



Child Abuse Action Network

Winter 2006 Newsletter

The Maine Child Abuse Action Network (CAAN) is the entity designed by the Governor to receive Children's Justice Act funds which are provided by the Administration for Children and Families of the Department of Health and Human Services

Inside this

Issue:

All Children Need Permanence
Page 1-2

Maine Children's Ombudsman
Page 3

Kickoff of Children's Behavioral Health Services Trauma-Informed System of Care
Page 4-5

Two Members of CAAN will be missed
Page 5

All Children Need Permanence

by Chris Beerits, Deputy Director; Child Welfare Office of Child and Family Services, Maine Dept. of Health and Human Services

CHILD WELFARE REFORM IN MAINE: For four years now, Child and Family Services management, many supervisors, and many caseworkers have been reforming Maine's Child Welfare System from the ground up. Maine's abused and neglected children, along with their families, deserve a model child welfare program. At the Office of Child and Family Services (OCFS), more and more of us want to become that program.

Three years ago, we at Child and Family Services heard about the tipping point in organizational change, when a critical mass of people commit to reform. We have data to show that we have passed that tipping point and that more of us are committed to new beliefs, a new strategic plan, and a new model of practice.

WE HAVE SOME SUCCESS IN WHICH WE CAN TAKE PRIDE: Child Protective Services has dramatically increased capacity to see more families where children are reported to be abused and neglected – up 20% since 2002. We are sending correspondingly fewer of these reports to Community Intervention Programs.

- ✓ We are seeing children sooner, assessing for abuse and neglect more quickly, and using family teams to plan with greater support and collaboration
- ✓ Foster care caseload has dropped steadily – an 18% reduction since 2002
- ✓ More children are being safely and responsibly returned to their families – a 25% increase since 2002
- ✓ More children are being placed with relatives – now 17.9%, up from 12% in 2002
- ✓ We have 22% fewer children in residential care than we did in 2004

How Maine Compares to 33 Other States that the US Dept. of Health and Human Services Reviewed

CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Federal Standard	90%
Avg. of 33 Other States	63%
Maine	22.6%

THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

Federal Standard	90%
Avg. of 33 Other States	79%
Maine	61.3%

FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

Federal Standard	90%
Avg. of 33 Other States	62%
Maine	42.0%

Clearly, we are making progress.

Continued on Page 2

HERE AT CHILD AND FAMILY SERVICES, WE DEFINE PERMANENCY AS:

- √ A safe, nurturing and stable home and set of relationships
- √ A home and/or relationship that can be returned to for support and nurturing, even as an adult
- √ A family committed to continuity for the child, encouraging a lasting, supportive, lifetime family relationship
- √ Belonging and a definitive legal and social status

Every child should leave our care connected to a family that meets the definition above. I do not think any of you who have children would want any less for them if you were to become unable to care for them. To give these children the shot they deserve, we cannot expect to achieve better outcomes by working in the same old ways. Here are some of the changes that we expect will move us forward:

- √ Use the power of Family Team Meetings
 - develop child and family plans, resolve crises, facilitate teaming with key people
- √ Align placement resources with home and school
- √ Caseworkers see children and families monthly
- √ Find solutions that will enable OCFS and courts to meet Federal requirements for permanency
 - US Dept. of Health/Human Services expects average time in foster care of 24 months; Maine's average is 40
- √ Decrease the timeframe from termination of parental rights to adoption finalization
- √ Increase kinship placements
- √ Reduce Maine's over-reliance on residential care - Permanency is achieved through families
- √ Return children to their parents sooner and work with families to make changes safely and responsibly
- √ Do more concurrent planning with full disclosure and less linear, sequential planning
- √ Focus on children between the ages of 6-12. Historically children who enter foster care between the ages of 6 and 12 have stayed in care longer than any other state we know of
- √ Explore what today's options are for children stuck in our system
- √ Learn more about evidenced-based practices so we can support children and families with services that work

OUR CHALLENGE AHEAD: We are entering a year of change and uncertainty. Child Welfare is no longer the core service of OCFS, but one of three; along with Children's Behavioral Health and Early Childhood Services. We need leadership at many levels, not just at the top. Most importantly we need leadership from those of us who work directly with children and families.

We have to rise to the challenge of learning to work a new way. Working in new ways will come easier as we gain experience and skill. We must maintain and increase our commitment to improve permanency outcomes for the children whose needs bring us to this work.



Maine Children's Ombudsman

by Dean Crocker, Maine Children's Alliance

LOOKING BACK: The Ombudsman's Office had many goals for 2005 that were implemented in an effort to improve our program as well as aid in the process of program improvements for families involved in Child Welfare Services.

The Child Welfare Ombudsman annual report contains the program's goal achievements in full, however, this brief list encapsulates a few of the highlights:

- √ Advocacy for better outcomes for youth transitioning to adulthood
- √ Advocacy for a stronger focus on family support and kinship care
- √ Advocacy with representatives of Maine's court system on how the Court can support improvement in the child welfare system

The Maine Child Welfare Services Ombudsman is an impartial office which specializes in assisting people with resolving concerns and complaints with Maine's Child Protective Services

Pronunciation: Om-budz-man

2005 RECOMMENDATIONS: The Ombudsman made many recommendations to the Department of Health and Human Services throughout the past year. A few of these recommendations have been:

- √ That OCFS caseworkers make referrals to appropriate services even when a case is found to be not appropriate for child welfare services
- √ That "indicated" or "substantiated" child abuse or neglect should never result from a parent following a court order as opposed to an OCFS directive
- √ For children placed with relatives there should be more follow-up on safety plans to help relatives connect with services and support systems

OUR GOALS FOR 2006: The Ombudsman has established several goals including but not limited to:

- √ Recommendation to the Health and Human Services Committee to improve ombudsman and advocacy services
- √ Support DHHS and stakeholders in implementation of an integrated child and family services system
- √ Continuing to advocate for improvement in transition outcomes for youth in state custody

THE STATISTICS: From May thru October; 126 individuals contacted the Ombudsman. The majority of those contacts (117) waited seven calendar days or less for a staff member to respond to their request and the other 9 waited between eight and thirteen days. Between November 1, 2004 and October 31, 2005; 96 cases were opened with a total of 317 complaints. 130 complaints regarding Child Protective Services Units, 183 complaints regarding Children's Services Units, and 4 complaints regarding Adoption Units.

WHO'S CALLING?: 60% of referents were biological parents, 14% of referents were grandparents. The remainder were other relatives, foster parents, guardians, friends, service providers, etc. The Child Welfare Ombudsman Annual Report contains percentages regarding each district office as well as statistical data on major areas of concern by referents. You can obtain your copy of the annual report by contacting the Maine Children's Alliance at 207-623-1868, or on-line at www.mekids.org

CAAN Annual Conference: Adverse Childhood Experiences

This year, the Maine Child Abuse Action Network is planning our annual conference for May 25. Our unifying theme will be based on Adverse Childhood Experiences; an in-depth look into ACE and what Maine can do to better the lives of children and families. Please mark your calendars. Invitations for registration will be mailed in a few weeks.

**Featured Guests: Dr. Frank Putnam, Director of Mayerson Center for Safe & Healthy Children, Ohio
Dr. Richard Aronson, Public Health, Maine
Ms. Susan Savell, Executive Director of Communities for Children, Maine
Ms. Yvonne Mickles, Homeless Initiative Coordinator, Maine State Housing Authority
Dr. Tom McLaughlin, University of New England and Dr. Steve Rose, University of New England**

Kickoff of Children's Behavioral Health Services Trauma-Informed System of Care

by Ned Vitalis, DHHS Central Office

On February 8, 2006, a new 6-year state and local partnership was formally launched. Last October the Substance Abuse and Mental Health Services Administration awarded a \$9 million grant to DHHS Children's Behavioral Health Services in collaboration with Tri-County Mental Health Services (TCMHS) to plan, develop and implement a new way of systems integration and the delivery of mental health services for children and youth who live in Franklin, Oxford and Androscoggin Counties.

The grant addresses the treatment needs of children and youth who have experienced trauma. During the first 3 years it will focus on early identification and intervention for children birth to 12 years old, with an expanded population up to 18 years of age thereafter. TCMHS will be the lead agency in developing trauma-informed practices that include screening, assessment and treatment components as well as workforce training and development that will be sensitive to children with a history of trauma. The longer term goal is for all providers in the area to be able to identify and provide trauma-informed services.

The event was planned to inform and thank over 30 state and local agencies and individuals who demonstrated their support and commitment for the project in the original grant application. More than 130 people attended from the community; including mental health providers, educators, law enforcement, juvenile justice, healthcare, community groups, policy makers and youth who will be served in this project and their family members/caregivers.



Chris Copeland, TCMHS Executive Director and Joan Smyrski, DHHS Director of Children's Behavioral Health Services delivered a welcome to the diverse audience and introduced local, state, and national level speakers. Karen Baldacci, Maine's First Lady and Chair of the Maine Children's Cabinet, gave the Keynote address that underlined the compatibility and linkage between Trauma-Informed Services for Children with Severe Emotional Disturbances and the 2006 Goals of the Children's Cabinet. This connection includes

Continued on Page 5

the Early Childhood Development Goal to create coordinated systems and policies at the state and local level to ensure quality early childhood services to all young children. A second goal focuses on addressing Adverse Childhood Experiences, of which childhood trauma is recognized as a key factor that, if left untreated, will lead to adverse mental health and physical outcomes as the child becomes an adult.

Tonya Labbe was introduced as the project's newly hired Family Coordinator. Chantelle Bradrick, a 15 year old youth consumer enlightened the audience by addressing the question, "Why Listen to Youth?" Her answer emphasized the point that when the youth voice is heard, services can be far more friendly, non-stigmatizing and safe, thereby increasing youth participation and engagement in their treatment. Chantelle introduced the new Youth Coordinator, Brianne Masseli, who begins her new role at the end of February, 2006.

Ken Martinez, Mental Health Resource Specialist from the National Technical Assistance Partnership, offered a comprehensive view on the System of Care. A SOC is a wide range of mental health and related services and supports organized to work together to provide care. It is designed to help a child or adolescent with serious emotional disturbances, with the involvement of his or her family, to get the services they need in or near their home and community. Roger Fallot, Ph.D. followed with a presentation on Trauma-Informed Care. Dr. Fallot is a clinical psychologist and a nationally recognized leader in the development and evaluation of services for trauma survivors.



Arabella Perez, TCMHS Project Director for the Trauma-Informed System of Care (TISOC) explained that the project was organized into seven Workgroups whose purpose would be to advise and inform management on important aspects of TISOC's work. These Workgroups are: Family Voice, Youth Voice, Interagency Collaboration, Social Marketing, Clinical and Evidence Base Practices, Multicultural Practices and Project Evaluation. Attendees produced the initial outlines for the next steps in each of these Workgroups.

Two Members of CAAN Will be Missed

On February 3, 2006 a CAAN Meeting was held at the Senator Inn to honor Dr. Jim Jacobs and Major Tim Doyle. Both men have been instrumental in the success of our committee. Both have resigned their positions as they have moved into new positions in their respective careers.

Major Tim Doyle said "I would certainly like to thank the members of CAAN and the Child Death and Serious Injury Review Panel It was a rewarding experience to have served on both committees over the last 10 years. I have learned immensely from the other members of each committee and will miss the multidisciplinary views shared at the meetings. Maine's children are clearly safer because of the efforts of those that continue to serve these committees."

