of entry into foster care is the greatest. With the approval of the State Plan, OCFS will utilize Safety Plans as an additional “Prevention Plan” to outline services with families under Family First. This amendment allows OCFS to serve more families earlier in the child welfare intervention process to prevent removal from the home.
- *Service Delivery:*
 - Parents as Teachers Expansion: Maine’s Family First Prevention Services State Plan includes an expansion of the Parents as Teachers model (implemented by the Maine Families Home Visiting program) to serve more families engaged in child welfare services to prevent removal from the home. OCFS has continued to work through implementation in collaboration with the Maine Center for Disease Control and Prevention, the Maine Children’s Trust and the Local Implementation Agencies which has included monthly and sometimes bi-weekly meetings. Over the past several months, planning and implementation activities that have occurred include, but is not limited to:
 - Securing the annual contract with providers which turned implementation from 5 select sites to statewide,
 - Updating the [CradleMe referral form](#),
 - Refining a one pager information sheet for OCFS staff on how to make referrals to the PAT expansion project,
 - Creating a one pager information sheet for families to educate on the Family First aspect of the Maine Families Home Visiting Program,
 - Training OCFS District offices on the program and how to make referrals,
 - Training of Local Implementation Agencies on the Homebuilders program.
 - Homebuilders Family Preservation and Reunification Program: In January 2022, Bethany Christian Services of New England (BCSNE) was selected as the provider for the implementation of the Homebuilders program in Maine through the

- competitive bidding process. This is a new service for Maine so setting up the service including workspace, management staff, and the like has been the focus of the first half of 2022. The contract for this service was fully encumbered in early June 2022, with the first referral to the program being made on August 8, 2022.
- OCFS had weekly meetings with BCSNE to work on contract development and implementation of 8 teams to serve the entire state of Maine. OCFS continued to work on implementation planning in a parallel process while waiting for the contract to be encumbered.
 - As of March 31, 2023, 5 of 8 OCFS district offices have been trained in the Homebuilders program and 4 of them are currently making referrals. The delay in getting teams built have been the result of the slow progression of hiring due to a limited number of applications for the specialists and supervisor positions. The provider is implementing increased recruitment strategies to address this challenge.
 - Other Services: In collaboration with the Children’s Behavioral Health Program under OCFS, there has been continued efforts to examine opportunities to bring forth other evidenced based practices that can possibly be implemented under Family First. The Family First Program Manager has attended several collaboration and planning sessions to discuss programming opportunities.
- *Data Collection and Evaluation:*
 - Data: In January 2022, Maine’s new child welfare information system, also known as “Katahdin”, went live. This brought about some changes to how data is collected and documented that also impacts Family First. OCFS has worked through several aspects of the system to ensure that data is collected on Family First cases and can be collated for purposes of federal reporting requirements. Information on data entry has been provided to staff in the form of training and fact sheets. Cases whereby referrals have been made to Family First Prevention Services are being reviewed by the OCFS Family First Program Manager to ensure data is being entered timely and accurately.
 - Evaluation: Through the competitive bidding process, OCFS secured a contract with Public Consulting Group (PCG) to conduct process and outcome evaluation of Family First Prevention Services in Maine.
 - Bi-weekly meetings have been established for evaluation planning and implementation.
 - The first bi-annual evaluation report is being drafted with data collected to date on service delivery.
 - Through several meetings, collaboration with the Maternal Infant Early Childhood Home Visiting (MIECHV) program in Maine has occurred to

ensure that there is not duplication of data collection or evaluation of the Parents as Teachers Program.

Other Resources for Prevention:

- **Services Trainings:** In June 2022 and November 2022, three (3) regional trainings for OCFS child welfare staff on “Services and Supports for Maine Families” were conducted. In partnership with the OCFS training and policy team, these trainings were part of OCFS’ efforts to continue to educate staff on the primary, secondary, and tertiary prevention services and supports available to Maine families going beyond what Title IV-E is funding. Local community providers as well as some statewide programs presented directly to OCFS staff on resources, referral protocols, etc. Following these trainings, staff also received a resource sheet of all presenters/programs for their region. In the reverse, in the spring of 2022, OCFS provided training for service providers on working with families receiving services from child welfare.
- **Family Services Resource Guide:** In Maine’s State Prevention Plan, OCFS announced a goal to increase knowledge of other services and supports that might be available to families. Maine committed to developing an online resource guide for staff and in April 2022, this online resource guide known as Access Maine (www.AccessMaine.org), went live and was made available to the public, not just OCFS staff. Analytic data on the tool has been reviewed monthly and demonstrates consistent and ongoing utilization of this resource. To share how to use Access Maine and Maine’s 211 System, a [fact sheet](#) was created along with a [recorded webinar](#) for OCFS staff and the public.

Small Scale Gap Analysis: Another strategy in Maine’s State Prevention Plan was to conduct a small-scale gap analysis on existing resources and gaps in Maine’s service array for families. In 2022 and 2023, OCFS continued to work with Chapin Hall on this analysis related to the needs and availability of services for families living in Maine. A significant amount of data collection has taken place to date utilizing the 211 Maine call system data to identify needs and communities of need. Additional data is being collected to expand this analysis to examine social determinants of health such as poverty, housing, and the like. Casey Family Services is continuing to fund Chapin Hall to provide this assistance to OCFS in 2023 which will help OCFS to examine additional data sets and assist with primary and secondary prevention strategic planning.

Other Prevention Program Updates:

- **Communication and training** with staff on Family First Implementation has continued through:
 - Family First Friday Updates that are disseminated the first Friday of every month to the District Management Team who then disseminates it out to staff.

- District specific trainings on Family First implementation related to prevention programming but also Children’s Residential Care Facility (CRCF) Services.
- OCFS Town Hall calls and Senior Management meetings.
- Stakeholder Engagement continues occur through various workgroups:
 - *Behavioral Health and Supportive Services (BH/SS) Workforce Committee*: This committee has been meeting for the past year to develop recommendations to address the BH/SS workforce issues in Maine. The group completed a recommendations chart that was distributed to the DHHS Commissioner’s Office. The future goals of the group are still being established.
 - *Family First Implementation Workgroup*: This stakeholder group meets every 6 weeks and is briefed on Family First updates and provides implementation input.
- In-State and Cross State Collaboration: OCFS continues to facilitate the State Agency Partnership for Prevention which was created under the Family First Prevention Services initiative. This group has been instrumental in the sharing of resources and information on primary, secondary, and tertiary prevention. OCFS also continues to meet with other New England states to share implementation successes and challenges. It has been beneficial to learn from other states and share resources Maine has created. Maine also participates in the monthly Casey Learning Collaborative calls.
- Diverse Populations: OCFS has conducted outreach with invitations for the with the Immigrant/New Mainer communities and Tribal communities to be involved in trainings for OCFS staff (Services and Supports for Families in Maine). They have been at the table for those trainings and there has been tribal representation on stakeholder workgroups. OCFS has also done targeted outreach for project specific input (such as the Resource Guide.)
- Engagement in Primary and Secondary Prevention Planning: In February 2023, the OCFS Family First Program Manager began engagement with the Maine Child Welfare Action Network and DHHS Commissioners Office to develop a statewide Child Safety and Family Well-Being plan to address primary and secondary prevention of child abuse and neglect in Maine. This plan will align with Maine’s Family First State Prevention plan and will encompass the theme of strengthening families as a child abuse prevention strategy.

Children’s Residential Care Facility (CRCF) Services:

- OCFS’s Child Welfare, Children’s Behavioral Health, and Children’s Licensing and Investigation teams in collaboration with the Office of MaineCare Services worked diligently over the past year to implement the Family First Qualified Residential Treatment Program (QRTP) standards that were inserted into the MaineCare and Children’s Residential Care Facility Services Licensing rules in 2021, making these QRTP standards a requirement for all Children’s Residential Care Facilities (CRCF) in Maine.

- Monthly meetings with the 10 CRCF providers in Maine have occurred to discuss implementation successes and needs.
- OCFS has met monthly with KEPRO, MaineCare, and Licensing to ensure that implementation is supported, and any barriers are addressed immediately.
- In 2021, State legislation and new rules were passed to set process standards associated with the required Judicial Review of child welfare youth admissions into a CRCF.
 - In 2022 educational presentations on the QRTP/CRCF requirements (including those related to the Judicial Review) were provided to:
 - The Assistant Attorney Generals
 - Juvenile Court Corrections Officers (JCCO's)
 - OCFS Staff
 - A one pager fact sheet on the Judicial Review requirements for OCFS staff that was created in 2021 has been disseminated to staff through update emails and presentations.
- Throughout the planning process, stakeholders and OCFS staff were engaged in the development of tools and resources to assist with implementation of the new rules/standards. In 2022/23, the following resources have been updated and/or disseminated:
 - An OCFS Staff Toolkit including instructional forms, flow charts, training materials, and a OCFS Children's Residential Care Facility Services Staff Guide.
 - A [CRCF Provider Guide](#) was created along with associated forms for documenting the new Aftercare requirements.
 - OCFS staff and CRCF Provider webinars were held and recorded in December 2021, at which time education was provided on the new MaineCare rules and other procedures relative to the new CRCF requirements.
- Beginning in 2020, with the help of the Family First Transition Grant, CRCF providers were given an opportunity to request reimbursement for costs associated with meeting the new fingerprint based criminal background check and accreditation requirements. To date, all CRCF staff have undergone the fingerprinting process and all programs have completed the accreditation process.
- A Trauma Informed Care Committee has assisted OCFS with planning for the rollout of the Trauma Informed Organizational Assessment (TIOA). This is a new requirement for CRCF Providers to meet FFPSA requirements. The group assisted OCFS with selecting the National Child Traumatic Stress Network (NCTSN) TIOA tool which rolled out in 2022 with CRCF providers.
- In collaboration with MaineCare, an Aftercare Support Services webinar was held on 5/10/22 to educate providers and staff on this new service as part of FFPSA. An [FAQ and Informational Sheet](#) were created to help educate on this new service requirement for CRCF providers.

- OCFS was accepted to present at the National Child Welfare League of America Conference in April 2023, on the implementation of QRTP in Maine.

Family First Prevention Services ACT Transition Grant Funds: Maine continues to expend the Family First Transition Grant as outlined in the chart below.

What is/was funded	Explanation	Updates
Residential Treatment Programs Readiness and Capacity Building	<ul style="list-style-type: none"> • Provided funding for accreditation fees to CRCF’s that are not currently accredited as well as those up for re-accreditation. • Provided financial assistance to CRCFs to complete the fingerprint requirement (One time/one year) • One limited period (2 year) position (ID Specialist) was funded to process background checks. 	<p>All CRCF providers have undergone the fingerprinting process.</p> <p>All CRCF providers are now accredited.</p>
Parents as Teachers training support	Training for staff for the 0-5 program. One time funding.	Partial implementation. After additional hiring more funds will be used for training.
Homebuilders	Evidenced Based Program training for implementation staff and annual allocation to assist with implementation.	Partial implementation.

Permanency Review Teams (PRT): Through 2018, districts convened permanency reviews although there were variances in the models utilized during this period. In 2019, OCFS re-evaluated its process for reviewing permanency goals and steps towards timely achievement of those goal. In 2020, OCFS convened a workgroup to develop an updated permanency review process. The workgroup consisted of staff from all levels (caseworkers, supervisors, PA/APAs, Regional Associate Directors, and MSW interns). This work resulted in the updated permanency review teams that were implemented in March 2021.

The process includes designated roles for meeting participants, as well as focused topics to discuss in the meeting related to the primary and concurrent permanency goals for the child. The team reviews recommendations from the SDM Reunification Assessment and Risk Re-Assessment tools, parental behaviors that lead to a decrease in safety threats, efforts to engage both paternal and maternal relative resources, and barriers to achieving permanency to develop a plan outlining next steps to achieve timely permanency. OCFS continues to work with Casey Family Programs to develop a tracking and accountability system for the process. In addition, OCFS has trained

staff in the use of the SDM Permanency tools, including those that guide case planning, risk re-assessment and case closure.

Adoptive & Foster Families of Maine (AFFM): This agency administers Resource Family Support Services (RFSS) that provide resource parents (kinship, foster, adoptive, and permanency guardianship resource parents) with an array of services to support them in their role of caregiver for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent and 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 the children placed in their homes. 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. In addition to these services, AFFM also provides services and supports to informal kinship families.

Kinship Navigator: OCFS has contracted with Adoptive and Foster Families of Maine (AFFM) to provide Kinship Navigator Services. Adoptive and Foster Families of Maine, Inc. & The Kinship Program (AFFM) has knowledgeable and empathetic staff that can help connect kinship families with a variety of supports and services. Kinship families are families in which children reside with and are being raised by grandparents, other extended family members, and/or adults with whom they have a close family-like relationship such as godparents and close family friends. AFFM's Kinship Specialists are certified Grandfamily Leaders and can assist families in navigating an array of systems that can be difficult to manage as they provide care for the children in their homes. Kinship caregivers often experience divided loyalties and can benefit from support.

The Kinship Program provides non-judgmental listening and peer support to all kinship families. Kinship Specialists connect primarily with kinship families through self-referrals. Kinship Families are also referred to the program by public, private, faith-based, and community groups. The Department of Health and Human services provides AFFM with a monthly listing of all the kinship families who have received placement of a relative child who has entered DHHS custody. The Kinship Specialist reaches out to the identified kinship families via phone, email, and mail to inform them of the services provided by The Kinship Program. Every family that connects with AFFM receives a welcome packet which contains information about the variety of resources, services, and supports provided by AFFM. The welcome packet will also contain a copy of the Family Ties (AFFM's bi-monthly newsletter) which informs families about upcoming events, training, and changes in policies and practices. AFFM hosts a website (www.affm.net) with kinship specific information and pages that connects families to other state and national supports. Kinship families can also access support through Facebook and Twitter.

Recent survey data shows that 96% of 126 kinship families surveyed felt that overall, AFFM's services are helpful in keeping a safe and stable home for the youth in their care.

During their initial contact with families the kinship specialist establishes a baseline measurement of the family's resources. The purpose of the measurement is to assess family concerns and priorities. It provides information on service areas which the family believes to be lacking or inadequate to meet their needs. When a kinship family is connected with a kinship specialist, the specialist will listen to the family's experiences and gain an understanding of the family's needs, worries, and the joys of providing care to children. The kinship specialist will help identify short term and long-term goals to help meet the family needs. The kinship specialist may provide direct support such as systems navigation, material goods, information, literature, and emergency financial support.

The Kinship Program provides respite opportunities for families through monthly support groups with onsite childcare as well as summer camperships. Referrals may be provided to other respite programs, support groups and agencies which may include, but not be limited to faith-based organizations, public assistance, mental health providers, community agencies, private agencies, food banks and state programs. After the initial contact with families the kinship specialist will follow up with the family as needed over the course of a 90-day service period. After 90 days, the goal of the program is to increase the family's knowledge of resources and enhanced their capacity to meet the multiple needs of the children in their care.

The Kinship Program partners with the University of Maine, Center on Aging to consult and evaluate data collection and program effectiveness through surveys and data analysis. The Center on Aging also assists in staff development by utilizing educational materials from the Grandfamilies Leadership Certificate program to train staff.

As of 12/31/21, The Kinship Program hired a full-time program supervisor, 3 full time Kinship Specialist and a part time trainer. The Kinship Specialists are regionally located working in both rural and metropolitan areas, such as Saco, Mechanic Falls, Bangor, and Machias. The program is in the final stages of releasing their Guide for Maine Kinship Families and updating their database to capture and report on key metrics as recommended by the University of Maine, Center on Aging. In 2021, AFFM reviewed proposals and contracted with a web development company to update and maintain their current AFFM website which receives on average 1,000 users and 2,900-page views per month. For the second consecutive year, AFFM was underspent in the kinship program budget. The underspent funding is primarily due the ongoing impact COVID-19 pandemic in 2020 and 2021. AFFM was unable to have materials printed during the first few months of the funding in 2020 due to printing businesses being shut down. In addition, the lack of staff traveling, group meetings, and family events have greatly reduced the need for all funding allocated to the program.

AFFM received a Brookdale grant to help partner and strengthen relationships between kinship families and rural school districts by educating school administrators about kinship care and the services that are available to kinship families. The Brookdale grant allows AFFM to provide support groups at the local schools and to post informational brochures and flyers within the local communities. AFFM also received a direct service grant from the John T. Gorman Foundation to match funds used to provide emergency financial assistance. The assistance is to help pay for utilities, heating, food insecurity, and transportation needs.

As a result of the John T. Gorman Foundation, 54 Kinship families received financial support who self-reported an average annual household income of \$17,616. Family sizes varied from 2 person households to 7-person households for a total of 192 people representing 80 adults and 112 children and young adults under the age of 21. Each family received on average \$290 in emergency financial assistance to help cover the cost of utility bills, heating, food insecurity, beds, and cribs. Of the 54 families that received financial assistance, 32 families were referred to a variety supports including, but not limiting to the following: WIC, LIHEAP, SNAP, General Assistance, housing vouchers, Social Security, DHHS, discount clothing and furniture thrift stores, food banks, cooperative extension food programs and community gardens. At AFFM's 30 day check in with families, 23 of the 32 families that had been referred to other programs and supports reported that they had sought out the additional services recommended by AFFM.

OCFS continues to fund kinship services through a contract with Adoptive and Foster Families of Maine (AFFM) through a federal grant. AFFM has an established [Kinship Program](#) that provides direct support to grandparents and other relatives who are caring for relative children. The program is staffed by 4 kinship specialists.

AFFM and OCFS continue to participate in a Kinship Navigator Collaborative with Casey Family Programs and colleagues in other states, including Montana, Vermont, and Wyoming, to develop an evidence-based kinship navigator program for submission to the Federal Family First Clearinghouse. This group has developed a model, agreed upon data points to collect, surveyed families, and gathered basic demographics. Maine began implementing the pilot model in select counties in February of 2022 and will collect data through December 2024. The pilot service is based on a case management model and the outcomes in the pilot counties will be compared to those in counties where kinship families receive the current kinship support services.

There is currently only one kinship navigator program that has been established as eligible for funding through the Family First Prevention Services Act. At this time the rating for this program is "promising." OCFS is hopeful that its efforts in collaboration with AFFM, Casey Family Programs, and other states will result in the establishment of an additional program that is considered "well supported." Per the Title IV-E Prevention Services Clearinghouse, "promising" services have at least one contrast in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome. "Well-supported" services have at least two contrasts with non-overlapping samples that achieve

a rating of moderate or high design and execution, and these studies demonstrate favorable effects in a target outcome domain with at least one of the target outcomes showing sustained favorable effect for at least 12 months following the end of the service.

AFFM's Board of Directors is serving as the oversight committee for the collaborative project. AFFM has a diverse Board of Directors that includes former youth in care, a member of a tribal community, a current tribal judge, an attorney, kinship families, foster/resource parents, adoptive parents, and community members. There is also a small group working directly on pilot implementation, which includes one staff person from AFFM, OCFS' Regional Associate Director who oversees resource parent services, and two researchers from the University of Maine at Orono who are assisting with data collection and analysis.

AdoptUsKids: This program provides a Weblink service that allows for a seamless connection between children available for adoption listed by DHHS and families and national resources. This partnership is essential in promoting permanency for children in the child welfare system.

UKR (Results Oriented Management/ROM): Effective January 2022, the Office of Child and Family Services ended its contract with the University of Kansas for the use of the Results Oriented Management Reporting System effective when the Katahdin system was implemented. Through Katahdin, OCFS has the capacity to generate reports regarding Permanency, Re-Entry, Placement Stability, and Safety while in Care.

Maine Coalition to End Domestic Violence (MCEDV): The MCEDV continues to provide support for domestic violence advocates (DV-CPS Advocates) from Maine's domestic violence resource centers (DVRCs).

DV-CPS Advocates are co-located in child protective services units in their local Department of Health and Human Services – OCFS District offices. The primary intent of the Maine DV-CPS Program is to strengthen the relationship between Maine's Domestic Violence and Child Protective systems in order to enhance early identification, intervention and system collaboration in cases of intimate partner violence and child protection that will 1) increase the safety of non-offending parents and thereby the safety of children; 2) decrease the short and long term physical and emotional risks to all victims of family violence; 3) minimize separation between family members; and 4) hold the domestic abuse offenders accountable. The Program serves adult victims/survivors of domestic violence who are also engaged with child protective services and who are determined to be the non-offending parent

DV-CPS Advocates statewide are currently working a hybrid schedule, which includes working in the CPS District offices as well as some remote work. MCEDV's Child and Family Program Coordinator has been fully onboarded and has consistently engaged in monthly meetings with OCFS leadership, both within the Violence Prevention Program and Child Welfare, and has also co-facilitated quarterly meetings for the DV-CPS Advocates and their OCFS counterpart from

each District office. These meetings have provided an opportunity for staff to share best practices, strengthen existing relationships as well as receive pertinent training. Feedback from this group led to the development of a Non-Fatal Strangulation training that will be delivered to OCFS staff this spring and next fall. The Program Coordinator has also provided training for OCFS, the judiciary, attorneys and GAL/CASA's and currently sits on the MCWAP oversight committee as well as the Child Death and Serious Injury Review Panel. OCFS revised and updated its Domestic Violence policy over the past year, and staff from MCEDV, including the Program Coordinator, participated in this effort.

Physical Plant Funding: OCFS provides physical plant funding to assist kinship families who are caring for children in their home to meet the licensing standards, for example to obtain a satisfactory safety checklist inspection. While certain standards may be waived on a case-by-case basis for relatives to allow them to be approved for licensing, a satisfactory safety checklist inspection is a requirement which cannot be waived. Physical plant funding is most frequently requested for the purpose of assisting with the replacement of windows in a kinship home to allow the windows to meet reasonable egress standards of 400 square inches or greater. The maximum amount of physical plant assistance which may be provided to any kinship family applicant is \$5000, although the majority of requests are for far lesser amounts.

Alternative Response Program (ARP) Coalition: This group was comprised of OCFS staff and providers of ARP services statewide. In 2017, this group began meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work was to prevent a higher level of child welfare intervention for these families. Using data, the group reviewed outcomes to include engagement with families, initial contact with alleged child victims within 72 hours of approval of an appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts included building statewide consistency in service delivery and reporting, as well as collectively defining systemic gaps for families, and developing strategies to meet identified needs most effectively. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

OCFS has decided to pivot to research and implement evidence-based prevention program services, given the new expectations that prevention efforts must be evidence-based and approved by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports the Alternative Response Program as a supported or well-supported evidence-based service. Given this, OCFS discontinued the contracts for these services, effective June 30, 2022. OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services.

Family Visitation: This service (provided by trained visit support workers) offers skilled observation and assessment of parent/child(ren)'s interactions, as well as modeling and teaching parenting skills, to ensure a safe environment in which children in the care or custody of DHHS can spend quality time with their parents and other important people in their lives. This service is available statewide. In 2019, OCFS implemented a Family Visitation Pilot program in a rural and urban area that would provide time-limited, intensive coaching services. The goals of this service were to assist parents in identifying and adapting parenting strategies to the needs of their children and develop improved parenting skills and attachment with their children. In 2020, the first year of the Family Visitation Coaching Pilot was completed. The service was extended through June 2021 while OCFS leadership reviewed project outcomes and determined next steps with the contracted provider agency. Funding has been allocated by the legislature to expand Family Visitation Coaching in several districts across the State. A 4/1/22 contract has been initiated with Fair Shake, a visitation pilot program in the Newport area. This program monitors 4 to 5 visits at a time using video cameras at their facility. Staff are available to intervene if necessary. These three different visitation programs are all part of a continuum of visitation services, ranging from intensive in-home coaching to supervised, to monitored.

Populations at Greatest Risk of Maltreatment & Services for Children Under Five Years Old

Services for Children Under the Age of Five:

The Office of Child and Family Services places an emphasis on the best interest of the child. This means that when deciding on a permanency plan for a child, the agency is taking into consideration the length of time a child is in care, the progress of the parent in ameliorating the causes of jeopardy, the current placement of the child, and the child's needs related to safety, permanency, and wellbeing. OCFS does this with a critical focus on the parent's ability to change behavior that led to the child entering custody in a timely manner that meets the child's emotional and physical needs.

Initial Standard Medical Care for Children in Custody: All children in the custody of the Department are seen by a medical professional within ten days of entry into care. The purpose of this medical appointment is to ensure children are evaluated for physical injuries and/or medical needs and receive appropriate treatment. This process includes a review of past medical needs, a physical exam, and review of their medications to ensure they have current prescriptions.

In several parts of the state, Maine has a comprehensive health assessment service that occurs within thirty days of a child's entry into care. This assessment includes review of the child's medical, developmental, behavioral, and dental needs. The team includes a medical doctor, a psychologist and/or social worker. Upon completion, a report is sent to the child welfare

caseworker outlining a child's medical, behavioral, and dental needs and recommendations. OCFS is working with MaineCare to expand this service statewide.

Children's Developmental Services: All children under 3 who are involved in a substantiated case of child abuse or neglect are referred to Children's Developmental Service (CDS). CDS reaches out to the caregivers of the child to coordinate an evaluation of the child. If the evaluation identifies the need for developmental, speech or physical therapy services CDS will ensure these services are provided either in the home or through outpatient services.

Kinship Priority: Maine continues to utilize relative placements, which not only allows for continuity of care, but also provides stability for the child within the family unit.

Family Visitation Services: Visitation is offered between parents and their children to support parental bonds and evaluate parent's success in alleviating jeopardy. These visits are either supervised, monitored, or unsupervised and can occur multiple times per week and in a variety of venues.

Family and Child Plans: Family Plans and Child Plans are specifically designed to meet the individualized needs of the child to ensure child safety, permanency, and well-being. These plans outline the current safety and risk factors that led to child welfare involvement. Additionally, the plans outline the services and steps required for the parent to mitigate the identified risk for the children to achieve permanency. These plans are reviewed in a team setting as well as one-on-one with the parent, foster family, child (when appropriate), and service providers. The focus of the family plan is to ensure the case is moving in a trajectory that ensures timely permanency. The focus of the child plan is to guide the individual care for the safety and well-being of the child based on the child's specific needs. In 2020, OCFS collaborated with the Office of the Assistant Attorney General to develop a revised Family Plan based on feedback from parents, the legal community, and staff. The revised plan was piloted in one district and subsequently implemented statewide in November 2020. Feedback from stakeholders regarding the new plan has been positive.

Child Care Services: Child care is offered for a variety of reasons for children in care, one of those reasons is for children who are identified as needing to develop socialization skills. This allows a child to attend a licensed child care facility with the focus on play, communication skills, and social skills with peers and adults. Children in foster care also participate in Headstart programs.

Maine's policies reflect the recognition that very young children are especially vulnerable and need timely intervention and assessment:

- The *Intake Screening and Assignment Policy* provide assignment practice standards for districts to utilize in decision making in terms of the assignment of reports of child abuse

and neglect. One of the factors to be considered is the vulnerability of the alleged child victim, “*Infants and very young children are especially vulnerable*”.

- The *Child Protection Investigation Policy* includes criteria to be used in determining whether a family is need of Child Protective Services. One of these criteria is a family with *children under age 6*.
- Policy stipulates that all children under the age of 3 who have been involved in an investigation resulting in a finding of child abuse and neglect be referred to Child Development Services for follow up.

Within 72 hours of a child entering custody, a child needs to have an appointment scheduled for an initial medical evaluation to occur within 10 days. Follow up to those appointments would include developmental screening when appropriate.

In terms of family foster parent-to-child ratio, Maine’s Foster Home Licensing Rules stipulate that “*The total number of children in care may not exceed 6, including the family’s legal children under 16 years of age, with no more than 2 of these children under the age of 2. The only exception which may be made to the number of and ages of children is to allow siblings to be kept together*”. In terms of therapeutic foster parent-to-child ratio, Maine’s Foster Home Licensing Rules stipulate that “*The total number of children in a Specialized Children’s Foster Home may not exceed 4, including the family’s legal children under 16 years of age, with no more than 2 children under to age of 2.*” “*The only exception, which may be made to the number and ages of children, is to allow siblings to be placed together.*”

Maine has made a strong effort to prioritize placements of infants and toddler with relatives to support timelier reunification and adoption. Maine recognizes that whether being cared for by their parents, by kinship caregivers, or by child care providers, young children require stability in all areas of their life, thus positively impacting their early childhood development. These young children are also a reviewed through the Permanency Review Teams as the practice in the last year is for all children who have been in care 6 plus months would be reviewed through this process. Maine has worked to identify and implement practices to support early childhood service delivery that are based on research specific to child development and the impact of early trauma and adversity. This promotion of evidence-based programs for the birth to five population and their families is furthered through shared knowledge of the research and collaboration with home visiting and nursing partners.

Maine identifies those populations at greater risk of maltreatment by following the Child Protection Investigation Policy which was revised in 2007 to give specific guidance around child protection investigation decisions as to when families are in need of child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Safety threats, with agreed upon safety plan.
- Safety plan failure.
- Findings of maltreatment with specific signs of risk that is likely to result in recurrence of maltreatment.
- Findings of child abuse or neglect within previous 12 months.
- Parental unwillingness to accept services or to change dangerous behaviors or conditions.
- Priority response to children under six who are more vulnerable.

In 2018, OCFS implemented the Structured Decision-Making Safety and Risk Assessment Tools and updated the Child Welfare Investigation Policy. Through these tools, staff have a decision-making support system to assist them in determining which families are most likely to experience a recurrence of maltreatment without intervention services.

In addition, the state addresses the needs of families affected by substance abuse and domestic violence, key indicators of risk for child abuse and neglect, with co-located consultants from the fields of substance abuse and domestic violence, as well as statewide coalitions that include child welfare staff.

Child Abuse Prevention and Treatment Act (CAPTA): See Appendix A

Child Maltreatment Deaths

The Child Death and Serious Injury Review Panel, supported through CAPTA funds, effectively coordinates and accesses information on child maltreatment deaths through the Medical Examiner’s Office, the Department of Health and Human Services, the Department of Public Safety, and the Maine Center for Disease Control Office of Vital Records (representatives of each entity sit on the panel) to better understand trends related to child abuse and neglect. This process allows the panel to review cases with a focus on particular areas of concern and maximizes the expertise and data systems that exist within the criminal justice system, the child welfare system, and the public health system to address child maltreatment.

The State does not include fatality as a finding in our SACWIS system.

The Maine Medical Examiner’s Office also compiles data on child fatalities due to abuse and neglect but does not report out whether the deaths are the result of maltreatment.

Efforts to Track and Prevent Child Maltreatment Deaths:

OCFS receives reports of child deaths through several sources, including reports to child protective intake from law enforcement, medical providers, and the medical examiner. Each report is screened, to determine if it is appropriate for child welfare intervention based on the reported information. At a minimum, all child death reports are tracked for reporting purposes. If a report screens as appropriate for child welfare intervention at intake, the family receives a comprehensive

child welfare investigation and in follow-up any interventions determined necessary as a result of the findings.

OCFS has made several key changes within the Maine Automated Child Welfare Information System (MACWIS) to enable reporting to NCANDS regarding fatalities associated with child abuse and neglect. The data team has added the ability for Intake to indicate that the report involves a child death. In addition, a change was made to require that the supervisor overseeing the investigation indicates whether the child died as a result of abuse and/or neglect and/or abuse or neglect was a contributing factor in the child's death when approving the investigation. The data team can then query the results of this question to report fatalities within NCANDS. These features were included in the Katahdin system, which was implemented statewide on January 18, 2022. OCFS also has an internal case review process for child fatalities and serious injuries determined to be the result of child abuse or neglect. The district program administrator reviews the case record to identify policy, practice, training, or staff support needs.

In addition, Maine also has a statutory requirement to convene the State's Child Death and Serious Injury Review Panel (CDSIRP). The panel is a cross-disciplinary group that engages both public and private partners to review cases involving child death or serious injury. CDSIRP develops recommendations for improvements both within OCFS and beyond. CDSIRP's membership includes physicians, mental health providers, law enforcement, representatives of the courts and Attorney General's Office, staff from the Maine CDC (Maine's public health agency), child welfare staff, and others. The CDSIRP is staffed and supported by an OCFS employee who coordinates case selection, facilitates the gathering of materials, coordinates witnesses for panel reviews, etc. The CDSIRP makes recommendations for systems improvements to prevent child fatalities (both maltreatment related, and non-maltreatment related).

OCFS is in the process of exploring ways to improve the reporting and review of child fatalities and serious injury cases. In 2021, OCFS collaborated with Casey Family Services and Collaborative Safety LLC to conduct a systemic overview after a series of child fatalities. OCFS has partnered with Collaborative Safety to implement the Safety Science Model into OCFS' case review process. This approach assists human services agencies to implement a systems approach to learning and improvement through utilizing safety science principles. It includes a system analysis of agency operations as they relate to child deaths and serious injuries, a culture of accountability, comprehensive strategies to address underlying systemic issues and valuing employees as part of the solution. Enhanced safety is achieved through removing barriers and providing supportive systems for workers to achieve organizational outcomes. The information gathered using the Collaborative Safety approach is expected to inform the work of the CDSIRP, inform the panel's process of analyzing cases and improve the ability of CDSIRP members to make recommendations for systemic improvements. As of April 2022, OCFS hired 2.5 Safety Science Analysts and created a Maine Safety Science Model Multidisciplinary Team. The Safety

Science Analysts conduct a technical review of all reports where there is a child fatality, serious injury, or ingestion with allegations of abuse or neglect. Cases which involve a child fatality or near fatality and have child welfare history within the past three years are summarized and presented to the MDT, who then selects cases to undergo a full systems review based on the Safety Science Model.

Services offered under Title IV-B, Subpart 2- Promoting Safe and Stable Families

OCFS, Child Welfare Services will use IV-B, Subpart 2 funds to provide family preservation services, support reunification efforts, increase and support relative/kin placements, support adoption promotion, and expand services to expedite permanency within acceptable timeframes for children in the care of DHHS. Expenditures are shown on the CFS, Part 1 that follows.

Family Preservation: Approximately 20% of funds will be used for Family Preservation Services.

- Each county Child Abuse and Neglect Prevention Council provides an average of 18 parenting classes/learning sessions per year.
- Kinship Care Services include information and support services for relatives who are helping care for their grandchildren, nieces, and nephews to alleviate the need for those children to enter state foster care.
- Supporting evidence-based parenting skills and family visitation.
- Continued use of funds for family preservation services provided by direct staff intervention with families who become known to DHHS, but who, with sufficient support and referral to services, can maintain their children safely in their own homes.
- Expansion of the Parents as Teachers Program through the Family First Prevention Services Act.

Family Support Services: Approximately 20% of funds will be used for Family Support Services.

- Kinship Care Services are provided through a contract and include information and support services for relatives who are helping raise their grandchildren, nieces, and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.
- Support of Domestic Violence Advocates in OCFS district offices.
- Implementation of the Homebuilders Program through the Family First Prevention Services Act.

These organizations were selected to provide these services through the RFP process, which is based on proposals submitted, demonstrated ability to meet agency needs and their past history of quality service delivery.

Supplemental PSSF funding received through Division X, the Supporting Youth and Families through the Pandemic Act:

- OCFS intends to use the funds (except the amount required for indirect costs) to provide Home Builders Training for providers (\$205,000).
- OCFS will utilize the 10% that is allowed for Admin costs.

Time-Limited Family Reunification Services: Approximately 20% of funds will be used for time-limited family reunification services.

- Family Visitation Services and the Family Visit Coaching
- OCFS plans to implement Homebuilders Program for families working toward reunification.
- Post Permanency Support Services

Adoption Promotion and Support Services: Approximately 20% of funds will be used for Adoption Promotion and Support Services.

- Recruitment of foster/adoptive homes, support services for potential adoptive families, and child specific adoption promotion efforts.
- Kinship Care Services are provided through a contract and include information and support services for relatives who are helping raise their grandchildren, nieces, and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.
- OCFS has implemented a service to match youth without an identified adoptive placement to a family through a contract with a community provider.

Other Service-Related Activities: Approximately 10% of funds will be used for Other Services, Related Activities and 10% to administrative costs.

- Other related activities will include continued utilization of research, inter-state communication and sharing of information and technology, and training/planning activities statewide, which are designed to advance the goals and activities set forth in this plan.

Monthly Caseworker Visits: Maine has a fully implemented SACWIS system (MACWIS) which stores all of the data required to track monthly caseworker visits. This data is provided to management and District Program Administrators through the Monthly Management Report. The Associate Director of Child Welfare meets regularly with Regional Associate Directors and the District Program Administrators to review the data and support full compliance. The requirement for monthly contact is clearly stated in policy revised in 2008: *Child and Family Services Policy Manual; V.D. 1 Child Assessment and Plan:*

“.... the caseworker will make at least one purposeful face-to-face contact each month with the child in all cases, with the parents in reunification cases and with the foster parents/caregivers. The plan for how contact will occur will take into consideration the wishes of the child, however the majority of the visits will take place in the residence of the child.” “New placements need to be seen more frequently at the

onset of the placements with a visit at least once within the first 2 weeks of the placement.”

In order to track compliance of the ACF caseworker monthly contact expectation, Maine built a MACWIS report that automatically generates data on caseworker compliance with monthly contacts with at least the majority of visits occurring in the child’s place of residence. This report provides data on the statewide average, as well as district and unit specific information. This same functionality has been built into Katahdin.

OCFS is responding to the need to meet the federal goal of seeing children every month by utilizing the following strategies:

- Monitoring by district supervisors to identify children that have not yet been seen to develop a plan with the caseworker for those children to be seen before the month’s end.
- Through regular supervision each month, supervisors will develop a plan for a face-to-face monthly contact, including the areas to assess and questions to explore in that contact.
- In terms of measuring the progress made, the frequency of the visit will be measured through the monthly management report. The quality of contacts will be measured by ongoing case reviews. QA also has the capacity to conduct reviews of face-to-face contacts with children on a large sample size of the most recent contacts when requested by management.

OCFS will continue to use the caseworker visit funding (section 436(b)(4) of the Act) on enhancing technologies to allow more efficiencies of caseworker time while out of the office, allowing more time in the home of the families they serve. This has proven to be a successful use of this funding as Maine has continued to meet the federal goals related to monthly contact. The Federal goal for monthly contact with youth in custody for FFY 2022 was 95% with at least 50% of the visits occurring in the child's residence. Maine did not meet the requirement with 88% seen and 87% seen in home. OCFS will utilize the key activities listed in the plan for improvement section to continue to improve outcomes for this goal.

The use of this technology allows caseworkers to have immediate contact with their supervisors while in the field and provides the opportunity to consult and make timelier decisions related to the safety, permanency and well-being needs of children and families. When caseworkers feel supported and safe doing this difficult work, the likelihood of caseworker retention is significantly increased. To improve the quality of documentation of monthly face-to-face contacts, templates were developed to align practice expectations with federal requirements. In 2019, the OCFS QI staff reviewed these templates and provided immediate feedback to staff, on the quality of the contacts. Additional activities are in progress to increase the quality of caseworker contacts completed with parents, youth, and resource parents to support the family and child plan goals.

Adoption Incentive Payments

For 2021, Grant year 2019 Maine received \$527,500 for the Adoption and Legal Guardianship Incentive Grant covering the period through 9/30/22.

In 2019 OCFS implemented a statewide pilot project to assist district adoption staff statewide in increasing the number of recruited adoptions for children without an identified permanent family. This project included A Family for Me and the Adoption Matching Program known as AMP. The Adoption Matching Program makes a forever home possible when DHHS is unable to find permanency for the child with relatives, kinship, or other resource parents. Matches are made based on the individual needs of each child. OCFS spent 430,168.00 of the grant in the fourth year of the project contracting for these services to promote permanency for children through adoption.

OCFS continued to provide financial assistance for short term respite for permanency guardianship or adoptive families at risk of disruption when other alternatives have been exhausted. Approval of these expenditures is at the discretion of the Adoption Program Manager. In addition, financial assistance is provided at the request of families when needed for services, resources, medical equipment, or safety adaptations to the home when they are unavailable and cannot be secured through Mainecare or other means. OCFS plans to continue to offer these supports through FY 2024. During this period \$23,622 was allotted for specific family supports to provide stability and support for post adopt and Permanency Guardianship families.

In 2021, OCFS allotted \$49,657 to the Resource Parent Care Team CTI contract to continue to provide an adoption liaison position to support post adoption and post permanency guardianship families statewide who are experiencing challenges due to an increase in the mental health needs of their child or other family members.

Adoption Savings:

For 2021-2022 Maine OCFS utilized the Adoption Savings funds to support the needs of adoptive families through the provision of child care and family support services to families that receive adoption subsidy and assistance with the legal costs related to finalizing adoptions.

Unspent Adoption Savings Funds: remaining amount from the 2019 Grant was \$196.

Children in State Custody from Failed Inter-Country Adoptions

The state takes responsibility where needed for children adopted from other countries, including activities intended to service children entering state custody because of the disruption of placement of adoption. Maine's private adoption agencies make every effort to replace a child from a disrupted or dissolved adoption into another family within the agency or with another

private agency so that the child does not have to enter DHHS custody. The DHHS Office of Vital Statistics report that the number of children adopted from other countries by Maine families during calendar year 2022 was 9.

During the calendar year 2022, the Maine Department of Health and Human Services did not record any disrupted international adoptions.

AdoptUSKids: This program provides a Weblink service that allows for a seamless connection between children available for adoption listed by DHHS and families and national resources. This partnership is essential in promoting permanency for children in the child welfare system. To support this service DHHS contracts with the National Adoption Exchange Association in its photo listing state partnership (website.) in the amount of \$7,250 annually to support this important effort.

Consultation and Coordination between the State and Tribes

The State of Maine FY24 APSR will be located on the State of Maine Website accessed by the following link: [Child Welfare Reports | Department of Health and Human Services \(maine.gov\)](#)

There are four federally recognized tribes located in the territory now called the State of Maine with five locations: the Penobscot Nation (Indian Island, Penobscot County, located within District 6); the Mi'kmaq Nation formerly called the Aroostook Band of Micmacs (Aroostook County, located within District 8); the Houlton Band of Maliseets (Aroostook County, located within District 8); and the Passamaquoddy Tribe at Motahkomikuk (Indian Township, Washington County, located within District 7) and at Sipayik (Pleasant Point, Washington County, located within District 7).

History:

The ICWA Workgroup began meeting in 1999 and focused on training and strengthening partnerships. This work included delivering training to OCFS staff, holding regular meetings between tribal and state child welfare, and organizing two summits which included OCFS District Program Administrators, ACF, representatives from the courts including a Judge, and representatives from the Office of the Attorney General.

In 2010, the ICWA Workgroup recognized that the issues of generational trauma and healing needed to be addressed to be able to move forward with working collaboratively with native families. The ICWA Workgroup shifted its focus and began to develop the Truth and Reconciliation Commission (TRC) to discover the truths about native people's experiences with the state's child welfare agency. This process expanded the current group's membership to include other tribal and non-tribal community members. This became the Convening Group for the TRC. The Convening Group was responsible for developing the TRC's Declaration of

Intent, its Mandate, and to help with seating the Commission. Once the Commission was seated, this group became the REACH (Reconciliation, Engagement Advocacy, Change & Healing) Workgroup whose purpose was to support community healing and the TRC process. Within this forum, OCFS worked with the tribes to assure ICWA compliance. In 2015, the TRC concluded its work, and its findings were presented. At this time, REACH continued its work to help with healing in native and non-native communities, and to expand the ally base through ally training. Wabanaki REACH is now a private non-profit entity. The ICWA workgroup was reestablished with representatives from the state child welfare system, tribal child welfare system, Wabanaki Public Health and Wellness, the Office of the Attorney General, and the Family Division of the Court. The goal of the ICWA Workgroup is to have ongoing discussions regarding tribal and state agency concerns, specific case concerns, policy and training development, strategies to continue the work related to building collaborative relationships between state child welfare and tribal child welfare, and to look at how to implement recommendations from the TRC.

The Department has an agreement with the Penobscot Indian Nation, signed in 1987, to work cooperatively toward the goal of protection of children who are suspected to be, or are victims of abuse or neglect. The Department also has an agreement with the Houlton Band of Maliseet Indians, which was signed in 2002, to assure that they are allowed maximum participation in determining the disposition of cases involving the Band's children. This maximum participation has since been extended to all federally recognized tribes in Maine.

In July of 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 indicating that the tribal child welfare staff are co-managers of the case in every aspect throughout the life of the case. In the fall of 2015, the ICWA Workgroup began to modify the policy to include the new BIA Guidelines.

In February of 2016, the updated Indian Child Welfare Policy was finalized and distributed to OCFS staff and tribal child welfare staff. A training on the policy changes regarding the BIA guidelines developed by the ICWA Workgroup and was presented in each of the 8 OCFS districts between June 1 and August 2, 2016. In September of 2016, work was done to update the ICWA training that new caseworkers must attend to incorporate the changes in policy/BIA regulations. The Workgroup also developed training and recruited and trained more Qualified Expert Witnesses (QEW) for ICWA cases.

In March of 2022 work was begun to again update the Indian Child Welfare Policy. There was an emphasis in this update regarding ensuring active efforts are better understood and completed. The policy is currently in the approval process phase of policy development.

Also in 2016, OCFS helped the tribes prepare to have their own IV-E plan, OCFS' IV-E Program Manager provided in-person training on three occasions, and there were numerous email and phone discussions with tribal staff. The Program Manager has explained the Department's determination process, and sent several OCFS policies, training tools, manuals, and links to IV-E information. OCFS continued to work collaboratively with the tribes on issues and initiatives.

In 2017, 86 people attended the ICWA trainings. Most attendees were new OCFS caseworkers, as they are required to receive ICWA training during their first six months of employment. The training was also attended by staff at the Maine CDC, Division of Environmental and Community Health (DECH), as, at that time, they were overseeing the regulatory portions of foster home licensing, and by representatives of the Maine Coalition Against Sexual Assault. In 2017, this training was also lengthened, and is now three and a half hours.

In 2017, the state and the tribes also continued to recruit and train Qualified Expert Witnesses (QEW) from tribal communities. Training for potential QEWs was held in March and May of 2017. These trainings have increased the pool of QEWs available in state ICWA cases. In addition to continued discussion regarding ICWA cases and co-case management, in 2017 the film Dawnland, which is a documentary following the TRC process, was screened for comment and feedback, and the ICWA workgroup was in attendance.

Representatives of tribal child welfare also participated in the CFSR focus group for tribes held on May 12, 2017. In addition, a project was begun with the Annie E. Casey Foundation. The two goals of the Data Development Project are to identify what data exists, and what data is needed to improve capacity to track progress on implementing ICWA and the TRC recommendations, as well as to clarify and establish processes for collecting data necessary to monitor implementation of ICWA, and progress of the TRC recommendations. The first meeting with Casey was held in December 2017.

In 2018, 71 staff members attended ICWA training. This training was changed in 2018 to add an experiential section that takes participants through the population decrease of the Wabanaki Confederacy from the time of first contact to the present.

Also in 2018, the following occurred: the ICWA Workgroup met with the District Management Team to discuss current issues; the locations of the ICWA Workgroup meetings began to rotate to all tribal locations; members of the Workgroup participated in a webinar hosted by the Capacity Building Center for Tribes titled "Coming Together for the Children: The Maine Tribal State ICWA Workgroup". The webinar was to demonstrate to participants how Maine came together to form the Workgroup and how we partner on cases. Members of the Workgroup also presented at a judicial training sponsored by the courts.

In 2019, 121 staff members attended the ICWA training for new caseworkers. In addition to this training the following also occurred in 2019: 4 trainings in tribal communities to recruit Qualified Expert Witnesses for ICWA cases; a joint meeting between the ICWA Workgroup and the OCFS District Management Team to discuss the practice of Indian Custodianship used by tribes which is part of active efforts to prevent the court removal of children from their parents; tribe's concerns and enhancing the partnership. In 2019 the Structured Decision Making (SDM) practice and tools were implemented in Child Protective Investigations. Tribal Child Welfare staff were included in the training held for OCFS staff, so everyone is trained on the tools to enhance co-case management.

In 2020, 93 staff members attended the ICWA training as well as 1 domestic abuse and violence advocate and 4 parent partners. The first 2 trainings were in person then they were adapted for virtual presentation due to COVID-19. In addition, the ICWA Workgroup continued to meet with the first meeting being held in-person and the other 5 moving to virtual format due to COVID-19. Due to COVID-19, OCFS and tribes also partnered to ensure that all involved were aware of safety protocols/practice changes and expectations. OCFS respected the tribes' determination of health safety for their tribal community and when OCFS began to resume in-person monthly face-to-face contact, contact in ICWA cases remained virtual. QEW training was adapted to be presented virtually so recruitment and training could continue.

In addition, in 2020 the Structured Decision Making (SDM) Tools regarding Permanency were implemented, and tribal child welfare staff were given the materials, which were reviewed in an ICWA Workgroup meeting. The Family First Prevention Services Program Manager also met with tribal child welfare staff to engage them regarding the Family First Protection Services Act.

In 2021, 103, staff members attended the training as well as 2 interns from the Field Instruction Unit (FIU), 1 FIU Coordinator, 1 member of the Commissioner's Office, 1 member of the Judicial Branch, and 13 staff members from Wabanaki Public Health and Wellness. In addition the ICWA Workgroup continued to meet. In addition the ICWA Workgroup met 7 times during 2021 with one of those meetings, 4/29/21, being a joint meeting with the OCFS District Management Team.

In 2021, 3 Qualified Expert Witness (QEW) Trainings were conducted in tribal communities to recruit more QEWs for ICWA cases.

In 2022 the following events occurred:

1. It should be noted that in 2022 the Aroostook Band of Micmac Indians officially changed their name to Mi'kmaq Nation.
2. In 2022, six ICWA trainings were offered virtually with 131 people participating in the training; this included OCFS staff members, parent partners, resource parent trainers, and

staff from Wabanaki Public Health and Wellness. Of the 131 participants, 84 responded to the training evaluation (64% of participants). However, it should be noted that due to a change in our learning management system the 23 participants that attended the January 2022 training did not participate in the evaluation. The training evaluations are scored on a likert scale from 1 to 5 with 1 being “very little” and 5 being “very much”. In the training survey 95% of participants gave a rating of 4 or 5 stating they had a better understanding of why ICWA was enacted, 94% that they had an enhanced understanding of historical trauma, 88% that they understood how to co-case management an ICWA investigation/case, and 83% that they understood the steps to take in an ICWA investigation/case. In the comment section of the evaluation regarding “how this training will impact your practice”, some examples of what participants stated are:

- a. It is empowering me to be vocal about tribal needs. I will forever be transformed by this training and will utilize my newfound knowledge to proceed appropriately when working with a tribal family.
 - b. As I’m training resource families, having this knowledge and historical trauma education will impact how I train and talk with families about the importance of asking, and re-asking, and identifying if a child in their home is a Native child as well as helping a child stay connected to their tribe and culture.
 - c. The information taught regarding the history of Wabanaki was very important and will impact my cultural competence as a social worker. The understanding of ICWA was very helpful and informative, prior to this training I didn’t know anything about ICWA.
 - d. This training was very insightful, especially considering all the moving parts in an ICWA case. This training will impact my practice by being very diligent throughout the entire case to explore ICWA possibilities and needs.
 - e. This training was in-depth, and I feel more prepared for if/when I get an ICWA case.
 - f. This training allowed me to realize the importance of working with tribal members when it comes to the removal, placement, and reunification of children within the tribal community.
3. The Qualified Expert Witness (QEW) training in tribal communities was delivered virtually on 3 separate dates in 2022: February 22nd, March 21st, and December 15th. The training is done by an Assistant Attorney General, a tribal partner, and a member of the OCFS child welfare staff. The purpose of the training is twofold: 1. to continue to educate tribal communities on child welfare so they will be comfortable taking on the role of a QEW and 2. recruiting QEWs. OCFS partners with each tribe to ensure that the tribe approves the choice of QEWs for ICWA cases involving their tribe.
 4. The ICWA Workgroup met 6 times during 2022 with the final meeting of the year being held, for the first time since the pandemic, in person. One of the workgroup meetings,

May 26, 2022, was the annual meeting held between the ICWA Workgroup and the District Management Team (DMT). DMT consists of the Regional Associate Directors, the Program Administrators, Assistant Program Administrators, and the Program Managers. At this meeting the following issues were discussed: maximum participation by the tribes; the need for tribal child welfare to know when an investigation closes or there is a finding, the new program through Wabanaki Public Health and Wellness that supports families involved with child protective services; and a general conversation regarding how partnerships and co-case management were going. This year the ICWA Workgroup worked on the following:

- a. Updating the Indian Child Welfare Policy which should be approved in early 2023.
- b. The partnership with Wabanaki Public Health and Wellness to provide an advocate for tribal families involved with child welfare,
- c. Co-case management and resolving any case issues is a recurring agenda item at ICWA Workgroup meetings.
- d. Work began in the development of a day long ICWA training for new casework staff to replace the current 3 ½ hour ICWA training. This training will continue the education regarding the history of what happened to the Wabanaki tribes from the time of first contact and historical trauma. In addition, it will add information regarding specific case examples and having participants ‘walk-through’ the steps of an ICWA investigation and case and will emphasize active efforts required.
- e. Ensuring that tribal child welfare is aware of changes that are occurring within OCFS. This included the roll-out of the new CCWIS system and new and updated policies.
- f. Working in a technical/educational capacity for the drafting of the Maine Indian Child Welfare Act that will be introduced as a legislative bill in 2023.
- g. Work is also being done to transition the OCFS ICWA Liaison responsibilities to another OCFS staff as the person currently in that position is retiring in early 2023.
- h. Work has begun with the Probate Court to help educate Probate Court Judges and private attorneys working with families to ensure that guardianships for families not involved with child welfare are following ICWA.

In addition to those activities cited above, the following practices continued in 2023:

Caseworkers, as part of the Child Protection Intake process and the initial CPS investigation, ask the referent and the family if they have any connections to a Native tribe. The District Court judges also ask questions regarding Native American tribal connections at court proceedings. When Native tribal connections are known before the first contact with the family, and if their Native connection is from one of the federally recognized tribes located in Maine, the tribe is

notified and invited to participate in the investigation. If Native American tribal connection is not known until after the first visit, or at any other point in the investigation or case process, the tribe is invited to participate, as an equal partner, from that point forward. If the tribe is unable to accompany the OCFS caseworker, the caseworker is still expected to contact their tribal child welfare counterpart to make joint decisions regarding the investigation/case as OCFS co-case manages ICWA cases. OCFS involves members of all federally recognized tribes, in accordance with the Indian Child Welfare Act, for children of all federally recognized tribes.

In cases where ICWA applies, and children are removed, caseworkers provide written notification to the Native American families, the tribe, and sends a copy to the BIA, informing them of the right to intervene. OCFS recognizes homes that have been licensed or approved by the tribe as a fully licensed resource home. If the family is a relative or unlicensed placement with a relationship with the child or family, that family is considered as a possible placement option, as is the case with all children entering DHHS custody. DHHS works with the tribe and the family to help them become either a tribally approved resource, or a State licensed resource. OCFS will accept a home study conducted by the tribe and will coordinate with the family as they move through the State licensing or tribal approval process.

OCFS works with Native families, as we work with all families, to prevent the removal of a child from the home. This includes an investigation of the situation and providing services to lower the potential risk of child abuse and/or neglect. In Indian Child Welfare cases, the caseworkers also involve the tribe in planning for the family. In the policy, the tribal child welfare agency co-manages the case with OCFS, and joint decision making is the expectation. It is also recognized that the tribe may offer a distinct set of services and supports for families. The services and supports the tribes may be able to offer families does not negate the fact that Native children in state custody are eligible for the array of services offered to all children and families which include, but are not limited to counseling, substance use disorder services, in-home supports, family visitation, transportation, and parenting classes. OCFS contracts include provisions to allow contracted service providers, such as visitation services, and transportation providers, to accept referrals from tribal child welfare, therefore children in tribal custody may also access state funded contracts. In addition, OCFS pays the room and board costs for children in tribal custody who are placed in a residential or therapeutic foster care setting. This allows the tribe to maintain custody without the additional financial cost of the placement becoming a barrier for the tribe in maintaining jurisdiction.

The Penobscot Nation and the Passamaquoddy Tribes have a tribal court system and are therefore able to take custody of tribal children residing on the reservation or tribal territory without the need to have the child enter the custody of the State of Maine. Due to lack of resources, the tribes do not always request a transfer to tribal court when a native child, not living on the reservation, enters care. The Mi'kmaq Nation and the Houlton Band of Maliseets

do not have a tribal court system, therefore children from these tribes must enter state custody through the State of Maine’s District Court system. Note: The Houlton Band of Maliseets is in the process of developing a tribal court system that should go into effect in 2023.

The state also partners with the tribes to ensure that the children, in tribal custody, that achieve permanency through adoption or permanency guardianship can receive subsidy through the state. We also partner so that older youth in tribal care are receiving life skills and transition services.

Many of the above-cited activities are ongoing and will continue through 2023. This includes regular meetings of the ICWA Workgroup to ensure compliance with ICWA policy and law, as well as to allowing any strengths and challenges to be discussed and addressed.

Tribal Contacts	
Tribal Affiliation	Contact Name
Houlton Band of Maliseet	Lori Jewell, ICWA Program Director
Mi’kmaq Nation (formerly known as the Aroostook Band of Micmac Indians)	Norma Saulis, ICWA Program Coordinator
Passamaquoddy Tribe at Pleasant Point (Sipayik)	Diane Libby, Social Services Director
Passamaquoddy Tribe at Indian Township (Motahkmikuk)	Carrie Cropley, Social Services Director
Penobscot Nation	Michael Augustine, Social Services Director and Elisha Sockbeson, Asst. Director

Targeted Plans:

Child Abuse Prevention & Treatment Act- See Appendix A

John H. Chafee Foster Care Program for Successful Transition to Adulthood – See Appendix B

Education and Training Voucher- See Appendix C

Foster and Adoptive Parent Diligent Recruitment Plan- See Appendix D

Health Care Oversight and Coordination Plan- See Appendix E

Disaster Plan- See Appendix F

Training Plan- See Appendix G

Financial Information

PSSF Service Category Disproportionality: Based on State of Maine Purchasing rules, no payment for service to a provider greater than \$10,000 can be administered without processing through the procurement process. Maine's procurement requires the identification of a new service, a presentation on that service to OCFS management, and approval of the service before a Request for Proposal (RFP) can be initiated. In addition, the process of drafting, approving, and completing an RFP can take a significant amount of time. Funding that was available based on this unplanned barrier was diverted to other eligible program areas from within the grant.

States may not spend more title IV-B, subpart 1 funds for childcare, foster care maintenance, and adoption assistance payments in FY 2018 than the state expended for those purposes in FY 2005 (Section 424(c) of the Act). For comparison purposes, submit with the CFSP information on the amount of FY 2005 title IV-B, subpart 1 funds that the State expended for childcare, foster care maintenance, and adoption assistance payments in FY 2005.

Expenditures in 2005 were \$0

The amount of State expenditures of non-Federal funds for foster care maintenance payments that may be used as match for the FY 2020 title IV-B, subpart 1 award may not exceed the amount of such non-Federal expenditures applied as State match for title IV-B, subpart 1 in FY 2005 (Section 424(d) of the Act). For comparison purposes, submit with the CFSP information on the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005.

Expenditures in 2005 were \$2,408,000

DHHS assures that the state funds expended for FFY 2021 for purposes of Title IV-B, subpart 2, is \$25,449,386. These expenditures were greater than the FFY 1992 base amount of \$15,847,000, which was used to provide Preventive and Supportive Services, including Protective Services. That amount was provided in the annual summary of Child Welfare Services included in the Bureau of Child and Family Services FY '91-93 State Child Welfare Services

CARES Act Funding:

In March 2020, Congress approved the Family First Coronavirus Response Act which provides increased funding for Title IV-B activities. Maine's grant allotment is \$164,476. The grant award period was 3/27/20-9/30/21 with the expectation that the funds were obligated by 9/30/21 and liquidated by 12/30/21. There was no requirement of a non-federal cost share for this program. States may not spend more than ten percent of the combined total Federal funds received under the C.A.R.E.S. Act and the regular allotment on administrative costs.

Federal funds awarded under these grants must be expended for the purposes which they are awarded – to prevent, prepare for or respond to coronavirus. As outlined in the act the funds are to “promote state flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe loving families, by (1) protecting and promoting the welfare of all children; (2) preventing the neglect, abuse, or exploitation of children; (3) supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; (4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (5) providing training, professional development and support to ensure a well-qualified child welfare workforce.”

OCFS allocated these funds related to Title IV-B (child welfare) as follows:

Provide additional support for youth aging out of care during the COVID-19 pandemic who are experiencing additional barriers to self-sufficiency, such as unemployment.

- a. Include youth that age out of care between January – December 2020, projected to be approximately 25-30 young adults.
- b. Funding for services and supports will connect directly to the specific needs of young adults and outlined as part of their transition plan.
- c. Using IV-B funds through the CARES Act would allow funding in the amount of up to \$5,482/young adult. The amount will vary based on the needs of the young adult.
- d. Requests will be approved on a case-by-case basis by the Youth Transition Program Manager.
- e. Examples of needs may include rent, food, educational expenses not covered through other sources of funding, or technology supports.

Title IV-B (non-Cares Act) funds currently are utilized to support the Level of Care program and the ARP programs.

For young people aging out of the V9 Agreement at age 21, during 2020, OCFS used the federal allotment of \$164,476 provided to Maine through Public Law 116-136, Title VIII of Division B of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), enacted March 27, 2020; Title IV-B, Subpart 1 of the Act. Funds of up to \$5400 were provided to eligible young people through a short Application process for expenses that were approved by Administration on Children and Families (ACF), Children’s Bureau (CB).

- There were 12 eligible youth (who were on a Voluntary Extended Care Agreement and turned 21 between 1/1/20 – 12/30/20)

- Outreach to every youth was made in person by OCFS Youth Transition Specialists and every eligible youth received funds for allowable expenses.
- This is a breakdown of the funds provided:

Allowable Expense	Funds Provided
Housing	\$26,114
Food	\$4,165
Automobile Expenses	\$20,531
Personal Needs	\$3,151
Tech/Employment	\$444
Total Funds	\$44,880

The Violence Prevention Program received one supplemental grant (\$140,583.00) from the CARES Act. FVPSA, or Family Violence Prevention and Services Act - CARES ACT. These dollars went toward sheltering domestic violence victims in residential shelters and hotels. Because of social distancing protocols for shelters, the number of "beds" available went down, and so hence the need to use hotels more in emergency situations. It also allowed staff to purchase the protective equipment needed and technology updates needed to continue domestic violence services.

American Rescue Plan Act of 2021 Funding:

On March 11, 2021, President Biden signed into law the American Rescue Plan Act of 2021 (American Rescue Plan). The law provides additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. Section 2055 of the American Rescue Plan provides supplemental FY 2021 funding for two grant programs authorized by CAPTA. Supplemental funds for the CAPTA State Grant were awarded to states on April 29, 2021. Supplemental funds for the Community-Based Child Abuse Prevention (CBCAP) Program will be awarded soon. Maine’s grant allotment for the CAPTA State Grant is \$337,496. The grant award period is 10/1/20-9/30/25. Maine’s grant allotment for the CBCAP was disbursed directly to the Maine Children’s Trust. The grant award period is 10/1/2020-9/30/2025.

Federal funds awarded under the CAPTA Supplemental State Grant can be expended for any of the 14 purposes of the CAPTA State Grant Identified in law. CAPTA State Grant Supplemental Funds can be used to improve:

- Intake, assessment, screening, and investigation of child abuse and neglect
- Use of multidisciplinary and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations
- Legal preparation and representation
- Risk and safety assessment protocols
- Training for child protective services workers and mandated reporters
- Programs and procedures for the identification, prevention, and treatment of child abuse and neglect
- Community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at neighborhood level
- Procedures for collaboration among CPS, public health agencies, juvenile justice, domestic violence services providers, and other agencies

OCFS is allocating these funds to support efforts to implement the Family First Prevention Services Plan, through a Family First Toolkit. In addition, OCFS is allocating funds to implement and integrate the Safety Science Model across OCFS. Through this contract, Collaborative Safety LLC will continue to provide technical assistance and consultant services for the Maine Safety Science Model for critical incident reviews, train, implement and provide ongoing technical and coaching support of the model into the Continuous Quality Improvement and Licensing programs, provide leadership labs for the district management team, and provide a train the trainer program to the OCFS training and policy team to ensure that staff at all levels are trained in the model.

Federal funds awarded under the CBCAP State Grant can be expended to improve community-based child abuse prevention programs, including any purposes of CBCAP identified in law. Examples of uses of funds include:

- Offer assistance to families
- Provide early, comprehensive support for parents
- Promote the development of parenting skills, especially in young parents and parents with very young children
- Increase family stability
- Improve family access to other formal and informal resources and opportunities for assistance available within communities, especially for unaccompanied homeless youth

- Support the additional needs of families with children with disabilities through respite care and other services
- Demonstrate a commitment to involving parents in the planning and program implementation, including meaningful involvement of parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups
- Provide referrals to early health and developmental services

The CBCAP award was disbursed directly to the Maine Children’s Trust which oversees the 16 Maine Child Abuse and Neglect Prevention Councils. The funding is being utilized for child abuse and neglect prevention services through parenting classes and peer support, home visiting, mandated reporting, and safe sleep education.

Appendix A

State of Maine Department of Health and Human Services
Office of Child and Family Services
Child Abuse Prevention and Treatment Act FFY 2022 Update

The Maine Department of Health and Human Services (“DHHS”), Office of Child and Family Services’ (OCFS’) commitment to ongoing improvements in its work of increasing child safety and greater wellbeing is strongly supported by the Child Abuse Prevention Treatment Act (“CAPTA”) and the Children’s Justice Act (“CJA”) grant program requirements (CAPTA Section 106; CJA Section 107).

DHHS meets CAPTA Section 106 and CJA Section 107 grant requirements through a range of programs and supports in its agency child welfare work, and through ongoing, strengthened, and increased inter-agency, intra-agency, interstate, intrastate, and multidisciplinary teamwork within our communities. This work is supported by federal, state, and private resources, including parent partners and community members.

Legislative Updates

During 2022, the second session of the 130th Maine Legislature was convened. During this session the Legislature took up several bills related to child welfare. Following are the bills related to child welfare that that were passed:

- LD 1091, An Act To Improve Long-term Outcomes for Youth Transitioning from State Care by Raising the Upper Age Limit for Voluntary Support Eligibility – This bill extended the age limit for Maine’s Voluntary Extended Care Program from 21 to 23 years of age.
- LD 1995, An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2022 and June 30, 2023 – This bill was the State’s supplemental budget funding and included several key measures relevant to child welfare.
 - \$140,000 in additional funding for the State’s Child Welfare Services Ombudsman Program
 - A position and funding for a staff person to coordinate the organization of child abuse and neglect prevention initiatives across the Department of Health and Human Services
 - Additional contract funding to support work with parents who have lived experience in the child welfare system and allow the Department to receive their input on policy and training initiatives
 - Additional funding for evidence-based prevention services
 - Positions and funding to establish five Legal Secretary positions embedded among District field staff
 - Additional contract funding for kinship navigator services

- \$200,000 in funding for the Child Protective Services Contingency Fund to support families to safely care for their children
- Positions and funding to create a unit that provides after-hours staffing and supervision, lessening the stress on daytime staff to provide round the clock coverage
- Funding to expand a pilot of family visit coaching
- LD 1721, An Act Regarding Dignity for Women in Correctional Facilities – This bill requires the Department to report monthly on its caseload and the number of children in the Department’s custody known to have one or more incarcerated parent, as well as data on the number of these children with an incarcerated parent for whom the case goal is reunification. The bill also directed the Department to work with the county jail system on information sharing regarding individuals incarcerated in jails.
- LD 1769, An Act to Align the Child and Family Services and Child Protection Act with Federal Law – This bill implemented a minor change in statutory language to clarify that for youth involved in the Voluntary Extended Care Program they are in the custody of the Department of Health and Human Services and not the State broadly. This distinction resolved a conflict between the eligibility standards for the Voluntary Extended Care Program in Maine statutes versus those of the federal government.
- LD 1824, Resolve, To Establish the Commission to Develop a Pilot Program To Provide Legal Representation to Families in the Child Protection System – This bill established a legislative commission to study the feasibility of establishing a system to provide legal counsel to custodians as soon as the State opens a safety assessment or investigation.
- LD 1853, Resolve, To Increase Oversight of the Child Welfare System – This bill enacted requirements for quarterly reporting by Maine’s Citizen Review Panels as well as the Office of Child and Family Services to the Legislature’s Joint Standing Committee on Health and Human Services
- LD 1960, An Act To Make Changes to the Laws Governing the Child Welfare Services Ombudsman Program – This bill added the Child Welfare Ombudsman’s to the membership of Maine’s Child Death and Serious Injury Review Panel, clarified the statutory structure and required services for the Ombudsman Program, and specified the Department’s obligation to notify the Ombudsman of certain child fatalities.

During January 2023, the first session of the 131st Maine Legislature was convened. Many bill regarding child welfare have been introduced but have not yet received a public hearing or work session before being taken up by the full Legislature. Some bills are still in “concept draft” format which means the text and substance of the bill is still under development. Among the bills under consideration this session are:

- LD 474, An Act To Improve Collaboration Between Mandatory Reporters and Law Enforcement in the Investigation of Alleged Child Abuse and Neglect – A bill proposed by the Department to enact statutory changes to address challenges to information sharing

identified by a workgroup of personnel from the medical field, law enforcement, the Office of the Attorney General, and the Department.

- LD 898, Resolve, To Increase the Reimbursement Rate for Foster Parents by 20 Percent – This bill proposed a 20% increase to the current foster parent reimbursement rates and is being considered in conjunction with an OCFS proposal in the Governor’s proposed budget to increase reimbursement rates by 5%.

There are also bills related to training and support for child welfare caseworkers, efforts to increase access to peer mentors with lived experience in the child welfare system for parents currently involved with the system, and efforts to improve the ability of youth in care and formerly in care to obtain a driver’s license. To date none of these bills have been enacted but OCFS will provide an update on the final disposition of child welfare related bills in next year’s report.

Changes to the CAPTA Plan

There were no significant changes during 2022 from the state’s previously approved CAPTA plan regarding how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.

The requirements under Title 22 of the Maine Revised Statutes meet the CAPTA requirements of Section 106(b)(2)(B)(ii) and (iii), and support Maine’s interagency response efforts in ensuring infants born affected by illegal or legal substances are safe and appropriate services are made available to them. Notifications from health care providers that an infant has been born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal exposure (to legal or illegal substances) are identified as “Drug Affected Baby” reports, including infants determined to be affected by Fetal Alcohol Spectrum Disorder. Notifications regarding Substance Exposed Infants, in which allegations of child abuse and/or neglect are absent, are referred directly to Public Health Nursing under a memorandum of understanding between OCFS and the Maine Center for Disease Control and Prevention, Division of Family Health, Public Health Nursing (CAPTA Section 106(b)(2)(B)(v)). Maine OCFS continues to work with Public Health Nursing, medical providers, and other stakeholders to develop a process for the development of a coordinated, Plan of Safe Care for substance exposed infants and their parents/caregivers to support their needs.

Use of CAPTA Grant Funds

In the period from July 1, 2022, to present, CAPTA funds have been utilized to support the work of Maine’s Citizen’s Review Panel, the Maine Child Welfare Advisory Panel (MCWAP), as well as the Child Death and Serious Injury Review Panel (CDSIRP), including member mileage, travel to out-of-state functions, and technology charges.

In addition to the work of the panels and consultation for child welfare staff, CAPTA grant funds support the office’s recruitment and retention activities through recruitment advertising,

recruitment event expenses, and support for the staff recognition program. In 2022, CAPTA Funds were utilized to provide recruitment and retention stipends for OCFS Casework and Supervisor Staff. OCFS Caseworker and Supervisory staff are required by law to maintain social worker licensure. CPS caseworkers and supervisors may submit licensing fees for reimbursement. CAPTA funds are used for this purpose as a staff retention strategy.

In 2022, CAPTA funding was utilized to support implementation of the Maine Safety Science Model with Collaborative Safety LLC and for various technology and support services to enhance communication and coordination of investigation activities with community partners. OCFS has also utilized CAPTA funding to support the Sexual Assault Forensic Examiner (SAFE) Nurse program, which provides training, education, and resources for medical providers who provide sexual assault medical evaluation services to adult and children who are victims of sexual violence. CAPTA funding also supported the development of the web-based portal for Maine’s Plan of Safe Care. This online system will allow providers to create an online, secure, and printable version of the POSC. OCFS is also creating a data collection system which will collect and collate demographic information from the POSC portal.

In the year to come, OCFS will continue to apply CAPTA grant funds to new projects aimed at staff training and development. Targeted projects include supporting activities such as a statewide child welfare conference focused on employee development and support that will be held on three occasions in different regions of the state to reach every district staff member and full implementation of the learning management system. Additionally, CAPTA funding will be utilized to support the web-based portal for Maine’s Plan of Safe Care (POSC). CAPTA funding will be used to support the State of Maine’s Sexual Assault Forensic Examiner Program, which provides education to medical providers and services to youth and adult victims of sexual violence.

OCFS Employee Statistics

The Maine Department of Health and Human Services/OCFS continues to track hiring and turnover of caseworker, supervisor, Child Welfare and OCFS staff. This tracking started in 2020 as a result of the Workforce Analytics Workgroup. Tracking includes turnover (resignation, retirement, and termination) and Churnover (promotion, demotion, and lateral transfers). Transfers are recorded as a loss to the office, but not the overall child welfare program. OCFS ended 2022 with a caseworker turnover rate of 31%. The chart below shows how this compares to prior years:

Year	Turnover Rate
2022	31%
2021	32%
2020	22%
2019	29%
2018	37%

2017	28%
2016	22%
2015	23%
2014	24%
2013	28%

The turnover rate for supervisors in 2022 was a total of 13 staff. This is higher than previous years. In 2018, the Maine Legislature added a \$5.00 per hour stipend to caseworker, supervisor, and manager salaries; this increased salary has encouraged more qualified candidates to apply for entry level casework positions. The Recruitment and Retention stipend has been helpful in the recruitment of staff but has not been as significant in the retention of qualified staff. During the Covid 19 pandemic, interest in Maine and child welfare caseworker positions increased and resulted in a number of initial screening interview and subsequent hiring during 2020 and early 2021. In mid-2021 applications for Child Protective positions began to decline while turnover remained consistent. Housing became more difficult to find in many communities in Maine making it challenging for out of state applicants to move to Maine communities. These rates of turnover are within the national average, which is estimated to be 30-40% annually nationwide. The average length of employment for child protective workers continues to be approximately 2 years (GAO, 2003) ^[1]. Another study from the Annie E. Casey Foundation estimated the annual turnover rate at 20% for public agencies and 40% at private agencies. The average length of employment for public agencies is 7 years and for private agencies is 3 years (AECF, 2003) ^[2]. Maine’s 2022, turnover rate is aligned with the national averages based on these studies. OCFS continues to focus on quality recruitment and retention of caseworkers, as well as reducing workload to further improve the turnover rate.

In 2022, Child Welfare staff continued to struggle to balance the needs of their own families and the difficulty of child welfare work. Agencies that support the work of the child welfare community, such as supervised visitation, those that provide therapeutic/in home services, and support children in emergency room settings also struggled to find and retain qualified staff. The lack of staff and resources in community agencies often required these job functions to become the responsibility of Child Protective Caseworkers resulting in a higher workload, longer hours, and greater stress in balancing the additional work. In acknowledgement that afterhours coverage, coupled with challenging cases have stressed caseworkers and supervisors, a Children’s Emergency Services (CES) unit was developed in July 2022. Three afterhours supervisor positions and sixteen afterhours caseworker positions were hired for three different regions (South, Central and North) of the state. Of the sixteen caseworker positions, 3 caseworker positions remain to be hired on. The CES supervisor and caseworker positions respond to emergency situations that occur beginning at 5pm and ending at 8am on weeknights and respond throughout the weekends beginning on Saturday morning at 8am and ending on Monday morning at 8am. These positions allow caseworkers and supervisors to have their evenings and weekends to recharge and get some

time away from the impact of the position. Caseworkers and supervisors still respond to reports and emergencies that come in prior to 5pm on weeknights and may be required to provide support to children waiting in the emergency room for a crisis bed, or to children who are brought into the Department's custody when an out of home placement is required but has not yet been located.

In 2021, there were 96 out of state applicants that expressed interest in working within Maine's child welfare system which was down from 153 in 2020. In the interest of decreasing the time from application to interview, the Recruitment and Retention Specialist assumed responsibility for reviewing applications for the Child Protective Caseworker position in May 2021. In late October 2021, Human Resources (HR) broke the single bucket application for Child Protective Caseworker into 12 distinct applications representing each of the 12 District offices. This has allowed the Recruitment and Retention Specialist to better understand which offices are receiving the most applications and which offices struggle to attract applicants. It also further breaks down the location to which Out of State applicants are applying in the state. Screening interviews continue to be offered to applicants quickly, often within a day or so of the timeframe they have applied. Most of the screening interviews are completed by the Recruitment and Retention Specialist via Zoom, as it provides a timelier way to schedule and complete the initial interview and move applicants quickly to the district office where they are most interested in working.

Applications remained steady during the spring and summer of 2022 and then steadily dropped as 2022 concluded. Turnover in the Rockland office has been particularly high and recruitment challenging in that area. More popular offices and areas, including Portland and Biddeford, have struggled with retaining staff and finding new employees to replace them. OCFS continues to offer Rapid Recruitment in some of the larger offices which allows applicant's names to be sent directly to the district offices to complete the screening interview while wrapping a 2nd interview into the screening if an applicant appeared to be a good fit for the challenging, fast paced, and complex work of child welfare. This has allowed job offers to be made more quickly to qualified candidates, increasing the likelihood they could start as soon as possible. OCFS continues to advertise open positions on Indeed, as well as digital ads in areas that target Lewiston and the Rockland office where recruitment has been more challenging. The Department hired Pulse Marketing to do a digital marketing campaign to spread the message about OCFS Child Protective positions to the public during May and June 2022 when many new graduates are looking for work. Unfortunately, this marketing did not result in any noticeable bump in applications for that timeframe. In addition to recruitment efforts by the Office of Child and Family Services, the State of Maine, Bureau of Human Resources maintains job postings on LinkedIn, Instagram, Facebook, and Twitter and utilizes these social media platforms for additional outreach to prospective candidates.

In 2022, the Recruitment and Retention Specialist continued to focus on providing a fast, efficient, personal, informative, and welcoming introduction to new applicants as they navigate the application process, screening interviews and hiring process. The Recruitment and Retention

Specialist is readily available to answer questions applicants have about the job, licensing, the interview process, and working for OCFS. Caseworker applicants with relevant qualifications and skill sets continue to apply for open positions, allow a definite slowdown in applicants has occurred in late 2022 and early 2023, mirroring the hiring struggles that peers in education, law enforcement, and nursing are also experiencing.

With respect to recruitment opportunities, Maine's Recruitment and Retention Specialist continues to recruit both virtually and at in-person job fairs throughout the State of Maine and in neighboring New England states, including New Hampshire, Massachusetts, and Connecticut by attending virtual job fairs, college presentations and offering personal recruitment meetings for interested candidates using Zoom. In-person job fairs have had better attendance than the virtual job fairs, which had fewer participants.

The Recruitment and Retention Specialist with the OCFS Training team, in collaboration with the Catherine Cutler Institute, finalized the development of and is piloting the Field Instruction Program to be located at all district offices in the state. Academic Year 2022-2023 will be the first full year of the Field Instruction Unit with students in many district offices of the state. A soft start of the FIU program began in Academic Year, 2021-2022 with approximately 5 interns hired as full-time caseworkers at the conclusion of that academic year. If a student does not accept a position with the State of Maine OCFS upon graduation, the expectation is that the student would pay back the \$7,000.00 stipend offered to OCFS Interns. The Field Instruction Program continues to be evaluated by the Catherine Cutler Institute to determine outcomes for both the interns and the Office of Child and Family Services with interest in how the FIP both aids in recruitment and retention of qualified staff.

With respect to retention of Maine's child welfare personnel, OCFS has taken the following steps:

1. OCFS continues its quarterly STAR awards. These awards recognize exemplary employees of any category within OCFS. STAR stands for Service, Teamwork, Attitude, and Respect.
2. OCFS reimburses all OCFS caseworkers and supervisors for the cost of the renewal of their professional Social Work license. OCFS began this practice on Jan 1, 2016.
3. Tuition reimbursement is offered to all employees who have been with the agency one year or more.
4. Wellness Teams have been convened in each district office to focus on staff support and opportunities to increase staff retention.
5. Clinical Supports have been provided to each district office. These clinicians, managed through Spurwink, provide individual and group consultation. They are available to process traumatic events, difficult cases, and secondary trauma staff may experience as a result of their caseload and the cumulative effect of the work.

6. Entrance surveys are conducted and reviewed to evaluate the recruitment process.
7. Exit surveys are conducted and reviewed to identify concerns and themes to determine the reasons staff leave state service and how to best retain staff.
8. OCFS has increased the number of support staff and reviewed the type of tasks assigned to them in an effort to decrease caseworker administrative workload.
9. Supervisory training and coaching were provided to all supervisors to increase awareness regarding the supervisory role in recruitment and retention, as well as to increase overall supervisory skills.

Data regarding investigatory and supervisory caseloads decreased from FFY21. Using a point-in-time position count (163), divided by the annual reports assigned for family investigation (10,052), the investigation workload in FFY22 was 62 cases per position per year. When factoring the 31% turnover, the practical investigation caseload was 89 per worker. This remains the same from the previous year and equivalent to an assignment of 7.4 investigations per caseworker/month.

Fifty seven percent of investigations in FFY22 were completed within 35 days. This decreased from 80% completed within 35 days in FFY21.

The Department has developed a standardized workload analysis tool that considers both caseload and workload factors when determining appropriate case assignments to staff. Caseloads vary in intensity due to a number of factors and over the years, additional policy and practice expectations have been added to the responsibilities of caseworkers and supervisors. The Department in collaboration with the Public Consulting Group (PCG) continues to enhance the Workload Analytic Tool to include additional workload factors. This tool is being used as one measure to assess workload and staff resource allocation.

In order to qualify for a Child Protective Caseworker position, applicants must have a bachelor's degree from an accredited institution in social work or a bachelor's degree in a related field, such as Behavioral Science, Childhood Development, Education and Human Development, Mental Health and Human Services, Psychology, Rehabilitation Services, or Sociology. Casework lines are generally exempt from hiring freezes and open for recruitment.

The state application process includes a numerical evaluation that considers the applicant's background, training, and experience. All selected applicants undergo a panel interview usually conducted by the Recruitment and Retention Specialist, or at least two supervisory level staff.

Newly hired caseworkers are required to complete Foundations Training prior to assuming responsibility for a caseload or casework activities. Foundations Training includes a comprehensive training curriculum and job shadowing opportunities to ensure caseworkers have the competencies and skills to perform child protective work. Foundations Training components

include but are not limited to: Introduction to Public Child Welfare in Maine, Domestic Abuse and the Child Welfare System, Working with Families Affected by Substance Abuse, Medical Indicators of Child Abuse and Neglect, Introduction to Intake, Assessing Child Safety, Fact Finding Interviewing, Introduction to MACWIS, Family Teaming, Children's Advocacy Centers, Commercial Sexual Exploitation and Sex Trafficking in Maine, Placement, Permanency and Well-Being.

Within the first six months of hire, new caseworkers are expected to participate in several core trainings which expand upon the information contained in the Foundations Training. These core trainings include Working within OCFS-Orientation, Legal Training, MACWIS/Technology Training, Introduction to ICWA, Social Work Ethics, Psychosocial Assessment, and Family Team Meetings. Within the first year of hire new caseworkers participate in trainings on the following topics: Child Welfare Trauma Training Toolkit, Staff Safety, Children's Behavioral Health in Maine, and introduce/participate in onsite training with TANF, OFI, and other programs that assist the families that caseworkers interact with. There are district financial allocations for staff to continue their professional development in accordance with licensing requirements, as well as to allow access to professional literature.

Supervisory requirements include meeting all caseworker requirements, plus demonstrated experience as a child welfare caseworker. Individuals selected through the competitive hiring process often have taken other leadership roles within the office, such as working on special projects or specialty caseworker tasks, training, or quality assurance. Full licensure at the LSW level for four years is a requirement prior to consideration as a supervisory candidate. Master's level social workers are preferred candidates.

All supervisors hired in DHHS are required to participate in the Managing in State Government training. The focus of this training is the role of the supervisor in an organization and how it differs from the task-based role of the employee. The training covers policies and procedures that are unique to supervision within state government including employee selection and performance evaluations. In addition, new supervisors participate in the OCFS Supervisory Academy.

All new state employees receive a three-month evaluation followed by annual performance evaluations. Casework supervisors are expected to conduct individual and group supervision, as well as field observations focused on individual casework practice. In terms of measurement, each district has a Quality Assurance Specialist who reviews district cases and provides feedback to staff related to practice. Through August 2021, all supervisors had access to the Results Oriented Management (ROM) data system that provided information on performance related to meeting federal outcomes. OCFS discontinued the use of this system in August 2021. Supervisors have access to an array of management reports to monitor the key components of practice and that can

be used in individual supervision to help track caseworker workload, activities, and help establish caseload priorities.

Child Protection and Juvenile Justice

In Maine, children in the care of the child protection system are not transferred into the custody of the State Juvenile Justice System if they become involved with the criminal justice system, but rather remain under the custody of the Department of Health and Human Services unless custody is returned to a parent or guardian.

Maine's Citizen Review Panel (CRP)

The Maine Child Welfare Advisory Panel (MCWAP) serves as the State of Maine's Citizen's Review Panel pursuant to CAPTA Sec. 106(c). MCWAP, in collaboration with the State of Maine's Judicial Branch's Justice for Children Task Force and the Maine Child Death and Serious 107(c).

The Maine Child Welfare Advisory Panel (MCWAP) convenes ten meetings per year, from September through June. Given the status of the COVID-19 Pandemic in 2022, the monthly MCWAP meetings continued to be held virtually. At each meeting, OCFS provides an update, panel business is discussed as a large group, and subcommittees meet to work on selected topics and then report out to the larger group. Most subcommittees also schedule meetings outside of the monthly MCWAP meeting. In 2022, the Panel held nine meetings, including an extended planning retreat in September. One meeting was cancelled due to a state office closure as a result of inclement weather.

In 2022, the primary focus areas were 1) a study of OCFS' parent information practices; 2) a review of lived experience data collection; 3) clarification of the oversight role of MCWAP; and 4) improving process for citizen input, policy review and measuring progress.

In 2022, MCWAP members collaborated with the JCTF to develop and implement *Child Protection 101: For Parents by Parents*, informational sessions for parents involved in the child welfare system. The goal of these sessions is to aid parents in understanding the child protective and judicial process. This project incorporates data collection activities, including pre and post participation surveys, an evaluation on timeline to permanency, participation and engagement in reunification services, and attendance at court proceedings. This data is currently being analyzed to determine if participation in this course impacted a parents knowledge of the process and outcomes in terms of their child welfare case.

Maine's Child Death and Serious Injury Review Panel (CDSIRP)

The mission of the Child Death and Serious Injury Review Panel is to provide multidisciplinary, comprehensive case review of child fatalities and serious injuries for the purpose of promoting prevention, improving present systems, and fostering education to both professionals and the general public. Furthermore, the panel strives to collect facts, develop opinions, and articulate those opinions in a fashion that promotes system change. Finally, the Panel serves as one of the Department of Health and Human Services' required task forces pursuant to the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

The Child Death and Serious Injury Review Panel reviews all reports of child death and serious injury in order to meet their statutory mandate (see, 22 MRSA §4004). In addition, the Panel conducts several in-depth case reviews each year, both independently and in conjunction with the state's Domestic Violence Homicide Review Panel and/or the Maternal, Fetal, and Infant Mortality Review. The panel makes recommendations to state and local agencies regarding methods to improve the child protective system, including modifications of statutes, rules, policies, and procedures.

CDSIRP meets monthly from September to June. In 2022, the panel conducted five in depth Level 3 case reviews in addition to completing Level 1 summary reviews of all child fatalities and serious injuries reported to OCFS from previous months. The panel invited presenters to discuss pediatric ingestions and poisonings and implementation of the Maine Safety Science Model. Panel meetings over this reporting period occurred exclusively through virtual video conferencing. The use of this technology has benefitted the panel in that it has allowed for increased attendance at the monthly panel meetings, a decrease in travel for participants, and limited need to cancel meeting due to inclement weather.

Substance Exposed Newborns

OCFS hired a Medical Director in March 2020. In addition to other responsibilities, the Medical Director has been responsible for the coordination of activities of the department and stakeholders (medical providers, public health nursing and other community partners) to support families affected by substance use disorder. This work has included oversight of the implementation plan for the Plan of Safe Care for substance exposed infants (SEI) in Maine. Primary responsibility for implementation was assigned to the Plan of Safe Care (POSC) Nurse who was hired in August 2020. The implementation plan was finalized in collaboration with OCFS staff and the DHHS SEI Workgroup, which meets weekly and includes representation from OCFS, the Maine CDC, the Office of Behavioral Health, the MaineCare Maternal Opioid Misuse (MOM) grant program manager, the Child Health Officer from the DHHS Commissioner's Office, Public Health Nursing and Home Visitors (Maine Families). The workgroup is coordinating the systemwide initiative to serve substance exposed infants and their families with the Plan of Safe Care as a tool to be used across the state.

The POSC nurse and the OCFS Medical Director have partnered with the Project Manager of Infant and Maternal Substance Use Prevention Coordinator to provide training across the state, using Zoom webinars, to nurses and social workers at the 26 birthing hospitals, as well as caseworkers, home visitors, and Public Health Nurses.

The POSC nurse holds office hours twice monthly which are open to medical professionals, public health nurses and home visitors. This allows for an opportunity to address any questions or concerns that may arise as they are using the POSC forms while serving infants and families. Office hours specifically for caseworkers will be initiated in the coming months.

A website has been created with information about the Plan of Safe Care and links to copies of the forms used to create a plan: <https://www.maine.gov/dhhs/mecdc/population-health/mch/plan-safe-care.shtml>.

The POSC nurse has worked with the data team to create a system to collect information when notifications of substance exposed infants are reported to OCFS, and to ensure that all substance exposed infants are receiving a Plan of Safe Care. The data system will also allow analysis of the needs of the families and caregivers, as well as a system to gather the data in a usable format for reporting. As the state transitions to the new CCWIS system, collaborative work is being done to ensure that the new system will allow for a more efficient method of data entry for OCFS staff. In the summer of 2022, work was begun to develop an online portal for the Plan of Safe Care which will allow for electronic access wherever a user is located, as well as storage of date. The current plan is for roll out of the online portal in July 2023. At this time, the Plan of Safe Care Nurse will meet with the many partners across the state to share the workflow of the new portal and also to update POSC trainings in the birthing hospitals and Child Welfare district offices.

The POSC nurse, the OCFS Medical Director and several other members of the OCFS staff, as well as partners from the CDC and Office of MaineCare Services (OMS) served on a workgroup to update the Substance Exposed Infant policy to include the Plan of Safe Care. This policy was approved April 22, 2022.

The cross-team collaboration among state partners has been strong, including Child Welfare, the Public Health Nursing, Home Visitors, Child Development Services (early intervention), office of MaineCare and the medical community.

State of Maine CAPTA Coordinator

Bobbi L. Johnson, LMSW
Associate Director of Child Welfare Services
Office of Child and Family Services
2 Anthony Avenue, Augusta, Me 04330

Telephone: (207) 624-7989

Email: Bobbi.Johnson@maine.gov

EXHIBITS:

Exhibit A: Maine Child Welfare Advisory Panel FFY 2020 Annual Report

Exhibit B: Child Death and Serious Injury Review Panel FFY 2020 Report

Exhibit C: Justice for Children's Task Force FFY Annual Report

Appendix B

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS—The 2023 APSR

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services, submits this Annual Performance and Services Review (APSR) for Federal Fiscal Year 2022. The Maine Department of Health and Human Services, Office of Child and Family Services (OCFS) continued to administer the State’s Youth Transition Services as set forth in the Title IV-E John H. Chafee Foster Care Program for Successful Transition to Adulthood Program and Title IV-E Education and Training Voucher (ETV) Program, under Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477, as well as all federal requirements of the National Youth in Transition Database (NYTD).

Section I covers the programs, services, and Chafee independent living activities from October 1, 2022, to present, as well as those activities planned for FFY 2024. Section II contains information regarding the administration of the Education and Training Voucher fund program.

SECTION I: CHAFEE YOUTH TRANSITION SERVICES

Eligible Population:

For the purposes of Youth Transition Services, the terms “child” and “youth” are used interchangeably to mean an individual up to 23 years old (effective 8/8/22). The Department of Health and Human Services elects the following youth as eligible for services under its Chafee Foster Care Independence Program:

- A youth in foster care between the ages of 14 and 18.
- A youth who turned 18 years old while in foster care and who signed a Voluntary Extended Care (formerly called V9) Agreement with the Department, while residing in Maine or temporarily in another state to attend post-secondary education, and who meets the requirements outlined in OCFS Policy: Section V. Subsection T. Youth Transition Services.
- A youth who was adopted, entered permanency guardianship, or was reunified with family at age 16 or older from DHHS custody, may be eligible to receive Education and Training Voucher (ETV) funds.

The Department of Health and Human Services (DHHS) does not discriminate on the basis of race or color, sex, sexual orientation, physical or mental disability, genetic information, religion, age, ancestry or national origin, whistleblower activity, or marital status in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Food Stamp Act of 1977, as amended, and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA and hiring or employment practices may be forwarded to DHHS’ ADA/EEO Coordinators, #11 State House Station, Augusta, Maine 04333, 207-287-

4289 (V) or 207-287-1871. TTY users call Maine relay 711. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA/Civil Rights Coordinator. This notice is available in alternate formats, upon request.

Eligible Population: Youth aged 14-21, in care on 10/22/22:

AGES	TOTAL
Age 14	87
Age 15	89
Age 16	82
Age 17	58
Age 18	30
Age 19	24
Age 20	16
TOTAL	386

Estimated Eligible Population for 2023 (Youth in care on 1/31/23):

AGES	TOTAL
Age 14	86
Age 15	72
Age 16	85
Age 17	66
Age 18	28
Age 19	28
Age 20	14
Age 21	11
Age 22	3
TOTAL	393

Purposes for Which Funds Were Spent:

- To assist youth to explore and secure legal permanency and life-long connections before exiting foster care.
- To transition plan with youth, beginning with a comprehensive assessment of youth strengths and needs that includes the active participation of youth and their supports in case planning.
- To offer an array of opportunities, services, and supports that meets the individualized needs of youth and ensures youth have regular, ongoing opportunities to engage in age and developmentally appropriate activities.
- To support youth well-being by honoring the youth’s culture, traditions, beliefs, sexual orientation, and gender identity.
- To create a normalized growing up experience for youth in care that is consistent with their peers who are not in foster care.
- To increase and enhance educational achievement, vocational and employment skills, and academic knowledge.

- To help youth learn essential daily living skills, effective problem solving and informed decision-making skills.
- To expand the resources available to youth in their community.
- To work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- To encourage opportunities for youth in care, which may lead to permanent lifelong connections.
- To provide needed academic supports, including post-secondary education financial support using Federal Education and Training Voucher program funds.
- To improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- To increase knowledge of Departmental staff, foster parents, group care providers, and other adolescent service providers of the needs of older youth in care and youth transitioning to adulthood.
- To facilitate meaningful and productive communication between older youth in care and OCFS Managers to promote improved youth outcomes.
- To seek youth input in developing Departmental policies, programs, and practice to prepare older youth in care to transition to adulthood.

Overview of Strategies to Meet the Needs of the Eligible Population:

The goal of the Department’s Chafee Transitional Living Program (Youth Transition Services) is to ensure all youth in foster care are prepared for a successful transition to adulthood that includes economic self-sufficiency, safe and stable housing, a network of supports, and the development of essential life skills.

The Department works to achieve this goal by:

- Assisting youth to have legally permanent family and lifelong connections;
- Providing youth with opportunities and resources that allows them to experience normalcy while in foster care, even when placed in therapeutic foster care or temporary residential care; and
- Partnering with youth to engage in transition planning that:
 - Reflects a comprehensive assessment of their strengths and needs;
 - Demonstrates active participation of young people in decision-making;
 - Includes their support network; and
 - Develops a transition plan that meets their individualized needs and supports age and developmentally appropriate opportunities.

The Department provides Youth Transition Services through a combination of OCFS Youth Transition Specialists; OCFS Caseworkers; a contract with the University of Southern Maine’s Catherine Cutler Institute; a contract with Jobs for Maine Graduates; contracts with Maine’s Tribes and Bands; placements and services to meet youth’s individualized needs; and by collaborating with various community providers.

OCFS Youth Transition Specialists (YTS) partner with youth, district casework staff, and the youth’s team for the purposes of assessing youth’s needs regarding needed transition supports and to carry out youth transition plans designed to support youth to successfully transition to adulthood.

Their primary purpose is to ensure improved youth outcomes through a focus on the distinct needs of older youth, such as support in post-secondary education and life skills development. By working with community-based public and private partners, YTS will continue to work to increase the community-based opportunities and resources available to youth in foster care and on Voluntary Extended Care Agreements.

Maine provides financial and caseworker supports to older youth between the ages of 18 and 23, through Voluntary Extended Care (formerly called V9) Agreements. In existence since 1972, Maine's Voluntary Extended Care program continues to provide financial and other supports to young adults who voluntarily remain under the care and supervision of OCFS. Of note, effective August 8, 2022, through state legislation and federal certification, Maine increased the age of our Voluntary Extended Care Program from twenty-one (21) to twenty-three (23).

Housing supports to older youth on Voluntary Extended Care Agreements is provided through a combination of state funds and no more than 30% of Chafee funds, as allowed by the Title IV-E John H. Chafee Foster Care Program for Successful Transition to Adulthood Program.

As part of the Affordable Care Act, Maine continues to provide Medicaid (MaineCare) coverage to youth who aged out of foster care, until the age of 26, without regard to income. Youth Transition Specialists and Caseworkers assist youth to apply for MaineCare coverage.

The Department's Office of Child and Family Services (OCFS) and the Office of Aging and Disability Services (OADS) continued to collaborate to improve the transition process of youth from children's services to adult services. The OCFS/ OADS Transition Protocol allows a youth, who is eligible for adult services, to remain on a Voluntary Extended Care Agreement and benefit from collaborative planning with OADS until the youth can enter the Section 21 Adult Waiver Program.

In addition to the Education and Training Voucher (ETV) program, Maine continued to provide post-secondary education support through Maine's Foster Care Tuition Waiver Program. Eligibility for one of the 30 yearly slots includes youth who are in foster care at the age of 18, youth who were in adopted through DHHS, and youth who were under Maine's Permanency Guardianship program. Youth who are not awarded a Tuition Waiver received information and navigator support from Jobs for Maine's Graduates regarding other financial aid options.

Students also benefited from Maine's Community College System waiving tuition and fees for any student in Maine who graduated from High School or its equivalency in 2020, 2021, and 2022, for a total of two (2) years.

In 2017, the Office of Child and Family Services established the Alumni Transition Grant Program (ATGP). With the help of youth from foster care, this program was designed as an added safety net for young people who had not yet completed their postsecondary college or training programs by their 21st birthday. We are in the process of updating the ATGP Legislation and Rules to increase the eligible age to 23, consistent with the increase of Maine's foster care to age 23. The ATGP provides a similar level of financial assistance to participants as the V9 Agreement and can be accessed by eligible young people until their 27th birthday.

DHHS continued a contract with Jobs for Maine's Graduates (JMG) to offer a scholarship to disadvantaged youth, including youth from foster care, for two-year college and training programs.

Chafee Training Plan:

Youth in foster care were offered the following trainings over the past year to meet the Chafee goals and objectives, and we will continue to provide these trainings in 2023:

- Strategic Sharing (an evidence-informed approach developed by Casey Family Programs) to help youth learn to use their own life experiences to inform others in a way that is meaningful, effective, and safe. Youth increase their skills, knowledge, and confidence in public speaking, as well as increase their sense of being able to positively impact the child welfare system.
- Leadership and life skills training in specific topic-based trainings as well as embedded into all YLAT meetings. Skill building activities and education focused on helping youth learn to use their voice, both in public speaking and in advocacy, and to build knowledge in healthy relationships, preparing and participating in court, and workforce readiness.
- Jobs for Maine's Graduates (JMG) will continue to offer the following trainings:
 - Financial Literacy Trainings will be offered statewide to youth through the Opportunity Passport and matched savings program. This training focuses on helping youth develop critical financial skills around saving, budgeting, the difference between wants and needs, and future goal setting.
 - Classroom Core Competency Building Program: For middle and high schools where JMG is located, youth will be supported to attend the JMG credit-bearing class that focuses on increasing their academic and work skills.

Youth Led Trainings:

The Department's Youth Transition Specialists and the Catherine E. Cutler Institute for Health and Social Policy at the University of Southern Maine (USM), partner to help youth in care and formerly in care be prepared to provide trainings throughout the year for various stakeholders in the child welfare system. These stakeholders include DHHS staff and administrators, child welfare agencies, resource parents, the legal community, and various providers about the unique needs of youth in transition, adolescent permanency, healthy relationships, youth development, youth leadership, and creating community supports. Youth and young adults who are currently or formerly in care utilize their expertise to educate community and system partners regarding best practices on engaging and supporting youth and to increase their knowledge and skills on how to best support older youth in care.

From October 1, 2022, through March 1, 2023, twelve (12) youth and young adults, participated in seven (7) speaking engagements. Young people have continued to provide input to shape the design and implementation of OCFS's New Caseworker Training (Foundations) and Resource Parent Training. This past year youth presentations were held both in-person and virtually, ensuring young people across the state can help train new caseworkers. The use of pre-recorded panels continued to be an additional resource for training when young people's schedules can't accommodate training engagements. These events included creating a video for Court Appointed Special Advocates (CASA) panels, a recording around ways that adults can care and support for young people who identify as LGBTQ+ for new resource parents and the new caseworker training, two (2) live panels for new caseworkers, and two (2) panels for new resource parents.

OCFS continued to facilitate feedback sessions with young people to gather input on specific policy changes. Nineteen (19) unduplicated young people participated in 6 feedback sessions on topics including what young people need to secure and maintain lifelong connections and what work readiness skills would be helpful for them to pursue their career aspirations.

Two (2) young people also participated in speaking engagements with the Maine Children's Alliance about the health and well-being of young people in care.

OCFS anticipates that youth in care and YLAT members will continue to:

- Serve on a variety of workgroups, such as: the Maine Youth Transition Collaborative (MYTC) Advisory Committee; The New England Youth Coalition (NEYC); the Maine Child Welfare Advisory Panel (MCWAP); Families First Implementation, Driving Workgroup, and various ad hoc committees and workgroups;
- Provide training to OCFS staff, resource parents, and various community providers around the needs of older youth in foster care; and
- Provide feedback to OCFS regarding policy and practice changes.

Chafee Training Certification:

The Department certifies that we use training funds provided under the title IV-E foster care and adoption assistance programs to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult (section 477(b)(3)(D)).

Consultation and Collaboration:

The Department continued to coordinate its services with other Federal and State programs for youth, including juvenile justice services; adult mental health and developmental services; housing and homeless youth services; high school and adult education programs; vocational and employment training programs; post-secondary educational services; substance use services; children's mental health services; and other community-based resource providers.

OCFS views youth voice as a cornerstone of the policies and practices that make up Maine's Youth Transition Program. In keeping with the intent of the Chafee Program, youth currently and formerly in foster care were consulted on a regular basis throughout the year to improve Maine's Youth Transition Services through:

- Youth Leadership Advisory Team (YLAT);
- Maine's Child Welfare Advisory Panel (MCWAP);
- Alumni Transition Grant Program (ATGP) Advisory Committee;
- New England Youth Coalition (NEYC); and
- Various formal workgroups; and through informal conversations.

OCFS sees collaborative efforts as a sound strategy to improving the services and supports provided to youth transitioning from foster care. OCFS continued collaborative efforts with the following community organizations:

Maine's *Youth Leadership Advisory Team* (YLAT) (www.ylat.org) is nationally recognized as one

of the most effective and active youth leadership boards in the country for youth in care, beginning at age 14. In 2021 and 2022, youth in care and alumni of foster care provided valuable feedback on various OCFS Policies (including: Youth Transition Policy; LGBTQ+ Policy; and Permanency Policy)

- University of Southern Maine, Catherine Cutler Institute is a host sites for the Annie E Casey Foundation and the Jim Casey Youth Opportunities Initiative, allowing current and former youth in care in Maine are part of national leadership experiences. Known as "Fellows," these Alumni of Care participate in a yearlong experience, including Leadership Training, national networking, and developing their own passion project that is supported by OCFS And USM to raise up issues important to them that are impacted by foster care.
 - This year's Alumni Fellows have distinct yet important areas of focus; our Jim Casey Fellow is helping to shape the Foundations Training for new case workers. Not only is the Fellow providing feedback on panel presentations, and approach, but they are also helping deliver the panel presentation and serve in a supportive facilitation role.
 - Maine's Annie E Casey LEAP Fellow has chosen to be part of workgroups regarding permanency and is in the process of conducting a research study focused on how separation, grief, and loss impact young people long-term, and will focus on how to provide tools to young people regarding building or rebuilding connections with birth family. The LEAP Fellow intends to use the knowledge gained from this research to conduct a training at the Adoptive and Foster Families of Maine conference in April and the YLAT Teen Conference in June.

Maine Tribes and Bands: OCFS continued Chafee funded Agreements with the Houlton Band of Maliseets, the Aroostook Band of Micmacs, the Passamaquoddy Tribe at Indian Township, the Passamaquoddy Tribe at Pleasant Point, and the Penobscot Nation. Tribes and Bands will continue to define their eligible youth population as well as the services and supports they provide utilizing Chafee funding. The eligible population is generally defined as youth between the ages of 14 and 23, although they may serve some younger youth, who are under Tribal or Band care and responsibility, and extends to youth who reside within the Tribal or Band community. Through this collaboration, Bands and Tribes are provided funding to meet the transitional needs of youth in their communities that they identify, while ensuring cultural connections and experiences.

Maine Youth Transition Collaborative. Since 2004, Maine has been a site for the Jim Casey Youth Opportunities Initiative, now called the Maine Youth Transition Collaborative (MYTC). The overall goal of MYTC is establishing lasting partnerships with public and private organizations and the business community. OCFS plans to continue partnering with the MYTC to expand public and private partners to support older youth in care.

Maine's Driving Workgroup. Established in October 2018 is comprised of Alumni of Foster Care, the Office of Child and Family Services, the Youth Leadership Advisory Team, Adoptive and Foster Families of Maine, Maine's Secretary of State Office, and Maine's Bureau of Motor Vehicles. The workgroup received a federal Technical Assistance grant from *Keys to Independence* in 2022. As part of this process, Maine received recommendations for future planning.

- In October 2022, the Catherine Cutler Institute was able to premiere a Driving Pilot using private funds. This pilot served 9 young people (3 of whom are current FYI voucher receipts) in the amount of \$11,900.00
- Recipients received a one-time payment towards driving related needs not currently covered by the OCFS. These needs ranged from car registration, down payments for vehicle purchases, insurance, and inspections.
- A down payment for a car was the highest sought-after reason (55%), followed by insurance and registration (22% each). Cutler staff plan to use this information in partnership with the OCFS to figure out how to best support youth with the costs of driving in the future.

Maine's LD 924 Task Force. Beginning in 2021, this is a cross-agency workgroup tasked by Maine's Legislature to study the coordination of services and the expansion of educational and vocational programs for young adults with intellectual or developmental disabilities or acquired brain injury and to implement federal legislation for Transition and Extended Secondary Education.

Homeless Youth Provider Committee. Made up of providers of homeless youth shelter and outreach services. The primary goal of the committee is to establish a comprehensive system of services to meet the needs of homeless youth as defined in Maine legislation signed by the Governor in 2009. OCFS intends to continue its partnership with Homeless Youth Providers by contracting for services to youth including outreach, shelter, and transitional living programs; and by participating in workgroups to build community resources.

New England Youth Collaborative: A Committee of youth and adult supporters from each New England state, that is youth driven and adult supported, working to improve outcomes for older youth in care through regional implementation of innovative policy and practice changes to strengthen youth transition services in New England.

Maine Housing and Statewide Housing Authorities: OCFS entered into Memorandums of Understanding with Housing Authorities in Biddeford, Portland, Caribou, Houlton, Fort Fairfield, Bangor, Old Town, Orono, and Lewiston to implement the new federal Housing and Urban Development (HUD) Foster Youth to Independence (FYI) Housing Voucher Program for youth who had been in foster care, but who are no longer working with OCFS and are experiencing housing instability or homelessness. OCFS will continue working to expand resources across Maine.

Youth Leadership Development Activities:

Maine remains committed to enhancing youth and adult partnerships through their participation in the Youth Leadership Advisory Team (YLAT). YLAT helps youth develop and practice their leadership skills and offers the opportunity for OCFS and other committed adults to hear directly from youth in care and formerly in care about how we can improve our child welfare system to meet their needs.

From October 1, 2022, through March 1, 2023, **92** unduplicated youth and **19** adult partners participated in 46 YLAT activities, which may include in-person YLAT meetings, pop-up groups,

focus groups, skills training, advisory meetings or speaking engagements. To continue to respond adequately to the COVID-19 Pandemic, YLAT continued to offer hybrid options for youth to join in on activities. Local district meetings remained in-person while statewide opportunities were offered virtually. A main goal of meetings is to increase youth awareness of available resources such as the Youth in Care Bill of Rights, housing supports, and educational and career supports. Topics for the virtual meetings included Financial Wellness and Supportive Housing.

YLAT Teen Conference Planning Committee (TCPC) sessions were held virtually in October, November, and December. 7 youth and 17 adults participated in TCPC meetings. The TCPC is comprised of youth, Alumni, and committed adult partners. This group is responsible for planning important aspects of the Annual Teen Conference including workshop offerings, logo, theme, and t-shirt design, and determining the key-note speaker(s). New this year, YLAT offered a \$20 stipend to youth who participated in the TCPC. Additionally, YLAT groups were used as a base to elect a TCPC liaison to ensure that information was being shared back and forth between statewide YLAT groups and the TCPC. The TCPC group frequently utilizes social media as an additional way to reach young people and include them in voting and decision-making. The TCPC group will continue to meet between March-May of 2023 and help staff with the Annual Conference in June.

Youth Leadership Trainings are scheduled and developed in partnership with OCFS and held on the most optimal date and time for young people to attend. Training opportunities are promoted in YLAT meetings, with Youth Transition Staff throughout the year, on the YLAT website, and on all social media platforms. From October 2022 through March 2023, YLAT offered 3 training sessions with participation from 22 unduplicated youth and 6 adult partners. Topic areas of focus included two respective training sessions around making informed choices in health and well-being and building racial equity knowledge and comfort. Trainings offered young people connection with their peers, a comfortable and safe atmosphere to explore often confusing topics or taboo topics, and an elevated opportunity to gather resources and connect with skilled presenters and staff.

The Rising Leaders Training Series for 2022-2023: In monthly workshops from November through May, 24 unduplicated youth participants have practiced skills such as strategic sharing, writing to an audience, and conflict resolution. The focus of the series is to empower participants to build community with other youth from care and learn to use their voice and build leadership skills in ways that feel meaningful and safe to them.

Participants who complete all six Rising Leaders sessions will earn one college credit through the University of Southern Maine and, on an individual basis, could apply that credit elsewhere. New this year, participants will also have the chance to extend their Rising Leaders work and earn three college credits by creating and completing a leadership project.

YLAT staff will continue to provide training opportunities, in-person YLAT meetings, and work to lift youth voice in policy and system reform during the remainder of FY2023. Together with YLAT staff, OCFS will continue to ask youth in care what types of training and skill building they would like to receive and identify the platform(s) that works best to ensure that activities are accessible and are meeting their learning needs.

YLAT Continued Response to COVID-19:

YLAT maintained virtual programming for January and February when rates of illness and weather impact in-person programming. Each of these virtual offerings included familiar YLAT structures such as a check in and icebreakers and included guest speakers. In January, young people were led by a Branch Manager of Camden National Bank through activities to explore wants vs needs and learned about a variety of banking options available to them. In February, three organizations (Preble Street Resource Center, New Beginnings, and Foster Youth to Independence Program) presented on their housing resources, many of which are statewide and include case management services.

To help youth continue to have a sense of community, the YLAT team partnered closely with OCFS Transition Staff to reach out to young people individually, distributed updated information to community providers and resource parents, and used the YLAT website, *FosterStrong* app and social media pages to share updates.

Program Goals:

Goal 1: Improve permanency outcomes for older youth in foster care, ages 15-18.

Strategy 1: Youth in care and formerly in care continued to support the recruitment and training of foster parents regarding the needs of older youth in care. Youth led trainings continued to be provided to caregivers on topics most relevant to supporting older youth in care, including a workshop as the annual Adoptive and Foster Families Conference. We plan to continue youth led trainings to OCFS staff, caregivers, and other providers that focus on topics related to providing the support and resources and young person needs.

Strategy 2: Maine continued the Permanency Review Teaming Model implemented in 2020 to promote a consistent administrative process across the State aimed at increasing permanency for older youth.

Strategy 3: OCFS continued to provide Adoptive and Permanency Guardianship subsidies as well as Education and Training Voucher (ETV) funds to eligible students to promote permanency for older youth. We anticipate this support to continue to support legal permanence for older youth.

Strategy 4: Through monthly face-to-face contacts and Family Team Meetings, Youth Transition Specialists and Caseworkers continued to assist youth to develop their own networks of supports to provide important lifelong and permanent relationships.

Strategy 5: OCFS implemented a Quality Residential Treatment Programs (QRTP) through the Families First Act which will ensure youth are provided with quality, accredited residential placements, and aftercare services and only when deemed medically necessary. Young people provided valuable feedback to help program development.

Strategy 6: OCFS continued to ensure staff training was aligned with the goals of the Chafee Program through youth-led training for all new caseworkers that focused on the needs of older

youth—effective youth engagement, youth voice and choice in placements, visitation, case planning, court involvement, physical and mental health, and decision-making.

Goal 2: Increase economic self-sufficiency for youth transitioning from foster care.

Strategy 1: During the past year, OCFS continued a partnership with the Maine Youth Transition Collaborative (MYTC) to increase interagency collaboration through Regional Learning Exchanges—bringing together a wide variety of frontline staff to encourage collaboration aimed at improving educational and career outcomes for youth transitioning from foster care.

OCFS continued to contract with JMG to provide Drop-Out Prevention programs across the State and served two (2) youth in foster care and formerly in foster care during 2022. This service will continue in 2023.

OCFS continued a partnership with *Jordan's Furniture* who generously started the **Jordan's Foster Youth Gift Card Program** in March 2021. A Jordan's Furniture Gift Card is provided to young people to purchase furniture for their new apartment. In 2022, a total of 20 gift cards were provided. *Jordan's Furniture* committed another 20 gift cards to continue this program in 2023. Through this partnership, *Jordan's Furniture* also provided financial gifts and congratulations to youth who graduated from high school or college which were presented at the Annual Teen Conference in June 2022.

Strategy 2: OCFS partnered with campus-based postsecondary education supports, such as TRIO, to improve post-secondary outcomes for youth transitioning from foster care. OCFS also partnered with JMG to ensure youth from care are served by JMG College Support Specialists who are co-located on ten (10) college campuses. Over the past year, sixty-four (64) young people in or formerly in foster care have been served by a JMG College Success Navigator.

Strategy 3: OCFS partnered with Department of Labor to ensure Vocational Rehabilitation (VR) Specialists are available across the State to serve as VR Liaisons to OCFS Youth Transition Specialists, ensuring youth in care have access to services designed to improve their career success.

Strategy 4: Maine continued to support postsecondary education for youth in foster care through Maine's Tuition Waiver program, and the Alumni Transition Grant Program (ATGP), and a contract with Jobs for Maine's Graduates (JMG) to provide scholarships for non-traditional college and training programs.

Goal 3: All young people leave foster care prepared for adulthood.

Strategy 1: OCFS continued to contract with Jobs for Maine's Graduates (JMG) to serve middle school and high school youth in foster care to help them develop competencies they will need in post-secondary education and career. Youth in care served in 2022:

- Youth in Care on a JMG Middle School Roster: 52
- Youth in Care on JMG High School Roster: 99

Strategy 2: OCFS continued a contract with Jobs for Maine’s Graduates (JMG) to provide youth in care with financial literacy training and a matched savings program (Opportunity Passport).

- Current number of Youth enrolled in OP: 112 (ever enrolled: 700)
 - Virtual OP trainings offered: 14
- Number of Youth who have completed training (Parts 1 and 2): 88
- Number of unduplicated Youth who completed asset purchases: 88
 - Total number assets purchased: 160
 - 21 - Transportation
 - 4 - vehicle purchases
 - 12 - auto insurance premiums
 - 11 - vehicle parts and/or repairs
 - 12 - Housing
 - 61 - Participant specific (utilities, phones/phone bills, home furnishings/appliances, etc.)
 - 23 - Credit building/credit repair
 - 37 - Education and training (including laptops)
 - 1 - Microenterprise
 - 5 - Health related expenses
 - Total value of purchases: \$114, 353
 - Youth contribution: \$60, 667
 - Matching funds: \$53,686

Strategy 3: During the past year, Youth Transition Specialist continued to use checklists for high school seniors to ensure critical activities are completed with all youth to help them successfully transition out of high school.

Strategy 4: OCFS focused on youth strengths and needs by using the youth transition assessment and planning process for youth aged 14 – 18 as part of the Child Case Plan, and by using the Voluntary Extended Care Agreement for young adults aged 18-23.

Strategy 5: OCFS continued to work on meeting the goals of our NYTD Program Improvement Plan (PIP). In 2023, we will update our NYTD training materials and YTS will provide NYTD training to district staff.

Goal 4: Expand availability of support and services to youth in all areas of the state.

Strategy 1: Maine continued to provide Medicaid (MaineCare) coverage to youth who aged out of Maine’s foster care system until their 26th birthday through the Affordable Care Act, whether or not they participate in OCFS Voluntary Extended Care Services.

Strategy 2: [Maine Youth Transition Collaborative \(MYTC\)](#), continued to work on behalf of youth throughout the state between the ages of 14 and 26 who have spent at least one day in foster care after their 14th birthday. MYTC Advisory Board meetings are held quarterly and provides opportunities for youth voice in decision-making and program design. We plan to continue this partnership in 2023 to organize various initiatives aimed at improving the outcomes of youth in care.

Strategy 3: YLAT’s social media presence and the *FosterStrong* app have continued to be a focal point for disseminating information, connecting with youth, and sharing resources and leadership opportunities for youth.

Goal 5: Increase safe and stable housing options for older youth transitioning from care.

Strategy 1: OCFS used a combination of state funds and federal Chafee funds to assist eligible youth transitioning from foster care to secure housing through the Voluntary Extended Care (V9) Agreement and the Alumni Transition Grant Program (ATGP). This process is seen as a safety net to prevent homelessness with youth from care.

Strategy 2: In 2021, OCFS continued its *Foster Youth to Independence* (FYI) Youth Housing Voucher Program in collaboration with the following Housing Agencies: Biddeford, Portland, Bangor, Old Town, Orono, Lewiston, and Aroostook County, as permitted by Housing and Urban Development (HUD): <https://www.hud.gov/sites/dfiles/OCHCO/documents/19-20pihn.pdf>

National Youth Transition Database (NYTD):

Maine continued to comply with the requirements of the National Youth in Transition Database (NYTD). While not required, OCFS completes the NYTD Baseline Surveys yearly, even during non-reporting years.

In June 2020, Maine’s NYTD Program Improvement Plan (PIP) was approved. OCFS continued to provide NYTD PIP Updates to the Children’s Bureau on a quarterly basis.

OCFS continued outreach to inform our partners, such as the Maine Youth Transition Collaborative, Youth Leadership Advisory Team, Maine Child Welfare Advisory Panel, Therapeutic Foster Care Agencies, and Youth, about NYTD requirements and outcome measures. We also reviewed data collected through NYTD to help improve OCFS transition services.

SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM

Older youth in care are supported by the Chafee Foster Care Independence Program in Maine for the pursuit of post-secondary education and specialized vocational technical job training programs. There were no statutory or administrative barriers preventing DHHS from fully implementing the ETV program in Maine, which served as “gap assistance” to students who may be attending accredited post-secondary educational institutions in- or out-of-state or who are attending an accredited specialized job skills training program.

Maine’s Youth Transition Program Manager (Chafee Independent Living Program Manager) ensures youth eligibility for ETV funds and allocates funds using ETV program guidelines. The Youth Transition Program Manager tracked utilization of ETV funds to ensure that funds provided do not exceed \$5000; that ETV assistance provided, in combination with other federal assistance programs, does not exceed the total cost of attendance; and that there is not a duplication of benefits. ETV expenditures were tracked separately from other expenditures under the CFCIP.

ETV Eligibility Criteria:

- Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care Agreement, and who are placed in-state or temporarily out-of-state to attend post-secondary institutions.
- Youth who were reunified from Maine DHHS at age 16 and older.
- Youth who were adopted from Maine DHHS at age 16 and older.
- Youth who entered permanency guardianship from Maine DHHS at age 16 and older.
- Youth who were eligible to receive ETV funds at the age of 21, are eligible for continued ETV funds until the age of 26, with a lifetime limit of 5 years, when making progress toward completing their post-secondary undergraduate degree.

Post-Secondary ETV Recipients:

Academic Year	New Participants	Continuing Participants	Total Participants
2020-2021	11	34	45
2021-2022	22	22	44
2022-2023	16	17	33

Youth Transition Specialists continued to coordinate post-secondary educational planning in district offices. Youth must apply for FAFSA and they are encouraged to apply for available scholarships. Youth Transition Specialists continued to work with youth in foster care and informed them that they must be in good academic standing or if on academic probation they must have a plan to return to good academic standing, to remain eligible for ETV funds.

Youth in care were informed about post-secondary educational supports through face-to-face meetings, Family Team Meetings, transition planning, YLAT, and other youth leadership events. OCFS continued to inform adoptive parents and permanency guardianship providers of ETV funding through a flyer that is mailed to each of them outlining the financial supports available to their youth.

While Maine had seen a trend in the reduction of youth from foster care attending a traditional college and an increase in the number of young people pursuing non-traditional career pathways. OCFS encouraged youth to pursue their aspirations, even if this means attending a post-secondary program that cannot be supported by ETV funds. OCFS supported these youth to explore alternative funding sources such as child welfare state funds, Vocational Rehabilitation, or Opportunity Passport matched savings to assist them to pursue the career pathway that is right for them.

Supports to Young People During COVID-19 Pandemic:

Again in 2022, OCFS staff ensured that every student under our care and responsibility had alternative safe housing in the event of college campus closures due to COVID-19. As part of our standard practice for any student we work with who is residing on the college campus, Youth Transition Specialists ensure students have a reliable alternative housing plan in case they must move off campus. While this began during the COVID-19 pandemic, we continue this practice in case there is another reason a student must vacate their dorm room. Students were provided with supplemental financial assistance from OCFS to cover new housing, food, and remote

learning needs they faced resulting from COVID-19. Youth Transition Specialists have continued to check with students and provide financial and case management supports.

During 2022, we continued the practice sanctioned by the ATGP Advisory Committee to allow OCFS to provide ATGP financial assistance to participants, whether they were taking classes during the semester or not.

Plans to administer ETV Services Under the Consolidated Appropriations Act “Supporting Youth and Families Through Pandemic Act” (P.L. 116-260), 2022:

OCFS continued to distribute these supplemental funds as allowed:

- Funds were made available to eligible young people until 9/30/22
- For eligible youth, an increase of ETV award from \$5000 to \$12,000 was provided after free financial aid was applied
- OCFS adhered to the 5-year lifetime limit (consecutive or non-consecutive) for eligible youth to receive funds

RESPONSIBLE STATE AGENCY

The State’s Independent Living Program, as set forth by the Chafee Foster Care Independence Act, will be administered by the Department of Health & Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Health & Human Services is 1-01-600-0001A6.

The Department of Health & Human Services will administer these directly or will supervise the administration of these programs in the same manner as other parts of Title IV-E and well as administer the Education and Training Voucher Fund Program.

The Department of Health & Human Services agrees to cooperate in national evaluations of the effects of the Chafee Independent Living Program’s services.

ASSURANCES *The State assures that:*

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs, or any other state funds that may be available for Independent Living programs, activities, and services.
2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner.
3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1).
4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state’s Title IV-A, or IV-E plan, or for the determining of the level of such aid.
5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475 (1).

6. Where appropriate, for youth aged 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living.
7. For youth aged 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living.
8. Payments to the State will be used for conducting activities, and providing services, to carry out the programs involved directly, or under contracts with local governmental entities and private, non-profit organizations; and
9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A-102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80).

CERTIFICATIONS

The certifications shown below will be certified by the Department's Commissioner as part of the submission of the Title IV-B Child and Family Services Plan.

1. Certification Regarding Drug-Free Workplace Requirements (45 CFR, Part 76.600).
2. Anti-Lobbying Certification and Disclosure Form (45 CFR, Part 93).
3. Debarment Certification (45 CFR, Part 76.500).

Attached to the CFSP are also the additional certifications required for the Chafee Foster Care Independence Program as signed by the Governor of the State of Maine.

STATE MATCH

The State will continue to provide the required 20% state matching funds as required by the Chafee Foster Care Independence Program and the Education and Training Voucher Fund Program. The State's match for these funds will continue to be the state's value of the Tuition Waiver Program.

Appendix C

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Maine

	Total ETV's Awarded	Number of New ETVs
2018-2019 School Year (July 1, 2018, to June 30, 2019)	58	18
2019-2020 School Year (July 1, 2019, to June 30, 2020)	60	18
2020-2021 School Year (July 1, 2020, to June 30, 2021)	45	11
2021-2022 School Year (July 1, 2021, to June 30, 2022)	44	22
2022-2023 School Year (July 1, 2022, to June 30, 2023)	33	16

Appendix D

Foster and Adoptive Parent Diligent Recruitment Plan

For several years, Department staff were responsible for recruitment of new foster homes. Due to competing priorities, staff were unable to effectively meet an identified need for diligent recruitment of foster families to care for children in foster care.

Because of the identified need for diligent recruitment, the Department issued a Request for Proposals for a recruitment service provider. In 2015, OCFS contracted with KidsPeace, and active recruitment services were implemented during the summer of 2015. The contract was terminated by agreement, and in late 2016 OCFS contracted with Spurwink for recruitment services. The Spurwink contract continued until 7/2021, at which time a contract was signed that supports service delivery through 9/2022, with a review and option to renew through 9/2026. The name of this recruitment service is A Family for ME Maine. OCFS managers meet monthly with contracted agency managers and direct service staff to share progress towards full implementation of this statewide service array. Roll out of this program was thoughtfully carried out, beginning with development of recruitment materials, online resources, progressing to general recruitment efforts and now, child specific recruitment. These efforts targeted the recruitment of families for specific populations of children in care, including:

- Infants in reunification
- Large sibling groups
- Adolescents and teens

in 2021, the contract provider targeted additional populations due to the changing need of children entering care. These additional target groups include:

- Children and youth who are ready for discharge from residential treatment programs without an identified placement family
- Children entering care from New Mainer communities
- Children with a diagnosis on the Autism Spectrum

As part of this renewed focus, children who need diligent recruitment continue to be re-evaluated to ensure that current population trends are identified and addressed. In addition, the Department is working in conjunction with the Catherine Cutler Institute to develop resource and training materials that are culturally and linguistically accessible to the families being sought.

Beginning in 2019, there was a focus on child-specific recruitment to support children achieving legal permanency through adoption. In addition to child specific recruitment strategies that include the Heart Gallery, community-based electronic displays, shared training opportunities, the reintroduction of Meet N Greet events and engaging an array of media to increase awareness of

the permanency needs of children, OCFS and Spurwink Services developed the Adoption Matching Program.

The Adoption Matching Program utilizes the entry of specific data points related to the preferences and descriptions of families seeking adoption as well as children awaiting permanency into a database with proprietary software for the purpose of identifying potential matches. Once a potential match is identified, AMP staff present the potential pairing to the OCFS adoption staff, who work in conjunction with AMP clinicians to further explore the appropriateness of the match. If the family and OCFS agree to move forward with a match, AMP clinicians remain available to support the family and young person as they navigate the adoption process with OCFS staff.

OCFS Foster & Adoptive Recruitment Plan:

- A description of the characteristics of children for whom foster and adoptive homes are needed:
 - OCFS is recruiting homes for children age birth through age 18, including:
 - Children who have significant behavioral challenges requiring more specialized parenting.
 - Older youth who require caregivers who have knowledge and desire to provide support, guidance, and/or permanency to youth transitioning to independent living and adulthood.
 - Children entering care from diverse communities
 - Children who are members of sibling groups who will be placed together
- 1. Specific strategies utilized to reach out to all parts of the community:
 - Multi-tiered approach to recruitment that includes general, targeted, and child-specific recruitment.
 - Recruitment that recognizes the diversity of parenting skills that OCFS is seeking, and targets parents with such expertise as well as multi-tiered supports to assist them in parenting. In collaboration with the contracted recruitment agency provider, OCFS is actively meeting with community members, community agencies, businesses, and civic groups, and with schools and churches to inform them of recruitment needs, and to enlist their support as partners in this endeavor.
 - OCFS has collaborated with the contracted recruitment agency provider to meet with media partners to develop television, social media, radio, and print material for distribution.
 - OCFS understands the need to recruit for diverse populations and develop recruitment practices that support equity and inclusion for all persons who are affiliated with religious, LGBTQ, racial, ethnic, and culturally specific communities. OCFS ensures that contracted service staff are culturally competent and that translation services and/or supports are available.

- OCFS collaborates with the contracted recruitment agency to develop specialized homes for children and youth who have specific emotional, behavioral and/or medical needs beyond the average scope.
 - OCFS has developed strategies to assure that kinship placements are consistently explored as a priority whenever possible. All safe and available kin are explored for possible placement in the event a child needs an out-of-home placement. The current model includes a shared responsibility to support appropriately aged youth in care to discuss kinship and fictive kinship supports with clinically licensed staff through the Adoption Matching Program.
- Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information:
 - Child specific recruitment occurs through the child’s community, such as church, social, and school activities. Child profiles are sent to all district offices and the child/youth is referred to the Adoption Matching Program when children and youth are legally cleared for adoption. Concurrent planning is considered for all applicable youth. OCFS seeks placement with relatives in other states when no in-state resources are identified. When relative placement is not possible, and non-relative, in-state matches are unavailable, contracted staff explore potential matches in other states by employing “reverse searches” for out of state inquiries that are well-matched to specific children in care.
 - Targeted recruitment identifies populations of youth in care where there was an increased need for resource families (i.e., teenagers, youth with specialized needs, infants who are born drug-affected, and sibling groups) and is developing and implementing strategies to recruit resource families specific to these populations.
 - General recruitment is conducted through media, events, and educational programming in the community.
 - OCFS staff have developed ongoing relationships with cultural brokers and respected members of a variety of New Mainer communities for the purpose of inviting New Mainer families to apply for resource parent licensure and explore placement opportunities. OCFS is working with the Catherine Cutler Institute to develop a training specifically offered to cultural brokers and professional supports in the New Mainer communities to engage cultural brokers in disseminating information about becoming a resource parent in their respective communities.
 - OCFS actively collaborates with the Tribal Nations to train approved homes and ensure Tribal families are accessing and receiving contracted services and supports.
2. Strategies for assuring that all prospective foster and adoptive parents have access to agencies that license and approve foster and adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community:

- All licensing is completed through DHHS.
 - In late 2020, and continuing presently, A Family for Me Maine partnered with OCFS/DHHS to create a virtual Informational Session that can be completed at the convenience of prospective applicants. On April 11, 2022, OCFS launched the Resource Parent Portal, which allows resource parents to apply to OCFS/DHHS directly and renew their foster care license, as well as providing access to supplemental forms required to complete licensure. This service can be accessed 24/7. These tools have increased accessibility to licensure by removing barriers that commonly impact prospective applicants.
3. Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations:
- Training specific to the Indian Child Welfare Act (ICWA) is conducted in pre-service training of all new caseworkers.
 - OCFS recognizes the importance of continuing to develop and implement culturally competent training that will be delivered to all staff. The intention is to continue to enhance the current training curriculum to reflect increased diversity in Maine.
 - A Family for Me Maine has engaged with minority communities throughout the state to share the need for Resource Families.
 - OCFS meets every six weeks with members of MIRC (Maine immigrant and Refugee Community, Community Partners, and ancillary supports for New Mainer communities to identify barriers to licensing and implement mutually identified solutions.
 - OCFS works in collaboration with Community Partners (funded by the Maine Center for Disease Control) to provide information to district staff regarding culturally appropriate outreach to members of New Mainer communities
4. Strategies for dealing with linguistic barriers:
- OCFS recognizes the importance and need of developing and implementing a statewide comprehensive system of translation. OCFS works collaboratively with the Department's ADA/Civil Rights Coordinator to ensure interpreting and translation services are available for those requesting it during the licensing and recruitment process.
 - OCFS understands the need to expand services to our deaf and hearing-impaired resource families, and to increase usage of interpreter/translation services and TTY devices when this will enhance effective communication.
 - A Family for Me Maine print materials have been translated into two additional languages the reflect the needs of the population of Maine.

- The Catherine Cutler Institute is creating a Participant Handbook that aligns with the Resource Family Introductory Training. The handbook will be translated into languages identified by New Mainer communities.
5. Non-discriminatory fee structures:
- OCFS does not have fees attached to recruitment and licensing.
6. Strategies for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement:
- OCFS believes in concurrent planning for all youth. Kinship placement is the priority choice of placement, as familial placement mirrors the cultural and ethnic diversity of children entering foster care. OCFS includes fictive kin in its definition of kin in policy. Fictive kin are recognized and validated as having significant relationships with the child and family, which may assume the same characteristics of relative relationships. OCFS recognizes that as Maine becomes an increasingly diverse state, it needs to continue to expand policy, procedure, and protocols to ensure all types of fictive kin are included in the policy definition of kin.
 - OCFS works with the Adoption Matching Program to ensure all children who are legally cleared for adoption are photo listed on Adopt US Kids for the purpose of locating families for children needing an adoptive placement.
 - OCFS requires that all children and youth who are legally cleared for adoption and do not have an identified permanency plan are referred to the Adoption Matching program.

Deliverables and Performance measures for the current contracted service **A Family for Me** include the following:

Foster & Adoptive Recruitment Deliverables:

A Family for ME has developed and implemented a statewide, diligent recruitment plan that allows for adaptability to meet OCFS' district needs. This plan has been implemented on a district-by-district basis, to meet the placement needs of children currently in foster care, and those expected to enter foster care. This plan includes general recruitment, targeted recruitment, and child specific recruitment. The provider is meeting the following expectations of their contract:

- The provider operates a toll-free number, 1-844-893-6311, which allows any interested party to call to gain further information and knowledge about the program, and process of becoming licensed.
- The provider has developed and maintains a website which allows for the dissemination of information for interested parties 24/7.

- The provider has developed a marketing campaign (radio, print, social media, and television) that allows the provider to reach the largest possible audience statewide and allows them to adapt their marketing campaign to the OCFS district level. The provider's outreach is through five main channels, seeking three contacts in each area per month.
 - The main channels are, but are not limited to, the following: churches, schools, local media, businesses, and community events.
 - The provider utilizes the name of A Family for ME for their marketing campaign.
 - The provider has developed and maintains the Heart Gallery. The Heart Gallery has images which are embedded and does not allow the image to be downloaded or saved to a user's computer. The Heart Gallery is displayed in businesses throughout the state in both print and digital formats and is available on the provider's website and linked to Maine.gov website as well. The provider also utilizes a virtual Heart Gallery presentation format developed during 2020 that continues presently.
 - The provider has returned to an in-person model for Meet and Greet events that bring children/youth in need of permanency together with families interested in adding to their family by adoption.
- The provider provides the OCFS-approved training curriculum to train recruitment workers. This training includes trauma informed information as well as cultural competency content.
- The provider has included in all planning and execution, the need to address linguistic barriers, including, but not limited to, limited English proficiency, deaf, blind, hard of hearing, and intellectual disability.
- The provider has convened quarterly meetings with community providers as deemed appropriate by OCFS.
- The provider ensures the staffing of recruiters sufficient to serve all eight districts full time.
- The provider has developed a diligent recruitment plan in collaboration with OCFS. The plan includes at least three projects in each of the five identified marketing domains (business, school, community, church, and media) and the documentation of three specific contact persons to facilitate the work performed each quarter. The provider has met the requirement of successfully completing the recruitment strategies in the identified domains at a rate of 80% or greater, which is measured by reporting the number of recruited families who make inquiries, complete an initial informational session and who subsequently apply as well as by identifying specific strategies used to achieve performance goals. Examples of successful strategies are unique to the culture present in each district.
 - The provider has developed seasonal recruitment events (apple picking, truck pulls, snowmobile races, holiday events, etc.) to ensure variety in the promotion of the message that there are children in every community in Maine in need of resource families.

- Messaging materials include, but are not limited to sticky notes, information about the option of a speaking engagements, family first aid kits, bookmarks, posters, golf tees, pens, and pencils, etc.
- The provider meets at least quarterly with the OCFS/Community Recruitment Team, or as requested by OCFS.
- The provider meets at least twice a year with the Youth Leadership Advisory Team (YLAT) and collaborates with YLAT leadership on the development of training and recruitment opportunities based on youth-directed strategies.
- The provider management and recruitment staff are trained by OCFS on ICWA.

Appendix E

Health Care Oversight and Coordination Plan

COVID-19 Pandemic Related Updates:

How has the state worked to ensure children and youth continue to receive appropriate health care, including through the use of telemedicine?

Guidelines were updated regularly through the pandemic to encourage resource parents to continue with medical appointment, immunizations, and mental health visits, using telehealth when appropriate and available. Multiple town halls were held virtually with resource and kin parents to address concerns, MaineCare rules were adjusted to allow for telehealth visits, when necessary or indicated. MaineCare provided incentives to primary care offices from October to December 2020 to encourage well child visits and immunizations.

Telehealth continues to be available as an option in many medical and mental health offices. This has been especially helpful for many foster families who are living in more rural regions of the state, as it allows for easier access to appointments that allow for telehealth.

The OCFS Medical Director was able to speak to staff at multiple town halls to remind the staff of several important steps to ensure the health of the children in their care, primarily to contact the child's Primary Care provider, to query if there were any missed appointments, to ask if the child was due for immunizations, and to schedule the next recommended well child visit. There was also a campaign to ensure that all children receive their annual influenza vaccine in the fall of 2020.

The OCFS Medical Director also participated in regularly scheduled town halls with the statewide organization that supports adoptive and foster parents, AFFM. At these meetings, the Medical Director spoke about the importance of regular well-child care and immunizations, as well as updates about the COVID-19 Pandemic, reinforcing information about mitigation strategies, testing and vaccines. These town halls with AFFM have been well received and so have continued to be scheduled quarterly. The Medical Director also began to write a brief update in the AFFM bimonthly newsletter during the pandemic, and this has continued, offering a chance to share information with caregivers on many health topics.

A COVID-19 Response webpage was added to the OCFS website, with updates for resource parents throughout the pandemic. The OCFS Associate Director and Medical Director provided frequent updates with letters to resource parents to keep them informed. As COVID-19 vaccines became available, information was provided to staff and resource parents about where to access vaccines and the process involved.

Changes/Updates to the Health Care Oversight and Coordination Plan as a result of the Pandemic:

Early in the pandemic, an executive order was issued to allow for an extension of time for the required ten-day medical appointment for youth upon entry to care. Families were encouraged to contact the primary care provider office to establish a relationship, even if they did not attend an in-person visit. Through virtual town halls and email correspondence, the Medical Director has encouraged foster families to schedule in person visits to the primary care provider offices, in order to continue with recommended preventative services and address concerns. Once the State of Emergency was ended, the Executive Order to extend time for the ten-day medical appointment was no longer in place.

Level of Care Assessment (LOC): Children who enter the custody of the Department of Health and Human Services (DHHS) and are placed in a licensed therapeutic foster home receive a LOC assessment to determine current functioning, based on their mental health and behavioral needs. The LOC assessment is a process that is used to assess a child's level of care using assessment tools approved by the Department, which are the Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), the Children's Habilitation Assessment Tool (CHAT), and the Caregiver Questionnaire. Assessment tools may be administered only by those with appropriate training, certification, and a rater identification number assigned by DHHS. The child assessment must involve the use of information from a variety of sources such as:

- Interviews with resource parents and others.
- Evaluations and reports of child functioning from Child Placing Agencies, mental health providers, schools and/or facilities.
- Interviews with caseworkers.
- Review of case information from Departmental records.
- Any other information that is deemed pertinent to the child assessment process by the Department.

The result of the child assessment determines the child's level of care. The child is then reassessed every six months if placed in a therapeutic home.

The LOC measures current functioning. The child must have mental illness to qualify for TFC. The PECFAS, CAFAS, and CHAT are standardized tools, but the Caregiver Questionnaire is an internal OCFS modified version of both the TABS and Vineland.

The LOC does not determine the specific treatment needs, and recommendations for treatment is not part of the LOC. Level As are not reassessed; authorized Level Bs are reassessed annually.

The placement (versus the home) must be therapeutic to have the LOC review completed every 6 months.

Children with Exceptional Medical Needs: A child may qualify if they are medically fragile, with a high level of physical medical need that does or could lead to care in an intermediate care nursing facility, and it is likely that these issues will not moderate and may become more severe over time. The child must be placed in a Regular Foster Care placement, and the resource parent must be trained to meet the child's medical needs.

The medical rate is authorized by Level of Care Program Manager, after the resource parents are trained and the caseworker provides written documentation from medical providers that the child is 1) medically fragile, 2) with a high level of physical medical need that does or could lead to care in an intermediate care nursing facility, and 3) it is likely that these issues will not moderate and may become more severe over time. The medical rate is effective on the date of approval.

Health Care Services

OCFS restructured integrated the Behavioral Health Program with the Intervention and Coordination of Care Team. This has facilitated more collaboration between OCFS Behavioral Health Program Coordinators (BHPCs) and child welfare district staff as there are 9 BHPCs and 3 Clinical Caseworkers that are housed in district offices across the state. The BHPCs provide consultation to community providers, families, child protective colleagues, Department of Corrections employees, Department of Education employees, etc. on treatment services, mental health resources, developmental disability resources, transition information, evidenced-based practice modalities, as well as attend team meetings on youth who may need temporary residential treatment. The goal is that through this teaming process, community-based services can be identified and utilized to avoid out of home placement whenever possible. OCFS is currently looking at the roles and responsibilities of this team, with a plan to add duties, such as, providing trauma informed training to child protective colleagues, and more oversight of community providers of home and community-based treatment. BHPCs were trained on the permanency review process and attend those meetings in all districts. As there is further integration, it is anticipated that there will be more activities within the districts that can be shared by the BHPCs.

Health Care Oversight and Coordination Plan Initial Standard Medical Care for Children in Custody:

1. Initial and follow-up health screenings will meet reasonable standards of medical practice.
 - a. The Office of Child and Family Services requires in policy that all children in the custody of the DHHS are seen by a medical professional within ten days of entering care.

The purpose of this medical appointment is to ensure children that enter the custody of DHHS are evaluated for any urgent medical needs. The initial ten-day visit establishes the child with the medical home and allows for the medical provider and the caregiver to share important information. The children also receive appropriate treatment which includes a review of past medical needs, a physical exam, and review of their medications to ensure they have current prescriptions.

b. OCFS also requires the Pediatric Screening Checklist (PSC-17) to be completed for every child in age 4-17. The goal is to identify any behavioral health concerns. Those children that are scored in the high range on the check list are then referred for assessment, either through our collaboration with Children's Behavioral Health Services Team or community providers.

c. For ongoing care, each child will be assigned a primary care provider and receive coordinated care using a medical home, and/or behavioral health home model.

2. Comprehensive Health Assessments

a. For children entering DHHS custody, there are three programs in the state that offer Comprehensive Health Assessments which aim to occur within thirty days of children coming into care. Close to 80% of youth coming into care receive an assessment. This assessment includes review of the child's past medical records and addresses medical, developmental, behavioral, and dental needs with in-depth evaluations. The assessment team includes a medical provider (Pediatrician or Pediatric Nurse Practitioner), and a mental health clinician (psychologist, LCSW or LCPC). It is a comprehensive interdisciplinary evaluation to address the complex psychological, medical, and neurological problems that affect behavior and emotional adjustment, or result in problems functioning in family, school, or community. This assessment also includes the collection of all the child's prior health and education records, so that a full evaluation of the child's current needs can be conducted. A report is sent to the child welfare caseworker and the child's primary care provider summarizing the child's medical, behavioral, and dental needs and recommendations for their care. The Child Welfare Well Being Nurse consultant is now receiving the reports as well. The nurse is able to review the recommendations and provide support to the caseworker to follow up on the needed recommendations. OCFS is working on strategies to ensure this service is occurring consistently and in a timely fashion statewide.

b. OCFS actively consults with and involves physicians and other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care, and in determining appropriate medical treatment for the children. Several meetings have occurred over the last year with the professionals from the three sites that provide

Comprehensive Health Assessments. These sites are Maine General Medical Center Pediatric Rapid Evaluation Program, Spurwink Center for Safe and Thriving Families, and the Penobscot Community Health Care Key Clinic.

c. Staff from OCFS and MaineCare, as well as staff from these sites are involved with a quality improvement Affinity Group offered through CMS to increase the number of children attending the Comprehensive Health Assessment.

3. Health needs identified through screenings and assessments will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home.

a. The Health Screening will provide an immunization record, growth chart, immunization schedule, list of other known providers (including the dentist), and immediate treatment needs for identification of monitoring and treatment needs.

b. The Office of Child and Family Services includes both Child Welfare and Children's Developmental and Behavioral Health Services working together to meet both the physical and behavioral health needs of foster children. OCFS believes strongly in the use of a trauma-informed care model that involves understanding, recognizing, and responding to the effects of trauma.

c. For those children who have behavioral health needs, case management services (Behavioral Health Homes - a MaineCare service) will be offered to ensure any identified issues are addressed. For those children not in need of case management, the OCFS caseworker will ensure that any identified issues are addressed.

d. Maine also utilizes a wide range of evidenced-based treatment for children exposed to trauma, such as Multi-Systemic Treatment (MST), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), and others to address emotional trauma associated with maltreatment and removal.

4. Medical information will be updated and appropriately shared.

a. Routine medical care will be completed in the "medical home" with routine updates provided to the agency caseworker.

5. Development and implementation of an electronic health record.

a. Current health information and family health history is tracked in the new CCWIS system, Katahdin. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information as with MaineCare's MIHMS system. OCFS currently has access to Maine's Electronic Immunization Information system (Immpact)

for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Immpact system. OCFS will continue to work with MaineCare towards the establishment of an electronic health record system for all youth in care to improve access to medical record information.

6. Steps to ensure continuity of health care services will include establishing a medical home for every child in care.

a. The State of Maine has a number of Patient Centered Medical Health Homes. The Office of Child and Family Services requires in policy that, at a minimum, every child in foster care is to have an identified medical home which is their primary care provider (PCP). It is a requirement that every child's PCP is enrolled in MaineCare. Mainecare offers Behavioral Health Homes as a care management service to help manage the mental health and physical health needs to children with qualifying conditions. BHH care managers can work closely with OCFS case workers and families to ensure that there is coordination of services to meet the child's medical, developmental, and mental health needs. It is OCFS' intent that this group of providers will work together, through coordination with the case manager, caseworker, and foster parents, to create a plan to meet the needs of each child. This team based medical delivery system would continue to be available based on the child's needs and eligibility after returning home.

7. Oversight of prescription medicines.

a. Policy states that it is crucial to ensure that psychotropic medications are being used only when clinically indicated (i.e., when the likely benefit from their use would outweigh their very substantial risk). When these medications are used, proper monitoring of their metabolic side effects must take place. The OCFS Consent Worksheet is to be followed when psychotropic medications are currently prescribed or when they are being considered. The Worksheet requires that prior to any plan involving the use of medication to address a child's mental health needs, the treating provider must be given a full description of the circumstances of the child that is inclusive of all conditions.

b. The state has promoted, informed, and shared decision-making through the development of the Youth Guide that allows the youth to give informed consent and assent, and promotes methods for ongoing communication between the prescriber, the child, his or her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders. Effective medication monitoring at both the client and agency level is well described as a process in the Consent Worksheet.

c. The Associate Director of Children’s Behavioral Health Services and the Associate Director of Child Welfare Services have collaborated to develop a protocol related to youth in foster care being prescribed psychotropic medication. In the spring of 2012, OCFS began a process to have Children's Behavioral Health Services (CBHS) nursing staff provide consultation to child welfare staff when a child is prescribed psychotropic medication. These consults review the appropriateness and need for the medication, as well as the anticipated duration for use of the medication. For children prescribed psychotropic medication, child welfare staff is expected to participate in at least quarterly medication reviews with the youth, their resource parent, and the prescribing provider.

d. OCFS developed a strategic plan to monitor the use of psychotropic medication in children in foster care, since nationwide data suggest that foster children are being prescribed psychotropic medication at a higher rate than the general population of children/youth.

e. For calendar year 2015, 23% of foster youth were on one or more psychotropic medications. In the last quarter of 2016, the percentage of children on psychotropic medication had increased to 24%, however this was anticipated as there was a change in the way in which the data was being captured. This change was done to provide OCFS with a more thorough overview of the data. There was an increase in the number of classifications of psychotropic medications being captured to address the reporting needs of OCFS, and the required data for the OIG regarding the OCFS data.

f. Currently, Nurse Consultants review quarterly data received from MaineCare, as well as case records. The data for foster youth on psychotropic medication(s) was 21.3% from the 4th quarter of 2020 (Oct, Nov, Dec), was 21% in the 4th quarter of 2021 and was 19% in 2022.

Looking at the annual averages, data show all MaineCare youth receiving one or more psychotropic medications in 2021 was 12.1% with foster youth averaging 20.6% (2020 – all MaineCare youth 9.7% and foster youth 21.3%). Data for 2022 show that continues to be 12.1% of all MaineCare youth, and foster youth at 20.2%.

In 2022, ADHD medication claims for MaineCare youth totaled 7.6% with foster youth claims totaling 14.2%. In 2021, ADHD medication claims for MaineCare youth had totaled 7.4% with foster youth claims totaling 14.8% (2020 total claims for all MaineCare youth were 7.8% with foster youth claims 15.9).

Antidepressant claims for 2022 were reported at 6.1% for all MaineCare youth and 9.3% for all foster youth. Antidepressant claims for 2021 were reported at 6% for all

MaineCare youth and 9.3% for all foster youth (2020 claims were 5.6% for all MaineCare youth and 9.9% for all foster youth).

Finally, Antipsychotic medications claims for 2022 were reported as 1.4% for all MaineCare youth and 4.9% for all foster youth. Antipsychotic medications claims for 2021 were reported as 1.4% for all MaineCare youth and 5.4% for all foster youth (2020 data reports 1.5% for all MaineCare youth and 5.5% of all foster youth).

g. In the spring of 2018, the OCFS Medical Director and the CBHS Team implemented a new process for oversight of youth in foster care that are prescribed psychotropic medications. This includes identification of, and consultation for youth whose care falls outside of accepted prescribing practices. It also outlines the following steps:

- 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. This step will be updated as a new position is being filled by a child and adolescent psychiatrist who will be available to Child Welfare staff for consultation.

h. OCFS is currently in process of updating the policy for the use of psychotropic medication in foster youth. The nurse position that was within CBHS has been reassigned to a new role within the Child Welfare Well Being team which works closely with the OCFS Medical Director to collaborate on systems improvement of the health and well-being of youth in care.

Youth Transition: The state is taking steps to ensure that components of the Youth Transition Plan include assessment of the health care needs of youth aging out of foster care, the exploration of options for health insurance coverage; provide information about health care power of attorney, health care proxy, or other similar documents recognized under state law, and the option to execute such a document, and assist the youth in the development of a plan to meet their needs.

a. The Department has taken steps to ensure that the transition planning process with young people, age 18-21, includes planning with young people to consider Health Care Proxy or Healthcare Power of Attorney by including this in the health planning section of the revised Voluntary Extended Care (V9) Agreement. Maine's Youth Transition Policy includes instructions for caseworkers to inform youth, beginning at age 18 about the importance of executing formal documents that define their wishes regarding health care.

OCFS provides young people with a website to download (free of charge) the forms they need to execute such documents. This website also contains valuable information that will help youth make an informed decision in this matter.

b. Additionally, this information has been made available directly to young people on Maine's Youth Leadership Advisory Team website (www.ylat.org), and OCFS will have printed information available at its annual Teen Conference in June regarding the importance of designating a Health Care Proxy or Healthcare Power of Attorney.

Youth Needing Residential Treatment Services: All youth who may require residential treatment services go through a multi-part process of authorization and validation. If a youth is exhibiting behaviors that may be unsafe or difficult to manage in the home environment, the youth's team consults with an OCFS Behavioral Health Program Coordinator. If appropriate, an application for Children's Residential Care Facility (CRCF) Services is completed by the youth's case manager and submitted to KEPRO. At that time, a Service Intensity Assessment is completed by KEPRO using the CALOCUS/CASII level of care assessment tool. The assessment process includes an initial meeting with the youth, family members, service providers and OCFS staff, when appropriate, as well as implementation of the tool, and a read-out meeting to discuss the results of the Service Intensity Assessment with the youth and their team. If it is determined after this assessment that the youth is in need of services, then referrals are made for Children's Residential Care Facility Services. If a youth is determined to not need CRCF services after the Service Intensity Assessment, then community-based referrals will be made to address the needs of the youth and family. For youth admitted into a CRCF, KEPRO monitors and manages the residential services of youth and reviews each youth's behavioral needs every 90 days to ensure the residential placement is clinically necessary to meet the youth's level of treatment needs. If the youth is in foster care, then a Judicial Review is held within 60 days to review the Service Intensity Assessment and supporting documentation for the need for the youth's admittance into the CRCF. OCFS district staff also review the youth's case during a monthly Residential Review to ensure that the treatment placement continues to be appropriate, and that the youth is not remaining in CRCF services for longer than necessary.

Appendix F

Disaster Plan

Effective February 2014/Updated September 2020

The DHHS Child Welfare Emergency Response Plan consists of the State of Maine Employee Emergency Guide, the Child Welfare Disaster Plan and addendum. The Child Welfare Disaster Plan is activated when ordered by the Director of the Office of Child and Family Services, or designee, and when Central or District Offices can no longer follow their usual procedures due to natural or man-made disasters. Complementing the Plan will be the sound judgment of Office of Child and Family Services (OCFS) leadership and staff, ongoing communication among affected parties, and adaptations as needed to meet the specific conditions of an actual disaster.

Child Welfare Disaster Plan

Leadership

The Director of the Office of Child and Family Services has the authority to activate the Child Welfare Emergency Response Plan.

Emergency Management Team

The Emergency Management Team collaborates with the Director of the Office of Child and Family Services, state agency authorities, and others to assist with managing Child Welfare Services response to disasters.

The Emergency Management Team consists of:

- OCFS Chief Operating Officer
- Associate Director of Child Welfare Services
- Associate Director of Children’s Behavioral Health Services
- Associate Director of Early Care and Education
- Associate Director of Technology and Support
- OCFS Medical Director
- Communication and Compliance Manager
- OCFS Regional Associate Directors
- Child Protective Intake Program Administrator
- Child Welfare Program Administrators of affected districts

Responsibilities of Emergency Management Team members include:

- Assist the Director with the management of the emergency, including ensuring essential agency functions continue.
- Initiate plan operation.

- Deliver communications to staff, clients, and providers.
- Communicate with Commissioner or designee, and with the DHHS Communications Director.
- Coordination with DHHS officials and other departments of state government as necessary.
- Ensure Intake continues to function to include receiving reports and as a communications hub, if necessary.
- Facilitate relocation if necessary.
- Other responsibilities assigned by the Director of the Office of Child and Family Services.

Communications Plan

The Emergency Management Team, coordinating with the DHHS Communications and Compliance Manager, develops messaging for families, providers, and staff. Messages are communicated through a variety of means to ensure the broadest reach.

The Emergency Management Team is responsible for maintaining a current list of newspapers, television stations, and radio stations with contact information, and the OCFS website alert password.

Means of communication to be used for families, staff and providers may include:

- News releases to radio and television stations, cable tv, and newspapers
- Information on the State ([maine.gov](http://www.maine.gov)) and OCFS (<http://www.maine.gov/dhhs/ocfs/>) websites
- Electronic Announcement through Gov.Delivery Listservs
- E-mails

Intake and District Staff:

- Means used to communicate with staff include the above and the use of phone trees.
 - Phone trees will be coordinated by the Program Administrator in each district office.
 - Emergency Management Team is connected to the district phone trees through the Program Administrator and Designee.
 - The Emergency Management Team members have programmed team members phone numbers into their cell phones.
 - Program Administrators and Designee have the Emergency Management Team contact information.
- District Caseworkers are responsible for:

- Contacting caregivers and children
- Programming caregivers, youth, and supervisors contact numbers into their cell phones.
- District Supervisors are responsible for programming staff and other essential contact numbers into their cell phones.
- Intake Staff are to be the hub for communication in the event that the district office is shut down and staff are working remotely
 - Intake staff may be temporarily relocated to a district office, MEMA or Public Safety or another remote worksite if necessary.

Information shared could include office closures, status of services and how to access them, disaster updates, toll free #s and other contact information, links to other resources, the status of Katahdin (The Maine Child Welfare Information System) and other information for staff.

Essential Functions of Child Welfare Services

Child safety is the highest priority to be attended to during and after a disaster. Knowing that staff, as well as families that OCFS works with will be affected during a disaster, each office may not be functioning at full capacity. To assure that essential functions are covered, staff may need to take on functions not normally part of their daily duties. All caseworkers, Quality Assurance staff, and other qualified staff could be called upon to perform any casework, or support function as needed. Essential functions include:

- Child Protective Intake will ensure reports of child abuse and neglect (CAN) are received and assigned.
- Responding to reports of CAN which includes assessing child(ren)'s safety and managing threats of harm. If child(ren) are not safe at home, an alternative plan must be developed and possibly court action initiated.
- Ensuring the location and safety of children in state custody and that their physical and emotional needs are met.
- Making timely contacts with families to share information on the child/family's situation related to the disaster.
- Completing ICPC disaster related functions, e.g., coordination and information sharing when children and families cross state lines.
- Participating in court hearings, unless otherwise determined by the court.

Districts

Districts will go into "after hours services mode" initially in the event of a disaster. Districts will determine who is available to respond to reports of CAN and notify Intake. Districts will receive direction from the Emergency Management Team through the phone tree, Intake, media announcements and the OCFS web site regarding where to report to work and status of Katahdin (The Maine Child Welfare Information System). District phone trees will be activated to provide direction and to obtain and deliver information from/to staff. Districts will:

1. Develop a plan for continuation of services to include:
 - a. Investigation of new reports within 24 or 72 hours of the report.
 - b. Service provision to Child Protection service cases within 5 days of the disaster.
 - c. Contact children on their caseloads and their caregivers to ascertain their current situation, whereabouts, safety, needs and any necessary service provisions as soon as possible.
 - d. Contact parents of children in custody to give them updates on their child's situation, and to ascertain the parent's situation and any necessary service provisions as soon as possible.
 - e. Coordinate with other agencies that have information about the location and needs of children and families involved with child welfare services.
2. In the event that a child needs to be moved due to the disaster, and another placement cannot be quickly located, with approval of the PA and Regional Associate Director, the caseworker may take the child to a hotel or home with him/her.
3. Per the Director of the Office of Child and Family Services, Policy V. D-4 which restricts placement of children in state custody or care with employees may be temporarily suspended.
4. PA or Designee will develop a staff phone tree and keep the tree updated.
5. Maintain a list of District Court judges and AAG's home phone number, cell phone, and address.

Staff Guidance

- Staff are encouraged to develop a personal disaster kit and identify 2 emergency contacts, one of which is out of the area.
- Staff will be required to enter their name, address, home phone, work phone, work cell, make/model of their vehicle, license plate number and both emergency contact numbers in Katahdin (The Maine Child Welfare Information System).
- Staff will report to the next closest Child Welfare Services office in the event of office closure related to the disaster if directed by the Director of the Office of Child and Family Services, Program Administrator, or designee.
- Staff may be directed to work remotely depending on the location of the disaster.
- Staff must check in after a disaster with Intake or another entity as identified by the Emergency Management Team or Program Administrator.
- Staff should document hours worked, including overtime and the type of work activities completed that are specifically related to the disaster. Messaging will be sent to staff instructing how to document overtime and work done related to the disaster for possible reimbursement.

Recognizing that staff are also affected by a disaster, CPS supervisors will work with staff to ascertain their need for assistance so that they may be able to attend not only to their professional responsibilities, but also to their own safety and personal issues.

Resource Parents

- Complete the Family Foster Home Disaster Plan as part of their Resource Parent application.
- Updated the Disaster Plan at renewal, to include
 - Two relocation sites and contact information.
 - Emergency Contact Information; and
 - Requirements and contact information to check-in with OCFS.
 - Resource families are provided emergency preparedness information and are encouraged to plan with the children in their home and keep emergency supplies on hand.

Placements for Children in Care

Katahdin (The Maine Child Welfare Information System) will include the resource family's physical address, primary and secondary phone numbers, and the Family Foster Home Disaster Plan.

Residential facilities will follow emergency procedures as required by residential licensing regulations. District staff will contact children in residential facilities to assess for safety as soon as possible.

Caseworkers with youth in independent living situations, children in trial home placements and in other unlicensed placements will acquire two emergency contact names and their phone numbers and addresses and record them in Katahdin (The Maine Child Welfare Information System).

Coordination with Courts

The Director of the Office of Child and Family Services will inform the court administration of the development of the Child Welfare Emergency Response Plan. Program Administrators and District Assistant Attorneys General will coordinate with local courts during an emergency.

Liaison with Federal Partners and Neighboring States

The Director of the Office of Child and Family Services or designee will initiate and maintain contact with federal partners to communicate about waivers and share information regarding the disaster at the state and federal levels.

Director of the Office of Child and Family Services or designee will identify liaisons in neighboring states, work with them to coordinate and share information when children and families cross state lines and will maintain complete contact information for those liaisons and their designees.

The Director of the Office of Child and Family Services or designee will ensure that federal partners and neighboring state liaisons have contact information for the Emergency Management Team.

Information System Plan

Information Services Manager or designee to load the following reports onto the SMT folder weekly:

- Kids in care with placement details
- Foster home listing
- Staff listings by district

Back-up system off-site is in place.

Office Disaster Supply Kit

The Program Administrator or designee will have a thumb drive containing the following information:

- Calling Tree
- Employee and management contact information, including information for their emergency contacts
- Worker Demographic Information
- Children in Care Report
- List of Foster Homes
- AAG and Judges contact information
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information

Each District Office will have a disaster supply kit consisting of the following:

- Supply of paper forms:
 - Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information
- Paper copies of:
 - Calling Tree
 - Employee and management contact information, including information for their emergency contacts
 - Worker Demographic Report
 - Disaster plans
 - Children in Care Report
 - List of Foster homes
 - AAG and Judges contact information
 - First aid kit

- Flashlight with extra batteries
- Agency vehicles with at least $\frac{3}{4}$ full gas tanks

The Emergency Management Team will have a disaster supply kit consisting of the following:

- USB thumb drive with media outlet list, phone tree for Central Office including contact people in the Commissioner's Office and other state departments, federal liaison contact information, neighboring state liaison contact information, OCFS website alert password and important documents. The Director of the Office of Child and Family Services will determine who will have access to the thumb drive.
- Employee and management contact information, including information for their emergency contacts
- Worker Demographics Report
- Children in Care Report
- Supply of paper forms
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight with extra batteries
- First aid kit

Appendix G

OCFS Training Plan

ADVANCED FORENSIC INTERVIEWING:

Number of Staff Trained: 16

The National Children's Advocacy Center forensic interviewers and trainers conduct a two-day intensive advanced forensic interviewing training. Areas that are covered during this training are: Evidence-based practice and current research, eliciting episodic memories of maltreatment and Children's memories and ability to place remembered events in time. Effective interview techniques for children with disabilities, interviewing the reluctant and non-disclosing child, beneficial techniques to use when interviewing preschoolers, exploring Manipulation (Grooming) in the Forensic Interview, and strategies for gathering details when children experience repeated abuse.

IV-E Eligible	YES
Venue	Zoom
Delivered By	National Child Advocacy Center
Hours	2 Day (offered 1x)
Audience	Child Welfare Assessment & Permanency Workers & Supervisors (Pre-requisite must have 18 months of in field experience)

ADVANCED MEDICAL INDICATORS- Recognizing Child Abuse:

Training recorded and loaded on OCFS Brightspace Learning Portal Number viewed: 120

This training describes and examines the medical indicators of child physical abuse, sexual abuse, and neglect, as well as failure to thrive diagnosis, treatment, and family support. This training also includes information to help caseworkers understand when to seek further medical evaluations and tests, and how to give meaning to information obtained, in light of what we know about the dynamics of child abuse and neglect.

IV-E Eligible	YES (75%)
Venue	Recorded Webinar now viewed by new Child Welfare staff
Delivered By	Dr. Amanda Brownell, Medical Expert on CA/N
Hours	1 hour
Audience	Child Welfare Staff

Advanced Topics in Domestic Abuse: In Her Shoes Experience:

Number of Staff Trained: 94

Module 1 Part A & B:

Part A- Addressing the Lasting Impact of Domestic Violence: How to Support the Non-Offending Parent

Part A provides opportunities for trainees to consider the most effective and trauma-informed ways to support non-offending parents who are victim-survivors of domestic abuse and violence that lead to safer outcomes for those parents and their children.

Part B -Acknowledging Harm: Holding Domestic Abusers Accountable for their Choices

Part B asks trainees to think critically about the importance of engaging with people who use abuse the offending parents who have harmed/are harming the other parent and gives trainees tools and options for holding those abusers accountable in a manner that does not jeopardize the safety of the non-offending parent and their children.

IV-E Eligible	YES
Venue	Zoom
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day Offered 2x
Audience	Child Welfare Staff (Pre-requisite: must have 6 months with OCFS)

Advanced Topics in Domestic Abuse: The Choice to Be Violent: Mendel's Mapping of Perpetrator Patterns:

Number of Staff Trained: 79

Domestic Violence: Connecting Oppressions & The Impact of Culture

This training is designed to broaden caseworkers' understanding of global topics like oppression and the impact of culture, and to equip caseworkers to better recognize the way these concepts intersect within the wider child welfare system and their day-to-day work. This module is arranged intentionally to analyze these concepts at the macro level by providing trainees with the opportunity and space to pause and consider ways the child welfare system can better achieve its mission of keeping children safe and helping them to thrive.

IV-E Eligible	YES
Venue	Zoom
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day offered 2x
Audience	Child Welfare Staff

Advanced Topics in Domestic Abuse: The Importance of Effective DV Related Narratives:

Number of Staff Trained: 75

Part A- Accountable Language: How to Write Effective DV-Competent Narratives

Part A focuses on skills building. The goal is for caseworkers to critically analyze the way language shapes our understanding of situations, and how vital it is to write case narratives that utilize active voice and are arranged in a DV-competent manner.

Trainees will critique written case narratives and practice rewriting them using active voice.

Part B- Domestic Violence: Understanding Safety and Risk

Part B dives deeper into issues of safety and risk, and how centering the safety needs and expertise of victim-survivors can lead to better outcomes for child safety.

IV-E Eligible	YES
Venue	Zoom
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day (offered 2x)
Audience	Child Welfare Staff

Awareness of Human Trafficking:

Number of Staff Trained: 138

This class is an overview of the problem of human trafficking in the United States. Its emphasis is on understanding the scope of the problem and the legal framework in place to help address it. After completion of this class the learner will be able to; describe the problem of Human Trafficking, detail the scope of the problem, identify the characteristics of traffickers, detail the roles of various organizations in human trafficking investigations, and discuss the relevant federal law in place to assist trafficking victims.

IV-E Eligible	YES
Venue	Online Training
Delivered By	Newly created HTCSEC E-Learning launched Spring 2022
Hours	2 hour E-Learning
Audience	Child Welfare Staff

Child Passenger Safety Seat Training:

Number of Staff Trained: 108

What type of car seats are there, which one is right for the child(ren) you are transporting, and what is the correct way to install them? This Bureau of Highway Safety endorsed training will answer all of these questions for you. You will also learn about passenger safety restraint systems, injury prevention, and crash dynamics. The training provides for actual hands-on car seat installations in vehicles by all attendees. Participants are encouraged to bring the car seats they are currently using for a safety check and for answers to any questions they may have about the seat.

IV-E Eligible	YES (50%)
Venue	In Person in Districts
Delivered By	Policy and Training Team Specialists
Hours	3 hours (offered 9x)
Audience	Child Welfare Staff & Resource Parents

Children’s Behavioral Health Treatment in Maine:

The Office of Child and Family Services’ Children’s Behavioral Health Services (CBHS) division collaborates with community providers to provide Behavioral Health Services to Maine youth aged 0-21. CBHS supports providers by providing training to enhance the skills of staff in accessing the most appropriate services for the youth of Maine. Previously an in-person training, now is offered as online trainings located on the CBHS webpage <https://www.maine.gov/dhhs/ocfs/provider-resources/staff-development-training>

Trainings on this page are designed to assist providers in improving their awareness and understanding of the behavioral health services available to youth in Maine. Web based trainings focusing on services offered to youth with behavioral health needs can be found on this page.

Child Welfare Trauma Training Tool Kit:**Number of Staff Trained: 14**

This training is conducted using the curriculum from the National Child Traumatic Stress Network (Child Welfare Trauma Training Toolkit). This training is to educate OCFS staff about the impact of trauma on children and families as well as how to recognize vicarious trauma and promote self-care for OCFS staff.

IV-E Eligible	YES
Venue	1 st session ZOOM, 2 nd session in person
Delivered By	Policy and Training Team Specialists
Hours	2 days (offered 2x)
Audience	Child Welfare Staff

Collaborative Safety Model Orientation:**Number of Staff Trained: 214**

This training covers the key concepts of the Safety Science Model and how it will be implemented within OCFS practice. The Orientations are designed for frontline staff, supervisors, and community partners to introduce safety science concepts, old views and new views of safety and how the agency is going to conduct reviews in the Collaborative Safety model. These meetings support the agency’s commitment to engaging all staff in the safety culture of the organization. The Orientations serve a substantial purpose in creating agency alignment and increasing staff engagement.

IV-E Eligible	YES
Venue	Zoom
Delivered By	Collaborative Safety and Child Welfare Project Manager
Hours	3 hours offered 4x
Audience	PA/APA, Supervisors, Caseworkers, Youth Transition, QA Staff, Intake and Policy & Training Team

Ethical Decision Making: E-Learning**Number of Staff Trained: 62**

Developed by the Policy and Training Team and approved by the State Board of Social Work Licensure. This E-Learning is a 4-hour online training that was launched on the Justice Planning and Management Associates (JPMA) LMS during 2021 and then moved to the OCFS Brightspace Learning Portal June of 2021 when the OCFS Brightspace LMS went live. There are 4 modules; Ethics Overview, Values & Principles, Ethical Standards and Technology, that staff can access at their own convenience and move through at their own pace. There is a final test at the end that staff must pass in order to receive credit for completing the training.

IV-E Eligible	YES (50%)
Venue	E-Learning on OCFS Brightspace Learning Portal
Delivered By	OCFS Brightspace Learning Portal
Hours	4 hours
Audience	Child Welfare Staff with LSW’s (Training needed every 2 years for license renewal)

Family Team Meetings**Number Staff Trained: This training was revised and rolled out in February 2023 those numbers will be reflected in the 2023 plan**

Family Team Meetings-Policy & Practice**Number of Staff Trained: 75**

This training will focus on the newly revised FTM policy and will emphasize the important points in this policy, changes made and the impact of these changes on practice. This training will also review main points from the FTM Training- Part 1 Back to Basics in regard to Family Engagement, Prepping for the FTM, Difficult Conversations, and Facilitation Skills.

IV-E Eligible	75%
Venue	In-Person
Delivered By	Policy & Training Team Specialist
Hours	1 Day (offered 5x)
Audience	Child Welfare Staff

Foundations Training:**Number of OCFS Staff Trained: 156**

This training is for new Child Welfare Caseworkers prior to working with children and families. The topics in this training include assessment of child abuse and neglect, impact of child abuse, family dynamics, interviewing skills, substance abuse, medical indicators of abuse, domestic violence, family team *meetings*, and permanency.

IV-E Eligible	YES
Venue	Zoom with some in-person weeks
Delivered By	Cutler Institute
Hours	7 weeks (offered 5x)
Audience	New Child Welfare Caseworkers

Goals and Action Steps Training**Incorporated into new worker Foundations Training****Indian Child Welfare Act (ICWA) Working with Native American Tribal Child Welfare****Number of OCFS Staff Trained: 83**

This training is designed for participants to both understand the ICWA law and how to work collaboratively with tribes in ICWA cases as well as the spirit behind the law. The training is comprised of a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; Native history regarding federal policies of forced assimilation; historical trauma; the TRC process; how to co-case manage ICWA cases; OCFS ICW policy; and the BIA guidelines.

IV-E Eligible	YES
Venue	Zoom
Delivered By	Tribal Child Welfare Staff & OCFS Tribal Liaison (Policy and Training Specialist)
Hours	3 1/2 hours (offered 6x)
Audience	Child Welfare Staff & Alternative Response Program Staff

Infant Safety-Abuse Prevention & Unsafe Sleep Related Death Prevention:**Number of OCFS Staff Trained: 156 (Live zoom presentation)**

- **Link to recorded version ([Infant Safe Sleep & Preventing Injury or Death](#)) is on new worker checklist for all new Child Welfare workers in the New Worker Foundations training to complete.**

Dr. Jennifer Hayman, MD, FAAP & Kelley Bowden, MS, RN present information of what a safe sleep environment should look like, what are some of the hazards to babies while sleeping and how to converse with parents about their babies sleeping environment. Topics covered include, Drivers of infant mortality, What is infant safe sleep, American Academy of Pediatrics Recommendations, What's happening in Maine, Family education and debunking myths, Safe sleep and breast feeding, and discuss resources.

IV-E Eligible	YES
---------------	-----

Venue	ZOOM
Delivered By	Barbara Bush Children’s Hospital at Maine Medical Center; Dr. Jennifer Hayman, MD, FAAP & Kelley Bowden, MS, RN
Hours	1.5 hours
Audience	New Child Welfare Staff

Intro to Human Trafficking & CSEC:

Number of OCFS Trained: 138

This class is an overview of the basics of human trafficking situations. Its emphasis is on adopting a victim centered approach to achieve successful conclusions in trafficking cases, to include victim rescue and care and trafficker prosecution. After completion of this class the learner will be able to; identify investigative considerations in a human trafficking case, detail the information requirements for successful interventions and investigations, -detail the methods by which traffickers are identified, discuss the victim issues that such cases entail.

IV-E Eligible	YES
Venue	E-Learning
Delivered By	OCFS Brightspace Learning Portal
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Katahdin End to End User Training:

Number of OCFS Staff Trained: 40 (this training rolled out Dec. of 2021 only the last two sessions rolled into January 2022)

The goal of Katahdin is to support the Department’s vision of high-quality care for children in ways that lead to improvements in their functioning and in the functioning of their families. This Comprehensive Child Welfare Information System integrates and supports services that are child-centered, individualized, family-focused, strengths-based, community based, culturally respectful, appropriate in type and duration, and seamless within and across organizations.

Learning Objectives of this training:

- to teach participants how to navigate the system
- to support OCFS staff in becoming familiar with the look and feel of Katahdin
- to assist OCFS staff in understanding the layout of the screens and fields
- to provide an opportunity for hands-on practice in the systems

IV-E Eligible	50%
Venue	Zoom
Delivered By	Child Welfare Katahdin Training Team (Team of 10 consisting of 8 Child Welfare Staff and 2 Policy & Training Team Specialist)
Hours	2 days 5 Teams 10 Sessions Offered
Audience	Child Welfare Staff, other OCFS Staff as needed, AAG’s & Community Partners as needed

Just for You Trainings: Specialty Katahdin Support Trainings

- Finance *Training for finance staff on their tasks/functions in Katahdin.*
- OOH *specialized training for Out of Home Investigations—special to their program.*
- Supervisors/PA/APA (x3) *specific training regarding functions only for supervisors and above.*
- CCW (x2) *specific training for the staff that license resource families.*
- Eligibility (x2) *specific training for IV-E staff.*

Legal Training:

Number of OCFS Staff Trained: 93

The training begins by discussing substantiated, indicated, and unsubstantiated findings. The training moves into case flow focusing on law and procedure during each part of a case. Petition writing is explained, preparing for court and discovery is reviewed. Factual documentation is stressed throughout the training. The various types of hearings are explained from initial court action to TPR and how to prepare for court.

IV-E Eligible	YES
Venue	ZOOM
Delivered By	David Hathaway, Assistant Attorney General & Policy and Training Team Specialist
Hours	6 hours (offered 5x)
Audience	Child Welfare Staff

Mandated Reporter Training for Mandated Reporters (in person via ZOOM):

Community Number Trained: 504

This training provides an alternative to the online training when there is a request to do an in-person group training. Topics covered are the same as the online training; what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS. This training is also maintained by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.

IV-E Eligible	NO
Venue	Zoom
Delivered By	Policy and Training Team Specialist & Community Partners
Hours	2 hours
Audience	Mandated Reporters Throughout the State

Mandated Reporter Training for Mandated Reporters (On-Line):

Number of Community MR Reporters Trained: 31,371

This training developed by the Policy and Training Team was originally on the JPMA LMS but was moved to <https://mainemandatedreporter.org> which was created in partnership with the Cutler Institute and launched in 2021 provides easy access to an online Mandated Reporter training for mandated reporters in the state of Maine. Topics covered are what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS. This training is maintained by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.

IV-E Eligible	NO
Venue	On-Line
Delivered By	https://mainemandatedreporter.org
Hours	1-2 hours depending on the learner
Audience	Mandated Reporters Throughout the State

Motivational Interviewing:

Number of Staff Trained: 16

This training explores child welfare purposeful interactions with families and is a technique to elicit and build upon an individual's consideration of change. This training provides an opportunity for each participant to think about and create some questions to evoke an individual's ambivalence about the benefits/cost of change and the benefits/costs of staying the same. We will also discuss where individuals are in their readiness to change and some strategies of managing resistance. Each participant is asked to discuss and be interviewed about a change they are considering within a small group setting as well as participate in guided activities.

IV-E Eligible	YES
Venue	ZOOM
Delivered By	Policy and Training Specialists
Hours	2 days (4x)
Audience	Child Welfare Caseworkers, Supervisors, Program Administrators/Assistant Program Administrators

NTI Professional Caseworker Course:

Number of OCFS Staff Trained: 4

This course offers web-based state of the art, evidence- and trauma-informed trainings for child welfare & mental health professionals to enhance competency and improve outcomes for children and families.

Training content modules include the following:

- The Case for Adoption Competency
- Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship
- Enhancing Attachment
- How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience
- Loss and Grief
- Impact of Trauma on Brain Development
- Positive Identity Formation
- Maintaining Children’s Stability and Well-being

IV-E Eligible	YES
Venue	E-Learning
Delivered By	OCFS Brightspace Learning Portal
Hours	20 hours
Audience	Child Welfare Adoption Staff

Period of Purple Crying (online):

Number of Staff Trained: 162

This video presentation increases the viewer’s insight into the period of purple crying, how to describe it to parents and how to talk with them about soothing their crying baby. It enables the viewer to deliver doses 1 and 2 of the period of purple crying prevention program.

Iv-E Eligible	YES
Venue	On-Line
Delivered By	National Center on Shaken Baby Syndrome
Hours	1 hour
Audience	New Child Welfare Staff

Permanency Policy Review:

Number of Staff Trained: 300+

Iv-E Eligible	NO
Venue	ZOOM
Delivered By	Policy Specialist
Hours	2 hours offered 8x
Audience	PA/APA’s, Supervisors, Caseworkers, Youth Transition Specialists, QA and Policy and Training Specialists

Psychosocial Assessments:

Number of Staff Trained: 78

This training is designed to help participants to be able to write a psychosocial assessment of a family. It initiate’s participants thinking in a more complete manner about what additional information may be needed regarding a caregiver. This process can assist caseworkers in developing key questions that would be asked of the mental health professional around caregiver functioning and capacity to change as it relates to child safety, permanency, and well-being.

IV-E Eligible	YES
Venue	ZOOM
Delivered By	Policy and Training Team Specialist
Hours	6 hours (4x)
Audience	Child Welfare Caseworker

Rights of Recipients of Mental Health Services Who Are Children in Need of Treatment and Educational Rights of Children with Disabilities:

Number of OCFS Staff Trained: This training is offered every other year and will be offered in person in districts in 2023

The Rights of Recipients of Mental Health Services Who Are Children in Need of Treatment, and the Educational Rights of Children with Disabilities training was developed in partnership with Disability Rights Maine (DRM). This training will review the Rights of Recipients of Mental Health Services Who are Children in Need of Treatment with participants, and review obligations of providers to honor children's rights, and ensure children are aware and understand their rights. Each session will also provide an overview of the rights of students with disabilities in schools. Specific topics will be discussed in more detail, including addressing the impacts of the COVID-19 educational disruptions; exclusionary discipline; restraint and seclusion, and transition. Questions and discussion will be encouraged.

IV-E Eligible	YES
Venue	In Person
Delivered By	Katrina Ringrose, Disability Rights Maine and Policy & Training Team Specialist
Hours	3 hours
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Role of Support Staff in OCFS:

Number of OCFS Trained: 30

In this training participants learned how their role supports caseworkers and child safety as well as understanding of the process of child welfare and how what they do impacts that work. Topics discussed included: confidentiality, how this work can impact them, case flow and their responsibilities, documentation skills and their safety while doing this important work.

IV-E Eligible	YES
Venue	ZOOM
Delivered By	Policy and Training Specialists
Hours	2 days offered 3x
Audience	Child Welfare District Support Staff

Services and Supports Available to Maine Families

Number of OCFS Staff Trained: 87

This training will provide OCFS staff with information about services and supports available to families in Maine on the continuum of Primary, Secondary, and Tertiary Prevention Services. This includes but is not limited to parenting supports, substance use and mental health recovery and treatment services, and other supportive services. This training will assist participants in determining where, when and how to access these services for families in Maine. The trainings will be held in the South, Central and Northern geographic areas in order to include providers from those specific areas. It will include round robin breakouts where participants will have opportunities to learn, discuss and ask questions of area providers. Participants will leave with the knowledge of current and upcoming resources and services they will be able to assist families in accessing.

IV-E Eligible	75%
Venue	ZOOM
Delivered By	Christine Theriault, FFPSA Program Manager and Policy & Training Program Specialist
Hours	1 day (offered 6x)
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Staff Safety:

Number of Staff Trained: This training is offered every two years and will be offered in district in person in 2023

This training that covers a refresher regarding staff safety as well as informs participants of the procedures of the Staff Safety and High-Risk Situations Policy that went into effect on March 19, 2021. This training also discusses when and how the 'DHHS Threat and Unusual Incident Reporting Form' is created and when a 'Personal Safety Plan' should be developed and implemented.

IV-E Eligible	50%
Venue	In-District, In Person
Delivered By	Policy and Training Liaison for the District

Hours	2 hours
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Structured Job Shadow:

Number of OCFS Trained: Attendance not taken

Focus of this presentation was on the role the experienced caseworker plays in the development of the new caseworker through structured job shadow activities and observations.

IV-E Eligible	No
Venue	ZOOM Per District
Delivered By	Patricia Moser & Cutler Institute
Hours	2 hours Offered 10x
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Social Work Ethics:

Number of Staff Trained: 104

This training is for staff who are conditionally licensed social workers and are required to be licensed to maintain their employment with the Department. This six-hour Ethics for Social Workers is required for all Social Workers within DHHS who hold conditional licenses as a requirement for their employment in the Department. The program will explore the NASW Code of Ethics, in particular, the Core Values as articulated in the code and the Ethical Responsibilities of Social Workers. A decision-making model will be shared for guidance when the decision to be made is not clear cut or where values may be in conflict. During these times, a model to help analyze and resolve the dilemma can be very useful.

IV-E Eligible	YES (50%)
Venue	ZOOM
Delivered By	Policy and Training Program Specialist
Hours	6 hours offered (5x)
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Structured Decision-Making Case Plan Tool:

Number of Staff Trained: After initial roll out this was incorporated into New Worker Foundations Training

This training introduced staff to the SDM Case Plan Tool. Participants gain an understanding of when and how to use this tool to evaluate the presenting strengths and needs of a family and how to plan effective service interventions

IV-E Eligible	YES (75%)
Venue	In Person
Delivered By	Foundations
Hours	6 Rounds of Foundations Trainings
Audience	New Child Welfare workers in Foundations Training

Structured Decision-Making Reunification Tool:

Number of Staff Trained: After initial roll out this was incorporated into New Worker Foundations Training

This training introduced staff to the SDM Reunification Tool. Participants gain an understanding of when and how to use the tools four parts to evaluate risk, visitation compliance, and safety issues; describe permanency plan guidelines; and record the permanency plan goal and case status and how to use the results to inform decision making around permanency placement recommendations and to guide decision about whether or not to reunify a child.

IV-E Eligible	YES (75%)
Venue	In Person
Delivered By	Foundations
Hours	5 Rounds of Foundations Trainings
Audience	New Child Welfare workers in Foundations Training

Structured Decision-Making Risk Reassessment Tool:

Number of Staff Trained: After initial roll out this was incorporated into New Worker Foundations Training

This training introduced staff to the SDM Risk Reassessment Tool. Participants gain an understanding of when and how to use this tool to evaluate whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue by evaluating whether the families behaviors and actions have changed as a result of the family plan.

IV-E Eligible	YES (75%)
Venue	In Person
Delivered By	Foundations
Hours	5 Rounds of Foundations Trainings
Audience	New Child Welfare workers in Foundations Training

Substance Use Disorders: A Key Issue in Child Welfare:

Number of OCFS Trained: 156

This course is designed for those just starting their journey with the Maine Office of Child and Family Services and is one of the modules that make up the foundational training for new caseworkers. It is essential as a child welfare worker that they understand the basics of this topic as it correlates with child abuse, neglect, and underlying trauma. In their child welfare role, they will work hand in hand with families to assist in their case plans as well as concurrently assuring child safety. This course will cover the key issue of substance use disorders and explore the cultural considerations that arise.

IV-E Eligible	YES
Venue	On-Line
Delivered By	E-Learning viewed during Foundations
Hours	1 hour
Audience	New Child Welfare Casework Staff

Supervisory Academy-Putting the Pieces Together:

Number of Staff Trained:

Module One: 5

Modul Two: 11

Module Three: 10

This training covers the three main areas of effective supervision (Administrative, Educational, and Supportive Supervision) that, while related, are also distinct and that each is an important component or piece of the bigger picture puzzle of child welfare supervision. Each module emphasizes self-reflection and application to the unique circumstances of each supervisor.

IV-V Eligible	YES (50%)
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	3 (Three-day modules) offered over 12 months
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

The Maine Face of Human Trafficking:

Number of OCFS Trained: 24

This brief class is designed to familiarize participants with the characteristics of human trafficking in Maine. It is recommended that this class be completed as the third in the Human Trafficking series of classes. Upon successful completion of this class, the participant will be able to; identify human trafficking trends in Maine, reference laws in Maine that pertain to human trafficking, recognize a victim-centered response and investigative approach to human trafficking, contact non-governmental organizations to assist with cases involving human trafficking.

IV-E Eligible	YES	
Venue	On-Line	
Delivered By	BrightSpace E-Learning	
Hours	1 hour	
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators	

Working with Families with Substance Use Disorders:

Number of OCFS Trained: 300

This training focused on working with families with substance use disorders and the impact of substance use and related disorders/addiction on family relationships, and the role of the Child Welfare worker. Topics covered:

- When Do Addictions Become Disorders
- Thriving or In Crisis: Families Impacted by Substance Use Disorders
- Child Welfare Work with Families Affected by Substance Use Disorders
- Interventions and Strategies for Child Welfare Workers with Families Affected by Substance Use Disorders

IV-E Eligible	YES	
Venue	Zoom	
Delivered By	Dr. Judith Josiah-Martin, PhD, JAMA Professional Development Services, LLC	
Hours	3 hours offered 3x	
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators	

OCFS TRAINING PLAN 2023

Projected (not finalized) Trainings for 2023:

- **Substance Use Disorder-** Chris Gray, Orono Police Department
- **New England Poison Center Presentation on Substance Use, Testing/Reading Results, Ingestion vs. Exposure-** Presenter TBD
- **Non-Fatal Strangulation- Risk, Impact, Assessment, Intervention-** Polly Campbell, RN, BS, BA, Clinical Director ANE SANE Program UNE and -MCEDV
- **The Interdependency of the Health and 5 Domains of Development in the Very Young Child-** Debra McSweeney, Pediatric Physical Therapist, Edmund N Ervin Pediatric Center and Sharon McAllister, Occupational Therapist, Edmund N Ervin Pediatric Center.
- **Substance Use Focused Topics (PA/APA & Supervisors)-** Dr. Judith Josiah-Martin
- **Supervisory Framework**
 - Revised Supervisory Academy- Putting the Pieces Together
 - Revised Supervisor Competencies
 - Child Welfare Supervisor Policy & On-Going Trainings
 - Supervisor Field Guide
- **New Worker Support Groups-** in districts roll out in Spring 2023 1x a month (various topics/presenters/trainings)
- **Cops & Caseworkers Conference**
- **DEI-Seeing White Series-**Policy and Training Team

- **Mandated Reporter DOE Mandated Reporter/Truancy-Policy and Training Team**
- **APT for CW Licensing-** Collaborative Safety
- **APT for QA/QI –** Collaborative Safety
- **Importance & Goals of Home Studies-** Lindsay Bragdon, LSW
- **Child Assessment and Preparation (CAP)-** Spaulding for Children
- **Decision Making & Matching-** Spaulding for Children
- **Family Assessment-** Spaulding for Children
- **Adoption Support & Preservation Curriculum-** Spaulding for Children

Exhibit A



**ANNUAL REPORT
2022**

Maine Child Welfare Advisory Panel

Citizen Review Panel

Issued January 2023

CONTENTS

FOREWORD	3
Citizen Review Panels	3
Who We Are	3
What We Do	4
EXECUTIVE SUMMARY	5
Overview	5
Panel Development	5
Citizen Input	6
Child Welfare Policy Review	7
Panel Goal and OCFS Recommendations Progress	8
Legislative Activity	9
Looking Ahead	10
POLICY AND PRACTICE RECOMMENDATIONS	13
Lived Experience	13
Peer Support	14
Legal Representation	15
Guardians ad Litem	16
Abusive Head Trauma	17
Education and Engagement	17
DEPARTMENT RESPONSES	19
Lived Experience	19
Peer Support	20
Legal Representation and Guardians ad Litem	20
Abusive Head Trauma	21
Education and Engagement	21
SUMMARY OF PANEL ACTIVITIES 2022	22
PANEL MEMBERS 2022	25
ACKNOWLEDGEMENTS	27

• FOREWORD

Citizen Review Panels

The Maine Child Welfare Advisory Panel (MCWAP) is one of Maine’s three federally mandated Citizen Review Panels for child welfare.¹ Citizen Review Panels are groups of professionals and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective and child welfare responsibilities and making recommendations for system improvement. In Maine, the other two Citizen Review Panels that consider specialized requirements are the Justice for Children Task Force and the Child Death and Serious Injury Review Panel.

Who We Are

MCWAP members are volunteers who are representative of the community, including private citizens and professionals who have expertise in the prevention and treatment of child abuse and neglect, and those who have personal experience with the child welfare system. The Panel works to maintain a broad and diverse representation of the community including, but not limited to, foster, adoptive and kinship parents; domestic violence professionals; former youth in care; mental health professionals; courts; Court Appointed Special Advocates and Guardians ad Litem; disabilities

specialists; teachers; legislators; community based support services; medical professionals; sexual assault services; substance use treatment; tribal representatives; and members of the community at large with professional or personal experience with child protective services.² The Department of Health and Human Services - Office of Child and Family Services (DHHS-OCFS) Associate Director of Child Welfare attends all Panel meetings as a non-voting member. DHHS-OCFS also provides support for the Panel with



a Coordinator position that provides coordination and task management assistance to all three citizen review panels. All MCWAP meetings are co-chaired by two citizen members of the Panel.

¹ MCWAP meets federal mandates under the Child Abuse Treatment and Prevention Act (Child Abuse Prevention and Treatment Act, as amended, 42 U.S.C. §5106a.(c)) and Children’s Justice Act. (Sec. 107. GRANTS TO STATES FOR PROGRAMS RELATING TO INVESTIGATION AND PROSECUTION OF CHILD ABUSE AND NEGLECT CASES. [42 U.S.C. 5106c])

² The Panel is currently working to fill roles in 2023 for parents who have experienced child protective services, law enforcement, substance use treatment and recovery, and teachers, which were not represented during 2022.

What We Do

The federal Child Abuse Protection and Treatment Act (CAPTA) and the Children’s Justice Act (CJA) require all states to establish Citizen Review Panels. MCWAP fulfills requirements from both mandates that instruct the panel to:

- Examine the policies, procedures, and practices of state and local child protection agencies, and evaluate the extent to which the agencies are effectively discharging their child protection responsibilities
- Provide for public outreach and comment to assess the impact of current procedures and practices upon children and families in the community
- Review and evaluate State investigative, administrative, and both civil and criminal judicial handling of cases of child abuse and neglect
- Make policy and training recommendations
- Prepare an annual report complete with a summary of activities and recommendations for the improvement of the child protective services system

The **mission** of the Maine Child Welfare Advisory Panel is to assure that the state child welfare system is meeting the safety, permanency, and well-being of children and families through assessment, research, advocacy, and greater citizen involvement. Our **goal** is to promote child safety and quality services for children, youth, and families.

Contact Information

Jenna Joeckel, LMSW-cc

CAPTA/CJA Panel Coordinator

Jenna.L.Joeckel@maine.gov

www.mecitizenreviewpanels.com

• EXECUTIVE SUMMARY

Overview

Citizen Review Panels work to ensure the people who are most impacted by the child welfare system are part of assessing system efficacy and making recommendations for improvement. Those who have personal experience with child protective services and those who work within the broad child welfare system often have the perspective and insight to create innovative solutions when systems need to be improved.

The Maine Child Welfare Advisory Panel (MCWAP) schedules ten meetings per year, from September through June. In 2022, the Panel held nine full Panel meetings over a virtual platform, with one meeting canceled due to a

CITIZEN REVIEW

“Each of us brings to this table a different set of experiences and

Every voice is valued, and all perspectives are

Our shared goal is to promote child safety and quality services for children, youth, and

This is the task to which

weather-related state closure. Panel members gathered in person for a full-day planning retreat in September. The Panel's primary focus areas in 2022 were: (1) a study of the state agency's parent information practices; (2) a review of lived experience data collection; (3) continued clarification of the Panel's oversight advisory role, and; (4) improving processes for citizen input, policy review, and measuring progress.

Panel Development

In 2022, members updated the Panel's bylaws and established a procedure for reviewing and discussing formal recommendations for the annual report at the fall retreat. The Panel also established processes for DHHS-OCFS to provide annual updates on progress made on recommendations and policy feedback from the prior year, and for Panel members to review progress on annual strategic goals and continuous quality improvement activities.

The Panel Co-Chairs actively participated in National Citizen Review Panel Listserv, and continued to improve coordination with Maine's other two citizen review panels, the Child Death and Serious Injury Review Panel, and the Justice for Children Task Force. The chairs or designees of all three citizen review panels met quarterly to work together to ensure understanding and coordination of high-level focus areas and recommendations for systems improvements.

Citizen Input

Website

The Panel continued to improve the new procedure for receiving and responding to citizen input through the website, and included this procedure in the updated bylaws that were approved in December.

Parent Surveys

In January 2022, the Panel issued a [report](#) of themes from a 2021 parent survey.³ The Panel also began engaging technical support to bolster the content and process of both the parent and provider surveys that are issued every three years. This process will continue in 2023, and will include the addition of youth and resource parent surveys. The Panel will also take steps to increase the diversity of parent feedback. Particular attention will be given to supporting the engagement of parents with lived experience in the child welfare system who identify as persons of color or as members of indigenous populations in Maine. One major, consistent theme that was identified by the parent surveys was a lack of understanding of the child welfare process. This included not understanding the roles of different providers or the court process.

CPS 101

“Trying to find information (discounts, vouchers, necessary paperwork for school enrollment or making a doctor appointment) often feels like finding a needle in a haystack. Could these just be automated for families?”

- Resource Parent Feedback From Website

In 2022, members of the Panel collaborated with the Maine Justice for Children Task Force to develop a one-year pilot project for the implementation of information sessions for parents involved in the child welfare system entitled *Child Protection 101: For Parents, By Parents*. The focus of these optional information sessions is helping parents

understand the child welfare agency process and court procedures. Additionally, the sessions provided parents with best practices to implement in order to be successful throughout the life of the child welfare case. The curriculum included pre-recorded video segments from system stakeholders and live facilitation by parents with lived child welfare experience or experience navigating multiple systems. Extensive data collection has been implemented for both participants and non-participants. The data being collected includes a pre- and post- parent survey, an evaluation on time to permanency, participation in family visitation, participation and engagement in reunification services, and attendance at court proceedings. Data has been de-identified and is being analyzed to determine if participation in the class had an effect on the parent’s knowledge of the process and case closing outcomes, and a report will be issued in 2023.


³ MCWAP Parent Survey Findings and Recommendations (2021)
<https://www.mecitizenreviewpanels.com/wp-content/uploads/2022/03/2021-Survey-Findings-Summary.pdf>

Father Engagement

In 2021, Panel members began planning listening and learning sessions with fathers in partnership with OCFS, and secured philanthropic funds to reimburse fathers who participated. The Panel engaged the services of Welcome 2 Reality, LLC to hold a listening forum composed of fathers who were involved with DHHS to explore what their experience was like working with the agency and to identify areas in which engagement could be improved. Results of the sessions were compiled in a [report](#) and shared with the Panel in October 2022.⁴ The Panel will continue to examine the findings in 2023 to inform future recommendations to OCFS regarding father engagement, as well as its own work to collect feedback from fathers and other caregivers and service providers within the child welfare system.

Child Welfare Policy Review

In 2021, the Panel worked with OCFS leaders to establish a



review relevant draft OCFS policies and provide feedback to the Department prior to implementation. (Legal policies, such as Safe Haven, are reviewed by the AAGs office). Since this process was implemented, policies that have been sent to the Panel for review include: (1) the Family Team Meeting Policy; (2) Collaboration Policy; (3) Permanency Policy; (4) Adoption Policy; (5) LGBTQ+ Policy; and (6) Youth Transition Services Policy.

Fatherhood Listening Session Report Suggestions

- Provide equivalent services for mothers and fathers
- Create a physical environment that is inviting to fathers
- Survey staff on barriers they feel impact father engagement
- Hire staff who are specifically designated to support engagement of fathers
- Clarify that father understands what he is reading or signing
- Offer ongoing fatherhood engagement and inclusion trainings to all staff
- Create a fatherhood specific practice guide and FAQ
- Schedule family meetings around father's schedule
- Ensure father is an active participant in the case planning process

At the 2022 September meeting, the Panel reviewed the outcomes of Panel feedback on final OCFS policies. For example, Panel members contributed to the Family Team Meeting policy, and of the 31 comments, 15 were accepted, 5 were partially accepted, and 11 were rejected. As a result of this discussion, the policy review time frame is being expanded to 10 days to allow appropriate time for review and comment. In addition, the OCFS Policy Specialist will provide a summary of the comments, whether the suggestions were accepted, rejected, or partially accepted and the response for each policy reviewed by the Panel.

⁴ Welcome 2 Reality (2022) Faces of Fatherhood Listening Session Report and Recommendations [https://www.mecitizenreviewpanels.com/wp-content/uploads/2022/12/MCWAP-.Project-Summary-and- Recommendation- 2 .pdf](https://www.mecitizenreviewpanels.com/wp-content/uploads/2022/12/MCWAP-.Project-Summary-and-Recommendation- 2 .pdf)

Panel Goal and OCFS Recommendations Progress

Each year, the Panel identifies strategic goals and also makes recommendations to OCFS and the broader child welfare system. Historically, the Panel did not have a formal practice for monitoring or assessing progress on strategic goals or child welfare system recommendations. In June 2022, the Panel established an annual schedule to review progress on recommendations made by the Panel to DHHS- OCFS and the broader child welfare system, and to assess the Panel's progress on all strategic goals and tasks.

Panel Goal Progress

During this first year of review, the Panel reviewed 13 strategic goals and task commitments that members have made since the Panel began to set annual strategic goals in 2018. These included: (1) representative member recruitment; (2) collaboration with Maine's other citizen review panels; (3) Panel structure and procedural improvements; (4) new methods for citizen input; and (5) data review. Of the 13 strategic goals and tasks the Panel established, 6 were in process at the time of review, 4 were complete, and 3 were incomplete. All of the incomplete Panel goals were related to regular data review, including the OCFS strategic plan and Child Advocacy Center data. The Executive Committee has committed to ensuring regular review of these data sets during monthly meetings in 2023.

OCFS Recommendations Progress

Bobbi Johnson, Associate Director of Child Welfare provided a report to the Panel about the efforts of OCFS in response to recommendations of the Maine Child Welfare Advisory Panel over the past 5 years (2016-2021). The review highlighted examples of ways in which OCFS has worked to improve the child protection agency and system based on Panel recommendations. These included: (1) updating the Investigation Policy and changes to safety planning practice; (2) convening Town Hall forums for meaningful input from the public and consumers including parents, kinship care providers and survivors; (3) including Panel members in focus groups with the federal Children's Bureau regarding the state's child welfare Performance Improvement Plan; (4) bringing policy and practices to the Panel for feedback prior to adoption; (5) developing a clinical support contract to provide case consultation and support to child welfare caseworkers related to vicarious trauma; (6) expansion of the Cooperative Agreement with the University of Southern Maine to include funding to hire two Family Engagement Specialists; and (7) convening a workgroup to update policies related to domestic

violence. Panel recommendations that were not adopted included a pilot to establish skilled neutral community facilitators for Family Team Meetings (FTMs), designated staff for facilitation of FTMs, and the creation of a staff position in central office to focus on engaging fathers. OCFS reported these recommendations informed other initiatives and policies, including updated Family Team Meeting policies, and development of the new Family Engagement Specialist positions.

Legislative Activity

Reports

In January 2022, the Office of Program Evaluation and Government Accountability (OPEGA) issued a [report](#) on child welfare oversight to the Government Oversight Committee that included an in-depth examination of the form and function of the Panel.⁵ The Maine Legislature also adopted a [resolution](#) requiring quarterly reports from child welfare advisory oversight entities, including MCWAP, to be presented by citizen members of the Panel every three months to the joint standing committee of the Legislature having jurisdiction over Health and Human Service (HHS) matters.⁶ These reports included a summary of observations regarding efforts by OCFS to improve the child welfare system, a summary of the collaboration between the three citizen review panels, and any recommendations on how to further protect the State's children through Department of Health and Human Services policy and rulemaking and through legislation. The Panel Co-Chair provided reports to the Legislative HHS Committee in June and September.

2021 Recommendations

The Panel made two recommendations [in the 2021 Annual Report](#)⁷ that were incorporated into legislation by the 130th Maine Legislature. The recommendation to establish Discretionary Funds to be used for families during the assessment process was incorporated into [LD393](#). The Panel recommended these funds be made available to assessment caseworkers and/or designated external community partners with the discretion to authorize up to \$1,000 per family to help cover expenses identified as necessary to help the family meet the needs of their child(ren) and/or the expectations of the Department. The Panel recommended this flexible cash assistance be provided to families at risk of having their children removed (any family for whom OCFS has an open assessment). Although the bill did not reach a vote, funds for this initiative were moved into the Supplemental Budget through an appropriations amendment and re-named

Contingency Funds to align with existing statute that allows the appropriation of funds for this purpose.

The recommendation to create a Pilot for Legal Representation during the assessment phase of child protection was also incorporated into legislation. In Maine, an indigent parent has a statutory and constitutional right to a state-funded attorney if the Department of Health and Human Services has begun court proceedings to remove a child (or children) from the parent's home based on its investigation of an allegation of abuse or neglect. Resolve 2021, c. 181 (or LD 1824) resulted in the

⁵ Office of Program Evaluation and Government Accountability (2022). Information Brief: Oversight of Maine's Child

Protective Services, January 2022. <https://legislature.maine.gov/doc/7924>

⁶LD 1853, Resolve, To Increase Oversight of the Child Welfare System (2022)

<https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0605&item=3&snum=130>

⁷MCWAP (2022) Maine Child Welfare Advisory Panel 2021 Annual Report.

<https://www.mecitizenreviewpanels.com/wp-content/uploads/2022/02/MCWAPAnnualReport2021.pdf>

creation of the Maine Legislature's [Commission to Develop a Pilot Program](#) to Provide Legal Representation to Families in the Child Protection System.⁸ This Commission was created to design a pilot program to provide free legal assistance to low-income parents or custodians earlier in the process: possibly as soon as when the department opens an investigation or safety assessment in response to a report of suspected abuse or neglect. The Commission included a MCWAP representative and several additional Panel members, and issued a [final report](#) with recommendations in December 2022.⁹

“The commission believes that a pilot program operated within the proposed framework has the potential to increase the degree to which parents and custodians understand the child protection investigation process, their rights and responsibilities during this process and the actions they can take to demonstrate to OCFS that they can parent their children safely at home.”



Looking Ahead

The Maine Child Welfare Advisory Panel is committed to continuously improving the quality of this citizen review panel. While not required under federal statute, MCWAP members use the annual report process to establish goals for the Panel in the coming year. These goals may include focused areas of study, requests for reports from OCFS, and continuous quality improvement activities. The following 2023 strategic goals for the Panel were approved by vote in October 2022.

Training

MCWAP will develop and make available to system partners a training focused on trauma informed practices for working alongside individuals with lived experience. This will include exploring funding opportunities such as allocating CJA funds and partnering with organizations who are engaged in similar work. Engaging individuals who have lived experiences with child protection services in system reform

⁸ Resolve 2021, c. 181. Commission to Develop a Pilot Program to Provide Legal Representation to Families in the Child Protection System. <https://legislature.maine.gov/legal-representation-to-families-in-the-child-protection-system-study> ⁹ Commission To Develop a Pilot Program to Provide Legal Representation to Families in the Child Protection System (2022). Report to State of Maine 130th Legislature Second Regular Session. <https://legislature.maine.gov/doc/9341>

efforts is best practice, and many child welfare partners throughout the state have been seeking input from parents, youth, and caregivers. These entities include, but are not limited to, Maine's citizen review panels, state agencies, task forces, community organizations, and legislative committees. Many of these entities lack experience and could benefit from training in supporting and working with people who have personally experienced the child welfare system. There is currently no training available for all child welfare partners in best practices for listening to and working with people who have lived experience. MCWAP has made several recommendations encouraging the engagement of citizens with lived expertise in child welfare system improvements, including those outlined in the Recommendations section of this report. The Panel has determined that providing training to support child welfare partners to understand and

implement related best practices would be an appropriate use of CJA funds. The Panel will use a co-training model that involves parents and youth with lived expertise in the development and delivery of this training.

Family Team Meetings

The Panel will examine the policies, procedures, and practices of family team meetings. This will include partnering with OCFS to evaluate the extent to which FTMs are effectively engaging families and improving their ability to respond to the requirements of the rehabilitation and reunification plan. As part of this study, the Panel will work with OCFS to develop and distribute post-FTM surveys to participants and develop the infrastructure for that data to be collected and accessible in the aggregate. OCFS first implemented Family Team Meeting (FTM) practice in 2002, recognizing the importance of including the voices of parents, children, youth, providers, and family supports in the case process. Since this time, there have been revisions to policy and practice expectations to incorporate best practice standards. OCFS recognizes that due to implementation challenges and the increase in new staff, Family Team Meeting practice has been inconsistent throughout the state. MCWAP has made several recommendations over the years (2016, 2019, 2021) regarding FTMs but has not conducted dedicated, in-depth study of both the policy and practice of this model. Given this is the primary mode of collaboration between the state and community organizations and the parents they serve, the Panel has determined the subject warrants a deeper exploration over a full year.

Contingency Funds

In 2021, MCWAP recommended that the Maine Legislature provide OCFS with funds to implement a pilot process whereby assessment caseworkers and/or a designated community partner had discretion to offer flexible cash assistance to help families cover expenses identified as necessary to help meet the needs of their children and/or the expectations of the Department. Legislation was introduced to follow through with this recommendation. Though the introduced legislation included a required annual report, when the funding for this project was moved into the Supplemental Budget through an appropriations amendment, it did not include the language requiring an annual report. However, this information is important to get on a regular basis to support the Panel in identifying trends in the

tangible, immediate needs for families that meeting might serve to prevent children from being removed from the home. The Panel has requested OCFS report to Panel and to the public information about the policies and procedures that have been implemented for families to be able to access the Contingency Fund resources that were allocated to OCFS in response to the Panel's 2021 recommendation around "Discretionary Funds." The Panel has also requested OCFS provide an annual report and make available to the public a summary of those expenditures from their Contingency Fund that supported families who were/are in the assessment phase of OCFS involvement. This summary should include:

- How many requests were received by OCFS staff for financial support from the contingency fund from or on behalf of families who were/are engaged in the assessment phase of OCFS involvement;
- How many of these families were helped by the contingency fund each year;
- The average per family expenditure for those families receiving financial assistance from the contingency fund while in the assessment phase of OCFS involvement;
- The total amount spent out of the Contingency Fund; and
- Data concerning the type, frequency, and location of expenses.

"Parents need better access to resources (childcare, transportation, rental assistance, job training) earlier in their interactions with OCFS to mitigate concerns and avoid greater/more negative involvement."

Provider Survey (2021)

• POLICY AND PRACTICE RECOMMENDATIONS

On an annual basis, Maine Child Welfare Advisory Panel members discuss and vote on formal recommendations to improve the state child welfare system based upon the Panel's assessments of the impact of current policies and practices upon children and families. Recommendations may be directed toward any of the state and local agencies responsible for discharging child protection responsibilities. The following recommendations were approved by the Panel in October 2022. They reflect system improvements across the broader child welfare system that include executive, legislative, and judicial branch actions.

Lived Experience

All child welfare partner agencies and organizations should engage individuals with lived experience with strict adherence to trauma-informed practices. These partner agencies and organizations include, but are not limited to, Maine's citizen review panels, state agencies, task forces, legislative committees, and commissions.

To the greatest extent possible, all decisions made about improvements or reforms to Maine's child welfare system should be informed by those that are directly impacted by these decisions. When creating participation and/or membership opportunities for people with lived experience of the child welfare system, host organizations should adhere to the following basic trauma-informed principles:

- Host organizations should provide participants with clear, transparent, and ongoing information about the purpose of participation and the extent to which participation may be or may become public information.
- Host organizations should ensure that participants are supported by any or all of the following: peers, colleagues, staff, or members of the host organization who have experience providing support to individuals involved in the child welfare system. This support should be made available to participants before, during and after any participation. When appropriate, host organizations

should be prepared to financially invest in developing these critical supports for participants.

- Hosts should direct questions to participants in a way that moves beyond personal trauma to elicit their feedback about the ways service systems could work better. Hosts should consistently demonstrate the view that people who are exposed to trauma are agents in the creation of their own well-being, and an essential source of positive systems change.
- Host organizations should develop a feedback loop to inform participants about how their feedback was used and to describe the changes that were created in response.
- Deliberate care should be taken to not expect a single individual or a small group of individuals to speak for an entire population of people.
- When appropriate, participants should be compensated for their time.

Peer Support

OCFS should re-establish peer services that provide direct support to parents involved with child welfare and make them available to families across the state by October 1, 2023. These services should be informed by standards that include but are not limited to national evidence-based practices and institutional learning from the state’s long-term pilot program.

Family engagement is recognized as the foundation of effective child welfare casework, and peer support programs are an essential component of this practice. According to the Capacity Building Center for States, “parent partner programs can be a powerful strategy for overcoming common challenges to family engagement, focusing on family strengths and needs, and contributing to positive outcomes for children and families.” The Panel has received feedback from parents with open child protective cases indicating they did not have a clear understanding of how to fully participate in the ongoing case process. This lack of understanding can impact a parent’s engagement with OCFS, and their ability to respond to the requirements of their reunification plan. Maine’s 2021 child welfare system review [report](#) by Casey Family Programs and Collaborative Safety recommended “OCFS explore ways to support engagement between parents and the child welfare system, such as parent partner/parent mentor

programs.”

Maine has historically been a national leader in parent mentors by investing in a Parents as Partners program for over a decade. In the former program, Parent Partners provided direct support to parents to build engagement and help them navigate the child welfare system, trained new child protective caseworkers, and served on numerous state advisory panels, including the Maine Child Welfare Advisory Panel and the Justice for Children Task Force. The state discontinued funding the Parents as Partners program in June 2021. In 2022, the state made new investments in Family Engagement Specialist positions through the Cooperative Agreement with USM to hire two parents with lived experience in the child welfare system. These positions are designed to engage in system improvement activities, provide training to caseworkers, supervisors and resource parents, and to research evidence-based parent mentor programs. OCFS has not set target dates for re-establishing direct peer support services for parents. Currently, the Child Protective Services 101: For Parents, By Parents Court Improvement Program pilot project is the only service designed to provide direct support to parents involved in the child welfare system, by parents with previous system involvement.

Renewed investment in direct support for parents who are currently navigating the child welfare system should be a priority for OCFS in 2023. The state gained significant institutional learning from the former Parent Partner program, including training and practice manuals that were co-designed by parents with lived expertise, and long-term program outcomes. These materials and data should be examined alongside information from national evidence-based programs, and used to re-establish direct peer support services for parents who are currently navigating the child welfare system in Maine.

Legal Representation

Support and infrastructure around parent attorneys should be a systemwide priority and focus. This should include: (1) The Maine Legislature should increase the pay rate of rostered parent attorneys to no less than \$150/hour to achieve closer parity with Assistant Attorney Generals representing the state; (2) The Maine Commission on Indigent Legal Services should establish, with appropriate funding from the Maine Legislature, a group health insurance plan for parent attorneys voluntary participation; (3) The Maine Commission on Indigent Legal Services should, with appropriate funding from the Maine Legislature, contract with an organization to

provide voluntary, free clinical support for parent attorneys to address job related secondary traumatic stress; (4) The University of Maine Law School should provide a child welfare focused course that includes all components of the minimum standards training that is required to be a parent attorney and should consider incorporating representation of parents in protective custody cases into the clinical program; and (5) The Justice for Children Task Force should convene a working group to further explore and make recommendations for how to improve the retention and recruitment of parent attorneys.

The lack of attorneys willing to be rostered to represent low-income families subject to a child protection petition has reached a crisis point - particularly in rural Maine. The roster statewide only had 84 attorneys willing to take appointed cases when the Panel was drafting this recommendation in September 2022. In some counties, only one attorney was willing to be appointed for cases in that county. Substantially all child protection cases needing a rostered attorney have at least two parents requiring appointed representation. At September 2022 case filing levels, if responsible caseload limits were imposed, this would soon lead to hundreds of cases going unstaffed by parent attorneys. Like many sectors of the workforce, recruitment is incredibly challenging. It takes a particular level of skill and training to qualify for appointed representation, and rightly so. Maine has a constitutional responsibility to provide parents with timely, effective, supportive (and supported) representation in these cases. That responsibility will continue to go unfulfilled when there is such a stark disparity in available compensation between representation for the State and representation for parents.

MCWAP has received feedback from parent attorney representatives that the disparity between compensation of parent attorneys and those who represent the State are not limited to salary but extend into the availability of a broad range of benefits (group health insurance rates, case management, paralegal support, training opportunities, etc.). MCWAP observes that there is no economic support for parent attorneys to have a consistent voice at policy-making tables - to include legislative spaces. Parent attorneys play a critical role in ensuring due process and in helping parents and their children achieve successful child welfare outcomes. Their perspective, and through them that of the parents they represent, should be accounted for in policy making and legislative spaces.

MCWAP has greatly benefited from the addition of one parent attorney to our membership. Where representatives from OCFS, the Office of the Attorney General, the Maine Judicial Branch and many community partner organizations participate as part of their paid employment, parent attorneys must do so without compensation, sacrificing time that would otherwise be available for billable work. The current disparity in their ability to participate in policy-making and legislative spaces discounts the value they bring to the child welfare system, depresses the extent to which decision makers fully understand the challenges experienced by parents navigating the child welfare process and should also be addressed.

Guardians ad Litem

Attention to support and infrastructure for Maine guardians ad litem should continue, to include:

(1) the Maine Legislature should increase the funds provided to the Maine Judicial Branch in order to increase the pay rate of rostered guardians ad litem to align with any increase in pay provided to parent attorneys; and (2) any working group convened to examine retention and recruitment of parent attorneys should also consider ways to support retention and recruitment of guardians ad litem, particularly in rural communities.

There is presently a critical need for guardian ad litem (GAL) services, primarily in child protection matters. In the development of this recommendation, the Panel reviewed data from June 10, 2022, that showed 273 pending child protection matters in Region 8, but only 11 GALs eligible to be appointed to a child protection case for that region (many of whom were also rostered as parent attorneys, and thus were unavailable to be a GAL when they were already appointed as counsel for a parent). If the hourly pay for rostered parent attorneys is increased to \$150 per hour, to prevent disparate treatment between parent attorneys and GALs, the GAL rate should be increased at the same rate. Without such funding to accommodate an increase in pay to GALs, there is a risk that even less GALs would be available for appointment to child protection matters if the parent attorney hourly pay was increased. As noted above, many GALs are also rostered parent attorneys, and a significantly higher pay rate for parent attorneys would deter GALs from accepting GAL appointments. GALs face many of the same benefit gaps as parent attorneys, as noted in the above companion recommendation.

Abusive Head Trauma

Maine CDC/Maine Injury Prevention Program should improve accuracy of state data on abusive head trauma in Maine by accessing billing/coding data to record, track and monitor this data, and should report this data publicly on an annual basis. Additionally, statewide, in-home resources for new parents including public health nursing and education on abusive head trauma should be prioritized and adequately funded.

Robust data analysis and reporting is needed in order to better understand the prevalence of Abusive Head Trauma (AHT), and to inform initiatives and community efforts to prevent these injuries in children. As noted in the [2021 report](#) of the Child Death and Serious Injury Panel (CDSIRP), “Maine continues to see many cases of abusive head trauma (AHT), formerly known as Shaken Baby Syndrome, each year, most of which fail to reach the threshold of widespread public awareness. AHT occurs most frequently in children under 6 months of age and is fatal in approximately 25% of cases, making AHT the most lethal form of child maltreatment.” The CDSIRP report also noted that the Maine Injury Prevention Program lost its state and federal funding several years ago. The loss of state funds and the loss of federal grant funds has impacted the ability to focus and gather needed data related to AHT to inform prevention efforts. This has created a gap in understanding the prevalence of AHT in Maine to prevent incidents from occurring in our most vulnerable population.

Education and Engagement

The State and Legislature should fund the Child Protective Services 101: For Parents, By Parents court improvement pilot project for an additional two years.

In 2021, the Maine Child Welfare Advisory Panel’s (MCWAP) conducted a [survey](#) of parents who were involved with Child Protective Services (CPS). The main themes for improvement from this survey are similar to parent survey findings in 2019, and center on communication and understanding of parents’ rights. Parents reported they do not have a full and clear understanding of their rights at removal, which may impact a parent’s relationship and engagement with OCFS going forward. In response to this parent feedback, MCWAP supported the development of

informational classes for parents called Child Protective Services 101: For Parents, By Parents with Maine's Justice for Children Task Force.

This one-year pilot project has been developed and is currently implementing informational sessions for parents involved in the child welfare system. The focus of these virtual sessions is supporting parent understanding of the child welfare process and court procedures. Additionally, sessions provide parents with tips and tools to help them to be successful as they navigate their child welfare case. The curriculum includes pre-recorded video segments from system partners as well as live facilitation by parents with lived child welfare experience and experience navigating multiple service systems.

An outside evaluator is supporting extensive data collection and analysis for both participants and non-participants in this pilot project. Data collected includes a pre- and post- parent survey, an evaluation on time to permanency, participation in family visitation, participation and engagement in reunification services, and attendance at court proceedings. Data is being de-identified and will be analyzed to determine if participation in the class had an effect on the parent's knowledge of the process and case closing outcomes. Early outcomes from pre- and post- parent surveys showed promising results. Prior to attending the session, 18% (N=8/43) of parents reported an understanding of how the child protective system works. After completing the session, 84% (N=36/43) of parents reported an understanding of how the child protective system works. An initial evaluation report will be shared with the Panel and the Justice for Children Task Force in 2023.

Court Improvement Program funds have supported this pilot project, but these funds will be depleted at the end of September 2023. Lack of continued funding will result in disruption of this pilot project, and longer term evaluation of case outcomes.

"Peer relationships from others who have gone through the system are helpful for those in the system currently."

- 2021 Provider Survey

DEPARTMENT RESPONSES

The Office of Child and Family Services responds to all formal recommendations by MCWAP that are related to the state child welfare agency. Following are the responses to the Panel's 2022 Policy and Practice Recommendations.

OCFS thanks the Maine Child Welfare Advisory Panel for its continued focus on systems improvement for children and families in Maine and remains committed to partnering on the recommendations outlined in the 2022 Annual Report.

Lived Experience

All child welfare partner agencies and organizations should engage individuals with lived experience with strict adherence to trauma-informed practices. These partner agencies and organizations include, but are not limited to, Maine's citizen review panels, state agencies, task forces, legislative committees, and commissions.

OCFS Response:

This recommendation is directed toward a broad group of stakeholders, including state agencies, that engage with individuals experiencing trauma related to substance use disorder, mental health issues, domestic abuse and violence, and child abuse and neglect. For several years, OCFS has focused on the impact of trauma on the individuals served directly as well as others exposed to the experiences of trauma survivors. OCFS has provided trauma training to staff, engaged in community-based efforts to create a trauma-informed system of care, and provided training to resource parents to increase knowledge of and access to tools to support children and their families. OCFS supports this recommendation and believes engaging individuals with lived experience in system transformation is important.

Peer Support

OCFS should re-establish peer services that provide direct support to parents involved with child welfare and make them available to families across the state by October 1, 2023. These services should be informed by standards that include but are not limited to national evidence-based practices and institutional learning from the state’s long-term pilot program.

OCFS Response:

OCFS recognizes the value of peer support to increase engagement with families involved with the child welfare system and has invested in strategies to engage individuals with lived experience.

OCFS has been actively involved in father listening sessions with the Maine Child Welfare Advisory Panel Family Engagement sub-committee, has joined with parents in the Pathways to Partnership work convened through the New England Association of Child Welfare Commissioners and Directors, and provided resources to hire two Family Engagement Specialist positions through the Cooperative Agreement with USM and build a cohort of parent consultants to also support this work. These parents provide training to caseworkers, supervisors, and resource parents, participate in policy workgroups, serve on state advisory committees and are researching evidence-based parent mentor programs. Building on Maine’s history of providing direct support to parents by parents, OCFS intends to develop an infrastructure to help families navigate the child welfare system with support from their peers. OCFS remains committed to leveraging the voices of parents, youth, and resource parents in system improvement efforts.

Legal Representation and Guardians ad Litem

Support and infrastructure around parent attorneys should be a systemwide priority and focus, and attention to support and infrastructure for Maine guardians ad litem should continue.

OCFS Response:

These recommendations are directed toward the Maine Legislature, the Maine Commission on Indigent Legal Services, the University of Maine Law School, and the Justice for Children Task Force. OCFS supports efforts to increase access to quality legal representation by parent attorneys, Guardians ad litem, and Court Appointed Special Advocates (CASAs) in child protection cases.

Abusive Head Trauma

Maine CDC/Maine Injury Prevention Program should improve accuracy of state data on abusive head trauma in Maine by accessing billing/coding data to record, track and monitor this data, and should report this data publicly on an annual basis. Additionally, statewide, in-home resources for new parents including public health nursing and education on abusive head trauma should be prioritized and adequately funded.

OCFS Response:

This recommendation is directed toward the Maine CDC/Maine Injury Prevention Program. OCFS supports efforts to understand the types of abuse that children experience in order to allocate resources to solutions which address key issues and ensure child safety.

Education and Engagement

The State and Legislature should fund the Child Protective Services 101: For Parents, By Parents court improvement pilot project for an additional two years.

OCFS Response:

This recommendation is directed toward the State and Legislature. OCFS has partnered with parent representatives, The Opportunity Alliance, the Justice for Children's Taskforce, and the Maine Child Welfare Advisory Panel to assist in the implementation of the pilot. OCFS recognizes the importance of these and other efforts to educate both parents and stakeholders about the child welfare system and court process. OCFS looks forward to the evaluation of the project, including numbers served and recommendations for possible future efforts.

• SUMMARY OF PANEL ACTIVITIES 2022

MCWAP meetings continued to be held on a virtual platform in 2022, with an in-person gathering in September at the annual retreat. At most meetings, Panel members broke out into subcommittees to work on their selected topics. After each breakout session, the subcommittees reported back to the full Panel about the status of their work.

JANUARY

The Panel heard from Bobbi Johnson, Associate Director of OCFS who provided updates, including Children’s Emergency Services (CES) after hours coverage changes, Alternative Response Program (ARP) contracts ending, the finalization of the FTM policy, Collaborative Safety/Casey Family Programs, and the federal Program Improvement Plan (PIP). Various items were discussed including the ongoing Office of Program Evaluation and Government Accountability (OPEGA) report on child welfare oversight, upcoming stakeholder session, and future provider and parent survey designs. Panel member participation was encouraged on the ongoing projects. Members resumed work on their subcommittee topics, which included Family-Centered Policy and Practice; Effective Communication and Coordination; and Fatherhood Engagement.

FEBRUARY

The February meeting was cancelled

when state offices closed due to inclement weather.

MARCH

Members heard from Bobbi Johnson, Associate Director of Child Welfare, regarding family engagement throughout the CPS process including initial contacts with families, notification, and regular contact and engagement that occurs throughout the case. Following the presentation, the Panel participated in a discussion with OCFS about family engagement. Members focused on the benefits of providers having a deeper understanding of the CPS process. A group of members volunteered to meet outside of Panel meeting time to continue the conversation and consider ideas that had been suggested. Members resumed work on their subcommittee topics.

APRIL

The Panel heard from guests Dulcey LaBerge, Youth Transition Program Manager, OCFS; Travis Bryant, Executive Director of Adoptive and Foster Families of Maine (AFFM) and The Kinship Program; and Rebecca Richardson, Regional Associate Director, OCFS. Each panelist shared a presentation which explored the ways in which their agencies are collecting information from citizens with lived experience. Members also discussed an amendment to LD 1853, An Act to Support Improvements in Child Protective Services, that was adopted in March and the Panel's requirement to report out to the Health and Human Services Committee. Members continued work on their subcommittee topics.

MAY

Member Christine Alberi, Child Welfare Ombudsman and Guest Mark Moran, LCSW, Chair of the Child Death and serious Injury Panel (CDSIRP) provided the Panel with a presentation related to the data collection and trends within their annual reports. Legislative bill, LD 1824 To Establish the Commission to Develop a Pilot Program to Provide legal Representation to Families in the Child Protection System was passed, based on a 2021 Panel recommendation, and members agreed to submit nominations for a MCWAP representative. Members continued work on their subcommittee topics. The Father Engagement committee shared information about the completion of a father listening session.

JUNE

Member Kelly Dell'Aquila accepted the nomination by the Panel to represent MCWAP on the Commission to Develop a Pilot Program to Provide legal Representation to Families. Member Betsy Boardmen, Esq., provided an overview and update from the Justice for Children's Task Force. Members participated in the first annual review of outcomes of the OCFS response to Panel recommendations. Bobbi Johnson, Associate Director of Child Welfare Services with the Office of Child and

JULY AND AUGUST

Panel summer break. Subcommittees continued to convene virtually to work on their topics. An additional workgroup was formed to plan the Panel's annual retreat, which would be held in September 2022.

SEPTEMBER

The Panel hosted its 2022 Annual Retreat in person. Members reviewed and discussed strategic goals that were proposed by subcommittees for the Panel in 2023. The Panel also reviewed and discussed potential child welfare system recommendations to include in the annual report that were presented by subcommittees. The Panel received OCFS updates from Bobbi Johnson, Associate Director of Child Welfare, including system-wide efforts, Collaborative Safety Recommendations and implementation, OCFS Policy Updates, and the Maine CFSR and Federal Program Improvement Plan Updates.

NOVEMBER

Prior to the November meeting, Panel members shared articles about various national movements related to child welfare. The Panel engaged in a robust discussion about current movements and research related to child welfare. Panel members engaged in a discussion about the Family Team Meeting process including youth participation, agenda preparation, and strategies to ensure productive meetings. The Panel continued the ongoing bylaw discussion with a focus on the membership process.

OCTOBER

Members debriefed the retreat and discussed proposed language edits to the bylaws. The Panel reviewed the outcome of the electronic recommendation voting and determined that all recommendations would move forward for incorporation into the annual report. The Panel discussed citizen feedback received through the website, and the process with which the Panel responds. Members demonstrated interest in discussing Family Team Meetings as a full group, and the Panel

decided to pause subcommittee breakout time during upcoming meetings to discuss this topic.

DECEMBER

In December, the Panel received updates on the bylaws, the annual report, and the work of the Fatherhood Engagement subcommittee. Member Kelly Dell'Aquila, the designated MCWAP representative, provided a presentation on the recommendations of the Maine Legislature's Commission to Develop a Pilot Program to Provide Legal Representation to Families in the Child Protection System. Bobbi Johnson, OCFS Associate Director of Child Welfare, provided a presentation on the Family Team Meeting (FTM) Policy. Members volunteered to work with OCFS on the development of post-FTM surveys.

• PANEL MEMBERS 2022

Panel Co-Chair:

Debra Dunlap, MPH

Citizen Volunteer
Child, Youth and Family Services Consultant

Panel Co-Chair:

Ahmen Belanger Cabral, LMSW

Senior Policy Associate
Youth and Community Engagement Team
Muskie School of Public Service, USM

Panel Coordinator:

Jenna Joeckel, LMSWcc

Office of Child and Family Services
Dept. of Health and Human Services

DHHS-OCFS Representatives:

Bobbi Johnson, LMSW

Associate Director of Child Welfare
Office of Child and Family Services
Dept. of Health and Human Services

Todd A. Landry, EdD

Director Office of Child and Family Services
Dept. of Health and Human Services

Adrienne W. Carmack, MD

Medical Director
Office of Child and Family Services
Dept. of Health and Human Services

Brieanna Gutierrez

Communications and Compliance Manager
Office of Child and Family Services
Dept. of Health and Human Services

Tammy Roy

Child Welfare Project Manager
Office of Child and Family Services
Dept. of Health and Human Services

Panel Members:

Heidi Aakjer, MPA

Assistant Director
Maine Children's Trust

Christine Alberi, Esq.

Executive Director
Maine Child Welfare Ombudsman

Esther Anne

Policy Associate II
University of Southern Maine

Senator Donna Bailey

Member of Maine Legislature
Senate District 31

Betsy Boardman

Child Protection and Juvenile Process Specialist
Maine Judicial Branch

Travis Bryant

Executive Director
Adoptive and Foster Families of Maine

Susan Denoncour

Family Services Director
Community Concepts

Kelly Dell'Aquila

Family Centered Support Coordinator
The Opportunity Alliance

Ariel Gannon, Esq.

Assistant Attorney General
Chief of the Child Protection Division
Maine Office of the Attorney General

Maura Keaveney, Esq.

Assistant Attorney General
Child Protection Division
Maine Office of the Attorney General

Andrea Mancuso
Public Policy Director
Maine Coalition to End Domestic Violence

Melissa Martin
Public Policy and Legal Director
Maine Coalition Against Sexual Assault

Ashley Morrell, LMSW
Associate Ombudsman
Maine Child Welfare Ombudsman

Elizabeth McCullum
Guardian ad Litem
McCullum & McCullum

Debra McSweeney
Licensed Physical Therapist
Maine General Medical Center

Kris Pitts, MPS, MSW
Community Services Director
New Beginnings

Julian Richter
Parent Attorney
Richter Law

Erika Simonson
Child & Family Programs Coordinator
Maine Coalition to End Domestic Violence

The Panel would like to thank the following former members for their thoughtful contributions and years of service to the Panel:

Chris Bicknell
Executive Director
New Beginnings

Marie Briggs
Executive Director
BeLoved

Susan Clardy
Research Assistant
Maine Attorney General's Office

Lanelle Freeman
Social Services Director
Kennebec Valley Community Action Program

James Jacobs, Ph.D.
Psychologist, Edmund Ervin
Maine General Medical Center

Sarah Minzy
Family Services Director
Home Counselors, Inc.

Erin Whitham
Performance Management Coordinator
Maine Children's Trust

Annette Macaluso
Children's Advocacy Center Network Coordinator
Maine Coalition Against Sexual Assault

Cindy Seekins
Director
GEAR Parent Network

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

• ACKNOWLEDGEMENTS

The Panel is grateful to all of the Maine parents, caregivers, and youth who have shared their experiences and observations about the impact of the child welfare system on their families.

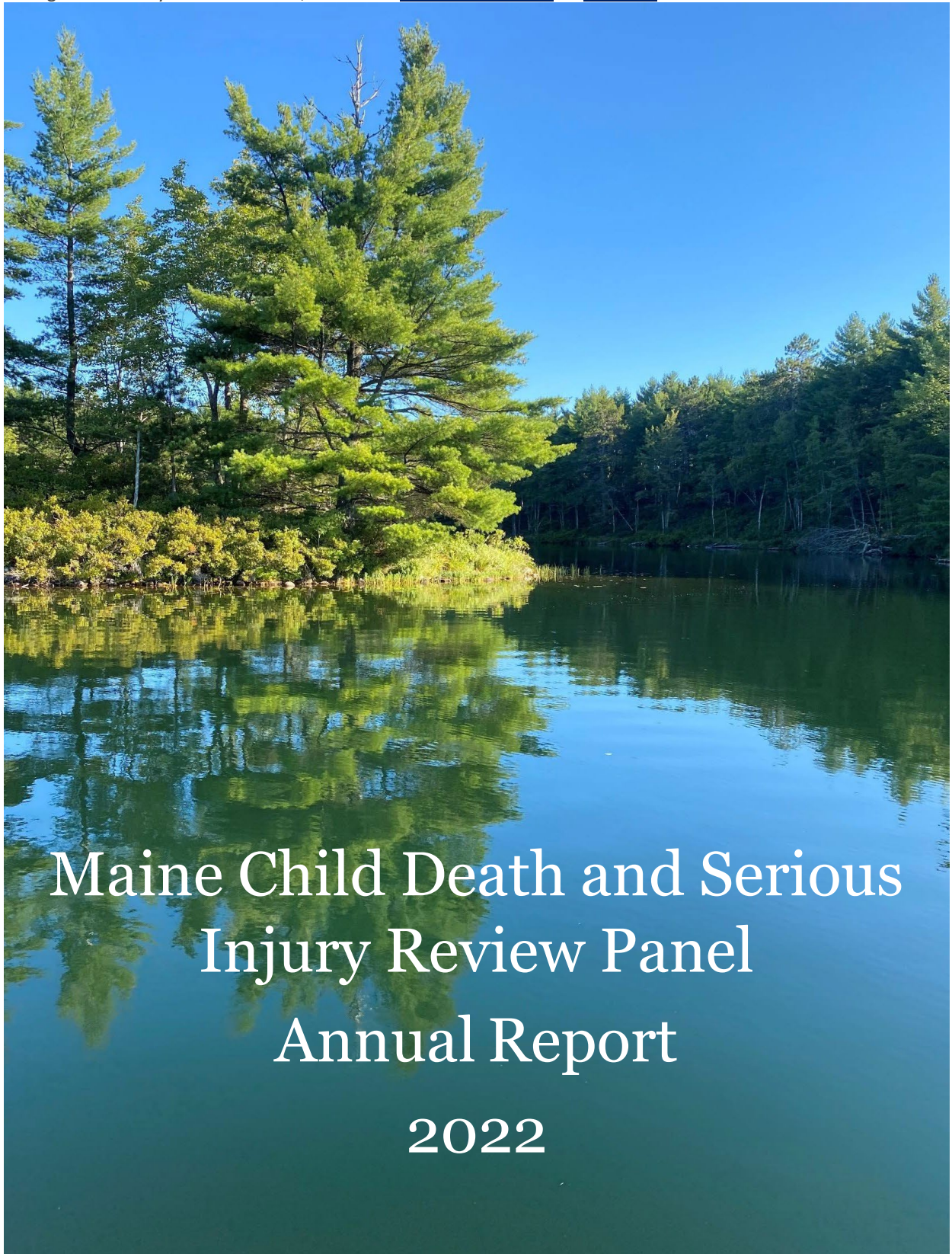
The Panel would like to thank the Maine Legislature, especially the Joint Standing Committees on Health and Human Services and Government Oversight, for their interest in MCWAP's activities and recommendations, and the Office of Program Evaluation and Government Accountability for their research on the advisory oversight work of Maine's citizen review panels. Members would also like to thank the other two citizen review panels, the Justice for Children Taskforce and the Child Death and Serious Injury Review Panel, for many collaborative efforts in 2022, and for the shared commitment to communicating regularly and working effectively together.

The Office of Child and Family Services continues to collaborate and dedicate time and resources to ensure the success and independence of the Maine Child Welfare Advisory Panel. Members are grateful for the technical support that Jenna Joeckel, CAPTA/CJA Coordinator provides for all Panel activities. The Panel would also like to thank Bobbi Johnson, Associate Director of Child Welfare, for her ongoing service and thoughtful partnership as Child Welfare liaison to the Panel, and Dr. Todd Landry, Director of the Office of Child and Family Services, for his regular participation in meetings and reports to the Panel.

There are many individuals and organizations working on the front lines every day to promote child safety and family well-being. The Panel would like to thank all of the caseworkers and supervisors of Maine's Office of Child and Family Services, Child Welfare Department, and the community providers who work alongside them in the broader child welfare system, for the service, care, and attention they provide each and every day to Maine's children, youth, and families.

Photo Credits

Cover: Spring Point Ledge Lighthouse, South Portland ME. Caleb Dunlap
<https://www.goodeymaine.com/> Pages 3, 10, 21: Portland Head Light, Cape Elizabeth ME.
Caleb Dunlap



Maine Child Death and Serious
Injury Review Panel
Annual Report
2022

The Child Death and Serious Injury Panel would like to thank all providers, DHHS staff and law enforcement that contributed to our reviews. Their participation enriches the work of the Panel. Without them, this report would not be possible.

All data analysis and writing for this report was completed by: Mark

Moran, LCSW

On behalf of

Maine's Child Death and Serious Injury Review Panel With support

from OCFS staff

Cover Photo Credit: Mark Moran Published 2023

*For inquiries related to this report, please contact the Maine
Department of Health and Human Services Office of Child and
Family Services*

207-624-7900

TABLE OF CONTENTS

Introduction from the Chair and Vice Chair	4
Panel Case Reviews and Additional Activities.....	6
CDSIRP Review Data	6
Injury Specific Observations	8
Ingestions	8
Unsafe Sleep Related Deaths	9
Seasonal Pattern Injuries.....	10
Systemic Observations	10
OCFS staff- workforce.....	11
OCFS staff- practice	11
Multidisciplinary child welfare system.....	13
Recommendations.....	14
Conclusion	15
Appendix A: 2022 Panel Membership.....	17

1. INTRODUCTION FROM THE CHAIR AND VICE CHAIR

The Maine Child Death and Serious Injury Review Panel (“CDSIRP” or “the Panel”) is a multidisciplinary team established by [statute](#) in 1992 to review child deaths and serious injuries. The statutory purpose of the Panel is “to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies and procedures.”¹ The Panel’s mission is to promote child health and well-being, improve child protective systems, and educate the public and professionals who work with children to prevent child deaths and serious injuries. The Panel accomplishes this mission through collaborative, multidisciplinary, comprehensive case reviews, from which recommendations to state and local governments and public and private entities are developed.

The Panel’s membership is also established by [statute](#). The CDSIRP leadership has historically viewed that list as a minimum, rather than complete list of members. In 2022, the Legislature added Maine’s Child Welfare Ombudsman to the list of required members, and representatives of that office began attending Panel meetings in September 2022. Recognizing that multidisciplinary perspective is crucial for comprehensive review and analysis of child deaths and serious injuries, the 2022 Panel was comprised of 34 professionals,² representing both public and private entities with an interest in the welfare of Maine’s children. These members generously volunteer their time and expertise to examine the most tragic cases encountered by the child welfare system. Additionally, members may be accompanied by students from their discipline. The proceedings and records of the Panel are [confidential](#)³ by statute, therefore all members and guests are required to sign a confidentiality agreement prior to participation in any Panel meeting. In 2022, the group met monthly in 9 of 12 months to conduct its work (the Panel does not meet during July and August and one meeting was cancelled due to weather). The Panel receives administrative support from the Office of Child and Family Services.

Traditionally, the Panel has met annually with the other Child Fatality Review Teams from New England and nearby Canada to share experience and information and review cases that involve systems from multiple states or that represent challenges faced by multiple states. After a pandemic related pause, this regional meeting was again held in Summer 2022. Finally, the Panel has also historically partnered with Maine’s Domestic Abuse Homicide Review Panel when appropriate, to cooperatively review cases in which children are killed in the context of adult domestic abuse dynamics. No joint reviews were completed in 2022.

This past year also saw the statutory addition of a specific reporting requirement for the Panel. While the statute now requires a report every two years, the Panel’s intent moving forward is to issue annual reports. Since larger systemic issues tend to be very complex,

become evident over longer periods of time, and take longer periods of time to improve, the Panel anticipates there will be some repetition of content themes from year to year. Persistent themes may not be presented in as much detail if they have been addressed in a prior Panel report. Additionally, the reader is referred to prior Panel reports for information about the Panel and its work that has not substantively changed from prior descriptions.

Finally, it is worth noting that the observations and recommendations contained in this report and future reports are not necessarily reflective of the totality of the Panel's discussions, observations, and recommendations. Aside from generating formal recommendations for system improvement, there is great value in specific-case-driven multidisciplinary conversation among those with expertise in children's welfare, particularly when such conversations include policy makers, practice influencers, and those who otherwise can create system change in less obvious or public ways. As a result, and even prior to the publishing of our annual reports, we are confident that our work has already contributed to case specific influence, broader policy considerations, and real-time education and alterations to practice, both for OCFS and other community partners.

In recognition of the commitment and dedication of the members of the Panel and in the hope that our recommendations continue to support and improve the welfare of Maine's children, we present the 2022 Child Death and Serious Injury Review Panel Report.



Mark Moran, LCSW
Chair



Amanda Brownell, MD
Vice Chair

¹ <https://www.mainelegislature.org/legis/statutes/22/title22sec4004.html>

² This includes any Panel member who was part of the Panel for any length of time in CY2022. See Appendix A.

³ <https://www.mainelegislature.org/legis/statutes/22/title22sec4008.html>

Panel Case Reviews and Additional Activities

In 2022, the Panel conducted five Level 3 (in depth) case reviews in addition to Level 1 (summary) reviews of all child deaths and serious injuries reported to OCFS from October 2021 through September 2022. In addition to its primary case review activities, the Panel also received presentations relating to pediatric ingestions and poisonings and implementation of the Safety Science Model.

The Panel Chair presented the first two quarterly updates to the Joint Standing Committee on Health and Human Services of the 130th Legislature, pursuant to [LD 1853](#). Additionally, multiple Panel members attended the New England Regional Child Fatality Review meeting in Hartford, CT.

CDSIRP Review Data

The figures below reflect the total numbers of child death (CD), serious injury (SI) and ingestion (I) reports received by OCFS in 2022, including those reported through OCFS' Intake unit and those that OCFS and the Panel learned about from the Office of the Chief Medical Examiner.⁴ These values may differ from data presented elsewhere, such as on the OCFS website, for a variety of reasons that include, but are not necessarily limited to, the following:

- Some reports to OCFS are screened out⁵ while others meeting intake criteria are assigned for investigation.
- Investigations by OCFS may or may not have resulted in findings of abuse or neglect.
- Investigations by OCFS may have resulted in a determination that a SI or I, while suspected at the time of report, did not, in fact, occur.
- Investigations by law enforcement may have led to criminal prosecutions that may still be ongoing.⁶
- In some cases, the OCFS website may reflect deaths that were not referred to CDSIRP because they had been reported earlier to CDSIRP as serious injuries.
- Data reported is based on the manner in which the data point is defined. Fatality data published on the OCFS website reflects all fatalities reported to OCFS during a given year if the family had previous involvement with child protective services, regardless of the cause of the fatality and regardless of the level of involvement the family had with child protective services or how long ago that involvement occurred.

⁴ Not all CD/SI/I are reported to OCFS

⁵ All reports are screened by Intake using a Structured Decision Making (SDM) tool and a determination is made regarding whether the report is appropriate for assessment. Not all CD/SI/I reports result in an investigation.

⁶ Normally, data related to ongoing or pending prosecution would be withheld. It is included here in aggregate because no case specific or otherwise identifying information is included.

2022 Child Fatality, Serious Injury, and Ingestion Totals

	Serious Injuries	Ingestions	Child Fatalities	Child Fatalities Initially Reported to OCFS as a Serious Injury or Ingestion	Total
January	12	5	3		20
February	9	4	2		15
March	23	9	5		37
April	11	9	3		23
May	23	9	7		39
June	11	9	7	1	28
July	18	4	2		24
August	15	10	2		27
September	24	6	6		36
October	26	7	6		39
November	19	13	6		38
December	12	5	4		21
Total	203	90	53	1	347

***Please note: Serious injuries or ingestions that happen in one month but are reported in a subsequent month are counted in the month in which they are reported.**

Annual Trends

These 2022 totals, as compared to 2021 data (presented in the Panel's 2021 [report](#)), represent increases of 23% in serious injury reports and 114% in ingestion reports. Annual serious injury reports to OCFS had been trending upward (131, 160, 158, and 191 per year) from 2017 to 2020, but dropped in 2021 to 165. The 2022 total resumes the multiyear increase seen prior to that drop. Ingestion reports to OCFS had been trending downward (51, 49, 32, and 31) over the same period, however increased to 42 in 2021 and have more than doubled in 2022.

Beginning with 2021 data, the Panel has reported total number of deaths of children under the age of 18 years that were reported to either or both OCFS and OCME. Child death numbers previously reported by the Panel had demonstrated relative stability from 2017-2020 (17, 20, 17, and 22 per year). However, these data included some, but not all child deaths reported to the OCME. The 2022 total child deaths (54) can only be viewed

in comparison to 2021's total (54).

By including all child deaths reported to the OCME in its reviews moving forward, the Panel hopes to gain a broader view of the causes of and contributing factors to child deaths.

Injury Specific Observations

Over the course of 2022, primarily through Level 1 reviews, the Panel has noted some types of injuries or incidents that were reported with more frequency than others. This is not an exhaustive list of what has been reported or reviewed, but rather some of those that garnered the attention of the Panel for their repetition. Also, the absence of specific types of injuries or incidents, particularly when identified in prior reports, should neither be interpreted to mean that those injuries or incidents were absent from the Panel's reviews this year nor that adequate systemic changes have necessarily been made to address those concerns.

Ingestions

Of the 90 ingestion reports received by OCFS in 2022, marijuana/THC accounted for 42. Sources of marijuana ingested by Maine children include, but are not necessarily limited to, cookies, brownies, butter, batter, chocolate bars, gummy bears, lemonade, lozenges, ice cream, dabs, and elements of marijuana plants. The Panel presented legislative testimony in April 2021 outlining concerns related to pediatric marijuana ingestions. That testimony was included as an appendix in the Panel's [2021 report](#). The Panel also offered recommendations related to marijuana ingestions in that report (p18).

Fentanyl accounted for another 7 ingestions in 2022. All of these were because of the presence of illicit (not prescribed) fentanyl in a child's home. Statistics documenting the substantial impact of fentanyl in Maine are [plentiful](#). Maine children are being significantly impacted as well, and Maine has seen related criminal prosecutions in the past year for incidents involving children's ingestion of fentanyl^{7, 8}. Despite the increased presence of fentanyl in Maine over the last several years, the Panel has learned during its reviews that not all healthcare facilities or providers of laboratory services employ urine toxicology testing that includes an assay for fentanyl. This can be extremely important, not just for the ability of medical personnel to provide optimal care, but also for investigative and protective entities' ability to ensure the safety of the child in the future, by accurately identifying a child's substance ingestion or exposure. Additionally, accurate testing of caregivers can result in critical data being available to assist OCFS staff as they make both safety planning and reunification decisions.

In the setting of increased opioid exposure among Maine youth, the availability of naloxone in the community has taken on new importance. Overdose reversal should no

longer be considered a remedy reserved for adults with opioid use disorder (OUD). Rather, the presence of naloxone in proximity to a pediatric patient with opioid ingestion could [save](#) a child's life. Maine [EMS protocols](#) (p112) include guidance for the provision of naloxone to pediatric patients with suspected opioid ingestions and the [FDA has said](#) that naloxone can be used by patients of any age, including children. Additionally, the FDA issued [new recommendations](#) to healthcare providers in 2020 that a naloxone prescription be considered not only for those prescribed an opioid pain reliever, those receiving medication for OUD, or those otherwise at risk for opioid overdose (such as having a current or past diagnosis of OUD), but also for patients who meet those criteria and have children in their homes. Naloxone is available through several community-based resources and the Panel encourages continued efforts to increase that availability throughout the state, consistent with FDA recommendations.^{9,10,11}

The Panel has observed a tendency among OCFS staff to be more focused on whether an ingestion (regardless of type) was “accidental/unintentional” or “intentional,” rather than on the context in which the ingestion occurs. This is the same dynamic the Panel has previously observed when examining firearm related injuries. A child is not necessarily safe in the care of an individual if the individual maintains an environment in which the child has easy access to firearms, drugs, or other mechanisms through which the child could suffer significant harm or be killed. Continuing to focus on a distinction based upon a caregiver's intention to harm or not harm a child, to the exclusion of the contextual caregiver behaviors that contributed to an ingestion or injury, risks missing important opportunities for secondary and tertiary prevention.

Finally, it is important to note that even with the increase in ingestion reports, not all injuries due to pediatric ingestions are reported to OCFS or to the Northern New England Poison Center (NNEPC). There is no specific standard mandated reporting requirement when a child presents with an ingestion. The Panel is unaware of any mechanism being used in Maine to monitor emerging trends in pediatric ingestions from the numerous entities who have this information, including, but not limited to, NNEPC, hospitals, medical providers, law enforcement, emergency medical providers, community-based service providers, and OCFS. The Panel expects that more complete data tracking would bolster the work of a well-structured, well-funded injury prevention program. Maine's lack of such a program was addressed in the Panel's 2021 [report](#) (p13-14).

⁹ <https://getmainenalozone.org/>

¹⁰ <https://knowyouroptions.me/>

¹¹ <https://mainedrugdata.org/find-naloxone-in-maine/>

Unsafe Sleep

The Panel, in its 2021 report, commented on an apparent decrease in unsafe sleep related deaths, which appeared to correlate with multiple efforts at both state and local levels to push preventive messaging into the community. In 2022, preliminary data suggests that improvement may have been temporary, as at least 9 Maine infants died in circumstances involving some element of an unsafe sleep environment. Given the relatively small numbers, these may not be statistically significant changes from year to year. Regardless, an unsafe sleep environment is an entirely modifiable circumstance that could save an infant's life, and even one preventable death is one too many. [Public statements](#) on the topic from high-ranking Maine officials have, in the past, sparked statewide conversation and raised awareness of the problem. The American Academy of Pediatrics (AAP) issued [updated recommendations](#) in 2022 for reducing infant deaths in the sleep environment, and ongoing public health messaging remains a critical component of prevention. The Panel recommends that Maine CDC, in partnership with the Office of the Attorney General (OAG) and Office of the Chief Medical Examiner (OCME), resume its efforts to disseminate public health messaging on safe infant sleep, incorporating guidance and recommendations from the AAP.

Seasonal-pattern injuries

As in prior years, the Panel has noted multiple deaths by drowning. The circumstances of these deaths vary, though their outcomes are all equally tragic. The American Academy of Pediatrics issued its most recent [policy statement](#) on the prevention of drowning in 2019.

Each year, the Panel observes multiple reports of injuries sustained involving the use of outdoor recreational vehicles, such as four-wheelers/ATVs and snowmobiles. The American Academy of Pediatrics, as with other injury types, provides [guidance](#) for parents and caregivers on the safe use of such machines.

Window falls are another common injury the Panel has come to expect each year as the temperature warms. To their credit, OCFS also anticipated this seasonal trend in 2022 and solicited the assistance of the Maine CDC to issue public health messaging on the topic. Various child-serving or injury prevention organizations offer [recommendations](#) to minimize the risk of such injuries.

Systemic Observations

Beyond specific injury types, over the course of its 2022 reviews, the Panel also noted larger systemic challenges that highlight opportunities for improvement. These improvement opportunities are not limited to Maine's OCFS, as they exist among the broader child welfare system. It is worth noting the issues mentioned below are rarely, if ever, able to be isolated as the single factor leading to a child's death or serious injury.

Also, the absence of specific observations or recommendations, particularly when identified in prior reports, should neither be interpreted to mean that those observations were absent from the Panel's reviews this year or that the recommendations are no longer valid, nor that adequate systemic changes have necessarily been made to address previously cited concerns.

OCFS staff- workforce

Again in 2022, the Panel noted a difference in quality of investigatory casework conducted outside normal business hours. The Panel recognizes that this likely reflects the acquired skill sets of individual OCFS employees (caseworkers and supervisors) who may not work primarily in roles that involve much, if any, investigation work. OCFS recognized the need to restructure the after- hours caseworker response system. The Governor proposed and the Legislature appropriated adequate funding in 2022 for 16 after-hours Children's Emergency Services positions. The Panel supports the establishment of these positions both as a method to build and maintain strong investigative skills among after-hours staff and as a mechanism through which to improve employee retention by eliminating mandatory after-hours coverage in addition to the standard 40-hour regular work week.

OCFS staff- practice

During summer 2021, Maine OCFS, with the assistance of Collaborative Safety and Casey Family Services, began using the Safety Science Model in individual case reviews. The use of safety science is now integrated in the standard review processes OCFS leadership utilizes to analyze adverse case outcomes. Essentially, safety science focuses on the systemic conditions in which decisions are made rather than seeking to find fault with an individual or assign blame. The feedback from OCFS staff who have participated in reviews using the safety science approach has been very positive. The Panel applauds OCFS' application of safety science to case reviews, particularly since it is consistent with the Panel's historical approach to case review. The Panel looks forward to having the input of OCFS safety science analysts as we review future cases for which a safety science review has already been completed.

Over many years, the Panel has seen repeated examples of the challenge in handling cases involving families that maintain only marginally safe and/or functional environments. Such environments may exist in the context of poverty, trauma, domestic violence, substance use disorders, cognitive challenges, and untreated or under treated mental health needs. These contextual features, when present, can be multigenerational. For these families, some degree of risk and safety concerns are frequently present. Those concerns are often of sufficiently low severity that OCFS involvement and legal intervention would be an inappropriately strong response, particularly considering that CPS intervention in a family is not a purely benign intervention¹². Periodically, a family's

circumstances change in a manner that escalates the concerns to a higher severity in which OCFS or legal intervention is warranted. Typically, in response to such an escalation of risk, a report is made to OCFS, who investigates and provides services or referrals to services to hopefully mitigate the concerns. While services are in place, the family may make some small functional improvements. These improvements may be sufficient to reduce the immediacy of the concern, and the level of risk and safety returns to a minimally tolerable level. The Panel has observed that in some cases, when OCFS closes their investigation and the services come to an end, the family returns to its precarious baseline. This pattern repeats cyclically over many years, sometimes over multiple generations, within a family. Circumstances infrequently escalate to “immediate risk of [serious harm](#),” necessitating immediate judicial intervention. If OCFS staff take an incident-based approach, the determination that no further intervention is appropriate is often made and the cycle continues. However, when viewed in the context of many years of simmering safety and risk concerns that periodically reach a high boil, an argument exists that the children may be in circumstances of “[jeopardy](#)” to their health and welfare. Herein lies the challenge: for families that are repeatedly involved with OCFS over multiple years, case files easily become hundreds, if not thousands of pages long. Going through a large volume of records, noting and extracting subtle themes, and tracking behavior and abilities of caregivers over time is difficult, time-consuming, and extremely detailed work. Caseworkers simply do not have the time, resources, and sometimes the skill and experience, to conduct a full review of this caliber.

¹² The degree to which CPS intervention may contribute to or exacerbate existing dysfunction within a family is not clearly delineated in the literature and requires further research.

Making lasting enhancements to a child's safety in complex, multigenerational situations even more difficult is the lack of an adequate system for clinical evaluation of OCFS-involved families. There have been different names for such a system over the years, though the most recent has been "CODE"- Court Ordered Diagnostic Evaluations. The current state of the CODE system in Maine is inadequate and ineffective. The Panel is currently aware of 3 CODE evaluators around the state. CODEs can take 6-9 months to secure, the questions posed to the evaluator often must be negotiated by the parties via their lawyers, and they are only an option once there is a pending PC (protective custody) case with the Court. If the results of such an evaluation include a recommendation for a more thorough evaluation, such as a neuropsychological evaluation of a parent, those can take another 12-14 months to secure. Ultimately, the clinician/provider the parent chooses to see to address the concerns identified in the CODE is under no obligation to follow the recommendations of the CODE evaluator or to even agree that the concerns identified are concerns at all. Maine needs a better system- one in which a reasonably available and skilled clinician can evaluate parental capacity, family functioning, and the clinical needs of the family to effectively drive the necessary reunification or removal-preventing services.

The Panel has observed that cultural barriers sometimes exist between OCFS staff and the families OCFS is seeking to serve. These barriers exist for many reasons, including language, trauma, mistrust and fear of authorities, and a limited understanding of important cultural components in a family system. These factors stand in the way of effective engagement with a family, which ultimately can impact the degree to which a family benefits from or even accepts an intervention or service being offered to assist them in enhancing a child's safety. The Panel is aware that OCFS partners with multiple cultural liaisons to build bridges with various communities and encourages the continuation of that work.

Multidisciplinary child welfare system

Law enforcement

In some cases, the Panel has observed what seems to be an increased tension between law enforcement (LE) and OCFS staff. Depending on the area of the state and the nature of a case, OCFS staff from a single district may need to coordinate their work with different units of the Maine State Police, the local sheriff's department, or any number of municipal police departments. During an investigation involving child maltreatment, LE and OCFS staff have different roles. Stated most simply, part of the role of LE is to determine whether a child has been a victim of a crime and if so, to seek appropriate consequences for the offender. Part of the role of OCFS staff is to determine if a child has been abused and/or neglected by a caregiver, and if so, to act to protect the child(ren) in question in the most appropriate manner. While these roles are performed most often in tandem and are

frequently complementary, that is not always the case. Typically, challenges arise when the required protocols of one partner are inconsistent with the protocols or best practices of the other. These circumstances can frequently be managed through good planning, a shared understanding of each other's needs, and a level of familiarity that encourages open communication. The Panel has noted that these conditions frequently exist at the highest organizational levels of the Maine State Police and OCFS, however the quality of those conditions can change as one progresses down the chain of command to regional, local, and case specific front-line staff in various agencies. One way to improve those conditions throughout the hierarchy of each agency is through joint training programs. Historically, OCFS and its LE partners have offered a "Cops and Caseworkers" training in various regions of the state. This afforded both parties an opportunity to get to know their counterpart in a non-crisis situation, to learn about the rationales behind policies and protocols on both sides, to observe the techniques and practices used by both groups, and to troubleshoot common points of conflict that arise in joint investigations. This training has not been offered for many years, and the Panel believes it could positively impact what appears to be a growing issue. There may be additional benefit to including State's attorneys, such as staff from local District Attorney's offices and Assistant Attorneys General from both the Criminal and Child Protection Divisions.

Medical care

The Panel has encountered several topics over the past year that fall squarely within the bounds of the anticipatory guidance that is provided by pediatricians and other primary care providers during well child visits. These visits are crucial opportunities to provide timely, relevant information to parents and caregivers in a non-threatening context. The education offered is an excellent example of primary prevention, and the Panel strongly supports children's attendance at these visits. However, the Panel has also noted that high risk families- those most in need of guidance and support- sometimes fail to regularly attend well child visits. Reasons for repeated missed appointments are, of course, quite variable. Some families will simply choose to not receive any traditional medical care in favor of a more naturopathic or homeopathic approach.

Others may not want to have further discussion about their immunization choices. Of greater concern to the Panel are those situations in which failure to attend regular well child visits is a red flag for more complex problems. Such problems might include substantial resource deficits, family violence, substance use disorders, or mental health challenges. These problems tend to be frequent findings in cases reviewed by the Panel and any opportunity to intervene prior to a child's death or serious injury is a good opportunity. Because of the importance of these visits, not just from a medical perspective, but also from a developmental, psychosocial, and prevention perspective, the Panel believes primary care providers should develop protocols for the review of frequently missed well child appointments and consider what outreach options exist to engage the family more effectively. Such options could include a social worker, care manager, or other similar professional situated within the primary care practice, as well as Public Health Nurses, who would be optimally positioned to attempt to engage the family at home or in the community. In circumstances in which reasonable efforts to re-establish the patient-provider relationship have been exhausted, the primary care provider must then consider whether extended absence from well child visits is sufficient cause to make a report to OCFS. Additionally, the Panel encourages OCFS to view frequently missed well child visits, particularly in the context of additional risk factors, as sufficient cause to investigate a child's safety more thoroughly in response to reported concerns.

Recommendations- Injury Specific:

2. All healthcare facilities and providers of laboratory services performing urine toxicology screening/testing should ensure the specific screens/tests being used can detect the presence of fentanyl and other synthetic opioids.
3. Maine's Director of Opioid Response should evaluate options for increasing the availability of naloxone in homes where children and opioids are present and make recommendations to the appropriate entities to affect such an increase.
4. The Panel's Executive Committee should work with members of Maine's Opioid Clinical Advisory Committee to develop recommendations for strategies to optimally address toxicology testing inadequacies in healthcare settings.
5. DHHS/CDC should develop a data tracking or monitoring mechanism to adequately collect data on all pediatric ingestions in Maine, to inform a more complete understanding of the current state of ingestion injuries.
6. DHHS/CDC, in partnership with OAG/OCME when appropriate, should resume its public health messaging on safe infant sleep, incorporating recent guidance and recommendations from the American Academy of

Pediatrics.

Recommendations- Systemic:

7. OCFS should continue to train staff to view incidents of potential or actual harm not simply from an intent perspective, but also from a negligence perspective, and in the larger context of a family's actions, capabilities, and protective capacities over time.
8. OCFS and Maine CDC should partner more regularly to highlight various seasonal or otherwise trending injury patterns via public health messaging.
9. OCFS should continue its provision of lockboxes to families with whom they are involved who have a need to secure potentially dangerous substances in the home. This should be offered both as a secondary and tertiary prevention measure.
10. The Governor should propose, and the Legislature should appropriate, adequate funding to the Maine CDC for the express purpose of re-establishing the Maine Injury Prevention Program, thus allowing pursuit of its mission.
11. OCFS should continue its use of safety science in its review of adverse case outcomes.
12. DHHS should develop a comprehensive, statewide, interdepartmental child abuse and neglect prevention plan that includes data monitoring and outcome measures, to ensure prevention activities are achieving the desired goals.
13. OCFS should continue efforts to recruit and retain after-hours investigators.
14. OCFS and its law enforcement partners should continue efforts to develop/deliver interdisciplinary training to law enforcement and OCFS staff around the state.
15. OCFS should develop a protocol for in depth review and assessment of chronically maltreating families who repeatedly come to the attention of OCFS over a long period of time.
16. OCFS, OBH, and OAG should work together to develop a functional system of evaluators for complex child maltreatment cases in all areas of the state.
17. Pediatric primary care providers should develop protocols within their practices for the review of cases in which children frequently or repeatedly miss scheduled well child visits and consider within those protocols what resources could be employed to engage a patient/family more effectively and whether a report to OCFS is appropriate when those resources have been exhausted.
18. OCFS should view repeated missed well child appointments as sufficient

cause to investigate a child's safety more thoroughly, particularly in the context of additional risk factors.

Conclusion

As has always been the case, child deaths and serious injuries frequently follow earlier opportunities for prevention. A well-functioning child welfare system must be able to take advantage of those opportunities when they are present and create opportunities where none exist. Many of the recommendations presented in this year's report are related to maximizing the likelihood that prevention activities are well-timed, relevant, and effective. The Panel is committed to continuing its work as one of Maine's Citizen Review Panels to examine these most challenging cases with the goal of identifying additional opportunities for systemic improvement. We are grateful to all those who are part of the child welfare system, both within OCFS and outside of it, who join us in this endeavor, and we look forward to a day when our work may no longer be necessary.

Appendix A: 2022 Panel Membership

Mark Moran, LCSW, Chair

Social Services Manager, Northern Light Eastern Maine Medical Center CASA Guardian ad Litem, Maine CASA

Amanda Brownell, MD, Vice Chair

Medical Director, Spurwink Center for Safe and Health Families

Jenna Joeckel, LMSW-CC, Panel

Coordinator Maine Office of Child and Family Services

Christine Alberi, Esq.

Child Welfare Ombudsman

Jason Andrews

Detective Sergeant, Major Crimes Unit- Central, Maine State Police

Amy Belisle, MD, MBA, MPH

Chief Child Health Officer, Maine Department of Health and Human Services

Betsy Boardman, Esq.

Child Protective and Juvenile Process Specialist, State of Maine Judicial Branch

Rachel Burrows, PhD

Psychologist, Edmund N. Ervin Pediatric Center

Adrienne Carmack, MD

Medical Director, Maine Office of Child and Family Services

Lauren Edstrom

Detective, Maine State Police, Major Crimes Unit- South

Matthew Foster, Esq.

District Attorney, Hancock and Washington Counties

Liam Funte, MD

Deputy Chief Medical Examiner, Office of Chief Medical Examiner

Ariel Gannon, Esq.

Chief, Child Protection Division, Maine Office of the Attorney General

Brieanna Gutierrez

Communications and Compliance Manager, Maine Office of Child and Family Services

Sandi Hodge

Retired Child Welfare Professional

Bobbi Johnson, LMSW

Associate Director of Child Welfare Services, Maine Office of Child and Family Services

Todd Landry, Ed.D.

Director, Maine Office of Child and Family Services

Jeffrey Love

Lieutenant, Maine State Police, Major Crimes Unit- North

Marianne Lynch, Esq.

District Attorney, Penobscot and Piscataquis Counties

Nicholas Miles, MD, MSc

Child Abuse Pediatrician, Spurwink Center for Safe and Healthy Families

Sarah Miller, PhD, ABPP

Director, Maine State Forensic Service

Ashley Morrell, LMSW

Associate Child Welfare Ombudsman

Tessa Mosher

Director of Victim Services, Maine Department of Corrections

Karen Mosher, PhD

Retired community mental health professional

Sheila Nelson, MSW, MPH

Suicide Prevention Program Manager, Maine Centers for Disease Control and Prevention

Geoff Parkin, Esq.

Assistant Attorney General, Child Protection Division, Office of the Attorney General

**Hannah Pressler,
DNP**

Pediatric Nurse
Practitioner

Tammy Roy, LSW

Child Welfare
Project Manager,
Maine Office of
Child and Family
Services

Kaela Scott, Esq.

GAL Services
Coordinator, State
of Maine Judicial
Branch

Erika Simonson

Child and Family
Programs
Coordinator, Maine
Coalition to End
Domestic Violence

Nora Sosnoff, Esq.

Chief, Child
Protection Division,
Maine Office of the
Attorney General

**Christine Theriault,
LMSW**

Family First
Prevention Services
Manager, Maine
Office of Child and
Family Services

Briana White, Esq.

Assistant Attorney
General, Child

Protection Division, Maine Office of the Attorney General

Leane Zainea, Esq.

Assistant Attorney General, Criminal Division, Maine Office
of the Attorney General

Janet T. Mills
Governor

Jeanne M. Lambrew,
Ph.D. Commissioner



Maine Department of Health and Human Services
Commissioner
's Office 11
State House
Station 109
Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

**MEMOR
ANDUM**

TO: Maine Child Death and Serious Injury

Review Panel **FROM:** Maine Department of Health

and Human Services **DATE:** March 3, 2023

SUBJECT: Comments on Maine Child Death and Serious Injury Review Panel 2022 Report

The Maine Department of Health and Human Services, particularly the Offices of Child and Family Services (OCFS), Behavioral Health (OBH), and Maine Center for Disease Control and Prevention (CDC) extends appreciation to the Maine Child Death and Serious Injury Review Panel members for their ongoing work to review cases and formulate recommendations that educate constituencies and inform Department goals and strategic priorities for system transformation to increase the safety, stability, health, and happiness of families in Maine. The Department is committed to continued efforts to implement the recommendations outlined in the 2022 Annual Report in collaboration with the Panel and other stakeholders. This response seeks to provide additional context and information related to the recommendations directed to the Department of Health and Human Services.

I. Injury Specific Observations and Recommendations

Ingestions

Recommendation (3): DHHS/CDC should develop a data tracking or monitoring mechanism to adequately collect data on all pediatric ingestions in Maine, to inform a more complete understanding of the current state of ingestion injuries.

DHHS/CDC Response: The Maine CDC Adolescent Health and Injury Prevention Program (AHIP) currently monitors data from the Maine Hospital Data Organization on emergency department visits and hospital discharges for a range of injury-related causes, including poisoning. This data could be used to conduct additional analysis of pediatric ingestions that present to the emergency department, but additional resources would be necessary for that analysis to be conducted. Additionally, the Maine CDC AHIP funds the Northern New England Poison Center (NNEPC), and monitors data on NNEPC calls related to ingestions among children.

Unsafe Sleep

Recommendation (4): DHHS/CDC in partnership with the OAG/OCME when appropriate, should resume its public health messaging on safe infant sleep,

incorporating recent guidance and recommendations from the American Academy of Pediatrics.

DHHS/CDC Response: The Maine CDC recently went through the competitive procurement process for some of its mass-media public health messaging; this included the safe infant sleep campaigns.

Messaging will resume upon final execution of the agreement, which should happen in the next 30-45 days.

II. Systemic Observations and Recommendations

Recommendation (5): OCFS should continue to train staff to view incidents of potential or actual harm not simply from an intent perspective, but also from a negligence perspective, and in the larger context of a family's actions, capabilities, and protective capacities over time.

DHHS/OCFS Response: Through the use of the OCFS Structured Decision Making tools, staff are guided to make comprehensive, factually supported decisions that consider safety factors, risk factors, and the totality of the information obtained from parents, children, extended family, and other collateral sources of information. As new caseworkers join the agency, they receive training and coaching support through the Foundations curriculum delivered collaboratively by OCFS and the Catherine Cutler School of Public Policy at USM, as well as from their supervisors throughout their employment. In addition to the knowledge and skills that OCFS CPS Supervisors bring to the position, they also participate in the Supervisory Academy Training which focuses on education, administrative support, coaching and the use of child welfare tools and data to evaluate casework practice. In collaboration with the Catherine Cutler Institute of Public Policy, OCFS is expanding on this training with an overarching Supervision Framework that includes a supervision policy, supervisory competencies, the Supervisory Academy Training, and supervision tools and resources.

Recommendation (6): OCFS and Maine CDC should partner more regularly to highlight various seasonal or otherwise trending injury patterns via public health messaging.

DHHS/OCFS Response: OCFS and the Maine CDC work collaboratively to identify and address issues that fall within the purview of both agencies, such as unsafe sleep, drownings, deaths by suicide and falls from windows. One such example is public service announcements that were disseminated last summer after the Department received multiple reports of children falling out of windows. Both agencies are committed to continuing these efforts.

Recommendation (7): OCFS should continue its provision of lockboxes to families with whom they are involved who have a need to secure potentially dangerous substances in the home. This should be offered both as a secondary and tertiary prevention measure.

DHHS/OCFS Response: OCFS, in partnership with other DHHS Offices, continues to

distribute safe storage lockbox resources for families involved with OCFS during both investigation and the ongoing case process. This is one strategy of many that the Department is utilizing to address and support families impacted by substance use.

Recommendation (8): The Governor should propose, and the Legislature should appropriate, adequate funding to the Maine CDC for the express purpose of re-establishing the Maine Injury Prevention Program, thus allowing pursuit of its mission.

DHHS/CDC Response: The Maine CDC Adolescent Health and Injury Prevention Program (AHIP) does not currently receive any state or federal funding to support injury prevention activities except those related to suicide prevention. To the extent possible, AHIP works collaboratively with other injury prevention stakeholders to promote effective interventions and conduct surveillance activities. Without additional infrastructure, AHIP is unable to take a coordinating role in the prevention of unintentional injury.

Recommendation (9): OCFS should continue its use of safety science in its review of adverse case outcomes.

DHHS/OCFS Response: OCFS continues to implement the Maine Safety Science Model (MSSM). In addition to the case review process, OCFS has facilitated orientation sessions for staff and the community, begun leadership training, and in 2023 will implement the use of this model in continuous quality improvement and licensing processes. OCFS is committed to understanding systemic factors influencing child welfare casework practice and the safety of children in Maine.

Recommendation (10): DHHS should develop a comprehensive, statewide, interdepartmental child abuse and neglect prevention plan that includes data monitoring and outcome measures, to ensure prevention activities are achieving the desired goals.

DHHS Response: The Department, in partnership with the Maine Child Welfare Action Network, is developing the framework for a statewide child and family well-being plan focused on the primary, secondary, and tertiary prevention of child abuse and neglect. The workgroup will seek the input of additional stakeholders in the development of the plan.

Recommendation (11): OCFS should continue efforts to recruit and retain after-hours investigators.

DHHS/OCFS Response: OCFS partnered with frontline staff to research and develop the after- hours emergency coverage structure that now exists, and Governor Mills included 16 CPS caseworkers and three CPS supervisor positions in the 2022 supplemental budget to create this unit. To date, OCFS has hired the three regional supervisors and 13 of the 16 caseworker positions for after-hours coverage. All staff have been trained and are working their assigned shifts. The original workgroup

continues to meet to review after-hours practice, identify areas of success, and address implementation challenges.

Recommendation (12): OCFS and its law enforcement partners should continue efforts to develop/deliver interdisciplinary training to law enforcement and OCFS staff around the state.

DHHS/OCFS Response: OCFS, law enforcement, medical providers, and legal representatives have continued to meet in response to a recommendation by Casey Family Program and Collaborative Safety in their 2021 report that recommended the development of joint protocol agreements and increased collaborative efforts to jointly investigate allegations of child abuse and/or neglect. This group has met for the past year and developed proposed legislation to improve information sharing. Additionally, law enforcement and CPS are developing a “Cops and Caseworkers Training” to build relationships between staff at the local level and work toward a common understanding of issues impacting families.

Recommendation (13): OCFS should develop a protocol for in depth review and assessment of chronically maltreating families who repeatedly come to the attention of OCFS over a long period of time.

DHHS/OCFS Response: OCFS agrees that there should be resources available to evaluate families with a chronic history of maltreatment and unsuccessful interventions. Court Ordered Diagnostic Evaluation (CODE) provide comprehensive psychological evaluations and full case file reviews. Currently, CODE services are not readily available in each community with only 3 psychologists trained to perform the evaluations statewide and waitlists of 6-9 months. Decisions regarding which families could benefit from this service are made jointly by OCFS and the OAG. OCFS has proposed a budget initiative in the Governor’s proposed budget to increase oversight of the CODE program and increase the rate for these evaluations with the goal of expanding the number of evaluators and improving the accessibility of CODEs. For families with no court intervention, district staff may request a team decision making meeting with the Program Administrator or a case review for families with complex histories.

Recommendation (14): OCFS, OBH, and OAG should work together to develop a functional system of evaluators for complex child maltreatment cases in all areas of the state.

DHHS/OCFS Response: OCFS has proposed a budget initiative in the Governor’s proposed budget that would improve the system for Court Ordered Diagnostic Evaluation (CODE).

Oversight of the service would be moved to the State Forensic Service which would employ a qualified professional to oversee the program and train evaluators to bolster the roster of qualified evaluators statewide. The rate for CODEs would also be increased to bring it in line with the rate paid for other State Forensic Service

evaluations, which would further incentivize professionals to complete the training and take on this work.

Recommendation (16): OCFS should view repeated missed well child appointments as sufficient cause to investigate a child's safety more thoroughly, particularly in the context of additional risk factors.

DHHS/OCFS Response: DHHS agrees that medical providers play a crucial role in the primary prevention of child abuse and neglect and that a family's failure to attend well child appointments should be viewed in the context of safety and risk when allegations meet the threshold for child welfare intervention. Issues such as missed well child appointments are one of many factors assessed as part of a comprehensive investigation through the collateral contact that is conducted during the investigation process, although it does not, in and of itself, necessarily constitute child abuse and/or neglect. Families have the responsibility to ensure the safety, health and well-being of their children and in doing so have the right to determine the frequency and type of treatment so long as it does not cross the threshold to meet the definition of child abuse and/or neglect.

MAINE JUSTICE FOR CHILDREN TASK FORCE 2022 REPORT TO THE SUPREME JUDICIAL COURT

Submitted by the Maine Justice for Children Task Force

January 15, 2023

I. Table of Contents

Introduction

1

I. Meetings 1

II. Strategic Plan 2

A. *Information Sharing*
2

B. *Development and Implementation of Curriculum for Parents Involved in the Child Welfare System*
3

C. *Race and Equity Data Assessment*
5

III. Continuing Education Subcommittee 7

Conclusion

8

II. Introduction

The Maine Justice for Children Task Force (the “Task Force”) is a collaborative multidisciplinary Task Force convened by the Maine Judicial Branch whose mission is to improve safety, permanency, and well-being for children in the State of Maine child welfare system. The members of the Task Force include representatives of the legislative, judicial, and executive branches, advocates for children and parents, foster parents, and other individuals involved in the child welfare system.

The Task Force is charged with identifying opportunities for systemic improvement within the child welfare system that could improve outcomes for children and using that information to develop joint solutions among child welfare system partners. Once opportunities for improvement are identified, the Task Force prioritizes those issues and develops joint solutions to help capitalize on those opportunities.

The Task Force is chaired by the Chief Justice of the Supreme Judicial Court who also appoints members of the Task Force. Pursuant to its charter, the Task Force submits this report to the Supreme Judicial Court on the work of the Task Force from January 1, 2022 to December 31, 2022.

III. Meetings

The Task Force met quarterly (March, June, September, and December) in 2022. All meetings were held virtually. Most Task Force meetings featured updates by its members, including leaders from the Maine Judicial Branch, the Office of Child and Family Services (OCFS), the Office of the Attorney General, and the Maine Commission on Indigent Legal Services. The updates focused, in part, on the current state of the child welfare system, data sharing on open child welfare

investigations, new child welfare court filings, and workforce statistics and needs. In addition to updates, Task Force meeting attendees received updates on action steps taken on strategic plan initiatives and provided recommendations for follow up as needed.

Additional topics discussed at the Task Force meetings throughout 2022 included: (1) continued communication about pandemic related struggles, processes, and guidance; (2) data sharing with a focus on the number of children in care as well as new child welfare court filings; and (3) discussion of various training opportunities. These discussion items are ongoing and will continue to be a focus of the Task Force in 2023.

IV. Strategic Plan

The Task Force's 2022 strategic plan focused on three projects: (1) information sharing between citizen review panels and the legislature; (2) implementation and facilitation of a virtual child welfare parent curriculum; and (3) a race and equity data assessment. A workgroup for each project was formed and convened approximately monthly throughout the year. All workgroups had Task Force members, nonmember individuals from stakeholder organizations, and interested community members.

A. Information Sharing

The Task Force is convened as one of three citizen review panels required under CAPTA. The other two panels are the Maine Child Welfare Advisory Panel (MCWAP) and the Child Death and Serious Injury Review Panel (CDSIRP). The three panels aim to conduct complementary work without duplication. Therefore, information sharing among the panels is paramount for both collaboration of panel goals and outcomes. Throughout 2022, the Justice for Children Task Force meetings provided a collaboration space for all three Maine Citizen Review Panels. Both MCWAP and the CDSIRP regularly joined the Task Force to provide information on the

individual panel's work and to present on each panel's annual reports and system recommendations. A representative from the Justice for Children Task Force provided similar updates to the other two panels.

A chair/designee from all three panels continued to meet throughout 2022 on a quarterly basis with a focus on effective communication among panels, ensuring that statutory functions are faithfully discharged, and identifying opportunities to support and collaborate on specific panel strategic plan items or efforts. All three panels have provided quarterly updates to the Government Oversight Committee at the Maine State Legislature.

B. Development and Implementation of Curriculum for Parents Involved in the Child Welfare System

In August 2020, the Task Force added the development of information sessions for parents involved in the child welfare system to the Task Force's strategic plan. The goal of the curriculum is to offer optional classes focused on understanding child welfare agency processes, court procedures, and suggested practices for parents to implement to be successful throughout a child welfare case. A workgroup was created and began meeting in December 2020.

In late 2021, the committee secured funding for The Opportunity Alliance (TOA) to implement a one-year pilot project for information sessions entitled *Child Protection 101: For Parents, By Parents* ("CPS 101"). The workgroup, in collaboration with TOA, developed a work plan, created a curriculum outline, and engaged system partners for participation in pre-recorded video segments to be used at all sessions. Each two-hour information session is led by a parent with experience in the child welfare system or a parent who has navigated multiple systems and includes:

- An introduction to child protective service professionals;
- Explanation of the court process;

- Tips for parents on how to successfully engage in the child welfare process and how to respond to conflict; and
- Contact information for helpful resources and information.

In 2022, TOA offered the information sessions to parents on 21 different occasions with 52 parent participants. In addition to parent information sessions, TOA offered CPS 101 information sessions to child welfare system partners including: (1) Cross Cultural Community Services; (2) Maine Coalition to End Domestic Violence; (3) Maine Commission on Indigent Legal Services; (4) Maine Chapter of American Academy of Pediatrics Foster Care Committee; (5) various OCFS district staff (approx. 200 staff); (6) provider specific sessions; (7) Portland Community Policing; (8) Maine Judicial Branch Child Welfare conference; (9) Southern Maine Women's Re-entry Center staff; (10) Supportive Visitation Programs; (11) Maine Children's Alliance; (12) Penquis Parent Education staff; (13) Colby College; and (14) Maine Behavioral Health Family Peer Services.

Data collection for this pilot project has been an important focus of the workgroup. Data collection instruments and data sets include: (1) pre- and post- parent surveys; (2) time to permanency; (3) participation in family visitation; (4) participation and engagement in reunification services; and (5) attendance at court proceeding. All the above data points will be collected for individuals who have participated in the information sessions. Additionally, at the end of the pilot project, the same data points will be collected for a random sampling of cases for parents who did not participate in the CPS 101 information sessions. All data will be deidentified and analyzed to determine if participation in the class influenced overall case participation, reunification rates, and timeliness to permanency.

The primary data collection to date has focused on the pre and post surveys that all parent

information session attendees are asked to complete to gauge the participants’ initial knowledge base as compared to post participation. The below chart includes pre and post survey results for 37 of the 52 participants. The selected questions from the survey specifically address the participants’ knowledge and understanding of the child welfare process on a scale from 1 to 5 (with 1 being the lowest and 5 being the highest score) before and after the information session.

Question:	Pre-CPS 101 Average Score (on a scale from 1 to 5)	Post CPS 101 Average Score (on a scale from 1 to 5)
I have an understanding of how the child protective system works.	2.7	4.2
I understand who is on my child protective services team and what they each do.	3.1	4.4
I have an understanding of what I need to do to reunify my family.	3.4 (35/35) (2 children in parents’ care; 1 no response)	4.2 (34/34) (4 children in parents’ care)
I feel hopeful about my child protective services involvement	3.5 (37/37) (1 no response)	3.9 (38/38)

C. Race and Equity Data Assessment

In March of 2021, the Task Force identified the need to assess data collection regarding race and other important markers of equity by the Maine Judicial Branch and the agencies that interface with the child protection system. As a result, the Task Force formed the Race and Equity Data Collection Subcommittee (R&E Subcommittee). Members of the R&E Subcommittee include representatives from the Maine Judicial Branch, the Department of Health and Human Services, Department of Corrections, Department of Public Safety, and Department of Education (collectively referred to as “Project Partners”), the Maine State Legislature, and various other community organizations.

The goal of the R&E Subcommittee is to better understand what systems are in place for the

collection and sharing of aggregated data on various data points in order to inform policy decisions, measure fairness and equity, and provide the courts and agencies with data about the people and populations they serve. The data point set that is the subject of the assessment includes: race, ethnicity, connection with tribe/band/nation, enrollment or eligibility for enrollment with federally recognized tribe(s), sexual orientation, income, location, gender, gender identity, and disability (“data point set”).

In October of 2021, Public Consulting Group (PCG) was hired through the competitive request for proposal (RFP) process to create a data mapping inventory and produce a final report with findings and recommendations. Throughout 2021 and the first half of 2022, PCG conducted 15 interviews with leadership and staff of the Project Partners who have specific roles that relate to the collection, storage, reporting, and sharing of the ten identified data point set items. As needed follow-up contact was conducted via email. Additionally, PCG conducted a literature review of best practices and strategies for data sharing and data consistency among system partners. Finally, PCG interviewed six national experts in data sharing to gather information about barriers and challenges to sharing aggregate data, determinants to successful information-sharing collaboratives, and strategies for encouraging buy-in from necessary partners.

The PCG work product consists of two reports: the Data Mapping Inventory and the Final Report. Both reports were issued in September 2022 and distributed to Task Force members. An overview of both reports was provided to the R&E Subcommittee prior to release of the final reports and an overview of the two final reports was provided to the full Task Force by the subcommittee co-chairs at the December 2022 meeting.

The Data Mapping Inventory Report provides an overview of the current systems and processes for the collection of the data point set by Project Partners. The report provides a definition for

all data point set items and notes where there is and is not consistency among Project Partners in nomenclature, availability to collect and store the information, and existing requirements for data sharing and reporting.

The Final Report includes: (1) a review of the national landscape of data sharing including literature review and interviews with national experts; (2) identification of data-sharing models currently being used in other locations with a focus on strengths and disadvantages of each model; and (3) recommendations focused on two areas, including, increasing the availability of client-level data and evaluation of client-level data to ensure consistent data collection.

The R&E Subcommittee will continue to meet regularly to analyze the PCG reports and determine appropriate next steps.

V. Continuing Education Subcommittee

In addition to pursuing the three projects identified in the Task Force's strategic plan, the Task Force also assisted in the planning of the Maine Judicial Branch's annual child protective conference through its Continuing Education Subcommittee (CES). The CES meets to help plan the annual child protective conference every year. With the continuation of the COVID-19 pandemic, the CES again decided to host a virtual conference. The title of the 2022 conference was *The Effects of COVID-19 on the Child Welfare System and Trauma-Informed Practice*. The conference was held on Thursday, October 27, and Friday, October 28.

Sessions throughout the first day of the conference focused on how the entire child welfare system can better serve families based on experiences and practices that were developed because of the pandemic. For example, a panel of system partners discussed how the pandemic changed how they served families and what portions of the change proved to be beneficial and what changes raised challenges. In addition to focusing on pandemic related issues, throughout

the first day of the conference, system partners including the Maine Judicial Branch, the Office of Child and Family Services, and the Maine Commission on Indigent Legal Services provided systemwide updates.

The second day of the conference focused on trauma-informed practices. Sessions focused on what trauma looks like for the adults the child welfare system serves as well as the children. One session focused on how professionals engaged in this work can care for themselves to continue doing work in this important area. Finally, information on trauma-based treatment options currently available in Maine was shared with attendees.

Overall, the two-day conference provided attendees with the opportunity to earn 10.5 general continuing legal credits/continuing professional education credits, one ethics credit, and one and a half harassment and discrimination credits. The CES received very positive feedback on the conference and is in the early stages of planning the 2023 spring conference.

VI. Conclusion

Throughout 2022, the Task Force focused on systemic improvements including: (1) information sharing among Citizen Review Panels; (2) educating system involved individuals on processes and practices to help improve case outcomes and system knowledge; (3) multisystem data analysis to help Project Partners assess fairness and equity for system-involved families and children; and (4) continuing to gather all system partners to participate in learning opportunities focused on the interconnectivity of all parts of the system and how coming together to form joint processes and solutions makes the system stronger and ultimately benefits families. We would like to thank all the Task Force members for their past and ongoing meaningful collaboration and work to support the child welfare system.