

**FINAL REPORT OF THE CHILD AND FAMILY SERVICES PILOT
REVIEW**

**CONDUCTED BY THE ADMINISTRATION FOR CHILDREN AND
FAMILIES AND THE MAINE DEPARTMENT OF HUMAN SERVICES,
BUREAU OF CHILD AND FAMILY SERVICES**

**Report completed by the Administration for Children and Families
U.S. Department of Health and Human Services
Region I**

INTRODUCTION

The Administration for Children and Families (ACF) has developed a new strategy for reviewing Federally-assisted child and family services in the States that takes a holistic and comprehensive view of Federally-funded public child and family service programs. The new monitoring strategy will cover the range of Federally-funded child welfare programs, including child protective services, foster care, adoption, independent living, and family support and preservation services. The reviews are designed to encourage Federal/State partnerships in identifying and working toward improved outcomes for children and families, promoting family-focused practice principles that are likely to lead to improved outcomes, providing opportunities for States to receive technical assistance where needed, and assisting States to become self-evaluating over time.

In contrast to previous Federal reviews of State child welfare programs, which focused primarily on procedural requirements, the new review process measures the outcomes, or results, of services delivered to children and families in the States. The areas identified for measurement are *safety*, *permanency*, and *child and family well-being*. Within each of these broad domains, more specific outcomes have been developed that reflect the mission of child welfare programs to provide protection for abused and neglected children, permanency for children who must enter foster care, and support for families whose children are at risk of abuse or neglect. The specific outcomes being examined in the new review process are:

SAFETY

- (1) *Children are, first and foremost, protected from abuse and neglect.*
- (2) *Children are safely maintained in their homes whenever possible and appropriate.*

PERMANENCY

- (1) *Children have permanency and stability in their living situations.*
- (2) *The continuity of family relationships and connections is preserved for children.*

CHILD AND FAMILY WELL-BEING

- (1) *Families have enhanced capacity to provide for their children's needs.*
- (2) *Children receive appropriate services to meet their educational needs.*
- (3) *Children receive adequate services to meet their physical and mental health needs.*

In addition to case outcomes, the review process also examines systemic factors. These include:

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- (1) *Statewide information system*
- (2) *Case review system*
- (3) *Quality assurance*
- (4) *Training*
- (5) *Service array*
- (6) *Agency responsiveness to the community*
- (7) *Foster and adoptive parent licensing, recruitment and retention*

The Maine Department of Human Services (DHS), Bureau of Child and Family Services (BCFS), agreed to participate in piloting the new child welfare review process in Maine, which allowed ACF the opportunity to join with the State in examining its programs using the proposed review strategy. The review was structured to provide an assessment of Maine's child welfare system, identify areas where the system was or was not achieving the desired outcomes, and provide technical assistance in the areas that will be most useful to the State.

Key activities in the review process included the following:

- State staff completed a State self-assessment of its child welfare system, with consultation from the Administration for Children and Families (ACF) Central and Boston Regional Offices.
- Members of the State review team selected three local sites in Maine for on-site review activities: Augusta, Lewiston, and Ellsworth. The on-site portion of the Maine review took place during the week of August 23, 1999.
- A 30-person on-site review team (see Appendix) was divided into three local teams. Review team activities included examining 41 case records, and interviewing children, parents, foster parents, social workers, and service providers involved in each case; interviewing stakeholders in the local sites; and analyzing pertinent State documents, including the State's Child and Family Services Plan.
- The results of the State's self-assessment, the on-site record reviews, and the stakeholder interviews were integrated by the review team into this report, along with the team's recommendations for addressing the needs identified in the review.

The following report is divided into two major sections: (I) Individual Case Outcomes; and (II) Systemic Factors. Each section contains a summary of findings regarding the Agency's strengths and areas for improvement for each outcome, along with key recommendations. The ACF Regional Office in Boston will be working with the Bureau of Child and Family Services to determine which of the recommendations can be best addressed through immediate technical assistance, and which will require more extensive response, planning and commitment of time and resources by the State.

SUMMARY OF KEY RECOMMENDATIONS

Based on existing strengths and the findings of the review, the Review Team recommends that the Department of Human Services address the identified needs in the following way:

Safety

- Establish clear policies and expectations concerning interaction between the local DHS offices and the community contractors conducting assessments of low and moderate risk reports, and establish data tracking related to this program, e.g. number of families refusing services, etc.
- Take immediate steps to reduce the incidence of maltreatment through improved intervention and services to families that address the underlying issues of abuse and neglect. Also, establish a process for critical supervisory review of decisions made on cases with multiple reports.
- Complete the quality assurance review of the reports of abuse and neglect referred for community agency intervention.
- Continue with the implementation of the safety assessment policy and corresponding training.
- Ensure that all repeat reports be documented/recorded as official reports.
- Ensure that workers are clear with providers on expectations, results, and outcomes for treatment of families and require written reports that address families' progress in alleviating risk factors that led to abuse/neglect.
- Coordinate training for staff on safety issues, and engage Assistant Attorneys General and the courts on discussion of risk and safety, and the impact of repeat maltreatment on children.
- Integrate training on decision-making in child protective services into current curricula.

Permanency

- Continue to improve the search for relatives and document the assessment of relatives in the case record.
- When siblings are placed separately, use the case planning process to address visitation issues.
- Continue to evolve and institutionalize a process which ensures that permanency is addressed earlier on in all cases.
- Continue recruitment efforts for foster homes so children may be placed in closer proximity to their communities.
- Continue to address the issues surrounding therapeutic foster care, e.g. rates, evaluation/monitoring of children in therapeutic care, expectations/outcomes, etc.
- Increase staff and provider awareness of post-adoption services available and continue to increase families' utilization of post-adoption support services.

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- Continue to streamline the legal clearance paperwork process.
- Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children.
- Complete policy and training on limiting the use of long-term foster care as a goal, and ensure review of “compelling reasons” on a regular basis.

Child and Family Well-Being

- Involve parents and providers in the case planning process at the very beginning of a case, and clearly address the factors leading to abuse/neglect. Case plans should establish clear timeframes for meeting goals. DHS should re-examine its decision to combine case planning with the court process.
- Establish clear policy and expectations concerning provider reports; DHS should obtain written reports that address the progress of the individuals.
- DHS should be more pro-active in terms of what they want providers to do. DHS should continue to be active in cases even when a case management agency is involved.
- Re-examine Agency policy requiring caseworker visits with children every three months and establish a visitation policy that ties frequency of visitation with the child’s needs. Training and supervision should emphasize the need for workers to have individual conversations or visits with children, and should support workers in identifying and addressing problems or issues with the foster placements.
- Increase the focus on gathering pertinent medical and genetic histories (important to the adoption process for adoptive parents’ and children’s understanding of their family medical/health backgrounds).
- Training and supervision should re-emphasize the importance of sharing medical records with foster parents.

Systemic Factors

- Implement systems improvements based on the results of the September 1999 SACWIS review.
- Work with the Court Improvement committee to ensure training for judges on conducting case reviews. Courts that are viewed as being strong in case review should be used as models for those courts that need to improve in this area.
- Establish a formal process for implementing improvements based on Quality Assurance review findings.
- The Child Welfare Training Institute should move forward with expansion of its advisory board to include outside stakeholders.
- Examine the gaps of services identified through this review and establish a long-range plan to expand, or provide for, these services.
- Continue outreach to the Native American tribes, and continue to work on State/tribal agreements.

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- Utilize training and technical assistance through the National Resource Center for Children's Mental Health at Georgetown University to continue improving DHS relationship with mental health and to ensure that the mental health needs of children and parents are being met.
- Establish a coordinated, comprehensive Statewide recruitment and retention plan for foster and adoptive homes. This plan should be administered at the Central Office level.

SECTION I: INDIVIDUAL CASE OUTCOMES

• **SAFETY**

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Conformity with this outcome is measured by two (2) indicators: (1) the timeliness of initiating investigations of reports of child maltreatment; and (2) repeat maltreatment.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	10	9	13	32
Partially Achieved	1	7		8
Not Achieved or Addressed		1		1
Not Applicable				

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Conformity with this outcome is measured by two (2) indicators: (1) services to families to protect children in their homes and to prevent removal; and (2) current risk of harm to child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	8	15	12	35
Partially Achieved	3	2	1	6
Not Achieved or Addressed				
Not Applicable				

DISCUSSION OF SAFETY FINDINGS: STRENGTHS AND AREAS FOR IMPROVEMENT

- **DHS provides services to families within their own homes whenever possible.**

The State makes extensive efforts to provide pre-placement prevention services; there is no question that DHS makes “reasonable efforts” to prevent out-of-home placement. Reviewers noted the broad array of services made available to families to assist them in caring for their children in their own homes. All cases reviewed had documentation that families were provided services to prevent placement. In 80% of the sample, there was evidence of pre-placement services; in the remaining 20%, pre-placement services were not appropriate due to the severity of the abuse, and because an emergency petition had to be taken to remove children immediately.

- **DHS initiates assessments of abuse/neglect reports in a timely manner.**

This factor was examined more closely for the year under review – fiscal year 1999. Almost all reports were responded to in a timely manner and in accordance with State policy during this fiscal year. Thirteen cases had reports of abuse and/or neglect during the year under review. In 10 of the cases, the assessments were initiated within the State's timeframes for a report of that priority level. However, in looking at the historical records for previous years, it was difficult to tell what the response was, or if the State responded at all. This has improved with the implementation of MACWIS (Maine Automated Child Welfare Information System). While it appears that responses to reports were not necessarily timely in previous years, *stakeholder interviews conducted during this review indicated vast improvement in Agency response time over the past year. Also, reviewers note that the State has established a management plan with clear policies and expectations for response time, and has developed tools to track compliance.*

- **The incidence of repeat maltreatment of children by the same perpetrator involving the same general circumstances was found in 94% of the cases reviewed.**

While repeat reports during the year under review were minimal, the sample was weighted toward children in placement so we wouldn't expect protective reports in most of these cases. As noted above, it is difficult to tell by the record whether or not reports were substantiated, and what happened when the State intervened. Historical records show a *very* high number of repeat incidences (screen-outs, protective reports, unassigned reports) that follow a pattern of same perpetrator, and same general complaint of abuse/neglect over a period of years. Reviewers note examples of 12 screen-outs; 27 reports; 13 reports; etc. While we recognize the complexities of protective intervention and service provision to families, this high rate of repeat maltreatment is not acceptable and ACF has grave concerns regarding safety of children.

The chart below depicts the numbers of multiple reports received on cases in the review sample. Of the cases reviewed, 85% had repeat reports of maltreatment. Of the total

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cases with multiple reports, almost all (94%) involved the same perpetrator and similar allegations.

Numbers of Multiple Reports Received	Total Number of Cases in Sample (%Sample)
2 – 10 reports	21 cases (51%)
11 - 20 reports	11 cases (27%)
21 - 30 reports	2 cases (5%)
31 or more reports	1 case (2%)

It should be noted that this finding mirrors the State's own conclusions in its 1997 quality assurance review of young children in DHS custody. In the summary of key findings, this report states that "94% of cases reviewed reflected multiple prior CPS referrals and/or extensive abuse, interpersonal violence, mental retardation, chronic mental illness, personality disorders and chaotic lifestyles." (See page 1, "Quality Assurance Review of Young Children in DHS Custody for Two or More Years", issued June 23, 1997).

The chart below shows a breakdown of key reasons for DHS initial involvement in the cases studied under the federal review. Of the cases with 5 or more reports of abuse/neglect, 63% involved a combination of domestic violence, mental/physical health issues of the parent, and/or parental substance abuse. Of the cases with less than 5 reports, only 35% contained this combination of factors.

Reasons for CPS Involvement	Cases in Review Sample
Physical Abuse	29 cases (71%)
Sexual Abuse	22 cases (54%)
Neglect	29 cases (71%)
Mental/physical health issues of parent	14 cases (46%)
Parental substance abuse	22 cases (54%)
Domestic violence	18 cases (44%)
Combination of domestic violence, mental/physical health issues of parent, and/or parental substance abuse	20 cases (49%)

Reviewers believe that the high numbers of repeat maltreatment is related, in part, to service provision that does not always address safety. This report previously noted that the State provides extensive pre-placement prevention services; however, reviewers observed that these services do not always address the family issues and risk factors leading to abuse/neglect. This finding parallels the results of the State's own quality assurance reviews, and is repeated in the State's recent report on deaths and serious injuries. This report found that when developing service plans for parents who maltreat their children "too often professionals fail to identify the real basis of risk in the family and/or to target risk specifically in treatment. As a result, parents may be able to successfully complete treatment and still pose a risk to their children. Mental health

interventions need to be specifically tied to risk assessment.” (See page 13, “Deaths and Serious Injuries in Maine, 1995-1998: Report of the State Child Fatality/Serious Injury Review Panel”). In addition to safety concerns, reviewers noted that this on-going maltreatment can lead to children being more damaged by the time the State finally makes a decision to bring the children into DHS care, often resulting in the need for therapeutic and residential care. (See further discussion in the *Permanency* section of this report). ACF urges the State to heighten its efforts to reduce the numbers of repeat reports and establish a process for critical supervisory review of decisions made on cases with multiple reports.

Reviewers note that DHS has developed new safety assessment policy and has planned training for all staff.

- **DHS has not historically been proactive in seeking service orders from the court, but waits to petition the court when the level of severity is high and placement is required.**

While reviewers commend the State’s efforts to work extensively with families to prevent the removal of children from their homes, the pre-placement length of time involved is too long. DHS must make more timely decisions regarding safety concerns and placement needs of children. This is noted by reviewers, and was raised by judges, Assistant Attorneys General, and others in stakeholder interviews. While there are many complicated reasons why the State may wait before bringing a case to court, there appears to be a perception among DHS staff that the courts will require more evidence than actually needed before granting custody. DHS believes they could be more proactive in seeking service orders earlier in cases before the level of severity becomes high. These issues need to be examined closely with DHS and the judges and attorneys involved in protective cases, and work needs to be done to more evenly balance the safety of children and the rights of parents. The State has an active Court Improvement Project, which could serve as a forum for these discussions.

- **The number of reports of abuse and neglect that are not assigned for assessment is decreasing as DHS refers these cases to community providers for intervention.**

Over the past several years, numerous concerns have been raised regarding the State’s practice of not assessing all reports of abuse and neglect that meet statutory and policy definitions. District Offices were given the option to set aside low risk referrals if there was not sufficient staff available to conduct assessments. Concerns were raised as these numbers grew as high as 3,425 unassigned cases in 1997.

Recently, DHS initiated contracts with community agencies to handle low and moderate risk referrals. However, ACF continues to have concerns regarding this ongoing issue. One main problem is the lack of formal policies and procedures on interaction between the local DHS offices and community contractors, resulting in some higher risk referrals being assigned inappropriately to community agencies. Additionally, it is not clear how many families are refusing services from the community agencies, essentially leaving

these children without intervention. Finally, although the numbers of unassigned assessments are decreasing because of referral to community agencies, there were still 2,936 appropriate reports of abuse and/or neglect unassigned in fiscal year 1999.

Reviewers note that DHS has completed Phase I of a quality assurance review of those reports referred for community intervention.

RECOMMENDATIONS TO IMPROVE SAFETY OUTCOMES

In making recommendations to improve safety outcomes, we convey that we do not want DHS to lose the positive aspect of its work with families. The Agency clearly believes in reasonable efforts, and offers services to assist parents in caring for their children without placement. However, DHS needs to strike a balance between the safety of children and parental rights.

- Establish clear policies and expectations concerning interaction between the local DHS offices and the community contractors conducting assessments of low and moderate risk reports, and establish data tracking related to this program, e.g. number of families refusing services, etc.
- Take immediate steps to reduce the incidence of repeat maltreatment through improved intervention and services to families that address the underlying issues of abuse and neglect. Also, establish a process for critical supervisory review of decisions made on cases with multiple reports.
- Complete the quality assurance review of the reports of abuse and neglect referred for community agency intervention.
- Continue with the implementation of its safety assessment policy and corresponding training.
- Ensure that all repeat reports be documented/recorded as official reports.
- Ensure that workers are clear with providers on expectations, results, and outcomes for treatment of families and require written reports that address families' progress in alleviating risk factors that led to abuse/neglect.
- Coordinate training for staff on safety issues, and engage Assistant Attorneys General and the courts on discussion of risk and safety, and the impact of repeat maltreatment on children. Maine has an excellent Court Improvement Project that could serve as a forum for this discussion. We recommend this as a topic for future training or the next Judicial Symposium.
- Integrate training on decision-making in child protective services into current curricula.

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• PERMANENCY

Outcome P1: Children have permanency and stability in their living situations.

Conformity with this outcome is measured by six (6) indicators: (1) foster care re-entries; (2) stability of current foster care placement; (3) permanency goal for the child; (4) independent living services provided; (5) adoption; (6) permanency goal of other planned permanent living arrangement.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	5	11	10	26
Partially Achieved	4	4	1	9
Not Achieved or Addressed				
Not Applicable	2	2	2	6

Outcome P2: The continuity of family relationships and connections is preserved for children.

Conformity with this outcome is measured by six (6) indicators: (1) proximity of current placement to child's community; (2) placement with siblings; (3) visitation with parents and siblings; (4) preserving connections; (5) relative placement; and (6) current relationship of child in care with his or her parents.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	6	10	9	25
Partially Achieved	3	4	2	9
Not Achieved or Addressed				
Not Applicable	2	3	2	7

DISCUSSION OF PERMANENCY FINDINGS: STRENGTHS AND AREAS FOR IMPROVEMENT

- **Generally, children do not have re-entries into care.**

Of the total placement cases in the review sample (36), only eight children had a re-entry into foster care (22% of the sample). When children are returned home, DHS works closely with families to ensure that community services are involved to support the reunification.

- **While many children experienced placement changes, the majority of these changes were directly related to helping children achieve their case plan goals.**

Of the total placement cases in the sample, 27 children experienced a placement change (75% of the sample); however, the majority (67%) of these changes were directly related to helping children achieve the goals in their case plans. Reviewers noted that children with extremely challenging behaviors were being maintained with stability in foster homes. This is indicative of the supportive services offered to therapeutic foster families to maintain children in the same home. Of the cases reviewed, 92% of the children were in current placements that reviewers deemed as “stable.”

As discussed in the *Safety* section of this report, many children are coming into care after long-term attempts to assist their families while maintaining the children at home. Subsequently, many of these children have been repeatedly maltreated and come into foster care presenting a myriad of physical and emotional issues. This adds to the challenges of maintaining children in one foster home and supports the belief that it results in multiple moves once in care and could also be a factor in the increasing need for residential treatment and therapeutic foster care for children. It is worthy to note that of the total number of children experiencing two placement changes, 81% came from families that had five or more reports of abuse and/or neglect. Of the children with three or more placement changes, 100% came from families that had five or more reports of abuse and/or neglect.

- **The State has a very strong Independent Living program, emphasizing life skills competencies and post-secondary education and training.**

Adolescents in care are provided life skills training and are encouraged to participate in confidence-building recreational activities, e.g. canoe and camping trips. The State is also very committed to post-secondary education and training. Recognizing the importance of education, the Maine legislature enacted a bill waiving tuition for foster children attending the State university system. Additionally, DHS has committed to assisting adolescents who remain in foster care to pursue post-secondary education and training. Reviewers also noted the emphasis on building relationships with adolescents in care; reviewers met with teens who spoke very positively of their life-skills workers.

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- **DHS is making great strides in implementing provisions of the Adoption and Safe Families Act (ASFA). Reviewers note that Agency staff and the courts have embraced the intent and philosophy of ASFA and are working diligently to move children through the system.**

In the review sample, 24 children had been in State care 15 of the most recent 22 months. Of these children, 14 (58%) had parental rights terminated (TPR); 2 (8%) had TPRs pending; 1 had a TPR denied; 6 (25%) had identified “compelling reasons” why TPR had not been filed; and 1 had no stated reason why TPR had not been filed. Reviewers also noted seeing children coming into care under “aggravated circumstances” and moving quickly to TPR and adoption. While reviewers noted the long length of time children have spent in placement historically, this is expected to improve for children now coming into care under the time-limits of ASFA.

The chart below depicts information concerning the reasons why TPR has not been filed in the cases under review. DHS and the courts should ensure that all cases with “compelling reasons” not to pursue termination are re-examined in a timely manner to see if the compelling reason still exists, or if the case should move forward to TPR.

Compelling Reason	Age of child	Time in care	Contact with family
Juvenile sex offender	14	4 years	Weekly visits
Possible reunification with father	10	2.5 years	Monthly visits with father
Independent living/age of child	16	3.5 years	No contact
Independent living/age of child	16	3 years	Some visits
Stable placement/long-term foster care is goal	12	6 years	No contact
Stable placement/long-term foster care is goal	12	4 years	No contact

Of the 14 children whose parental rights have been terminated, DHS had located homes for five (36% of sample). Delays and issues were noted for many of the children, both those for whom homes had been located, and those who did not have identified homes. In most cases, the common themes revolved around TPR appeals, and foster parents whom were believed to want to adopt but changed their minds after the child was legally

free. Other delays include: extensive search for sibling group placement; legal clearance delays; and a home study backlog.

Reviewers noted that despite a high turnover rate among staff, some offices are making efforts to assign "cover" workers to keep cases moving. In addition, new workers assigned to cases are adhering to the original case plan goals and set timeframes. This is also helping to keep cases moving forward. In addition, we noted that DHS is attempting new strategies to address permanency issues at the beginning of cases. For example, the Lewiston office has assigned a part-time adoption worker to provide consultation to CPS staff when the child first comes into State custody.

DHS has also designed a single home study for foster and adoptive homes. Once the single study process is implemented Statewide, it should aid in moving children through the system if the foster family wants to adopt.

- **DHS is focused on improving adoption and establishing a system for post-adoption support.**

DHS has placed a tremendous focus on adoption. The State is using exchanges to place children across jurisdictional boundaries, e.g. Northern New England Exchange, which is coordinated by Maine. DHS is also doing outreach in the communities and establishing private/public partnerships. There is an emphasis on planning for adoption earlier in the life of the case, and there is now some use of legal risk placement. In addition, the State is conducting extensive preparation with children awaiting adoption.

DHS notes ongoing issues with finding homes, especially for special needs children. In addition, there are some delays post-TPR including timely completion of paperwork for legal clearance, and movement of cases from Children's Services into the adoption units. *The State is hiring case aides to assist with legal clearance paperwork, and plans to hire more adoption workers once federal reimbursement for adoption incentives is secured.*

DHS has been approved for a title IV-E demonstration waiver for post-adoption services. The goal is to identify and train a network of providers to assist families through supportive and therapeutic post-adoptive services.

Reviewers also noted a revitalization of the DHS adoption program. Over the years, the program had eroded due to staff turnover and lack of policy and direction. The Agency has focused on improving leadership and guidance in the area of adoption, and has been strengthening the program over the past few years.

- **Whenever possible, siblings are placed together.**

Reviewers noted that DHS workers have a respect for family relationships. Whenever possible, the Agency places siblings together. DHS was successful in doing so for the majority (88%) of the cases reviewed in which placement together was not contraindicated. In some cases, concerns were noted regarding the need for visitation

when siblings were separated; however, in most cases reviewers noted that visitation was occurring.

- **DHS must continue to improve the use of relatives as placement resources.**

It appears that relatives are explored for placement, but case files contain little documentation of a search for relatives. It also seems that relatives are considered as placement resources if they come forward voluntarily, but that the State has not historically searched extensively for relatives. Of the total cases in the review sample, 58% had considered relative placement and the remainder (42%) did not contain documentation of a relative search. *Reviewers believe this should improve with the recent State law change requiring a search for relatives, and with new Agency policy on assessment of relatives. In addition, CPS staff is focusing on obtaining more information about relatives during the assessment phase of intervention.*

The State is fostering ongoing contact with extended family when appropriate. Reviewers noted evidence of children's contacts with grandparents, aunts, and uncles.

- **Visitation is occurring regularly between children and parents.**

Generally, visitation is occurring on a regular basis between children and parents, and in most cases appears to start quickly after placement. Children placed in shelters and assessment centers are at the highest risk for no parental contact. Reviewers recommend DHS pay special attention to visitation for these children. In addition, there were some concerns about the purpose of visits and how they are carried out. DHS appears to have a set format, e.g. weekly for one hour, supervised in a DHS office, that is carried out for all cases without regard for individual need. The State should have a variety of options for visitation, depending upon the case. Reviewers also received feedback from stakeholders that case aides supervising visits don't help parents – "they seem to just take notes." We recommend that DHS have visits supervised by staff trained to intervene and help families with parenting. *Reviewers note that Augusta is establishing a pilot visitation center to address the need for variation in visitation and to focus on improving parenting skills and parent/child interaction through visitation.*

- **Too many children – especially young children – have Long Term Foster Care as a goal.**

Reviewers note concerns around the numbers of children with a goal of long-term foster care. These are generally children who are placed in therapeutic foster homes. While this has become a broad public policy issue since the passage of ASFA, i.e. the use of long-term foster care as a goal, we note that the State has created barriers within its system: (a) the regular foster care rate is well-below national average, and there is great discrepancy in both the reimbursement and the support services offered to regular foster homes vs. therapeutic homes; (b) approximately one-third (1150 children) of the children in placement are in therapeutic foster homes; many are placed there not because of necessity, but because there are no regular homes available; (c) the State does not have

consistent criteria for referral to therapeutic care; (d) State contracts with therapeutic foster care providers do not set goals, e.g. step-down to regular foster care, or family reunification; (e) DHS does not have a mechanism in place that monitors progress of children in therapeutic care and assesses further need for therapeutic foster care; (f) there is confusion in the field as to what exactly is provided to families post-adoption – not everyone is clear on the program and governing policies, and what supports can be offered to families willing to adopt; (g) the need to clarify Agency philosophy and policy concerning the case management role and responsibility when a therapeutic foster care agency is involved, i.e. DHS is not always at the table when key decisions are made and DHS control of the case is abdicated.

Since this review was conducted, the State has taken action to initiate improvements: undertaken evaluation of all issues related to the use of long-term foster care; established tracking of disruption rates in long-term care; significantly raised the foster care rates for non-therapeutic homes, effective October 1, 1999; developed an interim operating policy on the use of long-term foster care as a goal; and started working on establishing a policy on concurrent planning.

RECOMMENDATIONS TO IMPROVE PERMANENCY OUTCOMES

- Continue to improve the search for relatives and document the assessment of relatives in the case record.
- When siblings are placed separately, use the case planning process to address visitation issues.
- Continue to evolve and institutionalize a process which ensures that permanency is addressed earlier in all cases. The State should obtain training and technical assistance on concurrent planning from the National Resource Center on Foster Care and Permanency Planning.
- Continue recruitment efforts so children may be placed in closer proximity to their communities.
- Continue to address the issues surrounding therapeutic foster care, e.g. rates, evaluation/monitoring of children in therapeutic care, expectations/outcomes, etc.
- Increase staff and provider awareness of post-adoption services available and continue to increase families' utilization of post-adoption support services.
- Continue to streamline the legal clearance paperwork process.
- Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children.
- Complete policy and training on limiting the use of long-term foster care as a goal, and ensure review of "compelling reasons" on a regular basis.

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Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Conformity with this outcome is measured by four (4) indicators: (1) needs and services of child, parents, and foster parents; (2) child and family involvement in case planning; and (3) worker visits with child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	10	11	8	29
Partially Achieved	1	5	3	9
Not Achieved or Addressed		1	1	2
Not Applicable			1	1

Outcome WB2: Children receive appropriate services to meet their educational needs..

Conformity with this outcome is measured by one (1) indicator: educational needs of the child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	10	15	11	35
Partially Achieved				
Not Achieved or Addressed		1	1	2
Not Applicable	1	1	1	3

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Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Conformity with this outcome is measured by two (2) indicators: (1) physical health of the child; and (2) mental health of the child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	11	14	11	36
Partially Achieved		3	1	4
Not Achieved or Addressed				
Not Applicable			1	1

DISCUSSION OF WELL-BEING FINDINGS: STRENGTHS AND AREAS FOR IMPROVEMENT

- **DHS provides appropriate services to meet the needs of the child, parents, and foster parents.**

In 95% of the cases in the sample, reviewers found appropriate services being offered to the individuals in each case; only two cases had unmet needs identified. Reviewers note the broad array of services offered to individuals. Section II of this report addresses gaps in services and recommendations for improvement.

- **The educational needs of children are being met.**

Reviewers note that educational needs of children are being identified and addressed. In the cases reviewed, 56% had identified educational needs. Of these children, 91% had educational services in place, while the remainder did not. Reviewers found evidence of educational records - including recent report cards in some cases - in all of the files, with the exception of five cases. Stakeholder interviews note strong advocacy by workers and foster parents to meet the educational needs of children. Additionally, Maine has placed an emphasis on assisting teens with completion of high school and post-secondary education and/or training. See further discussion in the *Permanency* section of this report.

- **The physical health needs of children are being met.**

Reviewers note that physical health needs of children are being identified and addressed. In the cases reviewed, an initial health screening was completed for 80% of the children in placement. In 9% of the cases, the initial health screening was not conducted; and this could not be determined in the remainder of the cases. The majority (88%) of the children with identified health needs received appropriate medical and/or dental services. While MACWIS contains a medical passport to track health records, reviewers found 30% of the cases to be missing health and medical information. In addition, not all foster parents receive copies of health records and updated medical information. Stakeholder interviews found that workers note a concern with locating dental providers who accept Medicaid.

- **The mental health needs of children are being met.**

Reviewers note that mental health needs of children are being identified and addressed. Mental health screening was completed in the majority (86%) of the cases. In the remainder of the cases, mental health screening was either not completed at all, or was only partially completed. The majority (93%) of the children with identified mental health needs received appropriate therapeutic services. However, reviewers note some concerns in the area of mental health treatment: (1) evaluations are not always completed in a timely manner; (2) reviewers question the quality of treatment for sexual abuse victims in some areas of the State under review; (3) there are concerns that therapeutic follow-up on issues raised during the evaluation does not always occur; and (4) there are not always written therapy reports/progress reports from providers. It appears that expectations for tracking progress are not consistent across the State.

- **In most cases, workers have regular contact with children and parents; however, there appears to be wide variation across the State regarding frequency and type of contact.**

The following chart depicts worker contact with children and parents.

Visiting Pattern	With Children (% of sample)	With Parents (% of sample)
Weekly	0 (0)	2 (5%)
Twice per month	5 (12%)	1 (2%)
Monthly	12 (29%)	6 (15%)
Less than monthly	8 (20%)	4 (10%)
Every 3 months	10 (24%)	2 (5%)
Phone contact	1 (2%)	4 (10%)
No contact/limited contact	5 (12%)	19 (46%)
Not applicable	0 (0)	3 (7%)

Agency policy requires visits every three months with children in placement; the majority of the children in the review sample were seen in accordance with policy requirements.

The sample reflects no contact or limited contact with parents, however, this is to be expected as the sample was weighted toward cases involving TPR and adoption. In many other cases, cease reunification orders had been issued. Still, workers appear to have regular contact with parents in cases, when appropriate.

Reviewers raise some concern regarding whether or not safety in placement is addressed adequately, as it appears that not all workers have individual conversations or contacts with the children when visiting their foster homes. Reviewers also note that DHS does not always appear to take an active role in monitoring placement if a case management agency, or other providers, is involved. It is noted that these concerns were raised previously in the State's own quality assurance study. This report concludes "there was documentation of numerous phone contacts with foster families and providers, but little about meaningful face-to-face contact with the child. Reviewers were unable to say, in some of these cases, that Bureau staff could assure the safety of these children." The report goes on to recommend "that the frequency of visits be tied to the child's needs which include assessment of safety and well-being" and "that supervisors and program administrators ensure that critical decisions about the foster child include first hand information from the child's caseworker." (See page 12, "Quality Assurance Review of Young Children in DHS Custody for Two or More Years, issued June 23, 1997)

- **The case planning process is now integrated in court procedures, making it difficult to engage parents and providers in setting case goals.**

The case planning process is now subsumed in court procedures, and stakeholders expressed that this has compromised the Agency's ability to fully engage parents in setting goals. Some parents and attorneys reported to reviewers that DHS completes the plan, sets the goals, and presents it to the court. While parents and their attorneys have input into the process, they believe it is minimal and can be somewhat adversarial when it's done in the court setting. DHS workers also expressed that some parents' attorneys advise their clients not to meet with DHS to establish case goals without the attorney being present. Some workers expressed that there is a loss of the clinical aspect of case planning now that it's done in conjunction with the court process. Reviewers are also concerned that integrating case planning into the court process can prohibit provider participation as well.

RECOMMENDATIONS TO IMPROVE WELL-BEING OUTCOMES

- Involve parents and providers in the case planning process at the very beginning of a case, and clearly address the factors leading to abuse/neglect. Case plans should establish clear timeframes for meeting goals. DHS should re-examine its decision to combine case planning with the court process.
- Establish clear policy and expectations concerning provider reports; DHS should obtain written reports that address the progress of individuals.

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- DHS should be more pro-active in terms of what they want providers to do. DHS should continue to be active in cases even when a case management agency is involved.
- Re-examine Agency policy requiring caseworker visits with children every three months and establish a visitation policy that ties frequency of visitation with the child's needs. Training and supervision should emphasize the need for workers to have individual conversations or visits with children, and should support workers in identifying and addressing problems or issues with the foster placements.
- Increase the focus on gathering pertinent medical and genetic histories (important to the adoption process for adoptive parents' and children's understanding of their medical/health backgrounds).
- Training and supervision should re-emphasize the importance of sharing medical records with foster parents.

SECTION II: SYSTEMIC FACTORS

• STATEWIDE INFORMATION SYSTEM

Level of conformity is established by determining if:

- (1) The State operates a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Discussion of findings: Strengths and areas for improvement

The State implemented MACWIS (Maine Automated Child Welfare Information System) in April, 1998. MACWIS can readily identify the status, demographic characteristics, location and goals for the placement of every child in foster care. In addition, the State is in compliance with its submission of AFCARS data. ACF conducted a federal review of MACWIS in September, 1999. This review noted many areas of strength, including acceptance and use of the system by field staff. ACF will continue to work with the State to implement improvements as recommended by the federal systems review team.

• CASE REVIEW SYSTEM

Level of conformity is established by determining if:

- (1) The State provides a process that assures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions;
- (2) The State provides a process for the periodic review of the status of each child no less frequently than once every six months by either a court or by administrative review;
- (3) The State provides a process that assures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child has entered foster care and no less frequently than every 12 months thereafter;
- (4) The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act; and
- (5) The State provides a process for foster parents, pre-adoptive parents and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing held with respect to the child.

Discussion of findings: Strengths and areas for improvement

Case plans are being done, and reviewers found case plans in every case. Suggestions for improvements to the case planning process are noted in the *Well-Being* section of this report.

Prior to last year, the Agency had a very strong administrative case review process (ACR) with close tracking and monitoring of six-month timeframes. The ACR process has now been pulled into the courts via a six-month judicial review. Comments on the effectiveness of this process vary from region to region. In some areas, the courts have embraced the concept of inclusion in reviews, while in other courts it has become a paper process. In that respect, workers report missing the suggestions, feedback, and assistance offered to them through the former ACR process. We recommend that the Court Improvement Project continue to work on training for judges relative to case review, and use courts with strong review processes as a model for those that need improvement in this area.

Through review of cases and discussions with stakeholders, reviewers learned that cases are moving through the system more quickly than ever before. The State and courts have embraced the principles of ASFA, and are making great strides in moving children to permanency.

Foster parents are being notified of hearings and are encouraged to attend. Participation varies around the State, however. One Assistant Attorney General stated that foster parents generally don't attend the six-month reviews ("they see them as routine"), but do attend post-TPR reviews. On the other hand, one judge stated that foster parents are active participants in her court. *Reviewers note that the Child Welfare Training Institute and the State foster and adoptive parent association has developed a curriculum to train foster parents on their role in hearings and reviews. Also, the Quality Assurance unit recently conducted a statewide survey of foster and adoptive parents concerning their experiences in attending court hearings and reviews.*

• **QUALITY ASSURANCE SYSTEM**

Level of conformity is established by determining if:

- (1) The State has developed and implemented standards to ensure that children in foster care placements are provided quality services that protect the safety and health of the children; and
- (2) The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP (Child and Family Services Plan) provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Discussion of findings: Strengths and areas for improvement

The State first instituted a formal quality assurance (QA) system in 1996. The QA unit issued its first report in June 1997. The former Administrative Case Review Unit is now devoted to QA full-time. This unit is working on several types of QA reviews, including

an intensive examination of children placed in therapeutic foster care. We note that Maine serves as a leader in QA for child welfare; the Regional ACF office often refers other States to Maine as a model for QA. We recommend that the State work on establishing a formal process for implementation of improvements based on the findings of QA reviews.

The State uses CWLA standards for foster care and treatment foster care. In addition, DHS has developed outcomes, in consultation with therapeutic foster care providers that are being used in internal QA reviews.

- **TRAINING**

Level of conformity is established by determining if:

- (1) The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses provided under the IV-B and IV-E, and provides initial training for all staff who deliver these services;
- (2) The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP; and
- (3) The State provides short-term training 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.

Discussion of findings: Strengths and areas for improvement

In partnership with the Muskie Institute of the University of Southern Maine, the State established the Child Welfare Training Institute (CWTI) in 1991. CWTI provides pre-service and in-service training for all child welfare staff. CWTI also offers training to foster parents as well. Staff are informed of training through a catalogue, and through CWTI's website. CWTI has an internal advisory board to assist them in meeting the training needs of staff; however, CWTI recognizes the need to involve outside stakeholders in the advisory board. Two major strengths relative to training: (1) CWTI has assisted DHS in establishing a partnership between universities and DHS to provide MSW courses on-site at DHS offices. We learned that many field staff are taking advantage of this opportunity to pursue their MSW degree; and (2) CWTI has reached out to Native American tribes and offered tribes the opportunity to attend child welfare training.

• SERVICE ARRAY

Level of conformity is established by determining if:

- (1) The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency;
- (2) These services are accessible to families and children in all political jurisdictions are covered in the State's CFSP; and
- (3) These services can be individualized to meet the unique needs of children and families served by the Agency.

Discussion of findings: Strengths and areas for improvement

As noted in the *Safety* section of this report, the State provides a broad array of pre-placement, preventive services. Reviewers are impressed with the efforts of the State to creatively tailor services to meet the needs of families. The State also has a very strong Independent Living program which provides adolescents with a variety of services, including life skills and confidence-building recreational activities. In addition, the State provides educational opportunities for youth exiting the system and wishing to pursue post-secondary training. Recognizing the importance of education, the Maine legislature enacted a bill waiving tuition for foster children attending the State university system. Additionally, DHS has committed to assisting adolescents who remain in foster care to pursue post-secondary education and training.

Stakeholders identified key gaps in services:

- Psychiatric evaluations, especially neuro-psychiatric evaluations
- Post-adoption support
- Placements for adolescents, especially juvenile sex offenders
- Visitation centers with trained visitation monitors to assist parents with their skills
- There is usually a long waiting list for individual treatment for children
- Need more substance abuse treatment services
- Services for individuals with mental retardation
- Sex offender treatment
- More placements for pregnant and parenting teens
- Backlog of psychological evaluations and infant mental health assessments
- In-home, intensive services
- Need for child psychiatrists, especially for monitoring children on medications
- Dentists who accept medicaid
- Specialized treatment for sexual abuse victims
- Transportation to services – need to address accessibility of services, perhaps bringing more services to families

• **AGENCY RESPONSIVENESS TO THE COMMUNITY**

Level of conformity is established by determining if:

- (1) 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 and objectives of the CFSP;
- (2) The Agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP; and
- (3) The State's services under the CFSP are coordinated with services or benefits of other Federal or federally-assisted programs serving the same population.

Discussion of findings: Strengths and areas for improvement

The five-year Child and Family Services Plan was developed in conjunction with the State's self-assessment for this review. The State conducted several focus groups, and incorporated the work of the Court Improvement project in the State plan. The State also has a Child Welfare Advisory Board (CWAC) that is involved in planning and consultation with DHS. The Bureau's management team has established a formal process for tracking progress in meeting the goals and objectives of the Child and Family Services Plan.

Services are coordinated with other programs through contracts, demonstration projects, interdepartmental agreements, and joint case staffing. An ongoing challenge for DHS is coordination with mental health.

Stakeholder interviews conducted in this review showed evidence of improving outreach to community providers. For example, the Lewiston office meets regularly with service providers, and has improved networking and participation in community events.

DHS continues outreach efforts to the Native American tribes in Maine. The Agency has a Central Office contact person for Indian Child Welfare (ICWA) issues. In the past, DHS has not consistently identified Native American children early on, creating delays for children and tension between DHS and the tribes. However, increased training and awareness of staff is improving both Agency and court practices relative to ICWA.

• **FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION**

Level of conformity is established by determining if:

- (1) The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards;

- (2) These standards are applied to all licensed or approved foster family home or child care institutions receiving title IV-E or IV-B funds;
- (3) 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;
- (4) The State has in place a process for assuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed; and
- (5) The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

Discussion of findings: Strengths and areas for improvement

For travel purposes, the review sample focused on children placed within close proximity to the selected review sites. Therefore, the sample contained only children placed within their own communities. We learned through stakeholder interviews with staff, however, that there are severe shortages of foster and adoptive placements, and that children are generally *not* placed within close proximity to their communities of origin.

Reviewers note that DHS has many activities to improve recruitment of adoptive homes. These include:

- Contract with Maine Foster Parent Association
- DHS runs the Northern New England photolisting service
- State website
- Dollars to regions for child-specific recruitment
- Combined study for foster/adoptive homes
- Combined adoption/foster parent training for relatives
- Contract with International Adoptions to conduct studies for relatives, and for ICPC and independent adoption services
- Use of television and newspapers for recruitment ads

Reviewers note that these activities are focused on recruitment of *adoptive* homes. The State's plan for recruitment and retention of *foster* homes is not comprehensive, and is not a coordinated Statewide effort. While the State's IV-B plan addresses some recruitment strategies, DHS needs to establish a coordinated State plan for recruitment and retention of foster homes, as opposed to just recruitment at the regional level.

RECOMMENDATIONS TO IMPROVE SYSTEMIC FACTORS

- Implement systems improvements based on the results of the SACWIS review in September 1999.

APPENDIX C

The Department of Human Services Program Improvement Plan

7/14/2001

Program Improvement Plan

Maine Department of Human Services, Bureau of Child and Family Services

In response to the Pilot Federal Child and Family Services Review done in August 1999, Maine's Bureau of Child and Family Services has developed this Program Improvement Plan to guide and track its efforts to further strengthen its work. The Plan is organized around the recommendations resulting from the pilot review (column 1 below), with separate sections for safety, permanency, and well-being outcomes, as well as improvements in the state's child welfare system. For each recommendation, one or more activities have been identified (column 2), lead responsibilities assigned (column 3), and timeframes set for completion (column 4). Desired systems/process changes and outcomes for clients are also identified (columns 5 and 6) and will be the basis for developing a system for measuring progress. The plan is a work in progress, and will evolve into the overall management plan for the Bureau.

Part 1: Program Improvement Plan Elements Targeting Safety Outcomes

ASFA Safety Outcomes:

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are safely maintained in their homes whenever possible and appropriate.

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Establish clear policies and expectations concerning interaction between local DHS offices and the Community Intervention Program (CIP) contractors that conduct assessments of low and moderate risk reports, and establish data tracking related to this program (e.g., the number of families refusing services, etc.).	Establish a team to examine CIP funding and practices. Establish clear policies and expectations concerning interaction between local DHS offices and CIP contractors (e.g., on types of cases referred by BCFS, how refusals of service are handled and tracked).	Diane Towle, Karen Westbrook Chris Beeris	Completed Fall 2000 Effective September 2001	Issues were identified that need to be addressed. Policy is clear to all parties. Assure that referrals to CIP contractors are appropriate. Assure that CIP contractors emphasize safety of children referred to them.	Reduce incidence of repeat maltreatment of children Keep children from entering foster care	Safety Outcomes 1 and 2

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
<p>Complete the quality assurance review of reports of abuse and neglect/referred for CIP contractor intervention.</p> <p><i>NRCTED</i></p>	<p>QA staff regularly review CIP agency case records to see how the agencies handle abuse and neglect reports referred to them and to assure that the agencies are meeting contract expectations. QA staff also regularly review whether the cases referred to CIP agencies are appropriate and share these reports with PA's, who will address inappropriate referrals.</p>	<p>Ken Town, in consultation with CIP contractors</p> <p>Ken Town</p>	<p>Forms completed October 2000, first used to report results January 2001.</p> <p>Free-standing database by September 2001, in MACWIS by March 2002</p>	<p>Better documentation on how CIP contractors assess and serve children and families referred to them.</p> <p>Better documentation on how CIP contractors assess and serve children and families referred to them.</p>	<p>"</p> <p>"</p>	<p>"</p> <p>"</p>
	<p>QA staff regularly review CIP agency case records to see how the agencies handle abuse and neglect reports referred to them and to assure that the agencies are meeting contract expectations. QA staff also regularly review whether the cases referred to CIP agencies are appropriate and share these reports with PA's, who will address inappropriate referrals.</p>	<p>Penny Dineen</p>	<p>Ongoing; second set of CIP agency case reviews completed Spring 2001.</p>	<p>A process and criteria for reviewing CIP contractor practice is established. CIP contractors handle cases referred to them consistent with contract expectations. Bureau has better documentation on how CIP contractors assess and serve children and families referred to them.</p>	<p>Reduce incidence of repeat maltreatment of children</p>	<p>Safety Outcomes 1 and 2</p>
<p>Ensure that all repeat reports are documented/recorded as official reports.</p>	<p>Define what constitutes a "new report."</p>	<p>Chris Becris, Sandi Hodge</p>	<p>September 2001</p>	<p>BCFS policy on reports, substantiations, and repeat substantiations is clear to BCFS staff, families, court workers, attorneys, etc.</p>	<p>Reduce incidence of repeat maltreatment of children Caseworkers will be more effective in working with children and families (continued on following page)</p>	<p>Safety Outcome 1</p>

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
<p style="text-align: center;">MCC/TW</p>	Define what constitutes "substantiation" of a report.	Chris Beerits, Sandi Hodge	September 2001		"	"
	Define what constitutes a "repeat substantiation."	Chris Beerits, Sandi Hodge	September 2001	Better documentation of the extent of repeat maltreatment.	"	"
	Revise MA CWIS to flag repeat reports before caseworker makes disposition of the case; determine how many substantiated reports are repeat substantiations.	Chris Lyng	September 2001	Better documentation on the extent of repeat maltreatment.	"	"
	Train supervisors in how repeat reports should be documented/recorded	Chris Beerits, PA's, CWTI	December 2001		"	"
	Demonstrate to staff how to properly document repeat reports.	PA's, CWTI	December 2001		"	"
	Assure that repeat reports are assessed and receive adequate and appropriate intervention.	Chris Beerits, PA's	Ongoing	All cases with repeat reports are assessed and any appropriate intervention taken. QA staff regularly check to assure that this is done; their reports go to Chris Beerits and the PAs for any needed action.	"	"

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Continue implementation of the Bureau's safety assessment policy and corresponding training.	Develop a safety assessment tool. Build it into MACWIS. Implement a safety assessment process.	Sandi Hodge, Paul Martin	Tool completed April 2000. Began Spring 2000; ongoing	Staff more effectively assesses specific safety risks.	Reduce incidence of repeat maltreatment of children	Safety Outcome 1
Take immediate steps to reduce the incidence of maltreatment through improved intervention and services to families that address the underlying issues of abuse and neglect.	Revise and implement a child and family assessment that more clearly focuses our work, building on the safety assessment Assure that case plans specifically address the relevant child abuse and neglect issues, and that they clearly state the issues the family needs to address. Assure that parents are actively involved in case planning from the start.	Chris Beertis Sandi Hodge, PA's lead training; Penny Dineen leads QA monitoring PA's, Penny Dineen	Policy written and JAD completed. Add to MACWIS and rollout by November 2001 Ongoing; expect documented improvement by June 2002 Ongoing	Services more clearly address safety factors. QA staff include this in their regular monthly case reviews and report findings to Chris Beertis, who discusses issues with PA's. QA staff monitor this as part of their regular monthly case reviews.	Reduce incidence of repeat maltreatment of children	Safety Outcomes 1 and 2

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Ensure that service providers are clear on the expectations and desired outcomes of their work with families.	Assure that planned service interventions directly address the risk factors that led to abuse/neglect.	Chris Beerits, Sandi Hodge, PA's lead training; Penny Dineen leads QA monitoring	Ongoing	Services more clearly address factors jeopardizing the safety of children. Services are more effective. QA monitors extent to which this occurs.	Reduce incidence of repeat maltreatment of children	Safety Outcome 1 and Permanency Outcome 2
	Develop clear practice standards governing how and when referrals are made to service providers (e.g., what is proper protocol, how expectations should be stated clearly); train caseworkers, supervisors and service providers how to implement this.	Chris Beerits, Sandi Hodge, PA's	Ongoing		Reduce incidence of repeat maltreatment of children	
	Clearly communicate Bureau expectations to service providers.	Chris Beerits, Sandi Hodge, PA's	Ongoing			
	Train providers about ASFA and its related safety, permanency and case planning expectations.	CWTI, with the National Resource Center on Foster Care and Permanency Planning and the Child Abuse Action Network	Train-the-trainer training done by October 1, 2001.	Service providers receive training and understand ASFA requirements.		
	Assure that service providers submit written reports on client progress, including reference to the risk factors that led to abuse/neglect.	Penny Dineen, PA's	Ongoing	Better documentation that services address risk factors. Better documentation on the effect of services on children and families. QA monitors this in its monthly reviews.		

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Establish a policy and process to assure critical review of decisions made on cases with two or more reports.	Develop policy and practice expectations to assure that all current or new cases with a history of two or more reports are reviewed to see that they are handled appropriately. Develop a process for implementing the policy.	PAs	Policy to be finalized at August 2001 PA meeting	Supervisors more effectively review cases with a history of multiple reports. Cases with a history of multiple reports are handled more appropriately. Better documentation of how cases with multiple reports are handled.	Reduce incidence of repeat maltreatment of children	Safety Outcome 1
Coordinate training for staff on safety issues, and engage Assistant Attorney General and the courts on discussion of risk and safety issues, and the impact of repeat maltreatment on children.	Work with the Court Improvement Project and AAG's to establish minimum standards for appropriate court involvement in neglect cases. Clarify what "neglect" is and how it should be handled. Reevaluate appropriate threshold for petitioning for court order to protect children. Take appropriate action based on conclusions.	Karen Westburg Karen Westburg	2002 November 2001 2002		" "	" "
	Work with the Judicial Symposium planning committee to incorporate training about the impact of repeat maltreatment. Also provide such training for AAG's. Focus especially on physical neglect and emotional maltreatment.					

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
APR 11-12-02	Clarify practice guidelines and standards for handling neglect and repeat maltreatment and train BCFS workers on those standards. Work with AAG's on how to build stronger cases in these areas.	Karen Westburg, working with Mizri Laver at the ABA and Lipda Arnold at National Resource Center for Information Technology in Child Welfare.	2002	Increased accuracy of substantiation decisions, especially regarding neglect and repeat maltreatment. More effective work with families/better services. Better presentation of cases in court. Better follow-through when families decline services and children are in jeopardy. Established process for review of court handling of cases.	Reduce incidence of repeat maltreatment of children	Safety Outcome 1
Integrate training on decision-making in child protective services into current curricula.	Work with CWTI to build this process into the pre-service curriculum. Establish a policy, practice expectations, and a process for critical QA and supervisory review of intake reports and decisions to assure quality and consistency.	CWTI	2002		Reduce incidence of repeat maltreatment of children	Safety Outcome 1
	Determine how the Intake Unit's work can be made more effective (e.g., adding staff, doing a time study, systematizing job classifications, improving physical space).	Chris Lyng	In process		"	"
	Clarify the extent to which mandated reporters are unable to reach intake workers in person, and address this problem.	Chris Lyng	June 2002		"	"

Part 2: Program Improvement Plan Elements Targeting Permanency Outcomes

- ASFA Permanency Outcomes:
 1. Children have permanency and stability in their living situations.
 2. The continuity of family relationships and connections is preserved for children.

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Permanency Outcomes 1 and 2
Continue to improve the search for relatives, and document the assessment of relatives in the case record.	Review and consider changes to BCFS policy and state law to emphasize the importance of relative placement.	BCFS Management Team	Several policy clarifications already issued; further refinement done by January 2002	Increased number of relative placements or relative adoptions in permanency plans.	Increase the number of relative placements/adoptions. Increase the number of children who do not enter BCFS care because of kin placements.	"
	Supervisors ensure that caseworkers make serious searches for relatives beginning during the assessment phase, and that these searches are documented in the case record	Chris Beertis, P.A.s	Ongoing		"	"
	Build MACWIS capacity to identify the number of kinship placements.	Chris Lymg	Done		"	"
	Establish a kinship work-group to address policy and program development needs.	Francis Sweetney	In process		"	"

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Continue to support and expand current projects related to kin care.	Diane Towle	Ongoing	Increased services for relative placements.	"	"
When siblings are placed separately, use the case planning process to address visitation issues.	Improve Bureau policy, practice and documentation around sibling visitation. Develop a tool for tracking sibling visitation in MACWIS. Add sibling visitation practice to the monthly case reviews done by QA staff.	Sandi Hodge, Martha Proulx Chris Beertis, PA's Chris Lyng Penny Dineen	June 2001 December 2001 Ongoing	Increased sibling contacts. Enhanced ability to implement and monitor sibling visitation. Enhanced ability to monitor sibling visitation.	Increase continuity of family relationships. " "	Permanency Outcomes 1 and 2 " "
Continue to evolve and institutionalize a process that ensures that permanency is addressed earlier in all cases.	Create a plan to develop BCFS policy, practice expectations and infrastructure for implementing concurrent planning. Obtain further information on how concurrent planning has been developed and implemented elsewhere, including how concurrent planning can affect service timing, the role of biological family, how foster parents are recruited and trained, and other BCFS processes (continued on next page)	Karen Westburg, RoseAlma Sanatore Karen Westburg	September 30, 2001 September 30, 2001	A plan describing the Bureau's concurrent planning system, and the steps needed to implement it.	Decrease the number of moves that children make. Reduce children's time in BCFS care/custody. "	Permanency Outcome 1 "

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Continue recruitment efforts for foster homes so children may be placed in closer proximity to their communities	Develop statewide recruitment initiative based on the needs assessment.	John Levesque Martha Proulx	Contract for the initiative is finalized	Increase the number of placements responsive to children's needs. Increase the number of appropriate placements in close proximity to children's community of origin.	Decrease the number of moves children need to make. Speed development of permanent living situation for children.	Permanency Outcome 1 "
	Ensure that QA monitors adherence to ASFA deadlines	Penny Dineen	Ongoing	ASFA time frames are met.	"	"
	Work with AAG's and the courts to assure that ASFA time deadlines in movement toward permanency are met.	Karen Westburg	Now participating in Court Improvement Project-sponsored evaluation of court case management process.	ASFA time frames are met.	"	"
	Obtain training and technical assistance on concurrent planning from the National Resource Center on Foster Care and Permanency Planning.	Karen Westburg	September 30, 2001		Decrease the number of moves that children make. Reduce children's time in BCFS care/custody.	Permanency Outcome 1

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Continue to address the issues surrounding therapeutic foster care (e.g., rates, evaluations/monitoring of children in therapeutic care, expectations/outcomes).	Develop and implement an improved system for assessing the needs of children entering care.		Finish system and assess all children now in care by 7/1/02. Starting 7/1/02, promptly assess all children as they enter care.	A plan exists to deal with issues surrounding therapeutic foster care. There is a system for monitoring implementation of the plan. All children now in care are assessed, and all children entering care are assessed as they enter. Outcomes are assessed for children in therapeutic foster care.	Children are placed in a home providing a level of care appropriate to their needs.	Permanency Outcome 1
	Develop statewide criteria for when children should be placed with a therapeutic home.	Levels of Care Committee	2002		"	"
	Develop procedures to establish clear goals for children in therapeutic care, monitor their progress toward those goals, and assess further need for therapeutic care.	Levels of Care Committee	2002		"	"
	To the extent possible, these efforts should be done collaboratively by BCFS, child placing agencies, and foster parents.	Levels of Care Committee	2002		"	"
Increase staff and provider awareness of available post-adoption services, and continue to increase families' use of post-adoption support services.	Give more information on post-adoption services to AFF, agencies, BCFS staff, TNT, FFTA and others.	John Levesque, Chris Beeris, PA's	Ongoing	BCFS staff, agencies, and adopting families have more information on available post-adoption services and how to access them. Adopting families make greater use of post-adoption services.	There are fewer adoption disruptions.	Permanency Outcome 1

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Continue to streamline the legal clearance paperwork process.	Simplify the legal clearance process, allowing clearance to occur sooner.	John Levesque	Done	Reduce the time required for legal clearance.	Adoptions occur sooner, expediting permanency.	Permanency Outcome 1
	QA monitors speed of clearance process and identifies any barriers in the paperwork process.	Penny Dineen	Ongoing	"	"	"
	Ensure that all documentation is done as cases progress, so there are no "holes" in the paperwork when clearance is attempted.	P.A.'s, Penny Dineen	Ongoing	"	"	"
Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children.	Provide training for therapists about the unique needs of adoptive families and about post-adoption services.	John Levesque	Ongoing		Therapists have better understanding of children's and families' needs. Adoptions occur more quickly. There are fewer adoption disruptions.	Permanency Outcome 1
Complete policy and training to limit the use of long-term foster care as a goal, and ensure review of "compelling reasons" on a regular basis.	Complete policy on long-term foster care. Train BCFS staff to implement existing policy and practice expectations related to "compelling reasons."	Sandi Hodge CWTI	October 2001 Ongoing	Focus BCFS staff on identifying compelling reasons, if appropriate. Decrease use of long-term foster care as a permanency option. "		Permanency Outcome 1 "

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Identify long-term foster care cases, and assure that each QA review examines "compelling reasons" for those cases.	Penny Dineen	Ongoing			Permanency Outcome 1
	Provide information to the courts regarding ASFA requirements on "compelling reasons" and how to balance those with concerns about attachment and placement stability.	Karen Westburg	Ongoing	Timely, appropriate, well-documented decisions that facilitate permanency for children. Reduce the number of placements and length of stay in foster care.	Foster better understanding by all parties regarding "compelling reasons" and related permanency decisions.	"
	Develop appropriate placements/resources to meet the needs of the children in care, so the first placement is the right placement.			Reduce the number of placements and length of stay in foster care.		"
	Consider seeking statutory changes to make a wider range of permanency options available to the Bureau (e.g., authorizing legal guardianships).	Karen Westburg, AAG Office	Staff consider by Summer 2001. Submit legislation for the 2002 session.			Permanency Outcome 1
	Review existing visitation policy and practice expectations (e.g., their frequency, the goals of visitation, how visitation is documented).	BCFS management team		Clarify and improve standards for conducting visitation	Improve number of family reunifications where appropriate.	Permanency Outcomes 1 and 2

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Train BCFS staff in how to conduct more effective visitations. Share piloted visitation training (the "visitation toolbox") with staff, supervisors and foster families.	CW/TI		"	"	"

Part 3: Program Improvement Plan Elements Targeting Well-Being Outcomes

ASFA Child and Family Well-Being Outcomes

1. Families have enhanced capacity to provide for their children's needs.
2. Children receive appropriate services to meet their educational needs
3. Children receive adequate services to meet their physical and mental health needs.

Recommendations to Improve Well-Being Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Involve parents and providers in the case planning process from the very beginning, clearly address the factors leading to abuse/neglect, and establish clear timeframes for meeting goals. DHS should reexamine the decision to combine case planning with the court process.	Re-evaluate the current reality of case planning occurring as a part of the court process. Work with the Court Improvement Project to provide training for judges on conducting case reviews. Provide additional training for BCFS staff on how to develop individualized case plans focusing clearly on abuse/neglect factors with full family involvement. Develop training for all providers on ASFA, including its principles, stipulated timelines, and required documentation.	Karen Westburg Karen Westburg CWTI	BCFS is now participating in Court Improvement Project-sponsored evaluation of the court case management process. 2002	Case planning is clear, child-centered, family-focused, and addresses all issues identified during safety and child/family assessments at the earliest possible time. The case plan is continually reassessed.	Each child and family has an appropriate and personalized case plan.	Well-Being Outcomes 1, 2 and 3
Establish clear policy and practice expectations concerning service provision, referrals to providers, and provider reports.		CWTI	Fall 2001	Services provided to children and families clearly target goals in the case plan. There is better documentation of services provided to children and families, and the effect of those services. Case plans are constantly monitored to establish if they are meeting client needs.	Child and family well-being is enhanced. The needs of children are better met. Services address and meet client needs.	Well-Being Outcomes 1, 2 and 3

Recommendations to Improve Well-Being Outcomes	Activities	Lead	Timeframe	Desired System Change/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	DHS should obtain written reports from providers that clearly address the progress of individuals.	BCFS Management group				"
	DHS should be more proactive in terms of what it wants providers to do.					"
	DHS should continue to be active in cases even when a case management agency is involved.					"
	Train BCFS workers how to remain proactively involved in the progress of all cases.	CW/TL				"
Re-examine Agency policy requiring caseworker safety/well-being reviews with children every 3 months.	Establish a visitation policy that ties frequency of visitation with the child's needs. Frequency of visits will be part of each case plan.	Karen Westburg, Sandi Hodge, Chris Beertis	June 2001	More meaningful caseworker visits with children.		Well-Being Outcomes 1, 2 and 3
	Provide training and supervision that emphasizes the need for workers to have individual conversations or visits with children.	Chris Beertis, PA's	In process			"
	Provide training and supervision that supports (continued on next page)	Chris Beertis, PA's				"

Recommendations to Improve Well-Being Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	workers in identifying and addressing problems or issues with the foster placements. Develop a tool in MACWIS for tracking safety/well-being reviews. QA will monitor frequency of visitations part of its monthly case record reviews.	Chris Lyng Penny Dineen	December 2001 Ongoing			
Increase the focus on gathering pertinent medical and genetic histories (important to the adoption process for adoptive parents' and children's understanding of their medical/health backgrounds). Training and supervision should re-emphasize the importance of sharing medical records with foster parents.	Provide training to supervisors on how to assure that workers gather such information. Provide training to supervisors on how to assure that workers share such information with foster parents.	Chris Beertis Chris Beertis	September 2001 September 2001	BCFS staff and foster parents develop more effective communication.	Foster parents are better able to address issues related to foster children's medical histories. Foster children receive more appropriate and consistent health care.	Well-Being Outcome 3 Well-Being Outcome 3

Part 4: Program Improvement Plan Elements Targeting Improvements in the Child Welfare System

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
<p><i>Statewide Information System:</i> Implement systems improvements based on the results of the SACWIS review of September, 1999.</p> <p><i>Case Review System:</i> Work with the Court Improvement committee to ensure training for judges on conducting case reviews. Courts that are viewed as being strong in case review should be used as models for those courts that need to improve in this area.</p>	<p>Respond to SACWIS review recommendations. Largest task is adding automated IV-E eligibility determination to MACWIS.</p> <p>Arrange with the Court Improvement Project for an update of the Court Report. The update could be done by the National Child Welfare Resource Center, in cooperation with the AFA.</p> <p>Assure that the status of each child's review is reviewed at least every six months by the courts.</p> <p>Assure that each child in foster care under the supervision of the State is a permanent hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.</p>	<p>Ted Clark</p> <p>Karen Westburg</p> <p>Penny Diaceen</p> <p>Penny Diaceen</p>	<p>Response completed. Work begun on IV-E eligibility module. Work on other recommendations also underway.</p> <p>Present proposal to the CIP by July 1, 2001. Report finished in Fall, 2001.</p> <p>Ongoing; include in RFP for CIP study</p> <p>Ongoing; include in RFP for CIP study</p>		

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
	Assure that termination of parental rights proceedings comply with ASFA requirements. Assure that foster parents, pre-adoptive parents and relative caregivers of children in foster care are notified and have an opportunity to be heard in any review or hearing held with respect to the child.	Penny Dineen PAs, Penny Dineen	Ongoing; include in RFP for CIP study Ongoing		
<i>Quality Assurance System:</i> Establish a formal process for implementing improvements based on Quality Assurance review findings.	Strengthen the Bureau's solid QA system by formalizing policies and practice expectations regarding how QA communicates recommendations from its reviews, how those recommendations are acted upon, and how the effectiveness of changes based on the recommendations is monitored.	Diane Towle	November 2001		
<i>Training:</i> The Child Welfare Training Institute should move forward with expansion of its advisory board to include outside stakeholders.	Help to provide additional training for the staff of service providers (e.g., in ASFA requirements and its related safety, permanency and case planning expectations; permanency planning). Expand CWTI's advisory board to include outside stakeholders.	CWTI, with the National Resource Center on Foster Care and Permanency Planning and the Child Abuse Action Network CWTI	Ongoing; train-the-trainer training done by October 1, 2001.	Service providers receive training and understand ASFA requirements.	

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
<p><i>Service Array</i>: Examine the service gaps identified through the last Federal review, and establish a long-range plan to expand or provide for, these services.</p>	<p>Compile comprehensive, detailed information on gaps in existing services for the children and families served by BCFJ using a variety of sources (e.g., MACWIS, contractor reports, surveys of stakeholders, feedback from other State departments). Gaps need to be identified statewide, for each district, and for various client groups. The analysis should include possible gaps mentioned in the last Federal review:</p> <ul style="list-style-type: none"> • Psychiatric evaluations • Post-adoption support • Placements for adolescents, especially juvenile sex offenders • Visitation centers with trained monitors • Substance abuse treatment services • Services for persons with mental retardation • Sex offender treatment • Placements for pregnant and parenting teens • Psychological evaluations/infant mental health assessments • Intensive in-home services • Child psychiatrists • Dentists who accept Medicaid <p>(continued on next page)</p>	<p>Diane Towle, with help from the Child Welfare Advisory Committee</p>	<p>Ongoing; initial needs assessment completed by Fall 2001</p>		

<p><i>Agency Responsiveness to the Community:</i> Use training and technical assistance through the National Resource Center for Children's Mental Health at Georgetown University to continue improving DHS relationships with mental health and to ensure that the mental health needs of children and parents are being met.</p>	<ul style="list-style-type: none"> • Specialized treatment for sexual abuse victims • Transportation to services <p>Establish a process for regularly updating the information on service needs and gaps. Incorporate information on needs into the IV-B planning process.</p>	<p>Karen Westburg</p>	<p>Ongoing</p>		
<p>Continue working with the Departments of MHMRSSAS and Corrections through the Interdepartmental Planning Group to improve mental health services for children and families served by BCFS.</p> <p>As part of the comprehensive needs assessment mentioned on page 20 above, gather more complete information on the mental health needs of children and parents, and current gaps in services to meet those needs.</p> <p>Continue to train mental health professionals in the unique needs of adoptive children and families, and identify community-based resource needs of those families through the Maine Adoption Guides Project.</p> <p>Determine what other training and technical assistance needs in the mental health area could be addressed with the help of the Center.</p>	<p>Karen Westburg</p>	<p>Ongoing</p>	<p>Initial assessment completed by Fall 2001</p>	<p>John Levesque</p>	<p>Karen Westburg</p>

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
<p><i>Agency Responsiveness to the Community:</i> Continue outreach to the Native American tribes, and continue to work on State/tribal agreements.</p>	<p>Consult more closely with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child and family serving agencies (e.g., through CWAC). Include the major concerns of these representatives in the goals and objectives of the CFSP. Focus particularly on outreach to the tribes and improved implementation of ICVA.</p>	<p>Diane Towle, Sandi Hodge</p>	<p>Ongoing</p>		
<p><i>Foster and Adoptive Parent Licensing, Recruitment and Retention:</i> Establish a coordinated, comprehensive statewide recruitment and retention plan for foster and adoptive homes. This plan should be administered at the Central Office level.</p>	<p>Establish standards for group homes based on CWLA standards. . . . Formalize policy and practice expectations regarding "well-being checks." Develop and implement a process and tool for tracking progress in licensing foster homes.</p>	<p>Diane Towle, Marie Hodgdon Sandi Hodge Martha Proulx Chris Lyng</p>	<p>Manual tracking tool in place February 2001 December 2001</p>		
	<p>Add the tool to MACWIS for tracking progress in licensing foster homes.</p>	<p>John Levesque, Martha Proulx</p>	<p>Recruitment/retention plan in development</p>		
	<p>Develop a statewide plan to recruit potential adoptive and foster families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. Do this based on a needs assessment, and administer the plan from Central Office.</p>				

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
	<p>Continue efforts to use interstate resources to facilitate timely adoptive or permanent placements for waiting children.</p> <p>Establish standards and a process for licensing both foster and adoptive homes (i.e., combined study), and implement this process.</p>	John Levesque	Standards and process are developed.		
Improve BCFS ability to recruit and retain quality staff	<p>Continue to work with the Bureau of Human Resources to streamline the hiring process and make it more effective.</p> <p>Investigate new ways to increase the visibility of Bureau career opportunities with relevant recruiting audiences (e.g., using videos, the Internet)</p>	Chris Beeris, Diane Towle			
	Reexamine workload standards, possibly in consultation with Casey Family Programs or other national groups. Options may include a case weighting system to measure workload	Chris Beeris, Diane Towle			
	Clarify and establish relevant organizational values for the Bureau's child welfare social work in the 21 st century. This could be a focus of the management staff retreat in September 2001.	Karen Westburg	December 2001		
		Karen Westburg			