

Maine Family First Prevention Services State Plan

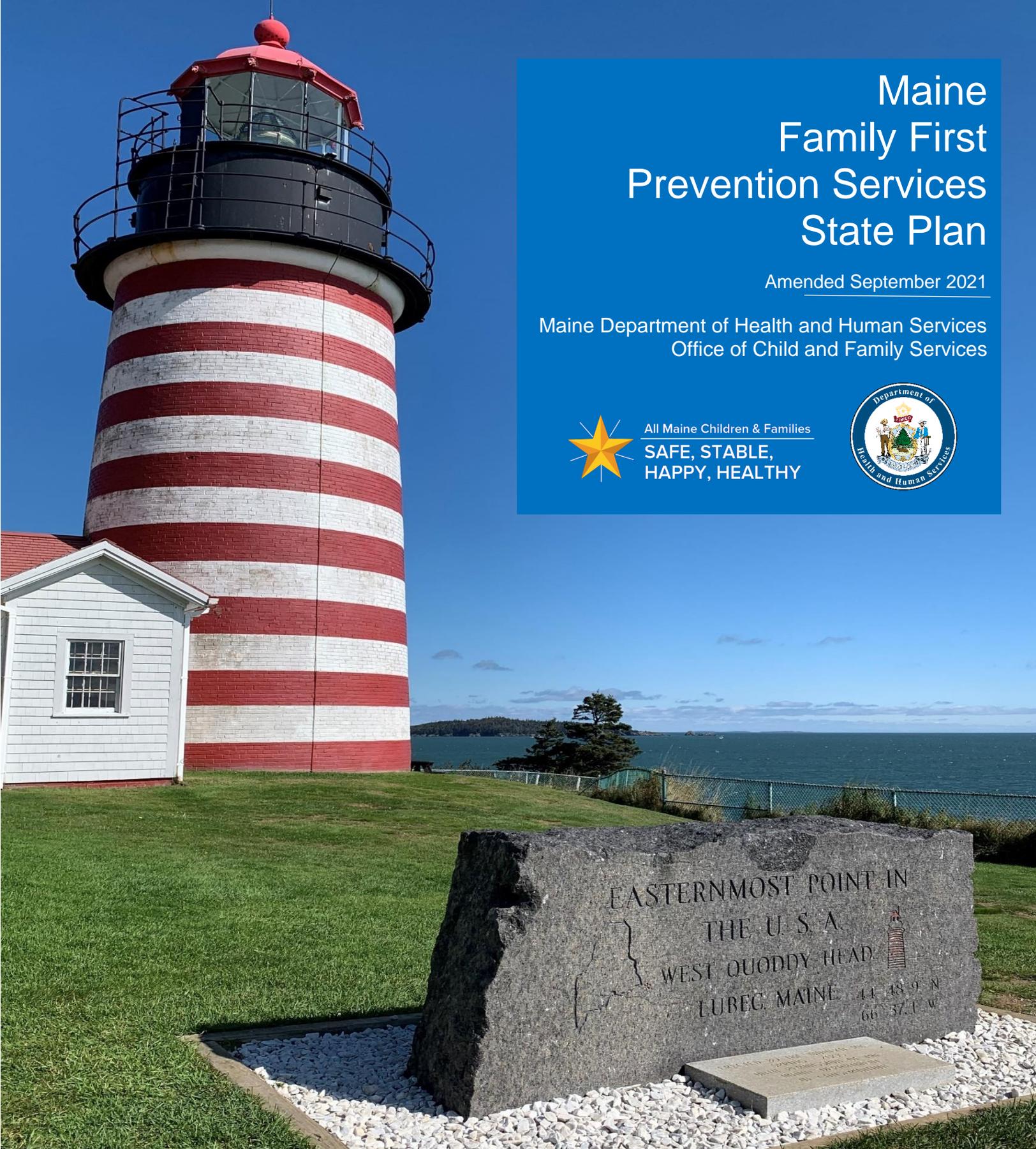
Amended September 2021

Maine Department of Health and Human Services
Office of Child and Family Services



All Maine Children & Families

**SAFE, STABLE,
HAPPY, HEALTHY**



*Guiding the way to increased access
and availability of services for
families in Maine to prevent the
need for out of home placement.*

Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

TABLE OF CONTENTS	
Section	Page
Executive Summary	3
Introduction	4
Eligibility for Title IV-E Prevention Services	19
Title IV-E and other Prevention Services	25
Child Specific Prevention Plan	38
Monitoring Child Safety	42
Evaluation Strategy, Waiver Request and Quality Assurance	44
Workforce Training and Support	52
Prevention Caseloads	57
Assurance on Prevention Program Reporting	59
Summary	59
Appendices	60
<ul style="list-style-type: none"> • Appendix 1: FFPSA Planning and Implementation Timeline...60 • Appendix 2: FFPSA Prevention Services Family Plan ...64 • Appendix 3: FFPSA Theory of Change and Logic Model...66 • Appendix 4: Evidenced Based Practice Workforce Logic Model...67 	
Attachments	68
<ul style="list-style-type: none"> • Attachment I: Reporting Assurances...68 • Attachment II: Waiver of Evaluation Parents as Teachers...69 • Attachment II: Waiver of Evaluation Homebuilders...70 • Attachment III: Trauma Informed Care Statement...71 • Attachment IV: MOE...72 	

This FFPSA State Prevention Plan was created by the Maine Office of Child and Family Services in partnership with state and community stakeholders, parents, resource parents and youth.

Family First Prevention Services Act (FFPSA)

State of Maine Office of Child and Family Services (OCFS)

State Prevention Plan
Executive Summary
December 2020

What is the FFPSA?

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018 as part of the federal Bipartisan Budget Act of 2018 (H.R. 1892). FFPSA emphasizes child welfare reforms such as increased federal financial support for prevention services (mental health, substance use prevention/treatment, and in-home skill-based parenting support) which aim to serve families and safely maintain a child in their home. The FFPSA also spotlights initiatives for when children must enter foster care such as increasing support for kinship caregivers and increasing the quality of children’s residential treatment programs by establishing Qualified Residential Treatment Program (QRTP) standards.

About OCFS

OCFS joins with families and the community to promote long term safety, well-being and permanent families for children. The FFPSA has provided a great opportunity for the multiple programs within OCFS to come together in a cohesive way to develop an improved service array and programming designed to serve all families in Maine. Child Development and Behavioral Health Services (CBHS) and Child Welfare Services within OCFS will collectively work to implement FFPSA and improve systems and services for families. This collaboration positions Maine for success in implementing FFPSA.

Theory of Change

Root Cause: Limited availability of preventative services can make it challenging for at risk families to safely maintain their children in the home leading to children entering foster care.
Goal: Increase prevention services available to families that will help address domestic violence, mental health, substance use, and parenting challenges through collaboration, utilization of evidence-based practice, and workforce support...
 so that families can receive support and treatment to meet their needs;
 so that there is enhanced safety and positive parenting;
 so that children can remain safely in their home.

Target Population

The target population for FFPSA in Maine includes:

- Children ages 0-17 who are at imminent risk of entering or re-entering foster care.
- Parents who need parenting support compounded by domestic violence, mental health and/or substance use, placing their children at imminent risk of entering foster care.
- Pregnant or parenting foster youth.
- Youth in care placed in residential treatment programs.

Keys to Success

Collaboration	Prevention Services	Family Engagement	Prevention Planning	Evaluation
<ul style="list-style-type: none"> • State Agency Partnerships for Prevention • Maine Child Welfare Advisory Panel • OCFS Advisory Groups • Maine Children’s Trust Child Abuse and Neglect Prevention Councils • Youth Leadership Advisory Team • Parent Partnerships • Indian Child Welfare Act Workgroup • New Mainers Immigrant Community Coalition 	<ul style="list-style-type: none"> • Parents as Teachers • Homebuilders Family Preservation Program • Methadone Maintenance Therapy • Multisystemic Therapy • Functional Family Therapy • Trauma Focused Cognitive Behavioral Therapy • Parent Child Interaction Therapy • Incredible Years • Triple P Positive Parenting Program • Other state agency funded prevention services. 	<ul style="list-style-type: none"> • Child Welfare, Behavioral Health Providers and QRTP programs will engage with families in a trauma informed and culturally and racially responsive manner. • Family Team Meetings and Family Prevention Services Planning will be family centered and incorporate the families’ input, needs, strengths, and goals. • Child welfare staff will be trained in family engagement strategies, including Motivational Interviewing, to effectively engage and support change with families. 	<ul style="list-style-type: none"> • Family Team Meetings will be held regularly to engage with the family and monitor progress and needs. • Structured Decision Making (SDM) will be utilized at key decision points to assess for safety, needs and progress to case closure. • Prevention Services Family Plans will be developed and reviewed with families every 90 days to ensure effectiveness and progress. 	<ul style="list-style-type: none"> • FFPSA outcome evaluation of individual prevention services for efficacy and model fidelity. • Each family will be regularly assessed and monitored for safety risks throughout the life of the case by child welfare staff. • Child welfare caseloads and workloads will be evaluated to ensure they meet appropriate standards for safety set forth by Public Law 2019, Ch. 34 (LD 821) • Quality Assurance case reviews will monitor implementation of policies.

Section 1: Introduction

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018 as part of the federal Bipartisan Budget Act of 2018 (H.R. 1892). This Act emphasized child welfare reforms such as increased federal financial support for prevention services for families that focus on mental health, substance use prevention and treatment, and in-home skill-based parenting support, all of which aim to maintain a child safely in their home when it is safe to do so. The FFPSA also spotlights additional initiatives for when children must enter foster care such as increasing support for kinship caregivers and increasing the quality of children's residential treatment programs by establishing Qualified Residential Treatment Program (QRTP) standards. The Maine Office of Child and Family Services (OCFS), the Title IV-E Agency for the State of Maine, requested and received an extension for FFPSA implementation and will begin full implementation of the FFPSA including Prevention and Qualified Residential Treatment Program services on October 1, 2021.

Serving Families and Protecting Children

The Office of Child and Family Services (OCFS) is a division within the Maine Department of Health and Human Services (DHHS). OCFS provides leadership in supporting Maine's children and their families by providing Children's Development, Behavioral Health, and Child Welfare Services across the state. The OCFS mission is to join with families and the community to promote long-term safety, well-being, and permanent families for children. This practice model guides OCFS' work with children and their families and includes the following tenets:

- Child safety, first and foremost;
- Parents have the right and responsibility to raise their own children;
- Children are entitled to live in a safe and nurturing family;
- All children deserve a permanent family; and
- How we do our work is as important as the work we do.

Multiple teams within OCFS work to implement this practice model in a collaborative way.

- The Child Development and Behavioral Health Services (CBHS) team supports the families of Maine and their children in accessing high-quality early childhood education and behavioral health services in their homes, schools, and communities. The Child Care team within the CBHS team manages the Child Care Subsidy Program that helps eligible families pay for childcare so they can work, go to school, or participate in job training as well as assist children in preparing for school.
- The Child Welfare team seeks safety, well-being, and permanent homes for children, working with professionalism and respecting the dignity of all families. Child abuse reports are investigated on behalf of Maine communities, working to keep children safe and to guide families in creating safe homes for children. The team also works to ensure children achieve permanency in a timely manner.
- The Children's Licensing and Investigation Services team licenses, monitors, and investigates childcare programs, children's residential facilities, child placing agencies, emergency shelters, and homeless shelters for youth. This team conducts child abuse and neglect investigations in a wide array of out of home settings that are licensed, or subject

to licensure, and funded by the Department and ensures that Maine children are safe, stable, happy and healthy in all out of home settings.

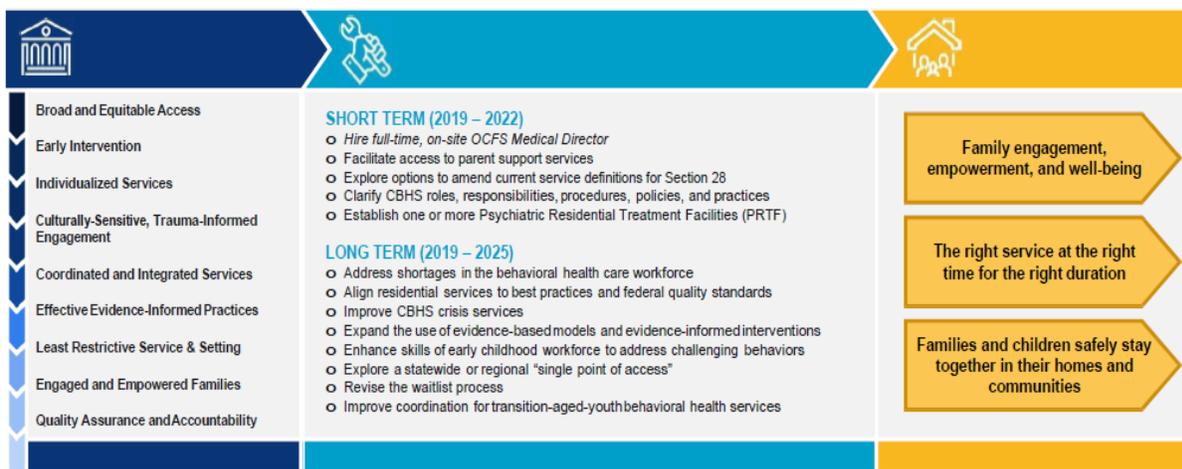
- The Technology and Support team performs a variety of functions that assist OCFS managers, supervisors, and staff in managing their performance as well as programs that assist the children and families OCFS serves. Their goal is to provide quality services in the areas of administration, finance, contracting, quality improvement, and information services to all OCFS programs.

The FFPSA has provided an opportunity for the multiple programs within OCFS as described above, to come together in a cohesive way to develop improved programming and service array designed to serve all families with the goal of safe, stable, happy and healthy families in Maine. In perfect alignment, the CBHS and Child Welfare teams are amid strategic planning and implementation to improve the existing systems and services for families which sets Maine up for success in planning for and implementing the FFPSA.

Child Development and Behavioral Health Services Strategic Initiatives

Child Development and Behavioral Health Services (CBHS), within the Office of Child and Family Services, focuses on behavioral health treatment and services for children and youth from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disability, Autism Spectrum Disorders, and mental health disorders. The CBHS vision is that all Maine children and their families receive the services and supports they need to live safe, healthy, and productive lives in their home, school, and community.

In 2018, a significant needs assessment of the CBHS system of care was done to review strengths, weaknesses, quality of outcomes, service array, capacity, funding structure, and program operations. As a result, a workplan to enhance the system of care was developed to include modifications to service definitions, the waitlist and coordination of services, crisis services, internal staffing, and establishment of Psychiatric Residential Treatment Facilities. The workplan includes strategies aligned with FFPSA including state workforce challenges, implementation of evidenced based practice, and the establishment of Qualified Residential Treatment Programs (QRTP). These priorities are outlined in this plan and in the chart below.



Italicized strategies have been completed

In conjunction with strategic planning, additional initiatives are being implemented by CBHS that are closely aligned with the FFPSA in supporting families and youth in Maine including the System of Care Grant and the Early Childhood Mental Health Consultation initiatives.

System of Care Grant: In June 2020, OCFS was awarded a 4-year, \$8.5 million, federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to improve behavioral health services available for children and youth in their home and communities. Funds are targeted for youth with severe emotional disturbances (SED) who qualify for Home and Community Treatment (HCT), particularly those who may be waiting for services. The primary areas of focus include:

- Family and youth engagement and support
- Clinical coordination
- Quality improvement and quality assurance oversight
- Standardized data collection and data-driven decisions
- Increased focus on evidence-based practices
- Systematic workforce development
- Creation of permanent infrastructure to ensure long-term impact

Grant funds will provide the opportunity to hire a Youth Peer Specialist and a Parent Peer Specialist in three historically underserved counties: Aroostook, Penobscot, and Piscataquis. These specialists will provide direct support to youth and families as they navigate the children's behavioral health system. The goal is to expand this program incrementally over the 4-years of the grant to include all 16 counties in Maine.

Early Childhood Mental Health Consultation: In June 2019, LD 997, *An Act to Promote Social and Emotional Learning and Development for Young Children* became law in Maine and provided Legislative support and authorization for the development of the Early Childhood Consultation Partnership (ECCP) in Maine. ECCP is the only evidence-based early childhood consultation model which was developed and is being implemented statewide in Connecticut. This program is designed to provide guidance, support, and training to improve the professional skills of childcare and elementary school staff as they work with children who have challenging behaviors that may put them at risk of learning difficulties or expulsion. The ECCP also incorporates efforts to support families (including resource families) whose child is experiencing challenging behaviors. The implementation of this program by OCFS began in the summer of 2020 and planning is underway for 5 pilot sites with the goal of future expansion statewide.

Child Welfare Services in Maine: Challenges and Opportunities

In 2018, two high profile child deaths, increased the collective awareness of Maine people regarding the child welfare system and Maine's shared obligation to ensure children are safe. This resulted in an increase in the number of reports to child protective intake, which other states have also experienced with similar tragedies. Despite the best efforts of OCFS staff, the system was taxed in several ways, including an increase in workload across the child welfare system and staff turnover. The State of Maine responded to these challenges by evaluating and examining the child welfare system. OCFS conducted an internal review of the child welfare system in Maine and contracted with the Public Consulting Group (PCG) to complete a Child Welfare Evaluation and Business Process Redesign. This resulted in approximately 175 recommendations presented to OCFS leadership.

In 2019, OCFS partnered with Casey Family Programs to map out and prioritize major initiatives and strategies, which are currently underway in Maine. The mapping process was designed to assist executive leadership and regional staff in evaluating which strategies would be most effective to achieve outcomes and identify areas where duplication of effort and inefficiencies existed. In collaboration with internal and external stakeholders, including OCFS staff and national experts, the recommendations were prioritized for implementation. Several of these strategies align with key activities in the OCFS Program Improvement Plan (PIP) as the findings were consistent with that of the federal Child and Family Services Review (CFSR). Staff voice was a critical component that guided the development of key activities and on an ongoing basis, feedback from both internal and external partners will be a key component of evaluating the implementation of these priorities.

Maine's Program Improvement Plan (PIP): Several goals from Maine's Program Improvement Plan (PIP) outline the changes that will occur in partnership with FFPSA to positively impact outcomes for children and families including:

- Ensuring safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risks and safety issues.
- Strengthening child welfare practice through improving engagement with families and children involved in the child welfare system.
- Improving timeliness to permanency through improved engagement of and communication with all families, family supports, the court system, and community partners.
- Increasing the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

The pathways to achieving these goals through FFPSA will be defined in this plan and include:

- Family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system;
- Implementation of a revised OCFS Family Plan to increase the engagement of families involved in the child welfare process leading to more effective family and child case planning and decision making; and
- Strengthening safety through statewide implementation of Structured Decision Making (SDM) in investigation activities to build consistency in practice statewide and improve critical thinking and decision making at key child welfare decision points.

Legislative Reform: In 2018, OCFS participated in legislative hearings regarding the child welfare system, including potential legislative solutions to improve outcomes for children and families. As a result, several pieces of legislation were passed supporting OCFS, including but not limited to:

- A modification to the expungement requirements in Maine law which lengthened the time the Department may retain unsubstantiated records from 18 months (if no new reports) to 5 years;
- A provision which authorizes OCFS to receive confidential criminal history from the Maine Department of Public Safety;

- A modification to the family reunification language in Maine law which required reasonable efforts to reunify;
- Implementation of a pilot family visitation model;
- Financial support for a new child welfare automated information system;
- An increase to foster care reimbursement rates;
- Authorized additional staff positions and funding for stipends for child welfare staff.

Child Welfare Substance Exposed Infant Initiatives

Similar to the CBHS team, the Child Welfare team has several initiatives that align with the FFPSA that are designed to support the safety and well-being of children and families in Maine. As described in Section 2 of this plan, Maine has experienced significant challenges with families affected by substance use disorder and child welfare has worked closely with other state agencies to implement strategies related to reducing Substance Exposed Infants in Maine.

Substance Exposed Infants: Maine has seen an increasing trend since 2012 of babies born substance exposed/affected. Those numbers peaked in 2016 and declined in 2017, 2018 and 2019, however, fewer total babies born in 2019 has led to the state rate staying nearly the same, a little over 7%. In 2019, one in 13 babies born in Maine was born substance exposed/affected. In addition, the number of babies born substance exposed/affected exceeded 10% in 8 of Maine's 16 counties with the top 6 counties identified below.

SFY 2019 Highest Counties with Substance Exposed/Affected Infant Notifications						
County	Somerset	Waldo	Piscataquis	Aroostook	Washington	Knox
Rate	15.6%	12.9%	12.5%	12.8%	12.4%	12.1%

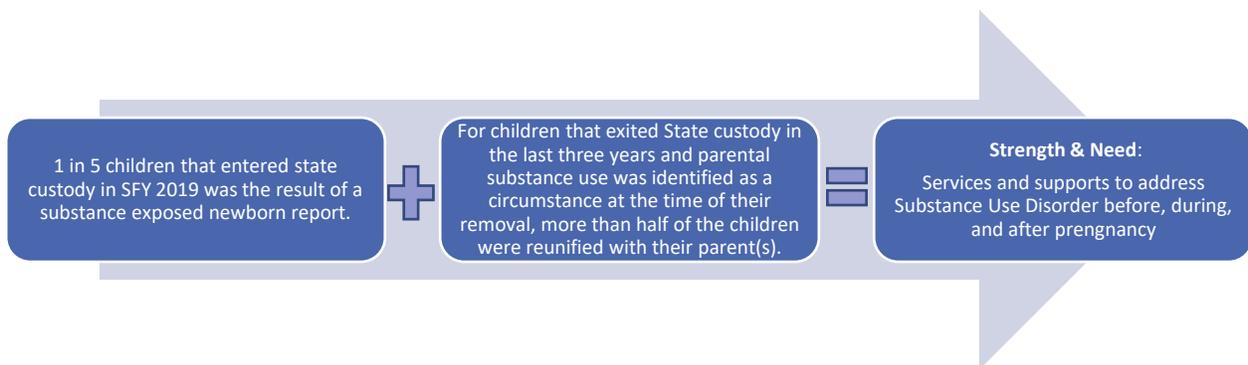
(Data Source: Maine Automated Child Welfare Information System)

In 2019, OCFS began collecting additional data specific to substances of use when receiving a substance exposed infant notification to assess the basis for the increase in numbers (i.e. Are more mothers receiving medication assisted treatment or using illicit substances?).

Maine law Title 22, Section §4004-B addresses the protection of infants born affected by prenatal exposure to drugs or with a fetal alcohol spectrum disorder. The law includes, but is not limited to, the requirement that for each infant whom the department determines to be affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or who has a fetal alcohol spectrum disorder, the Department must develop a plan for the safe care of the infant and, in appropriate cases, refer the child or caregiver or both to a social service agency, a health care provider or a voluntary substance use disorder prevention service. This law aligns with the federal Child Abuse Prevention and Treatment Act (CAPTA) and the Comprehensive Addiction and Recovery Act (CARA) both requiring states to develop a Plan of Safe Care (POSC) for infants exposed to and affected by *any substance* use, (legal or illegal). A POSC created for an infant also includes supports and resources for their mothers and/or other caregivers living with substance use disorder.

Under the umbrella of the CAPTA-CARA requirements, each state has its own legal requirements related to notification and mandated reporting of substance exposed infants.

Maine law, Title 22 Section 4011-B outlines the requirements for notification of prenatal exposure to drugs or having a fetal alcohol spectrum disorder. The law specifically states that “A health care provider involved in the delivery or care of an infant who the provider knows or has reasonable cause to suspect has been born affected by substance use, has withdrawal symptoms that require medical monitoring or care beyond standard newborn care when those symptoms have resulted from or have likely resulted from prenatal drug exposure, whether the prenatal exposure was to legal or illegal drugs, or has a fetal alcohol spectrum disorder shall notify the department of that condition in the infant.” Any notification may not be construed to establish a definition of "abuse" or "neglect." One in five children reported to the Department as a substance exposed infant has entered foster care in SFY 2019 and over half of them have been reunified with their families. This demonstrates the need to address and identify services and supports for families impacted by substance use before, during, and after pregnancy.



Plan of Safe Care (POSC): The POSC is a tool to be used for infants and families/caregivers that captures the level of need, referrals and services required to ensure substance use disorder does not impact the family’s ability to safely care for their child/ren. The goal of the POSC is to remove barriers to support through creating the POSC with conversation rooted in open ended questions, use of destigmatizing language, and a stance of collaboration. The POSC will facilitate meeting the clinical/social needs of the birthing person, their family, the newborn and/or people caring for the infant. At birth, the infant’s needs will be integrated into the POSC.

In March of 2020, a collaboration within an existing substance exposed infant internal workgroup, including Maine Center for Disease Control and Prevention (Me CDC), OCFS, Office of Behavioral Health, Office of MaineCare Services and the DHHS Commissioner’s Office, led to the creation of a draft Plan of Safe Care (POSC) and procedures for implementation. Starting in January 2021, the goal is to create a POSC for every substance exposed infant in Maine. A longer-term goal for the project is to have a POSC for every pregnant woman in Maine. The OCFS POSC nurse, will develop a tracking system to determine which families have a POSC and the outcomes of those plans when a notification of child abuse and neglect report is made to OCFS Intake. A POSC policy will be developed outlining who is responsible for the POSC, how the plans will be developed, how service referrals will be made, how progress will be tracked and where this information will be stored.

Other Substance Exposed Infant Initiatives: OCFS has been a collaborative partner in several other initiatives across Maine state agencies to reduce the numbers of and impact to substance exposed infants including:

- The implementation of the Eat Sleep Console model in hospitals across Maine.
- The planning and implementation of the Maine Maternal Opioid Model (Maine MOM) grant as discussed below.
- Convening of a community member task force and state level steering committee.
- The development and implementation of the [SnuggleMe Guidelines](#), which provides resources to the medical field supporting pregnant women impacted by substance use.
- Implementation of statewide media messaging educating the public on the risks of substance use during pregnancy and the importance and strength in seeking services.
- Professional development support (including conferences and trainings) to providers working with families impacted by prenatal substance use.

Maine intends to build upon existing Substance Exposed Infant initiatives as identified above to ensure that families have access to the services afforded through the FFPSA in an effort to improve outcomes for children and families impacted by substance use.

Other State Initiatives Aligned with FFPSA

In conjunction with the many initiatives underway within the Office of Child and Family Services, there are several other state level initiatives happening concurrently, that when combined, provide a significant opportunity to enhance the safety and well-being of all families in Maine. These initiatives, outlined in the diagram and sections below, include primary, secondary, and tertiary prevention services to address early intervention, substance use, and child and family safety.



Medicaid 1115 waiver: The Office of MaineCare Services (Maine’s Medicaid system) submitted the Substance Use Disorder (SUD) 1115 Waiver on November 26, 2019, which contained five requests to improve the SUD continuum of care (see table below). Over the last year, staff from Office of MaineCare Services, Office of Behavioral Health, and OCFS have been working with the Centers for Medicare and Medicaid Services (CMS) towards implementation of Maine’s plan for this waiver. In addition, this team surveyed current SUD residential treatment providers to assess readiness and willingness to take advantage of the Institutions for Mental Disease (IMD) exclusion waiver. These efforts are woven into the implementation of the FFPSA in Maine.

MaineCare 1115 Waiver Initiative
<u>IMD Exclusion Waiver:</u> Allow MaineCare to received federal match for evidence-based SUD treatment services provided to MaineCare members in residential settings with more than 16 beds.
<u>Proposing pilot programs for parents with SUD involved with/at risk of involvement with Child Protective Services:</u> <ul style="list-style-type: none"> • Skills development services surrounding self-care, daily living skills, personal adjustment, socialization, relationship development, and adaptive skills necessary to reside in community settings. • Attachment Biobehavioral Catch-up and Visit Coaching to increase caregiver knowledge of child development and caregiver nurturance, improve parenting practices, strengthen parent-child attachment, meet the child’s health-related and safety needs, increase child behavioral and biological regulation, and decrease Adverse Childhood Events.
<u>Proposing bundled payments to Level 4 certified, recovery residences</u> to address social health determinants. Sites will transition to value-based payments to incentivize outcomes and reduce costs.
<u>Proposing continued MaineCare eligibility</u> to previously eligible MaineCare parents of a child who has been removed from the home of the parent until either DHHS determines that the parent is no longer participating in the rehabilitation and reunification plan as required by the plan, or until parental rights have been terminated, whichever event happens first. ¹

Maine Maternal Opioid Model (MaineMOM): MaineMOM is a 5-year initiative led by the Office of MaineCare Services and is funded through a cooperative agreement with the Central Medicaid Services (CMS) Center for Innovation. This project is funded for \$5 million to design and implement delivery system change, through collaboration with health care and community partners and women in recovery, to integrate perinatal and opioid use disorder (OUD) care through adoption of a new MaineCare service. MaineMOM will connect pregnant and postpartum women who are MaineCare eligible with OUD treatment, maternal care, and community supports to aid in their recovery and improve outcomes for both the mother and infant. The MaineMOM service model aims to:

- Increase referrals and access to needed OUD treatment and maternal health care for eligible MaineCare members.
- Support the treatment and recovery of mothers with group-based medication-assisted treatment.

¹ Inclusion in a waiver submission pursuant to LD 195.

- Increase the capacity of integrated care teams to deliver evidence-based care, including through telehealth.
- Enhance coordination with labor and delivery, hospital, and post-partum care for mothers and infants.
- Increase referrals and access to community programs for home visiting, nutrition, and other needed social supports.
- Implement a public communication and outreach campaign about available services.

The Children's Cabinet: In January 2019, Governor Janet Mills announced during her inaugural address, her plan to reinstate the Maine's Children's Cabinet to improve the health and well-being of children in Maine. The Governor's Office of Policy Innovation and the Future is coordinating the work of Governor Mill's Children's Cabinet to align and strengthen programs and policies for young children and at-risk youth. The Children's Cabinet members are the Commissioners of five state agencies (Department of Corrections, Department of Education, Department of Health and Human Services, Department of Labor, and Department of Public Safety) operating programs and policies for children. The Children's Cabinet has identified two overarching goals:

- [All Maine children enter kindergarten prepared to succeed.](#)
- [All Maine youth enter adulthood healthy, connected to the workforce and/or education.](#)

"There is no higher priority than our children and...it is high time we put children's health and safety first. I will start with one simple step — calling together the Children's Cabinet for the first time in years, to tackle these issues."

Governor Janet T. Mills, Inaugural Address

A subgroup of the Children's Cabinet (the Children's Cabinet Staff Meeting) convenes multiple state agencies within each Department to plan for and implement the strategies identified in the above referenced plans. OCFS has been involved in this work which ties in nicely with OCFS initiatives and the FFPSA and is a source for the inception of the State Agency Partnership for Prevention to be described in greater detail below.

Safe Sleep: In response to infant deaths relating to unsafe sleep practices, the Department of Health and Human Services (DHHS) launched a statewide campaign called Safe Sleep for ME. The campaign provides information on safe sleeping practices for babies to new parents, pregnant women, and others who care for children younger than 1 year old. Advertising on digital, social media, television, and radio platforms promoted the A, B, C's of Safe Sleep:

- A. ALONE in a crib
- B. On their BACK for nights and naps
- C. Placed in a clean, clear CRIB
- D. Cared for in a DRUG Free Home - by aware, not impaired, caregivers

The Department's Safe Sleep initiative, led by the Maine CDC, also includes work with hospitals (to help them become safe sleep certified and increase their access to cribs for distribution), Public Health Nurses, Maine Families Home Visiting staff, Women, Infants and Children (WIC)

staff, OCFS caseworkers and other social service agencies to ensure safe sleep education is provided to families with a new baby.

Maine Opiate Response Strategic Action Plan: Maine has been hit hard by the opioid epidemic with 2,289 individuals losing their life from an opioid-related overdose between 2010 and 2018. To date, the state continues to lose more than six Mainers every week, on average, to a drug overdose with those statistics showing no improvement at the time of this plan’s development. For people with an opioid use disorder, finding treatment that is affordable, immediate, and local can be extremely difficult. Equally troubling, many people in recovery continue to face stigma in their communities and a shortage of housing, transportation, and employment opportunities that could return hope and connectivity. Many of these individuals living with an Opiate Use Disorder (OUD) are parents and caregivers of children. As discussed in Section 2, substance use is a contributing factor in at least half of child welfare cases, making the impact of OUD in Maine even greater.

5 Focus Areas ► 9 Priorities ► 20 Strategies ► 1 Goal

Since January 2019, Maine DHHS has worked with multiple state agencies to develop a strategic plan designed to confront the epidemic of substance use disorder (SUD) and opioid use disorder (OUD) with evidence-based strategies that are targeted and tailored for maximum impact in Maine. The Maine Director of Opioid Response oversees this



plan which involves OCFS, Department of Education, Maine Center for Disease Control and Prevention, Department of Corrections, and other state agencies. A summary of this plan is depicted above with a full version of the plan found [here](#).

Collaboration for Prevention and Continuum of Services:

The support and collaboration across these initiatives by the Director of OCFS, Governor Janet Mills, and the legislature is reflective of the commitment of Maine in supporting improvements of systems of care, including the child welfare system. As articulated in the OCFS Practice Model, it is the philosophy of OCFS providing child and family services and developing a coordinated service delivery system.

OCFS collaborations across Maine have been plentiful and include, but are not limited to, partnering with groups and organizations such as, the Maine Child Welfare Advisory Panel, Maine Children’s Trust and Child Abuse and Neglect Prevention Councils, Maine Child Death and Serious Injury Review Panel, Maine Justice for Children Panel, Maine Youth Transition

Collaborative, Youth Leadership Advisory Team, Foster Family Based Treatment Association: Maine Chapter, Parent Partners, Indian Child Welfare Act (ICWA) Workgroup, and the OCFS Child Welfare Business Process Redesign Collaborative, to name a few.

State Agency Partnership for Prevention (SAPP): In planning for FFPSA and evaluating the current capacity in the state to implement this new initiative, a comprehensive review of resources and opportunities available was necessary. OCFS is fortunate to have strong partnerships with other state agencies who are also funding or implementing programs and services with the similar goal of safe, stable, happy, and healthy families in Maine. Through the initiatives described above, as well as collaboration with the Children’s Cabinet members, the State Agency Partnership for Prevention (SAPP) was created, which establishes a focused effort to develop the continuum of services available to families building on many of the initiatives state agency partners are already implementing or funding. This partnership includes: OCFS, Department of Corrections, Department of Education, Maine Center for Disease Control and Prevention, Office of MaineCare Services, Office of Family Independence, Office of Behavioral Health, and Department of Labor. This group of state agency partners fund and/or coordinate primary, secondary, and/or tertiary prevention services.

Through multiple convenings, and in conjunction with other initiatives, the SAPP has begun creating an inventory of services that target support for youth and families to examine the gaps and needs for services that state agencies can collectively work together to fill. The continuum of prevention services is shown in the figure on page 15 below, with additional details provided under the Prevention Services section of this plan.

Child Abuse and Neglect Prevention Councils (Prevention Councils): In addition to the state partnerships that OCFS participates in, there are also other existing resources for prevention that contribute to the continuum of prevention services through FFPSA. One such resource includes Prevention Councils which are community organizations providing continuous year-round service to encourage and coordinate community efforts to prevent child abuse from occurring. Prevention Councils, who receive funding from OCFS, will contribute to the continuum of prevention services and will be described in greater detail in Section 3.

Maine OCFS plans to utilize the partnerships identified above to support FFPSA which creates an opportunity to align children’s behavioral health and child welfare intervention services with other state initiatives to support families and reduce the likelihood of removal and future maltreatment. Prevention strategies will target the multitude of risk factors that impact child safety – homelessness, substance use, mental health, domestic violence, and past trauma to name a few. OCFS will collaborate with community and state partners to determine the most effective methods for addressing service gaps, particularly in rural and remote areas of Maine. OCFS will leverage FFPSA to implement a full array of preventative services, from primary to tertiary prevention pathways. Through FFPSA and collaboration across state programs, Maine will work towards the goal that all Maine children and families will have timely access to the right services and supports based on their level of need.



STATE AGENCY PARTNERSHIPS FOR PREVENTION (SAPP)

State Agencies partnering to support healthy and safe families and children across Maine.

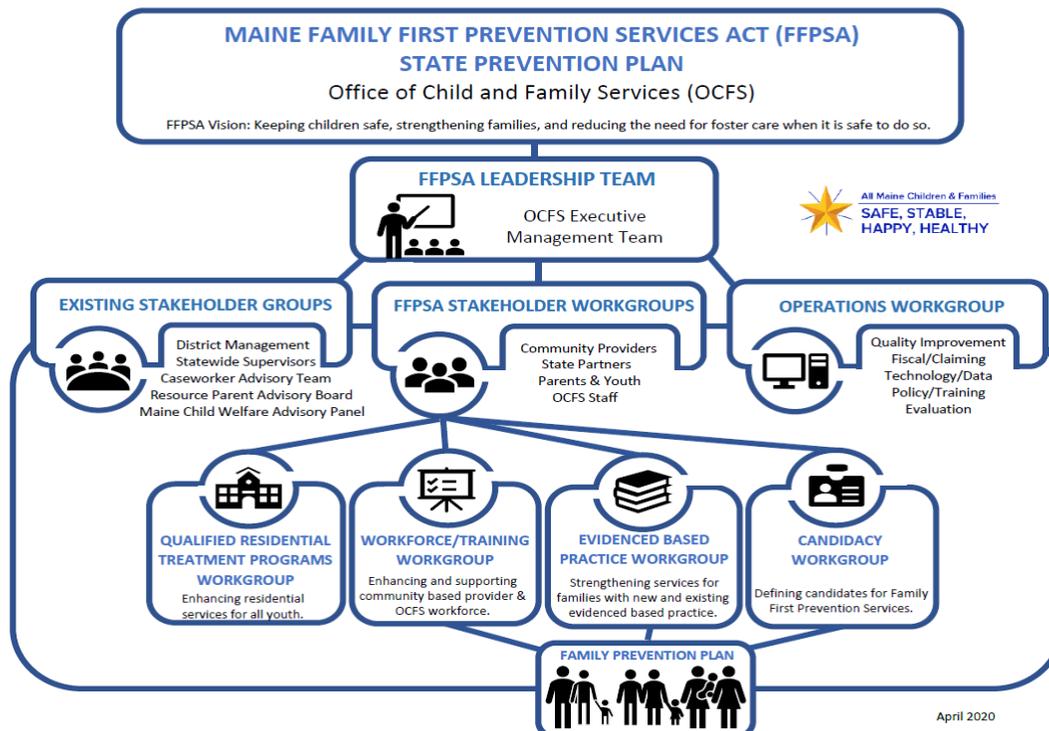


Partnering for Change: Planning for Prevention

In the fall of 2019, OCFS led a FFPSA conference with statewide stakeholders, providing a detailed overview of the FFPSA and data related to trends in OCFS practice. This was followed up with the development of an [OCFS website](#), planning updates, the hiring of a FFPSA program manager, and the creation of the FFPSA stakeholder workgroups. Through email distribution and informational meetings, a robust group of stakeholders joined OCFS in planning for the implementation of FFPSA. More information about these groups is described below.

Stakeholder Group	Goal
Qualified Residential Treatment Program (QRTP)	To develop standards of practice for Maine’s Children’s Residential (Private Non-Medical Institution-PNMI) programs to obtain a QRTP designation to meet IV-E requirements.
Evidenced Based Practice (EBP)	To identify EBP to implement as part of FFPSA that are not already covered by MaineCare and expand behavioral health EBP’s for youth that are covered by MaineCare.
Workforce Development	To assess and identify current strengths and needs of Maine’s community-based behavioral health and supportive services provider workforce.
Candidacy	Assess current candidacy needs and develop a definition of candidates for receiving FFPSA prevention services.

FFPSA stakeholder workgroups began meeting in March and April 2020 along with several internal planning meetings including OCFS Executive Management staff, program managers, consultants, content experts, and other staff. An infrastructure for FFPSA planning and implementation was built and is shown below.



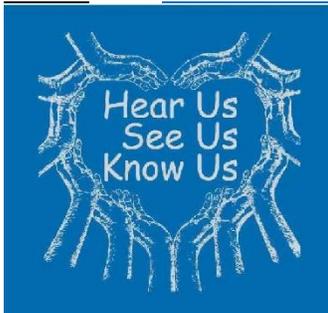
Communication: One of the first priorities set forth after convening stakeholder workgroups was to increase communication to ensure widespread education across the state on FFPSA and create a robust representation of stakeholders from community and state programs. Several communication strategies were employed including, but not limited to:

- The development of a [FFPSA fact sheet](#) disseminated through workgroup members.
- Modifications to the OCFS [website](#) to include the FFPSA program manager contact as well as establishing secondary content specific pages to allow for information to be shared for each stakeholder group and provide general updates.
- The creation of a [FFPSA planning structure document](#) to outline and demonstrate the process for FFPSA planning as shown above.
- The development and implementation of a FFPSA introductory [webinar](#) was hosted to educate the public on the FFPSA and engage additional stakeholders in the planning process which engaged over 100 participants.
- Introductions on FFPSA to other stakeholder groups and state programs, including the Maine Center for Disease Control and Prevention, DHHS Commissioner’s office Children’s Cabinet Staff, Office of MaineCare Services, Office of Behavioral Health, and internal OCFS Advisory Groups (caseworker, supervisor, and resource parent.)
- In August 2020 a live [FFPSA update webinar](#) with stakeholders to share progress and activities of the FFPSA was held with over 100 participants.
- In December 2020, a live [webinar](#) was conducted with nearly 150 stakeholders to get feedback into the FFPSA State Prevention Plan proposed approach. This was followed up with a survey to gather additional suggestions and feedback.

The list of internal and external stakeholders for all FFPSA has exceeded 270, with some duplication as some providers are on multiple stakeholder groups. These stakeholder workgroups (internal and external) have consistently met collectively over 20 times in a 9-month period to plan for implementation of FFPSA.

Engaging Other Stakeholders in FFPSA Planning: A significant priority in the FFPSA planning process has been the inclusion of other key stakeholders as outlined below.

- *Youth:* The [Youth Leadership Advisory Team \(YLAT\)](#) adult partners have collaborated with OCFS to engage young people in care in discussions about FFPSA. Young people participated in six informational sessions that included discussions with youth to gather thoughts and insights that have assisted with FFPSA planning. The [Maine Parent Federation \(MPF\)](#) has also been instrumental in leveraging the voices of youth by providing an additional meeting with youth with a focus on special health needs. The feedback provided by youth during all of these meetings have been presented to stakeholder workgroups and used in program planning. Discussion questions with youth stakeholders included: What is needed to prevent entry into foster care; What are helpful supports and services at various points in a case; and how caseworkers can authentically engage with youth and families. Youth highlighted the importance of accessibility and early timing of mental health counseling, parenting, life skills and support to prevent children from entering care. Tangible resources were also suggested, such as internet access, transportation, service websites and help with



basic needs such as food. Substance use treatment and access to natural support networks were also highlighted.

In addition, OCFS Youth transition workers participate in internal and external FFPSA stakeholder workgroups and provide valuable input informed by the perspectives of the youth they support. Meetings with YLAT and MPF staff will continue throughout planning and implementation of FFPSA. In addition, YLAT and OCFS have worked together to develop a FFPSA Youth Champion, a paid internship to be filled by an alumnus of foster care, to ensure ongoing youth voice and engagement in implementation of FFPSA.

- Parents/Caregivers: There has been ongoing representation of parents/caregivers in the FFPSA stakeholder workgroups. In addition, through the Maine Parent Federation (MPF) and the Parent Partners Program, three parent meetings were held to provide an overview of FFPSA and engage in discussion to elicit feedback to inform FFPSA planning. Two additional parent meetings were completed to review and get additional feedback on the proposed approaches being considered for the FFPSA State Plan. Parental responses for the most part mirrored what youth had expressed in their sessions. Parents also identified therapy, addressing trauma of parents, and availability of services as the key interventions that would help prevent removal of children. Regarding ongoing case planning, several parents felt that respite would be helpful as well as addressing Adverse Childhood Experiences, natural supports, and being able to access services through technology and transportation support.
- Judicial System: In the spring of 2020, a Judicial Symposium was the intended means to introduce the FFPSA to the court system, including judges and attorneys. Due to COVID, this was postponed to October 2020. In lieu of this, communication which included information about the FFPSA website, and a recorded webinar was sent to judges by the Administrative Office of the Courts (AOC) on behalf of OCFS. This included an invitation to be a member of OCFS stakeholder workgroups. The AOC required judges to participate in the webinar recording. A presentation on FFPSA was provided during the October 2020 Child Welfare Judicial Symposium, with over 270 attendees. An AOC representative has been involved in FFPSA stakeholder workgroups and judges were invited to the December FFPSA State Plan Feedback Webinar. Ongoing engagement with the courts is expected to continue, including additional training on FFPSA implementation in the summer of 2021.
- Other Stakeholders: Presentations have been given to several other organizations and groups, including but not limited to: The Maine Coalition Against Sexual Assault, Maine Children's Trust, Maine Resilience Building Network, Children's Cabinet Staff, Caseworker Advisory Committee, Supervisor Advisory Committee, Resource Parent Advisory Committee, Maine Chapter of the American Academy of Pediatrics, Indian Child Welfare Act workgroup, and the New Mainer Community Collaborative.
- Child Welfare Forums: Four child welfare forums were held with all communities in Maine in the month of October 2020. Qualitative data on systematic strengths and needs was collected and assisted with FFPSA planning. Continued themes emerged about the access and availability of behavioral health and supportive services for families in Maine.

Racial and Cultural Inclusion: While Maine is a predominantly white state, there are many diverse communities, including but not limited to individuals of color, immigrants, and tribes. Communication about FFPSA has been widespread to ensure diversity in the engagement of stakeholders in the planning process. The inventory of workgroup members has been studied to ensure representation and voices from various racial and ethnic backgrounds. Racial and ethnic diversity was highlighted on the agenda for both internal and external stakeholder workgroup meetings to ensure this is a topic addressed in all FFPSA planning. To that end, the DHHS Manager of Diversity, Equity and Inclusion was consulted multiple times to assist with this effort. Additional strategies are outlined below.

- ***Tribal Engagement:*** There are 5 tribes within the State of Maine spread across multiple communities of the state. Two tribes were represented in stakeholder workgroups and additional outreach to other tribal members occurred through the OCFS tribal liaison and a presentation to the Indian Child Welfare Act Workgroup. Ongoing outreach continues to ensure engagement is present during planning and implementation.
- ***New Mainer/Immigrant Engagement:*** There are several New Mainer/Immigrant communities in certain geographical locations in Maine. Beginning in September 2020, monthly meetings have convened (and will continue) with New Mainer community representatives to discuss ways to engage families in the FFPSA planning process, provide feedback on the State Plan, and discuss specific strategies for how we can ensure inclusion continues. Emerging themes from these meetings include the need for education about culture and service delivery for both child welfare staff and service providers to enable them to be culturally informed and sensitive. Also identified is the need for more cultural brokers and a mechanism for feedback from New Mainer families on an ongoing basis for all state initiatives. These issues will continue to be discussed in an effort to develop strategies for implementation.

As described above, several activities have contributed to the development of the Family First Prevention Services State Plan. A timeline of all FFPSA Planning and Implementation activities can be found in Appendix 1.

Section 2: Eligibility for Title IV-E Prevention Programs

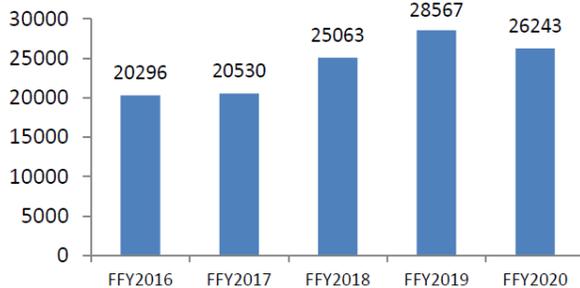
Maine Data: Who are we serving?

Child Welfare: In preparation for the planning and implementation of the FFPSA in Maine, child welfare data was gathered and analyzed from the Maine Automated Child Welfare Information System (MACWIS) to determine the ideal candidates for prevention services.

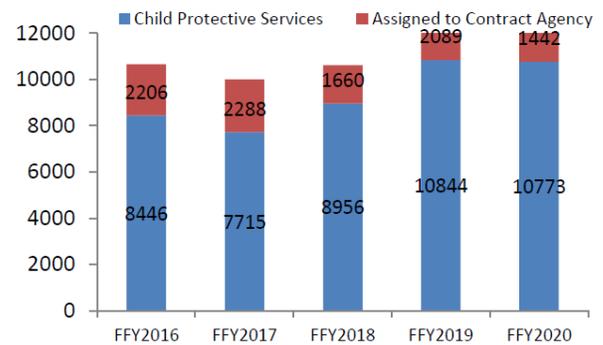
Intake Reports/Assessments: The following tables summarize the number of referrals to Child Protective Services and the number of referrals assigned for a Child Protective Services assessment or to a Contract Agency (Alternative Response) for assessment. Over the past 5 years ending FFY20, the OCFS intake team received an average of 24,139 reports each year with a high of 28,567 reports in FFY2019. On average, OCFS annually assigns 11,284 (47%) for assessment with the figure below outlining when assignments are made to a contract agency for

assessment. In FFY20, OCFS received 26,243 reports of which 12,215 (47%) were assigned for assessment or alternative response.

Child Protective Intake Reports

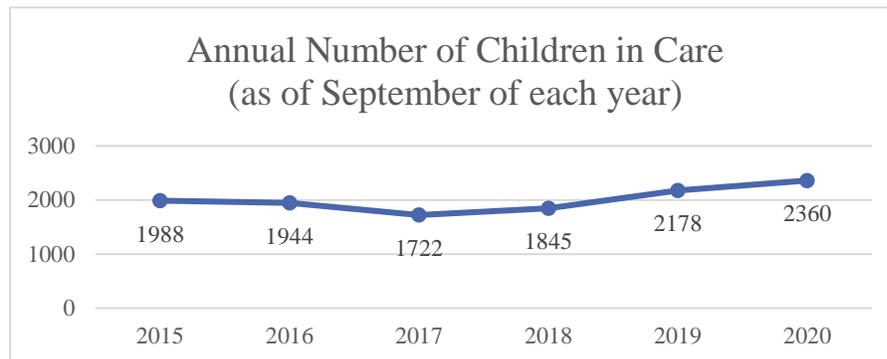


Assessments



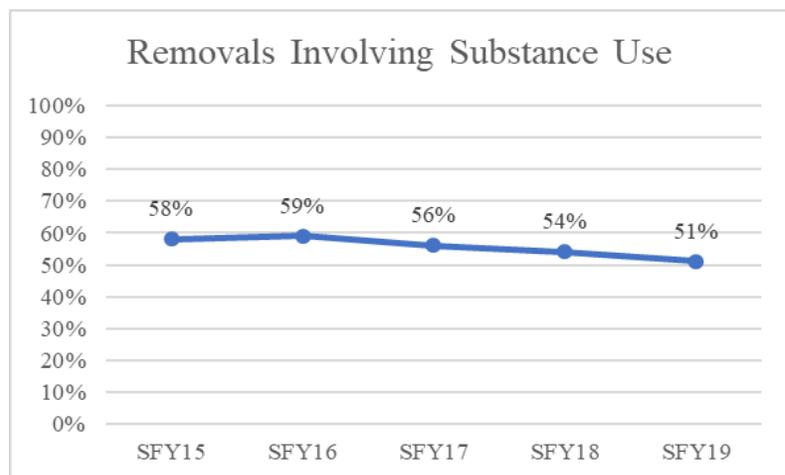
*Child Protective Services figures are annual totals

Children in Foster Care: As indicated in the chart below, the numbers of children in foster care over the years has varied. The number of children in foster care at any given time is a function not just of the number of children entering foster care, but also the number exiting to permanency. In a given week if 12 children enter the Department’s care, but 15 exit to reunification with their parents, adoption, or another form of permanency, it results in 3 fewer children in care at the end of that week.



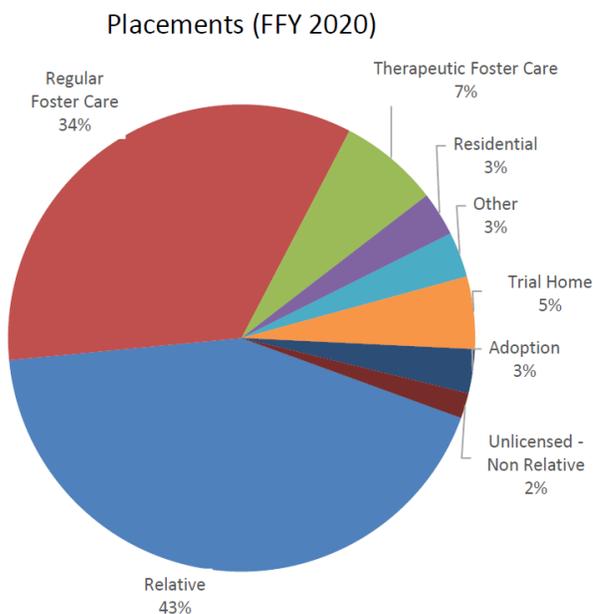
Many factors have contributed to the number of children in foster care, but parental substance use has continued to be a significant contributing factor for removal of children from the home over the past several years.

In State Fiscal Year (SFY) 2019-half (51%) of all child welfare removals involved parental substance use as a factor in the removal which was a slight decrease in trend from 2018 (54%). Caseworkers documented the most commonly identified substances used by parents were alcohol and heroin. With that, 1 in 5 infants entered custody in SFY 2019 following a drug affected baby/substance exposed newborn report (*Office of Child and Family Services, State Custody Summary 2019*).



When assessing the age of children entering foster care, the highest rate (21%) of children entering care are newborns. Over half of the children entering foster care over the past three fiscal years were under the age of 5. Family structure at time of removal in SFY 2019 was primarily families identifying as an unmarried couple (42%) and single female families (36%). Most children entering foster care were white (72%), 3% were Black/African American, 6% identified as multi-racial (3% of them being Hispanic/Latino). Native American children made up 1% of the children in foster care in SFY 2019 and about 17% were of unknown race. Nearly half of children entering care were male (49%) with 51% being female. (*Office of Child and Family Services, State Custody Summary 2019*)

Maine consistently has had a low number of pregnant or parenting youth in foster care with only two youth identified in June 2020. (Maine Automated Child Welfare Information System, 2020.)



Although it is OCFS’ goal to ensure children remain safely with their parents whenever possible, the need for caring and committed resource parents remains high. OCFS continues to concentrate resources on foster parent recruitment and has focused attention on retaining experienced foster parents. In FFY 2020, 43% of all children in state custody were placed with relatives. To compare nationally, in FFY 2018 (the most recent year for which federal data is available), 32% of all children in state custody were placed with relatives. Maine continues to have low numbers of children in care placed in residential programs.

Maine Automated Child Welfare Information System (MACWIS)

Service Cases: Maine OCFS has seen an increasing trend over the past few years with the number of open active family Service cases; cases open to OCFS where risk and safety factors have been identified but the children remain in the placement and custody of a parent with supports and services. These would be considered traditional candidacy cases. The following chart indicates the numbers of Service cases open in each district in October of each given year.

District	Oct-14	Oct-15	Oct-16	Oct-17	Oct-18	Oct-19	Oct-20
1 York	52	42	69	67	71	67	51
2 Cumberland	47	24	29	39	20	25	30
3 Western Maine	47	38	41	38	31	67	66
4 Mid Coast	16	17	29	24	32	35	36
5 Central Maine	82	63	81	90	61	82	102
6 Penquis	33	48	49	51	39	65	56
7 Down East	53	47	37	18	14	24	35
8 Aroostook	14	8	8	15	8	21	22
State Totals	344	287	343	342	276	386	398

* These numbers represent current open service cases at the time the document is published. Adding the totals from each month will not accurately reflect how many cases there were in a year, as a case that is open in January may still be open in June or September.

Service Case Risk Factors	2019
Neglect	50%
Caretaker's drug use	37%
Domestic Violence	25%
Emotional or Psychological abuse	20%
Caretaker's alcohol use	19%
Physical abuse	18%
Prior History with CPS	17%

The top percent of risk factors found with child welfare Service cases is parental substance use at 56% with neglect being second at 50%. Domestic violence was identified in a quarter of cases and prior history with Child Protective Services was identified in 17% of cases. The table to the left highlights rates across risk factors.

(Maine Automated Child Welfare Information System, 2020.)

Children’s Behavioral Health Data: OCFS Children’s Behavioral Health data was also examined for the needs of children across Maine, including those in and out of foster care. In State Fiscal Year (SFY) 2020, over 30,000 Maine children and youth received children’s behavioral health services. Post-Traumatic Stress Disorder and Attention Deficit Hyperactivity were the two most common behavioral health needs identified. Developmentally, Autism disorder was the most common with language developmental delays the second most common.

Other Data Collection: Through the FFPSA stakeholder workgroup meetings, surveys, and meetings with parents and youth, qualitative data was gathered on the needs of families in Maine. Consistent with MACWIS data, substance use, neglect, and domestic violence were identified as significant concerns for families. Kinship supports were identified as important and opportunities were identified with providing prevention services through OCFS Service cases. Substance use, mental health and in-home supportive services were all identified as needed services for families in Maine. Some of the biggest barriers identified for families includes transportation, housing, childcare, and poverty as well as access, availability and knowledge of behavioral health and supportive services that exist to support families in Maine.

Eligibility and Candidacy for Prevention Services

Ongoing data collection and analysis and engagement with statewide stakeholders, provided an opportunity for Maine to create a candidacy definition that allows for a diverse population of children who are at imminent risk of entering foster care to receive services and supports with the mission to keep children safely in the home.

OCFS has identified several pathways for families to receive a continuum of primary, secondary, and tertiary prevention services in Maine. This includes families who are not known to the Department, known but with risk factors, and those families who have a finding of abuse and/or neglect with safety and/or risk factors. The visual below identifies the pathways for prevention services in Maine with the candidacy criteria for Family First Prevention Services identified in the blue section. Candidates for Family First Prevention Services will include:

- A child who is a victim of maltreatment in which safety and risk factors can be mitigated by the provision of in-home services and is able to safely remain at home with a child-specific Prevention Plan;
- A pregnant or parenting youth in foster care;
- Children who have exited foster care through reunification, guardianship, or adoption and may be at risk of re-entry.

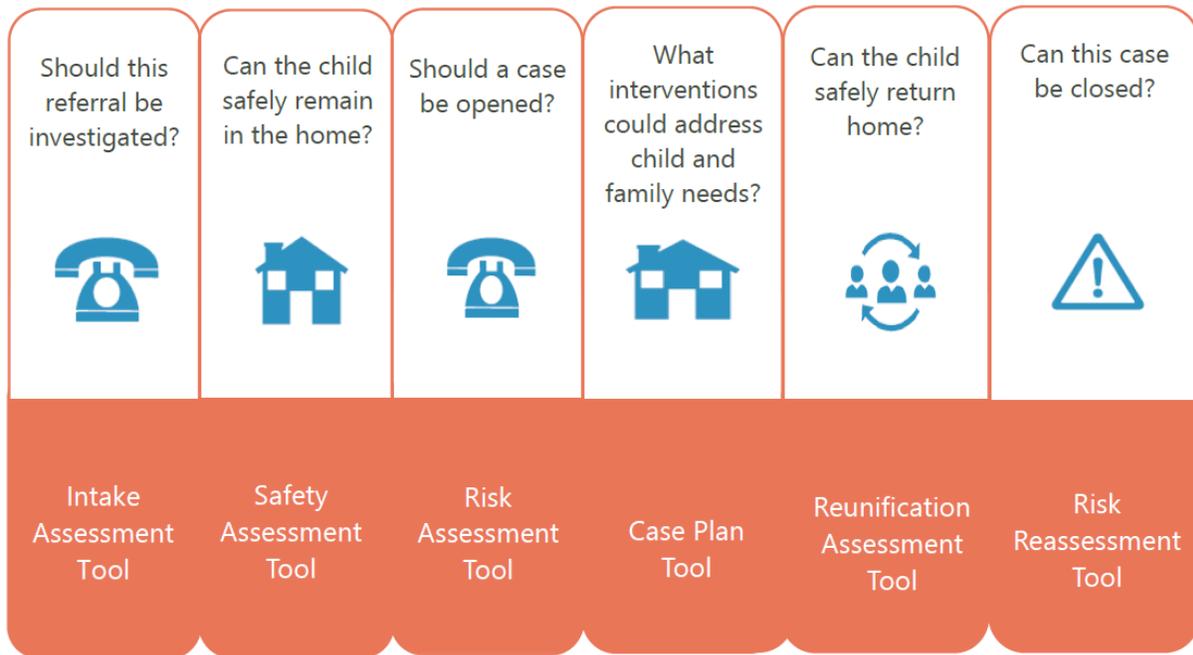


Services identified through the State Agency Partnership for Prevention complements the pathways shown above as the opportunities for families to receive services in Maine goes beyond what just Family First Prevention Services will provide. More information about the prevention service continuum will be described in Section 3.

Determining Candidacy

Coordinated state and community initiatives listed in this State Plan in partnership with OCFS child welfare case processes provide support for engagement with families and community partners as the change agent for increased safety of children in the home. Existing OCFS case processes, from Child Protective Intake to case closure, will support the identification of candidates for Family First Prevention Services in Maine and are described in greater detail below. These processes incorporate the use of [Structured Decision Making \(SDM\)](#) at key decision points to determine risk and safety factors and guide case flow. The below graphic

demonstrates the key decision points where SDM is currently used by child welfare staff, including whether the child can remain safely in the home, if a case should be opened, and interventions that are needed to maintain child safety in the home.



Phase 1-Intake: The Intake Unit within the Office of Child and Family Services (OCFS) manages Maine’s Child Protection hotline. Intake is the first point of contact between the public and the child welfare system. The Intake Unit is staffed 24 hours a day, 7 days a week and receives approximately 6,000-7,000 phone calls per month, while also making approximately 3,500 outgoing calls each month.

After a call of suspected child abuse or neglect is received by Child Protective Intake, a report is run through the Structured Decision Making (SDM) Intake Assessment tool in the SDM database. The intake caseworker makes a recommendation on disposition based on the SDM tool which is reviewed by an intake supervisor. At that time, the report is either assigned for investigation or screened out. The intake supervisor assigns all new reports to the “assigning supervisor” in each district. Intake has up to 24 hours from the time of the intake call to write up the report, approve it, and send to the district supervisor.

Substance Exposed Infant (SEI)/Newborn reports will be assigned for a child welfare investigation or referred to partners such as Public Health Nursing (PHN) and/or Maine Families Home Visitors through a referral to [CradleMe](#) (a referral service that helps connect families with newborns with the right home-based services for their family.) Additionally, every SEI notification will have a Plan of Safe Care as described in Section 1 of this plan.

Phase 2-Investigation: When a report is deemed appropriate, the case is assigned to a Child Protective investigations caseworker by the district supervisor for investigation. Contact with the child and parents must occur within 24-72 hours after a call to intake is made. The investigations caseworker will engage with the family and work in partnership with them in

determining strengths, needs and safety threats. After initial contact with the family, the caseworker and supervisor complete the SDM Safety Assessment Tool within 24-72 hours as part of the preliminary safety decision. Additionally, the caseworker will continue to engage with the family, their providers and supports throughout the investigation and complete the SDM Risk Assessment Tool prior to the closure of the investigation. The investigation closure must occur within 35 days of assignment. During the investigation phase, a substance use screening tool ([UNCOPE](#)) is completed by the investigations caseworker which will assist with the identification of substance use as a risk factor and identify if further assessment of substance use or dependence is needed.

The combination of SDM Safety and Risk tools will determine if there is a need for a Prevention Service case and if the child meets the criteria for candidacy. A case of presenting risk factors but no safety factors typically would not become a Prevention Service case. Referrals to other community services would be made at this time and the child welfare case would be closed. If there are risk and safety factors present and it is determined the child meets the definition of candidacy, then a Prevention Service case will be opened. This can occur at SDM decision points, but this determination must happen for each child prior to the end of the investigation (35 days). The date candidacy determination is made will be documented in the new Comprehensive Child Welfare Information System (CCWIS) at the time the Prevention Service case is opened. Once the investigation is complete and candidacy determination is made, the case will be transferred to a Permanency caseworker for completion of the Prevention Services Family Plan, to be further outlined in Section 4 of this plan. Additional use of SDM tools to monitor safety will be discussed in Section 5 of this plan.

Section 3: Title IV-E and Other Prevention Services

Building a Comprehensive Prevention Service Array

The building of a comprehensive prevention service array in Maine started with the formation of an Evidenced Based Practice FFPSA Stakeholder Workgroup in conjunction with the evidenced based practices strategic priorities of OCFS' Children's Behavioral Health Services (CBHS)



team. Secondary to this, an examination of Maine's child welfare and children's behavioral health data as well as Maine's existing service array was crucial to identifying gaps and opportunities. This included provider surveys, stakeholder engagement, and the creation of a state agency service inventory. Of vital importance was the engagement of parents/caregivers and youth to assess for the needs of families in Maine. The common themes that surfaced through all of these efforts included the need for availability of, access to, and knowledge of services for families in Maine. In response to the identified needs, OCFS is utilizing an

opportunity to work with other state agencies, including those within the State Agency

Partnership for Prevention, to analyze gaps in service locations and needs which will take place in the spring and summer of 2021. The goal of this analysis will be to identify geographical gaps as well as gaps in service needs for families for both new and existing services. OCFS will also work with existing OCFS stakeholder workgroups and advisory groups in an effort to get feedback on the information gathered during the analysis. This strategy will support OCFS' goal to strengthen the existence and awareness of prevention services for Maine families including services funded and not funded by Title IV-E. In addition, OCFS will work collectively with other state agencies to develop a Family Services Resource Guide that would be an available tool for families, service providers across Maine, and child welfare staff to meet a goal of increasing the knowledge about behavioral health and supportive services available to families in Maine. This guide will be available by October 1, 2021.

Continuum of Prevention Services

The preparation and planning for FFPSA has provided significant insights into the gaps and need of services to support families and children in Maine, and the identification of ways that providers and state agencies can work together to address these needs was evident. Through the State Agency Partnership for Prevention and the collection of service data, a service array was identified of existing services for families in the state as demonstrated in Section 1. While the inventory is extensive, there remains gaps in services that can address the barriers to child safety. Enhancing the existing continuum of prevention services will be key to filling these gaps. Preventing the need for foster care placements begins with primary prevention and extends through tertiary prevention. While Title IV-E funds will not be utilized to fund services in primary and secondary prevention, the existence of these resources in Maine are critical to the prevention services infrastructure and are significant to the success of supporting families in Maine. OCFS will work to increase the knowledge of these services for maximum utilization.

Primary and Secondary Prevention in Maine Primary and secondary prevention strategies include services and supports to individuals and families to prevent the initiation of a problem from occurring. Often, these strategies are implemented without direct knowledge to the recipient as the individuals receiving these services may have little to no risk factors for a given problem or they are receiving messages that support safe and healthy behaviors for all. This type of “upstream” prevention includes childcare, education, mass reach health communications, primary care, mentoring, policy changes, and information sharing. Further downstream, secondary prevention includes interventions that are provided to those who may show some risk factors and problematic behaviors. These interventions may include screening and enhanced education related to presenting risk. There are multiple primary and secondary prevention initiatives being implemented across state agencies as described in the State Agency Partnership for Prevention diagram in Section 1. Below are additional prevention strategies supported by OCFS that are essential to the continuum of prevention and implementation of FFPSA in Maine.

Statewide Prevention Councils: As mentioned in Section 1, existing legislation found in [Maine statute](#) establishes statewide Child Abuse and Neglect Prevention Councils (Prevention Councils) that align with national best practices and focus on strengthening families and the needs of children and families through primary and secondary prevention strategies. Through a contract with the Office of Child and Family Services, Maine Children's Trust (MCT) provides statewide funding, public awareness, technical assistance, leadership, coordination, and collaboration of

efforts to prevent child abuse and neglect. This is accomplished through MCT's subcontracts with Prevention Councils that support their statutory role as the county-level coordinating entities to lead and deliver child abuse prevention efforts.

MCT provides a centralized data system, core programming training and technical assistance to ensure consistency in service delivery, as well as model fidelity for all Prevention Councils. Annual community needs assessments, community, and advisory board input, and OCFS child maltreatment data are used to develop annual Prevention Plans that captures selected approved evidence-informed parent education, supports and strategies. Supports and services are free to community members and vary from county to county based on community identified needs. Prevention Councils use the Center for the Study of Social Policy's Strengthening Families framework to promote protective factors in families to connect to one another, learn about how their child grows and develops, how to overcome life's obstacles, how to find help, and how to help children understand their emotions. Prevention Council services include parenting support groups, playgroups, parenting education, community events, and referrals for other needed services. Prevention Councils also serve special populations and offer programming for fathers, substance-affected families, co-parenting/separated families, and prenatal families, as well as offering education in child sexual abuse prevention. Professional training in Safe Sleep, Period of PURPLE Crying, Protective Factors, and Mandated Reporting are required trainings provided by each Prevention Council. MCT will continue to provide these services to families in Maine and the increased awareness of these services for child welfare staff will be important and is planned. MCT has engaged in FFPSA planning and collaboration which will continue to ensure services are collaborative with tertiary prevention services implemented through FFPSA.

Early Childhood Mental Health Consultation: In line with primary prevention, OCFS has made significant progress in implementation of Maine's Early Childhood Consultation Partnership (ECCP) as described in Section 1 of this State Plan. By focusing such significant effort on younger children, the hope is to reduce the need for more intensive behavioral health interventions in the future. By recognizing and addressing needs early, it allows the adults around a child to form an understanding of their needs and how best to meet them both at home and in an educational setting. Parents and caregivers are able to develop coping skills and strategies to address problematic behavior to ensure there is a consistent approach to supporting the child at home and school.

Child Care Subsidy Program: Also supporting primary prevention, OCFS implements Maine's child care subsidy program that provides support for children and their families by paying for child care that will fit the needs of the child, prepare the child to succeed in school, and also provide parents the opportunity to work, go to school or participate in a job training. This statewide program is supported through the Child Care and Development Fund (CCDF) federal block grant and provides families with a resource to strengthen the family unit on multiple levels.

Tertiary Prevention Services: Expansion through Family First Prevention Services

As described in Section 1, there are multiple state agencies funding tertiary prevention services in Maine including but not limited to behavioral health treatment, recovery, vocational services, and education. Through the State Agency Partnership for Prevention, agencies have identified that the knowledge of these services and existence in rural areas of the state are gaps that can be

filled through collaboration and implementation of the FFPSA. OCFS has identified opportunities to meet the needs of families through the increased knowledge and expansion of existing services in Maine. Tertiary Prevention Services through the FFPSA will include the utilization of existing programs, increased knowledge of existing MaineCare funded programs, and development of new prevention programs that Title IV-E can support moving forward in the categories of Substance Use Disorder, Mental Health, and In-Home Skill Based Parenting Support services.

**Substance Use
Disorder Services**

In Maine, the Office of MaineCare Services (the state's Medicaid office) and federal grant dollars currently fund the identified evidenced based practice on the [Title IV-E Prevention Services Clearinghouse](#): Methadone Maintenance Therapy.

Methadone Maintenance Therapy is listed as a promising practice on the Title IV-E Clearinghouse. This is currently being implemented in Maine through funding from the Office of MaineCare Services (OMS) and is listed in rule as Medication-Assisted Treatment (MAT) with Methadone. This is a treatment program for substance use disorder that bundles assessment, planning, counseling, substance use testing, and medication administration supporting individuals through three phases of recovery including induction, stabilization, and maintenance. Medication-Assisted Treatment services assist the stabilization of symptoms of addiction and co-occurring behavioral health conditions. In collaboration with OMS, the Office of Behavioral Health (OBH) utilizes federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) to support individuals in Maine who do not have insurance or other means to pay for this level of service. There are currently (10) ten Methadone Maintenance Clinics in Maine with over 4,000 individuals enrolled in services as of August 2020.

Rationale and Proposed Implementation of Substance Use Disorder Services: The Title IV-E Clearinghouse includes a limited number of Substance Use Disorder (SUD) prevention and treatment programs that are evidenced based, limiting the opportunities for Maine to utilize Title IV-E dollars for prevention services in this category. While OCFS will not be utilizing Title IV-E dollars for the implementation of Methadone Maintenance Therapy, addressing Maine's opiate crisis is a priority for the current administration in Maine and as the data shows, a significant number of child welfare cases have substance use as a risk factor. As indicated in the Maine Opiate Strategic Plan, there are ongoing initiatives to reduce the crisis and the impact on families in Maine which includes increased access to prevention, treatment, and recovery resources. OCFS will work collaboratively with these initiatives and through the State Agency Partnership for Prevention to ensure that all services offered in Maine are known to child welfare staff for referral and support to families through the Family Services Resource Guide. OCFS is also engaged in a most recent grant initiative through MaineCare titled [Support for ME](#) which was established under the [SUPPORT Act](#). This planning grant aims to increase MaineCare providers' capacity to deliver Substance Use Disorder (SUD) treatment and recovery services. Currently work is being conducted to create an inventory of SUD services in Maine that will compliment and coordinate with the work of OCFS through FFPSA. In addition, OCFS intends to work with a newly created Behavioral Health and Supportive Services Workforce Stakeholder workgroup to identify training and education strategies that can be utilized to increase the knowledge and skills of Maine's behavioral health and supportive services workforce in working

with families and youth impacted by SUD. Through collaboration, resource sharing, and education, the goal is to have a knowledgeable, understanding, and competent workforce to address the needs of families impacted by substance use.

Mental Health Services

There are several mental health service programs in the state of Maine that are currently being funded through the Office of MaineCare Services. Two mental health service programs historically established in rule and funded by MaineCare are Multisystemic Therapy (MST) and Functional Family Therapy (FFT.) Recently approved programs (July 2020) for MaineCare reimbursement includes Trauma Focused-Cognitive Behavioral Therapy, Incredible Years, Parent Child Interaction Therapy (PCIT), and Triple P Positive Parenting Program.

Multi-Systemic Therapy (MST) is a well-supported substance use and mental health evidenced based practice on the Title IV-E Clearinghouse. MST is defined in the current MaineCare rule as an intensive family-based treatment that addresses the determinants of serious disruptive behavior in individuals and their families. This short-term treatment approach usually takes three (3) to six (6) months and typically includes three (3) to six (6) hours per week of clinical treatment. MST therapists must be highly accessible to clients, and typically provide twenty-four (24) hour a day, seven (7) days a week coverage for clients which may include non-face-to-face and telephonic collateral contact. MST services must maintain treatment integrity and meet the fidelity criteria developed by MST Services, Inc. MST therapists must be certified by [MST Services, Inc.](#) In Maine, there are eighteen (18) MST certified therapists, with gaps in geographical coverage areas with significant wait lists in some coverage areas.

Functional Family Therapy (FFT) is a well-supported evidenced based practice on the Title IV-E Clearinghouse. MaineCare rule defines this as a family strengths-based clinical assessment and intervention model that addresses risk and protective factors within and outside of the family that impact adolescents and their adaptive development between the ages of eleven (11) and eighteen (18). FFT consists of five major components: engagement, motivation, relational assessment, behavior change, and generalization. The intervention averages eight (8) to twelve (12) sessions for mild to moderate needs and up to thirty (30) sessions for those with complex needs. FFT must meet fidelity criteria developed by FFT, LLC. FFT therapists must be certified by FFT, LLC. In Maine, there are only eight (8) FFT trained therapists.

Rationale and Proposed Implementation of MST and FFT: In the past two years, OCFS has worked collaboratively with the Office of MaineCare Services to complete a rate study for MST and FFT at which time a new increased rate was established. Additionally, the reimbursement structure for these services was moved from 15-minute billing to a weekly case rate. Both MST and FFT have a limited number of therapists certified with few areas of the state covered by this service. OCFS will not be utilizing Title IV-E dollars for the implementation of MST and FFT; however, Maine will continue to assess the ongoing availability of these services and increase awareness of the availability of these programs through training opportunities and the Family Services Resource Guide. The increased awareness of availability of these services for Maine families, community service providers, and child welfare staff as a resource for prevention will be a priority.

Recently Funded Mental Health Services: In August 2020, new MaineCare rules were passed to include enhanced reimbursement for Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Incredible Years, Parent Child Interaction Therapy (PCIT), and Triple P- Positive Parenting Program. This exciting development provides significant opportunity for increased access and availability of evidence-based mental health services for families in Maine who are insured by MaineCare. Ensuring that these services are also known to child welfare staff, Maine families and community providers will be important.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a promising practice under the Title IV-E Clearinghouse and was recently defined in MaineCare rule as a modality of outpatient therapy using a targeted psychotherapeutic approach that helps children and adolescents address the negative effects of traumatic stress. TF-CBT is a structured therapy model that incorporates psychoeducation, affect regulation and cognitive-behavioral techniques, coping skill development, reprocessing of traumatic memories, and family therapy. TF-CBT incorporates the opportunity for conjoint therapy with parents/caregivers and the child, in which parents and caregivers can learn about the impact of trauma on children, learn how to support positive coping and affect regulation skills in their child, develop effective communication with their child, support the child in processing traumatic memories, and enhance the child's sense of safety.

Through the collaboration between OCFS and the Children's Cabinet, the need to improve the availability and quality of TF-CBT was recognized. In the summer of 2020, OCFS funded a contract with a nationally certified TF-CBT trainer who is providing training to 123 clinicians in Maine for them to work towards become nationally certified. Clinicians are reimbursed for their time spent on the training and will receive ongoing clinical support, training, and consultation. OCFS has also worked to develop a system of tracking fidelity to the model to ensure youth and families can benefit fully from this service. There was a recent rate study that developed a specialized rate for TF-CBT as it previously reimbursed under standard outpatient services.

The Incredible Years: Some versions of The Incredible Years program are listed as a promising practice under the Title IV-E Clearinghouse and all versions have been recently approved for funding under MaineCare. MaineCare rules define The Incredible Years Series as "a set of interlocking and comprehensive training programs for parents, teachers, and children with the goals of treating aggressive behavior and disruptive behavior disorders. The program aims to prevent conduct problems, delinquency, violence, and substance use through promotion of child social competence, emotional regulation, positive attributions, academic readiness, and problem solving." The Incredible Years has five parenting programs that target key developmental stages and the appropriate program is chosen based on the developmental age of the child. Each program consists of groups of 10-14 participants and two leaders meeting weekly for two hours.

Parent Child Interaction Therapy (PCIT)- Parent Child Interaction Therapy is a well-supported mental health services program on the Title IV-E Clearinghouse. This program is defined by MaineCare as "a treatment for young children with disruptive behavior disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT and most of the session time is spent coaching caregivers in the application of specific therapy skills. PCIT uses a

combination of behavior therapy, play therapy, and parent training to improve the parent-child relationship, and aims to teach parents/caregivers effective, positive discipline skills. PCIT is a short-term intervention, completed in approximately 14-20 sessions, depending on the needs of the child. PCIT can be used to treat behavioral problems associated with disruptive behavior disorders, aggressive behaviors, temper tantrums, negative attention seeking behaviors, and whining.” Treatment is broken into two phases, each with skill building coaching sessions: Phase 1 - Child-Directed Interaction (CDI) and Phase 2 - Parent Directed Interaction (PDI). Completion of treatment is based on the parent/caregiver’s mastery of CDI and PDI skills.

Triple P- Positive Parenting Program: The Triple P Positive Parenting Program is listed as a promising practice on the Title IV-E Clearinghouse and is defined in current MaineCare rule as “a parenting and family support system designed to prevent and treat social, emotional and behavioral problems in children. Triple P interventions are organized into five levels of intervention intensity and are based upon social learning, cognitive-behavioral, and developmental theories and research on risk factors associated with social and behavioral problems in children. The program aims to equip parents with the skills and confidence they need to be able to manage family issues successfully and self-sufficiently within a self-regulatory model (i.e. without ongoing support). Triple P aims to prevent problems in the family, school, and community while helping to create family environments that encourage children to reach their potential.” Triple P’s interventions are organized into five levels of intervention intensity in order for services to be rendered according to a family’s need, time constraints, and desire for support. Each level of intervention has a choice of delivery methods to allow for flexibility to meet the needs of individuals in their communities. All interventions are considered brief, time-limited, and highly efficacious.

Mental Health Services Rationale and Plan for Implementation: As of October 2020, there were 3,372 individual children and youth waiting for behavioral health services in Maine. The number of providers in Maine available to implement these services is limited with additional barriers to access in the most rural areas of Maine. Increasing the access and availability of these behavioral health services for families is a priority within OCFS and while the agency hoped to build upon that by utilizing Title IV-E to build capacity to increase the availability of these services through Family First, this has been deemed as an unallowable expense for Title IV-E. OCFS will continue to keep the education and awareness of these services a priority under the Family First Prevention Services initiative in Maine. Through educational opportunities and the Family Services Resource Guide, OCFS intends to work towards the goal of increasing the knowledge of the availability of these services to further strengthen and support families and prevent the need for out of home placement.

In-Home Skill-Based Parenting Support Services

Maine is proposing to implement two new initiatives related to in-home skill-based parenting support: Parents as Teachers and Homebuilders. Additional initiatives will be assessed as more programs become available on the Title IV-E Clearinghouse.

Parents as Teachers (PAT): Parents as Teachers is a well-supported evidenced based in-home-skill based parenting support program in the Title IV-E Clearinghouse. The program is a home visiting model that works with families with children prenatally through kindergarten (ages zero

(0) to five (5)) with the goals to increase parent education about child development, health, and safety, prevent child abuse and neglect, and increase school readiness for children. Currently in Maine, PAT is being implemented through a state contract between the Maine Center for Disease Control and Prevention (Me CDC) and the Maine Children's Trust to provide statewide management and administration of PAT at the community level. This is also in conjunction with the [Maternal, Infant and Early Childhood Home Visiting Program](#) (MIECHV) national home visiting initiative administered by the Health Resources and Services Administration (HRSA).

PAT is currently implemented in Maine for children ages zero (0) to three (3) via a statewide network of Local Implementing Agencies (LIAs) that are subrecipients of the Maine Children's Trust. These LIA's are all existing "affiliates" of the national PAT parent program and are required by the PAT parent program to meet performance expectations as identified in an Annual Performance Report (APR.) Targeted outcomes for PAT include improved maternal and child health; prevention of child injuries, child abuse or neglect; reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime and/or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports. Through this existing contract, services are being provided in all counties of the state, with some counties having wait lists for services. The current PAT model in Maine serves over 1,100 families per year. Maine Children's Trust is responsible for conducting Quality Assurance (QA) and Continuous Quality Improvement (CQI) oversight for the PAT program to ensure the program is implemented with fidelity. With this, the PAT parent program is also monitoring the APR for each LIA affiliate.

Rationale and Proposed Implementation of PAT: In addition to the existing national evaluation of the PAT program as a well-supported evidenced based practice, there are multiple factors that play a role in the selection of PAT to implement as part of the Family First Prevention services initiative. These factors include findings from Maine's IV-E Waiver Demonstration Project; local evaluation of existing programming; and current program referral and child welfare data. In 2015, OCFS was granted and began participation in a Title IV-E Waiver Demonstration Project at which time the Maine Enhanced Parenting Program (MEPP) was developed. This project focused on providing parenting supports to families in conjunction with substance use treatment supports at one location outside of the home. Lessons learned from this nearly three-year project as outlined in this [Child and Family Services Plan Report](#) supports the selection of an in-home parent support and education program such as Parents as Teachers. In the evaluation of the Demonstration Project, it is noted that "providers and caseworkers suggested that having hands-on practice to demonstrate skills and work through issues with a parenting clinician present would be useful not only to increase parent education but also to document concrete progress..." With that, [existing evaluation data](#) of the Maine Families Home Visitor program that utilizes the PAT curriculum shows that nearly 75% of child welfare involved families participating in this program do not have subsequent reports of child abuse or neglect. In addition to the above findings, presently, OCFS data shows that over half the children entering foster care in Maine are ages zero (0) to five (5) and over half the families involved in child welfare have substance use as a contributing factor. Referral data for the existing PAT program through Maine Families shows that a significant number of referrals to the existing PAT program in Maine are from non-child welfare professionals. By selecting the implementation and expansion of PAT through Family First, OCFS believes there is great opportunity to address the needs of

families in Maine while serving more child welfare involved families to prevent the need for out of home placement.

Through the use of state match and IV-E federal funds as well as the existing Home Visiting infrastructure in Maine, OCFS proposes expanding the Parents as Teachers program in Maine to serve children and families from zero (0) up to age five (5), with the goal of reaching more families in the target population for prevention. Under Family First, OCFS intends to work with the Maine CDC and the Maine Children’s Trust to expand this program to ensure there is availability of providers to receive referrals for OCFS candidates for prevention services. Through data collection, OCFS has determined the counties in Maine with the highest number of children in care and highest number of service cases. Existing evaluation services of the PAT model in Maine have been conducted and additional data review will reveal the communities in Maine that OCFS will bolster growth in more home visitor staff. Focus groups with existing LIA was conducted in October 2020 and revealed the need to ensure data collection, referrals, and caseloads are all considered. Maine CDC, OCFS, and Maine Children’s Trust have been meeting monthly to discuss implementation and LIA will be joining planning meetings in January 2021. It is expected that 200 families (with children ages zero (0) to five (5)) meeting the candidacy criteria will be served by PAT through this expansion. Outcomes expected from implementation of Parents as Teachers through Family First includes but is not limited to reduction in out of home placement, increased education, skill building, and support for parents of young children, a reduction in risk factors associated with child maltreatment, and a reduction in repeat maltreatment and/or child welfare involvement. Parents as Teachers has two manuals that OCFS intends to use: The Foundational Curriculum (2016) for families with children prenatal to age 3, and the Foundational 2 Curriculum (2014), for families with children age 3 through kindergarten. OCFS proposes that all current Home Visitor staff will be trained in both models in order to serve families with children ages zero (0) to five (5). Planning for the expansion of the program will continue to take place through the summer of 2021, with implementation of the program expansion beginning October 1, 2021.

The existing Home Visitors/Parents as Teachers program in Maine has undergone evaluation through the MIECHV program “Evaluation Team.” OCFS will be securing an evaluator (for all Family First Prevention Services) who will work with the existing MIECHV evaluation team to ensure that both outcome and fidelity measures are monitored in relationship with the implementation of Parents as Teachers as part of the Family First initiative. More information about the evaluation of Parents as Teachers can be found in the evaluation section of this plan.

Homebuilders: The Homebuilders program is an intensive family-based preservation service that is ranked as well-supported on the Title IV-E Clearinghouse. This program is designed to prevent the need for out of home placements and provides an intense amount of in-home support to families who have high risk factors in an effort to remove risk instead of removing the child from the home. The program works with families with children birth to age seventeen (17) who are involved with child welfare services. The service intensity includes 24-hour on call availability of support to families with each clinician spending an average of 40 to 50 direct contact hours with families over the course of 4 weeks. Each family receives crisis intervention, motivational interviewing, parent education, skill building, and cognitive/behavioral therapy interventions through this program.

Rationale and Proposed Implementation for Homebuilders: Similar to the rationale for the selection of the Parents as Teachers program, multiple factors play a role in the selection of the Homebuilder's program for implementation as part of the Family First initiative. As cited above, Maine's Title IV-E Demonstration Project findings support the need for in-home skill-based parenting support and in addition, the evaluation of that project specifically sites the need for expanded eligibility of these services beyond ages zero (0) to five (5). While currently over half of the children entering foster care are ages zero (0) to five (5), OCFS is committed to ensuring there are prevention resources available to support older youth and their families. The Homebuilder's program addresses some of the most significant risk factors that OCFS has identified as contributing factors for out of home placements in Maine including but not limited to mental health, substance use, and family violence. In addition, national outcome evaluation data of this program demonstrates the effectiveness of this program with over 85% of youth participating in this service not entering out of home care six (6) months post service delivery. The Homebuilders program does not currently exist in Maine, but prior implementation of family preservation services has been successful in the past, with some lessons learned. OCFS believes that the Homebuilders program has an opportunity to meet the needs of child welfare involved youth and families in Maine to meet the Family First and OCFS goal of reducing the need for out of home care.

OCFS proposes using Title IV-E and state match funding to implement Homebuilders through a competitive bidding process at which time OCFS would secure an agency to implement this program statewide. The target population for the Homebuilders program would be any family meeting Maine's candidacy definition who have children birth (0) to age seventeen (17) and are at imminent risk of out-of-home placement or have recently been reunified. These families will be identified after initial investigation by child welfare staff and referrals to this program can only be made by OCFS. Maine will work directly with the Institute for Family Development (IFD) to implement Homebuilders and utilize the tools and resources they have created for implementation. While they do not have a specific manual, Maine will utilize their implementation tools as well as the Homebuilders guide: *Keeping Families Together: The HOMEBUILDERS model.* (Kinney, J., Haapala, D. A., & Booth, C. (1991). *Keeping families together: The HOMEBUILDERS model.* Taylor Francis). Each of the eight (8) child welfare districts in the state will have one team of four (4) to five (5) practitioners and 1 supervisor. Two (2) team managers will cover three districts and one team manager will cover two (2). The goal is to have 750 families served per year through this structure. The overarching goals for implementation of this program includes strengthening and supporting the family unit for increased family functioning and a reduction in the number of children entering foster care. The Homebuilders program will be evaluated and monitored through a contracted provider for the evaluation of outcome and fidelity measures. More information on the evaluation of this service can be found later in this state plan.

As Maine develops this program, the goal is to have additional implementation teams across the state depending on family and community needs. This will be assessed on an ongoing basis. Through the use of state funds and Title IV-E federal funds, training for new providers is tentatively planned to take place in December of 2021 with implementation to begin in January of 2022.

**Kinship Navigator
Services**

While there are no specific evidenced based, Title IV-E Clearinghouse approved, Kinship Navigator programs at this time, Maine intends to continue to support kinship and foster families with state funds through a longstanding contractual relationship with the Adoptive and Foster Families of Maine, Inc. & The Kinship Program (AFFM). AFFM provides support services for all adoptive and foster parents, and kinship providers across the state through kinship specialists in the form of training, guidance, knowledge, and resources needed to handle complex issues. Kinship specialists are certified [Grandfamily Leaders](#) and can assist families in navigating an array of systems that can be difficult to manage as they provide care for the children in their homes. Referrals can be self-directed or come from public, private, faith-based, and community groups. OCFS provides AFFM with a monthly listing of all the kinship families who have received placement of a relative child who has entered foster care at which time the kinship specialist reaches out to the identified kinship families to inform them of the services available.

The Kinship Program provides respite opportunities for families through monthly support groups with onsite childcare as well as summer camperships. Referrals may be provided to other respite programs, support groups and agencies which may include but not be limited to; faith-based organizations, public assistance, mental health providers, community agencies, private agencies, food banks and state programs. Kinship specialists follow up with the family as needed over the course of a 90-day service period.

OCFS intends to continue with this partnership to support kinship and resource families in Maine and will explore additional evidenced based kinship navigator programs as they become available on the Title IV-E Clearinghouse. Maine is however currently participating in a newly formed Kinship Navigator Cross Site Collaborative with Casey Family Programs, Generations United, the University of Washington in collaboration with other states to identify, implement and evaluate a Kinship Navigator Program. At this time, no Title IV-E dollars will be used to support existing kinship navigator supports.

Below, on page 36, is a graph depicting the Prevention service array that Maine is proposing to implement through the use of both Title IV-E federal funds and state match.

Evidence Based Service	Target Population	Rating IV-E Clearinghouse	Funding Details	Implementation
Substance Use Disorder Services				
Methadone Maintenance Therapy	Age 18+ Under 18 consent	Promising	-MaineCare funds service delivery. -Funded by Federal Grant Funds and State Funds for uninsured.	Office of Behavioral Health provides oversight of programs and payment for those not covered by MaineCare.
Mental Health Services				
Functional Family Therapy (FFT)	11-18 years old	Well-Supported	-MaineCare funds service delivery.	Provide increased education and awareness about this service to OCFS staff, families, and community service providers through trainings and the Family Services Resource Guide.
Multisystemic Therapy (MST)	12-17 years old	Well-Supported	-MaineCare funds service delivery.	Provide increased education and awareness about this service to OCFS staff, families, and community service providers through trainings and the Family Services Resource Guide.
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	5-17 years old	Promising	-MaineCare funds service delivery. -State funds supported training to build program capacity in the state.	Provide increased education and awareness about this service to OCFS staff, families, and community service providers through trainings and the Family Services Resource Guide.
The Incredible Years	4-8 years old	School Aged & Toddler Basic: Promising	-MaineCare funds service delivery. -State funds may support training to build program capacity in the state.	Provide increased education and awareness about this service to OCFS staff, families, and community service providers through trainings and the Family Services Resource Guide.
Parent Child Interaction Therapy (PCIT)	2-7 years old	Well-Supported	-MaineCare funds service delivery. -State funds may support training to build program capacity in the state.	Provide increased education and awareness about this service to OCFS staff, families, and community service providers through trainings and the Family Services Resource Guide.
Triple P- Positive Parenting Program	0-16 years old	Promising (some models)	MaineCare funds service delivery. -State funds may support training to build program capacity in the state.	Provide increased education and awareness about this service to OCFS staff, families, and community service providers through trainings and the Family Services Resource Guide.
In Home Parent Skill Building Services				
Parents as Teachers (PAT)	0-5 years old	Well-Supported	-Title IV-E and State General Funds to fund service delivery and training.	Currently PAT is provided through MIECHV (ages 0-3). Expand service delivery to serve families with children 0-5.
Homebuilders	0-18 years old	Well-Supported	-Title IV-E and State General Funds to fund service delivery and training.	Development and implementation of this new program statewide.
Kinship Navigator Services				
No programs are being proposed at this time.	N/A	None	-Use of IV-E and State General Funds to fund in the future.	Once evidenced based Kinship Navigator Services are identified, Maine will explore implementation through IV-E.

Oversight and Monitoring of Prevention Services

Prevention services implemented utilizing Title IV-E and State match funding will be monitored using a multi-pronged approach as outlined below. The Family First Program Manager within OCFS will be responsible for monitoring these services and strategies.

Contracted Evaluation Services	OCFS will procure a contracted provider to evaluate fidelity and outcome measures of the Parents as Teachers and Homebuilders programs to determine if they are meeting Maine’s goals of preventing the need for out of home care and reducing the number of youth entering foster care. The evaluation plan found on page 46 demonstrates a sample of the data that will be collected for each program which will be analyzed by the evaluation contractor and shared with program providers and OCFS contract management staff in quarterly program oversight meetings.
OCFS Contract Management Monitoring	OCFS program staff will serve as the contract manager of the Parents as Teachers and Homebuilders program to monitor performance measures embedded into contracts. Performance measures will be developed to monitor that services are being implemented as procured. This monitoring includes the review of monthly performance reports and measures and, data collected from program developers. In addition, OCFS will have at a minimum of quarterly meetings with providers to discuss service delivery successes and challenges.
OCFS Continuous Quality Improvement	OCFS Continuous Quality Improvement (CQI) team will conduct ongoing random case reviews on Prevention Services cases. These reviews will monitor the implementation of policy and practice, service delivery, and entry and/or exiting foster care placements. Additional Prevention Services CQI processes will be described below and include evaluation outcome measures listed on page 46 of this state plan.
Program Developer Fidelity Monitoring	The Parents as Teachers and Homebuilder’s program have specific fidelity measures to be followed that are monitored by program developers through ongoing data collection. This data will be collected and analyzed by the program developers in collaboration with contracted providers, OCFS, and the OCFS evaluation provider.

More information about monitoring and evaluation strategies can be found in Section 6 below.

Trauma Informed Care

In 2003, Maine implemented a System of Care grant at which time the THRIVE initiative began in Maine. This initiative was dedicated to improving community responses to families, youth, and trauma survivors through the integration of trauma knowledge and system of care principles in service systems. While the grant has since ended, through this project, significant resources and supports were developed to assist agencies in becoming trauma informed. This included several trainings and webinars along with the development of a [Guide to Trauma Informed Organizational Development](#) as well as a [Trauma Informed Care Agency Assessment Tool](#). The Guide to Trauma-Informed Organizational Development is designed to help agencies develop strategies to create and enhance trauma-informed system of care service approaches. It is not all inclusive, nor is it intended to be a “one size fits all” approach to becoming trauma informed. The intent is to provide agencies with information on the options and approaches currently available in the children’s mental health field on trauma informed service delivery. The Trauma Informed Care Agency Assessment Tool scores agencies on six key domains of the trauma-

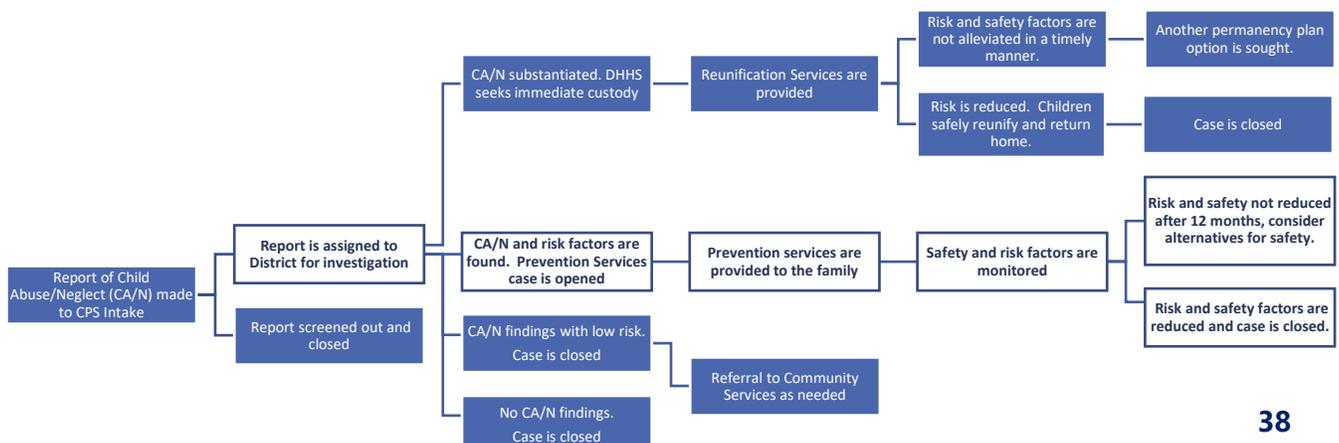
informed approach including: Physical and Emotional Safety; Youth and Family Empowerment, Choice and Control; Trauma Competence; Trustworthiness; Commitment to Trauma-informed Approach; and Cultural Subpopulations and Trauma. Each of these domains has a set of standards associated with it which is assessed through the questions in the tool. The purpose of the assessment is to improve the entire system that is dedicated to meeting the mental health needs of Maine’s youth and families. Agency staff, parents, and youth all complete the tool and answers are aggregated to develop an agency profile. This profile is used to identify areas where the agency is doing well, and to guide next steps for making agency improvements. This tool was once a mandatory practice for all programs contracting with OCFS but due to the grant ending and a lack of resources to support the continued use of the tool, the mandate was dissolved.

Through the FFPSA initiative in Maine, as well as a newly acquired Systems of Care grant described in Section 1, OCFS intends to resume the required use of these tools to help agencies assess current practice and make changes based on the assessment results. Through the utilization of these tools and collaboration with the System of Care (SOC) grant, a Trauma Informed Care Agency Guide will be created that includes an updated list of recommended resources to assist agencies with building a trauma informed system of care. The Trauma Informed Care Agency Assessment Tool will become required of all behavioral health and in-home supportive services providers contracted with OCFS on an annual basis through incorporation into the Medicaid rule.

In addition, OCFS will be convening a Trauma Informed Care workgroup beginning in February 2021 that will include OCFS staff, other state agency partners, and community members to work towards developing additional tools and resources that align with the SOC grant and FFPSA. OCFS also intends to continue collaboration with other community and state programs focusing on trauma and resilience including but not limited to the [Maine Resilience Building Network \(MRBN\)](#), an agency with a mission to promote resilience in all people by increasing the understanding of the impacts of Adverse Childhood Experiences (ACEs) and the importance of building resilience through protective factors. MRBN network meetings, trainings, and professional development opportunities support OCFS efforts for trauma informed cultures.

Section 4: Child Specific Prevention Plan

In alignment with determining candidacy in Section 2 of this plan, below is a graphic depicting the case flow process for how a case moves through the child welfare system from intake to



closure. The boxes in white, demonstrate the case flow process for a Prevention Services case which is the foundation for how the child specific prevention plan will be completed.

Prevention Service Case & Prevention Planning

As indicated in Section 2 of this plan, once a child is determined to be a candidate for prevention services, the OCFS investigations caseworker completes the Structured Decision Making (SDM) Case Plan tool. At this time, the investigation caseworker convenes a Family Team Meeting (FTM) which informs the creation of a Prevention Services Family Plan.

Family Team Meeting (FTM): The initial FTM is a convening by the OCFS investigations caseworker of family members and supports as well as any existing or newly referred service providers that is designed to identify the family strengths and needs in order to keep the child(ren) safe. Family engagement, including youth when age and developmentally appropriate, is required and necessary in the determination of service needs and delivery. Prior to the meeting, the assigned OCFS caseworker will:

- Talk with the family and prepare them for the meeting prior to all FTM's.
- Discuss with the family the harm, danger, complicating factors, and their protective strengths as they relate to the case.
- Work with the family to identify the best location for the FTM, preferably in the family's home or other agreed upon setting.
- Develop the agenda with the family once the purpose of the meeting is clear.
- Help the family to identify prospective family team members, explain to them why this meeting is taking place, and what is hoped each member can do to help build child safety.
- Speak with family team members and share the purpose of the meeting.
- Assess for possible domestic violence within the family; if domestic violence is a concern the caseworker will:
 - Work with the domestic violence advocate to address safety concerns for the youth and the non-offending caregiver.
 - Ensure in cases where domestic violence is a concern that there will be separate meetings for the offending and non-offending caregivers.
 - Ensure that if there is a no-contact court order in place, OCFS staff will not have those participants together in the same FTM.

During the FTM, the family members are invited to share their perceptions of what happened to cause the family to be involved with child welfare services and for subsequent meetings, update the family team members as to what progress the family has made towards reaching family plan goals. The family team, with the assistance of the caseworker/facilitator, will review the harm, danger, and complicating factors as they apply to the case at the time of the meeting. The caseworker/facilitator asks the family team to identify protective strengths of the family and how strengths can support goals that will keep the child(ren) safe. The team develops safety goals and identifies elements of the Prevention Services Family Plan that will ensure child safety.

Included in the FTM at this phase is an OCFS permanency caseworker whom, following the FTM, will become the new caseworker for the family. The original investigation would close, and a Prevention Service case would open. At this time the permanency caseworker will provide support to the family, referrals for services, and oversight of prevention services while the family

works with OCFS to reduce risk and increase safety in the home. FTM's will continue throughout the case per OCFS policy including but not limited to:

- At the request of the family or others connected to the case.
- Development and/or review of subsequent Prevention Services Family Plans (including Rehabilitation and Reunification Plans if entering into state custody.)
- Recommendation of any change of case
- When a case is ready for closure and/or prior to a case transfer between districts.
- Any decision or transition time is a valid reason to hold an FTM

Prevention Services Family Plan: The Prevention Services Family Plan developed during the FTM is a newly created tool that was adapted from the original OCFS Family Plan in an effort to streamline the planning processes and documents to reduce the burden on families and staff. This plan was introduced to child welfare staff in late October 2020 with staff implementation of this new tool in November 2020. This comprehensive prevention plan includes:

- The names of the child(ren) and parents,
- The reasons why the family is involved in a prevention services case,
- The behavioral changes necessary by each parent to address the reasons why the Department is remaining involved with the family,
- The prevention services needed in order to increase child safety to keep the child(ren) in the care and custody of a parent/caregiver,
- The services the Department will provide,
- The progress by the parent/caregiver and how it will be measured,
- Kinship supports, and
- The proposed schedule for the Prevention Service case.

The Prevention Services Family Plan is finalized after the initial FTM, is signed by the parents, and will serve as the individual prevention plan for each child identified in the plan. A copy of the Prevention Services Family Plan can be found in Appendix 2. The prevention services to be provided to the family must be captured in the Prevention Services Family Plan as well as a start date for services. All options for services available to the family must be reviewed and explored with the family prior to the FTM and during the FTM using the Family Services Resource Guide that outlines the services and supports that might be available to families to keep their children safe. This guide will be created in conjunction with the State Agency Partnership for Prevention to ensure all Primary, Secondary, and Tertiary Prevention Services available to families are listed. If it is identified that services are needed more immediately, referrals for prevention services could be made prior to the FTM with the documentation of the date of referral to be entered into the Comprehensive Child Welfare Information System (CCWIS). Referrals to Prevention services will be completed using a newly designed referral form to ensure information about family needs and risk are communicated at the time of referral.

Prevention Plan Review: Prevention Services Family Plans will be reviewed by the permanency caseworker with the family every 90 days through the FTM and SDM processes. FTM's will be held every 90 days in conjunction with the Prevention Services Family Plan review to formally engage with families, existing or new service providers, informal family supports, and any other critical case members to determine the appropriateness of and progress in services. With this,

existing SDM policy implementation will provide a roadmap for ongoing monitoring of risk and safety which will be described further in Section 5.

Throughout the life of the case, caseworkers will continue to collaborate with families and collateral contacts to determine service needs and make referrals. Caseworker and Supervisory staff will be provided (through the Family Services Resource Guide) with a menu of prevention services available as well as resources for referrals to other services in order to best select the services that can meet the client's individualized needs. Casework staff will make referrals directly to programs for these services which will be unique to each program. Caseworkers will utilize strengths-based strategies, including motivational interviewing, to connect with families and increase the quality of the working relationship.

Case Closure: Prevention Service cases are recommended by OCFS to be open for a maximum timeframe of 6 months although there is recognition that some families may need more time to address risk and safety factors resulting in cases being open for longer. The Family First Prevention Services Act outlines a 12-month limit for prevention services per candidate episode, and the monitoring of these timeframes will be conducted. The 12-month timeframe begins at the time the child is determined to be a candidate for prevention services. If it is determined that there is a need to extend prevention services beyond the 12 months, approval from the casework supervisor and district Program Administrator will need to be given after review of case documentation that provides justification for a second candidacy episode. SDM tools will assist with decision making for when risk is reduced, and case closure is appropriate. If continuation of specific services is recommended to support the family beyond case closure, referrals to community-based programs may be made.

Integration with Information Systems: The Family Services Prevention Plan will be a document available to caseworkers to complete in Word format and will be required to be uploaded into the CCWIS data system once completed. The CCWIS system will set up a new plan every 90 days and caseworkers would be alerted to the need for the plan to be reviewed. CCWIS will include options to select from a list of prevention services to be provided to the family as well as service start and end dates in order to track the timeframes required under FFPSA. The menu of services will include those identified in Section 3 of this plan as well as other community services that may be available including those not funded through FFPSA or OCFS. OCFS is working closely with the developers of the new CCWIS system in Maine to ensure that data collection resources exist to meet all FFPSA reporting requirements.

Prevention Services and Coordination with IV-B: Title IV-B of the Social Security Act allocates funding to states to support the prevention of out of home placements and keeping families together. Maine has utilized this funding to support a long-term initiative with the Maine Coalition to End Domestic Violence to house domestic violence liaisons in each OCFS district office to assist casework staff in navigating domestic violence-related issues in child welfare matters. This will assist caseworkers in Prevention Services cases that involve domestic violence as an added means to locate services and supports for the family. Title IV-B funding has also supported training and professional development of child welfare staff on various topics which are outlined in Section 7. Title IV-B funding has also supported services directly for families such as transportation and kinship support services. These services and supports funded

by Title IV-B directly relate to the OCFS and FFPSA mission to support families in an effort to prevent the need for out of home placement. OCFS will continue to explore ways that IV-B funding and services can support the work of the FFPSA in Maine.

Section 5: Monitoring Child Safety

Maine OCFS takes the monitoring of child safety very seriously. While the aforementioned processes are designed to collaborate with families on the development of a plan for preventing entry of children into foster care through the provision of services and supports, a solid plan for monitoring safety is critical to success of prevention services and involves the roles of both casework and supervisory staff.

Prevention Case Monitoring: The Caseworker Role OCFS casework staff is responsible for ensuring that children are safe and that any identified special needs are met through the provision of case management services. Per OCFS Child and Family Services Policy, case management services assist eligible individuals in gaining access to needed medical, social, educational, and other services. "Eligible individuals" refers to vulnerable populations, such as children and families in the child welfare system or children with behavioral health needs. Case management services includes:

- Assessing the child's needs;
- Coordinating the delivery of appropriate services as defined in the assessment;
- Assisting the child and family in accessing appropriate services;
- Monitoring the child and family's progress by making referrals, tracking appointments, following up on services rendered, and reassessing the child and family's needs;
- Advocating on behalf of the child and family;
- Consulting with service providers or collateral contacts to determine the status or progress of the child and family's plan;
- Arranging for crisis assistance, such as coordinating needed emergency services; and
- Continually assessing for safety, risk & danger.

Caseworkers monitor child and family behavioral and developmental health needs throughout the progression of a case via regular case contacts, family team meetings, treatment team meetings, case plan reviews, and collateral contacts. For Prevention Services cases, at a minimum, one (1) face to face contact with family members per month is required by the permanency caseworker. In addition, the caseworker must make an individualized contact plan depending on the level of risk for the case and family need resulting in high risk cases receiving more contact. Additional monitoring strategies include case progress check ins by reaching collateral contacts via phone, face to face, or virtual meeting including but not limited to schools, counselors/therapists, in-home service providers, medical providers, childcare providers, parents/caregivers, other critical case members.

The Role of Structured Decision Making in Monitoring Safety: As indicated in Section 2 of this plan, the use of Structured Decision Making (SDM) is a critical component in child welfare practice in Maine. Not only is SDM used during the investigation phase of a case and will be used to assist with candidacy determination, but other key case points warrant SDM use in

conjunction with FTM's as well. In Prevention Service cases, the SDM tools will be used for any new investigation that may be warranted from a new Child Protective Services report, but it will also be used for ongoing case management and safety monitoring as identified below:

Safety Assessment Tool	Used during the initial child welfare investigation. Used during Prevention case when contemplating closure.
Case Plan Tool	Used in every open case and is focused on family strengths and needs. Completed prior to first Prevention Services Family Plan. Developed with the family every 90 days.
Risk Reassessment Tool	Used in all in-home cases and when children have been returned to the home. Completed every 90 days.

OCFS will continue to partner with Evident Change (formerly known as the National Council on Crime and Delinquency (NCCD)) to implement SDM tools throughout child welfare case continuum. Staff have received training regarding the safety and risk tool and the OCFS' Quality Assurance Team has assisted in monitoring the use of these tools to ensure fidelity to the model. Their review has provided valuable feedback on areas where additional training is needed and OCFS has been able to partner with Evident Change in the past to target training appropriately. In September 2020, OCFS implemented new SDM tools to guide staff as they make permanency decisions in child welfare cases. Permanency staff were trained on the tools in the fall of 2020 and the Quality Assurance Team and supervisors have been trained to conduct quality reviews to ensure fidelity to the tools. They will be conducting regular reviews of the use of SDM tools in order to provide child welfare leadership with insight into opportunities for additional training, support, and refinement of implementation.

In conjunction with SDM tools, all OCFS caseworkers receive training in Motivational Interviewing during the initial hiring period. While more information on staff training will be provided in Section 7, it is important to note that motivational interviewing is a skill that is helpful in the monitoring and management of child welfare cases in supporting families with meeting their goals. Additionally, in the fall of 2020, child welfare staff were provided "Goals and Action steps" training. This training provided tools for how to create clear and concise goals during the case planning process including skills to create goals that are specific, measurable, attainable, relevant and time based (SMART).

Prevention Case Monitoring: The Supervisor Role The key role of the OCFS child welfare casework supervisor is to ensure that the agency's policies and practices are implemented. Maine child welfare services supervisors must implement, teach, and support the Child Welfare Practice Model, joining with families and the community to promote long-term safety, well-being, and permanent families for children. Effective supervision supports a collaborative team approach that builds on clients' strengths that meet their needs, resulting in better outcomes for children and families. Effective supervision is based on a supervisor / caseworker relationship that promotes continuous learning and facilitates professional growth and development through self-reflection and identification of strengths and challenges. Supervisors are responsible for creating and maintaining a supportive working and learning environment through open communication, teaming, and accountability at all levels - both internally and externally. These

standards represent OCFS' expectations of casework supervision. All levels of supervision must reflect the spirit of these standards. The activities of the supervisor are directed toward implementing the organizational objectives and helping to ensure that the quantity and quality of work achieves outcomes articulated by the agency. The administrative function involves planning, executing, monitoring, and evaluating activities to accomplish the work of the agency through the staff. Supervisors must approve the payment for client services; these are either approved within MaineCare rates or within established contract rates. Supervisors provide consultation and oversee the case decisions made by the caseworker including reviewing SDM scoring all the while monitoring case documentation, attendance at Family Team Meetings, and participating in other child and family meetings as needed.

Child Welfare Initiatives Supporting Safety & Prevention: Child welfare has a number of initiatives being implemented in an effort to support monitoring child safety and prevention. This includes strengthening the Quality Assurance team to be discussed in Section 6 as well as enhanced supervisory training including supervisory coaching. OCFS is working with Evident Change to provide a leadership coaching overview for all supervisors and managers as well as a coaching institute and district coaching sessions. Coaching practices will be integrated into the overall strategies for child welfare supervision. Supervisors will be expected to utilize coaching during monthly individual and group supervisions. The OCFS Training Team is participating in these activities as a train-the-trainer and will provide this training to new supervisors as part of a Supervisory Academy.

The Quality Assurance team within OCFS will play a key role in assisting child welfare with monitoring child safety through their data collection and quality improvement activities which will be described below.

Section 6: Evaluation Strategy, Waiver Request and Quality Assurance

FFPSA Theory of Change and Logic Model

Through collaboration with stakeholders statewide and the OCFS management team, a Theory of Change and Logic Model for the implementation of the FFPSA has been developed. In Maine, the limited access and availability of prevention services for families to safely maintain their children at home has contributed to children entering into foster care in the state. Through statewide collaboration, utilization of evidenced based practices, and supporting Maine's workforce, Maine will increase

THEORY OF CHANGE

Root Cause: Limited availability of preventative services can make it challenging for at risk families to maintain their children safely in the home leading to children entering foster care.

Goal: Increase prevention services available to families that will help address domestic violence, mental health, substance use, and parenting challenges through agency collaboration, utilization of evidenced based practice, and workforce support.

So that families can receive support and treatment to meet their needs;

So that there is enhanced safety and positive parenting;

So that children can remain safely in their home.

prevention services available to families. This will result in families being supported to meet their needs, increased safety among families in Maine, and children being able to remain safely in their home. The FFPSA Logic Model can be located in Appendix 3.

FFPSA Evaluation Strategy

The FFPSA requires each state to demonstrate a rigorous evaluation design and strategy of the prevention programs that are being implemented unless they qualify as part of the waiver and are documented as well-supported in the Title IV-E Prevention Services Clearinghouse. Maine will be implementing, with Title IV-E funding, two well-supported evidenced based programs: Homebuilders Intensive Family Preservation and Reunification Program and Parents as Teachers. Existing evaluation of both of these programs have demonstrated these programs effectiveness in improving outcomes of families where the risk of child abuse/neglect or findings of child abuse/neglect are present. Parents as Teachers has at least two evaluations demonstrating improvements in child safety and well-being as a result of services provided as well as a reduction in future child welfare involvement. The Homebuilders program also has similar evaluation findings of improving outcomes for families and preventing the need for out of home placement. These programs qualify for the waiver and Maine will be utilizing the waiver to forgo the evaluation required of these evidenced based programs.

Despite the existing evaluations of these two evidenced based programs, Maine is committed to ensuring the highest level of efficacy for the families in Maine, therefore, fidelity and outcome measures of Prevention Services will be evaluated to ensure that the programs selected to be implemented under FFPSA, are working to prevent children from entering foster care and improving the safety and well-being of families in Maine. It is critical to ensure these prevention services are effective for Maine families, that they are being implemented with fidelity, and that programs are producing the intended outcomes, specific to the Maine population. Maine intends to conduct a competitive bidding process for these evaluation services and a Request for Proposals has been developed to secure an agency that will conduct fidelity and outcome measure evaluation services. Evaluation services will be funded through state and Title IV-E funds.

Of significance, the existing Parents as Teachers program through MIECHV that OCFS intends to expand has an already established evaluator, the University of Southern Maine (USM) who has implemented several evaluations of this program over the past few years. This evaluator will continue to be in place and focus on MIECHV related evaluation activities. The evaluator procured for Family First would be required to work with USM to ensure that there is collaboration and no duplication or overlap of evaluation activities.

Maine OCFS' plan for evaluation of the Family First Prevention Services can be found below. The implementation of this evaluation plan, monitoring of contract performance of Parents as Teachers and Homebuilders service providers (as indicated on page 37 of this plan), combined with OCFS' Quality Assurance and Continuous Quality Improvement Programming (QA/QI) and program specific quality assurance strategies by program developers, Maine will create a well-rounded evaluation strategy of Maine's implementation of prevention services under the FFPSA.

Evaluation Plan for Well-Supported Evidenced Based Practices

The Office of Child and Family Services will be procuring services through an evaluation contract to specifically evaluate fidelity and outcome measures of the two IV-E funded programs to be implemented as part of the Family First Prevention Services (FFPS) 5-year initiative.

<u>Intervention</u>	<u>Parents as Teachers</u>	<u>Homebuilders</u>
<u>Target Population</u>	Families with children birth to age 5.	Families with children birth to age 18.
<u>Fidelity Measures</u> (This includes but is not limited to what is listed in this chart.)	<ul style="list-style-type: none"> -# of referrals -# of in-home visits -# of hours services are provided -# of annual family center needs assessments completed using a PAT approved tool. -# of milestone assessments completed on children within the case. -# of parenting skills assessments completed -Participant feedback on service delivery. -Additional Parents as Teachers fidelity measures can be found here. 	<ul style="list-style-type: none"> -# of referrals -Staff are available/accessible 24 hours per day/7 days per week. -Sessions occur within the family home or natural setting. -Therapists meet with the family 3-4 times per week and provides 40 hours of face to face service. -Services are provided for a minimum of 4 weeks, max 6 weeks. -Staff one to one consultation and teams utilizing the Homebuilders Consultation Guidelines. -Participant feedback on service delivery. -Additional Homebuilders fidelity measures can be found here.
<u>Outcome Measures</u> (This includes but is not limited to what is listed in this chart.)	<ul style="list-style-type: none"> -# of referrals from OCFS. -# of families served. -Length of time between referral and service delivery. -Length of service delivery. -Entry and/or re-entry into foster care at 6, 12, 18, and 24 months post intervention. -# of subsequent child welfare investigations post case closure. -Demonstrated improvement in family functioning as evidenced by milestone and parenting skill assessment outcomes. -PAT Annual Performance Report. 	<ul style="list-style-type: none"> -# of referrals from OCFS. -# of families served. -Length of time between referral and service delivery. -Length of service delivery. -Entry and/or re-entry into foster care at 6, 12, 18, and 24 months post intervention. -Demonstrated improvement in family functioning and reduction in risk factors. -# of subsequent child welfare investigations post case closure. -Types and number of referrals made to other programs (i.e., mental health, substance abuse, domestic violence, basic needs, child development).
<u>Data Collection</u>	<ul style="list-style-type: none"> -Child Welfare Information System -Electronic Records and Information Network System (ERIN) -Participant surveys (during/after survey delivery) -Other data collection to be determined by the FFPS evaluator. 	<ul style="list-style-type: none"> -Child Welfare Information System -Implementing agency (TBD) data system -Participant surveys (during/after service delivery) -Other data collection measures to be determined by the FFPS evaluator.

Maine Quality Assurance (QA) and Continuous Quality Improvement (CQI): In Maine, QA and CQI programming falls within the OCFS Technology and Support Team. The QA/CQI program includes Quality Assurance (QA) Specialists and Data Analysts who, combined, provide qualitative and quantitative outcome data to senior managers for consideration in decision making related to practice and services to improve outcomes for children and families in Maine. OCFS has increased the focus on quality casework practice through various measures as identified in Section 5, but also through strengthening the Quality Assurance (QA) team in recent months. Additional staff resources have been added to the QA team which will provide support to each district and central office, as well as improve coordination of the Continuous Quality Improvement (CQI) cycle with the Policy and Training Team, Child Welfare management and district staff.

OCFS' QA system currently meets the five key components of a sound QA/CQI system as laid out by the Administration for Children and Families (ACF) including: foundational administrative structure; quality data collection; case review data and process; analysis and dissemination of quality data; and feedback to stakeholders and decision makers and adjustment of program and process. Each of these are described in further detail below with these existing processes utilized to monitor prevention services cases.

Quality Data Collection: Effective QA efforts begin with quality data collection. In conjunction with the planning and implementation of the FFPSA, a new data collection system is being built that will compliment FFPSA and other OCFS initiatives. In April of 2020, OCFS was able to finalize the procurement process for a new information technology system to support child welfare operations and quality assurance. The new system, referred to as the Comprehensive Child Welfare Information System (CCWIS), will replace OCFS' current system, Maine Automated Child Welfare Information System (MACWIS), which is over 20 years old. OCFS' technology and support staff and child welfare staff have been collaborating as they work together with the contracted provider, Deloitte, to develop a system that reflects the unique facets of Maine's child welfare system. Child welfare staff with varying levels of experience are devoting a significant amount of time to working with technology and support staff and Deloitte's developers to create and refine the system, which includes meeting all requirements for FFPSA implementation.

Child welfare leadership has approached the development of CCWIS as an opportunity to look at current policy and practice and ensure the tools and information on which CCWIS is built represent the existing needs of the system including FFPSA. OCFS has also been able to align the policy work underway in collaboration with Muskie to ensure CCWIS is reflective of up-to-date tools, policies, procedures, and best practice guidelines when it goes live in late 2021. The goal of the CCWIS project is to modernize and improve the technological support staff have available as they work with families. There has been particular focus on minimizing the need for duplicative work within the system, allowing staff to be more engaged with the people they are working with, instead of the technology.

Case Review Data and Processes: To compliment data collection, case reviews are conducted by dedicated QA staff housed in each local district office and supervised centrally. QA staff are typically former child welfare professionals who have worked within the child welfare program,

either as a direct care caseworker, and/or supervisory staff. QA staff are consistently trained in the child welfare system, policy, and specific initiatives and project needs, including FFPSA. All QA staff will be educated on the FFPSA as well as the required components of Prevention Services to assist in their review of prevention services cases. The QA team has access to the Online Monitoring System (OMS) system through the federal Child and Family Services Review (CFSR) portal and uses this system to conduct the individual case reviews. The QA team has completed the Onsite Review Instrument Item (OSRI) specific training modules to ensure they are meeting the requirements for maintaining the integrity of the tool during case review and staff have received certificates verifying this completion. As new QA staff are hired, they are trained in this process through teaming with their peers as well as reviewing the training modules on the OMS system. Maine utilizes the OSRI as a review tool which provides clear instruction and guidelines on its use. The QA Program Manager is responsible for monitoring the use of these tools. The QA process is strengthened by having a defined sampling methodology which has been approved by ACF. This includes an annual review of 130 cases, using the approved sampling methodology and OSRI. These reviews began in April 2018 and will continue throughout the Program Improvement Plan (PIP) measurement period. Prevention services cases will be included in this random sample methodology.

Analysis and Dissemination of Quality Data: OCFS utilizes monthly management reports, Kids in Care reports, Child and Family Services Reviews (CFSRs), and has access to the Results Oriented Management System (ROMS), which all combined, allows for ongoing tracking of outcomes. OCFS has a data team of qualified staff to aggregate and analyze data that can be broken down by district office and OCFS maintains a website with current outcome data.

Feedback to Stakeholders and Decision Makers & Adjustment of Program and Process: OCFS leadership values input from an array of stakeholders, staff being a key constituency. Historically, OCFS leadership has engaged with the Child Welfare Caseworker Advisory Team as new policies, procedures and initiatives are being developed for their input. Recognizing the value of this advisory group, the Child Welfare Supervisor Advisory Team was created in 2019. These groups provided valuable input into the FFPSA State Plan and other policy initiatives and it is anticipated that these groups will continue to inform the OCFS Leadership Team on policy and practice. In addition, through monthly Maine Child Welfare Advisory Panel (MCWAP) meetings, co-chaired by the Associate Director of Child Welfare, there is a review of the PIP.

District staff have access to reports provided by the data and QA team. OCFS is moving towards a stronger CQI approach, and this will automatically involve the policy and training teams when outcomes are reported out that indicate a need for policy review, and/or strengthening of a training element. A Quality Circle process is implemented in every district, which allows district staff the opportunity to identify challenges to their work and create and implement strategies to overcome those barriers. QA staff continue to be available to provide more district-specific consultation through working on special reviews that could provide the district relevant information for that district in its efforts to improve outcomes.

Continuous Quality Improvement (CQI) Processes: OCFS has numerous key CQI processes that have been implemented in its system that are an integral part of the agency's day to day operation. This includes the Quality Assurance (QA) Specialist Team as described above which

incorporates quality case reviews, district specific topic reviews and statewide topic specific projects. Maine uses its case review results to set the baseline for its Program Improvement Plan (PIP) measurements. Other processes include but are not limited to:

- Statewide CQI Focused Reviews: The QA Specialist Team has the capacity to conduct targeted focused reviews as requested by OCFS management as a move towards building a stronger CQI process with the intent being reviewing, providing outcome, allowing management and districts to develop improvement strategies and doing a follow up study later to assess the efficacy of the improvement strategy.
- District QA Engagement: Each OCFS District has an assigned in-house QA Specialist who is available to provide more district-specific consultation through working on special reviews that could provide the District more relevant information for that district in its efforts to improve outcomes.
- Utilization of Management Reports: In 2007, OCFS contracted with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data down to a worker level through a web-based portal. In measuring and improving processes, outputs and outcomes, child welfare management is increasingly data driven. For district management, performance expectations are tied to reform targets, and data is reviewed in rating performance. A monthly Management Report provides regular information on key activities, such as child protective response time, relative placements, and monthly caseworker contacts with foster children. ROM was designed to measure the federal outcomes and is available to management and supervisors to help in managing to the outcomes.

Continuous Quality Improvement (CQI) of Family First Prevention Services will include specific collaboration among internal OCFS Quality Assurance staff, the evaluation contractor, prevention services program vendors, contract management staff, and OCFS data management teams. Each service will have a lead contractor who will have sub-recipients that they will be required to monitor for both outcome and fidelity measures through their own Continuous Quality Improvement plans. The following table outlines more details of OCFS’ plan for Continuous Quality Improvement of the Parents as Teachers (PAT) and Homebuilders programs for both fidelity and outcome measures. Items marked with an (F) are fidelity measures and items marked with an (O) are outcome measures.

	Measure	Data Collection	CQI Strategies
Parents as Teachers (PAT) Program	(O) & (F) # of referrals to the PAT program from OCFS staff on Prevention Services Cases.	CradleMe referral system data will be collected on the number of referrals that are made by OCFS staff for Prevention cases.	CradleMe data will be reviewed monthly by the OCFS contract manager and evaluation contractor to monitor referrals to this program. A cross tab of this data with OCFS data on the number of Prevention Services cases open will be completed on a quarterly basis. If referral numbers are low, strategies for increasing referrals will be developed and deployed.
	(O) & (F) # of families served.	PAT enrollment data in the Electronic Records and	The OCFS contract manager, PAT program manager, and evaluation contractor will cross tab the numbers of child welfare Prevention families referred with the number of families served to identify any gaps in service

	Information Network (ERIN) system. Quarterly Service Capacity and Staffing Reports	delivery, capacity concerns, and needs for additional program staff. Service Capacity and Staffing Reports required by HRSA (Health Resources and Services Administration) for the Home Visitation program will be provided to OCFS for monitoring and will also be monitored by HRSA, Maine Center for Disease Control and Prevention (MeCDC) and both program evaluators (MeCDC contracted evaluator and OCFS contracted evaluator.)
(F) # of each of the following assessments completed with the family: -Milestone assessments on children within the family. - Family centered needs assessments completed using a PAT approved tool. -Parenting skills assessments completed.	Electronic Records and Information Network (ERIN) data system PAT Annual Performance Reports Quarterly Performance Measurement Reports	Subcontracted Local Implementation Agencies (LIA's) will file PAT Annual Performance Reports to demonstrate compliance with PAT Program Essential Requirements. These reports will be monitored and provided annually to the OCFS contract manager and evaluation contractor to monitor compliance. A secondary level of monitoring will come with the MeCDC (the contract holder of the Maine Children's Trust (MCT)) contract (who subcontracts with the LIA's implementing PAT). MCT and MeCDC will also monitor fidelity to the model through these reports. Quarterly reviews of the Performance Measurement report by the MCT, MeCDC, OCFS, and evaluation contractors will take place to monitor fidelity and performance of LIA's. A tertiary layer of review comes from HRSA and the PAT model developers who establishes standards of excellence for those implementing the model with fidelity. Monthly meetings between the LIA's and MCT will take place as well as quarterly meetings between Maine CDC, OCFS, 2 separate program evaluator teams (one for MeCDC, and one for OCFS) and the MCT to continuously monitor program implementation, data, performance.
(O) Entry and/or re-entry into foster care at 6, 12, 18, and 24 months post intervention.	OCFS data on foster care entries cross tabulated with PAT enrollment data in the Electronic Records & Information Network (ERIN) system.	The OCFS contract manager, OCFS data team and evaluation contractor will work together to review and monitor this data on a quarterly basis. This will be reviewed annually with MCT to determine successes or challenges and develop any plans for modification in referrals, training, etc..
(O) Demonstrated improvement in family functioning.	Data collection from the PAT program on milestone and parenting skill assessment outcomes as identified above.	As indicated above, in collaboration with the Maine CDC and evaluation contractor, OCFS will monitor this data on an annual and quarterly basis to determine if this service is improving outcomes for families. If outcomes are not improved, OCFS will work with the program developers, program implementers, and content specialists to determine necessary solutions for

			modifications to service delivery for child welfare cases while maintaining fidelity to the PAT model.
	(F) Child Welfare Prevention Cases Parental Participant Satisfaction	PAT participant feedback survey data collected by the Maine Families Home Visiting Program.	Annually, this data will be shared with the OCFS contract manager and evaluation contractor, specific to child welfare referrals to monitor fidelity of implementation and determine if any additional training or resources are needed. This data is also reviewed by the MeCDC, MCT, and evaluation contractors.
Homebuilders Program	(O) # of referrals to the Homebuilders program	Homebuilders referral data in the Online Data Management (ODM) System	Referral data will be collected in ODM and monitored monthly by the OCFS contract manager, Homebuilders vendor, and evaluation contractor. A cross tab of this data with OCFS data on the number of Prevention Services cases open will be completed on a quarterly basis. If referrals are low, there will be an assessment of contributing factors and strategies developed to increase referrals.
	(O) & (F) # of families served	Homebuilders enrollment data in the Homebuilders Online Data Management (ODM) System	The OCFS contract manager, Homebuilder’s program manager, and evaluation contractor will cross tab the numbers of families referred with the number of families served to identify any gaps in service delivery, capacity concerns, and needs for additional program staff.
	(O) & (F) Length of time between referral and service delivery	OCFS referral and service delivery data in the Homebuilders Online Data Management (ODM) System	The OCFS contract manager, Homebuilder’s program manager, and evaluation contractor will monitor the Homebuilders ODM system for service delivery data to determine the length of time between referral and service delivery to assess for needs for additional resources and staff and fidelity to the model for immediate service delivery.
	(O) & (F) # of Family Assessments utilizing the North Carolina Family Assessment Scale (NCFAS) and NCFAS for Reunification (NCFAS-R).	Homebuilders Online Data Management (ODM) System	The OCFS contract manager, Homebuilder’s program manager, and evaluation contractor will monitor the Homebuilders ODM system for completion of the NCFAS and NCFAS-R to identify family strengths, needs, and improvements in family functioning throughout service delivery. The Homebuilder’s model developers (Institute for Families) will also be monitoring this measure for fidelity to the model.
	(O) & (F) # of Entries and/or re-entries into foster care at 6, 12, 18, and 24 months post intervention.	OCFS data on foster care entries cross tabulated with the Homebuilders Online Data Management (ODM) system.	The OCFS contract manager, OCFS data team, and evaluation contractor will work together to review and monitor this data on a quarterly basis. This will be reviewed annually with Homebuilders program vendors to determine successes or challenges and develop any plans for modification in referrals, training, and other areas of improvement.

<p>(F) Fidelity measures including: -Sessions occur within the family home or natural setting. -Therapists meet with the family 3-4 times per week and provides 40 hours of face to face service. -Services are provided for a minimum of 4 weeks, max 6 weeks. -Staff one to one consultation and teams using Homebuilders Consultation Guidelines.</p>	<p>Homebuilders QUEST participation data Homebuilders Online Data Manager (ODM) System</p>	<p>The lead vendor for Homebuilders’ who will monitor the sub-recipient teams will participate in the Homebuilders QUEST program that will provide the education, tools, skills related to implementing and monitoring the Homebuilder’s program to model fidelity. Through data entry into the ODM system, the lead vendor for Homebuilder’s and all subrecipients will be required to collect and enter the data indicated for this measure. The Homebuilders lead vendor will monitor this data and provide quarterly reports to OCFS and the evaluation contractor for a secondary level of monitoring of fidelity. The Homebuilder’s model developers (Institute for Families) will be monitoring this measure for fidelity to the model.</p>
<p>(O) & (F) Types and # of referrals being made to other programs during and post Homebuilders intervention.</p>	<p>Homebuilders Online Data Manager (ODM) System</p>	<p>The OCFS contract manager, evaluation contractor and Homebuilders program vendor will monitor what referrals are being made to other programs by amount and type to monitor fidelity to the model, needs of families being served, and gaps in service delivery.</p>

Section 7: Workforce Training and Support

Evidenced Based Provider Workforce

Through the FFPSA Evidenced Based Practices and Workforce Stakeholder Workgroups, a brief assessment of Maine’s existing capacity and needs related to implementation of new or expanding prevention services was completed. This included, but was not limited to, surveys, quarterly stakeholder meetings, sub-committee groups, and community forums. Common themes emerged from this assessment including workforce shortages, low wages, a lack of career ladder opportunities, and recruitment challenges. As a result, a behavioral health and supportive services workforce logic model (found in Appendix 4) was created by a subcommittee of stakeholders to outline the inputs, outputs, activities, and short- and long-term outcomes for how to address the behavioral health and in-home supportive services workforce needs in Maine.

One of the most significant action steps identified will be the creation of a Behavioral Health and Supportive Services (BH/SS) Workforce Workgroup to include multiple workforce collaboratives across the state in an effort to identify strategies for improving Maine’s BH/SS workforce. Recruitment for this group will begin in January 2021 with the first meeting to occur in February 2021.

Evidenced Based Practice Workforce Training and Support: As indicated in Section 3, Maine intends to expand the knowledge of availability of Evidenced Based Practices (EBP) in Maine, including those funded and not funded by Title IV-E. This will include specific training related to child welfare prevention and engagement with the goal of increased referrals to these programs for families involved in the child welfare system. The identification and analysis of existing service providers in the state along with population needs will help determine what areas in Maine could be targeted for additional services in the future. This analysis will be completed through the State Agency Partnership for Prevention collaboration and the leveraging of other state initiatives including but not limited to the Children’s Cabinet, MaineMOM, and SOC grant.

Other EBP Workforce Training Supports: OCFS’ Children’s Behavioral Health Services program supports providers by offering training to enhance the skills of staff in accessing the most appropriate services for the youth of Maine. A Provider Training Information Center website is a newly designed resource that assists providers in improving their awareness and understanding of the behavioral health services available to youth in Maine. Web based trainings focusing on services offered to youth with behavioral health needs can be found on this website as well as other resources including: Behavioral Health Professional Resources; Children’s Behavioral Health Service Trainings; Mandatory Provider Training; Provider Consultation Opportunities; and other Training Resources.

Through other state and federal funding initiatives, additional workforce resources will be leveraged including the Maine Behavioral Health Workforce Collaborative and Co-Occurring Collaborative Serving Maine. These resources provide training opportunities to the primary, secondary, and tertiary prevention workforce including but not limited to adult substance use and mental health treatment and recovery. Members of these collaboratives have been, and will continue to be, involved in FFPSA workforce initiatives.

Trauma Informed Behavioral Health Workforce: As indicated in Section 3 of this State Plan a Trauma Informed Care resource guide will be created for providers to have access to a list of recommended resources for organizational trauma informed care practice. Through collaboration with the System of Care grant, each provider will also be required to complete a Trauma Informed Care Agency Assessment Tool annually to assess current practice and identify areas that can be strengthened. Please see Section 3 for more information on Maine’s plan for ensuring all prevention services are Trauma Informed.

Child Welfare Workforce

Through the efforts to evaluate and improve the child welfare system over the past few years a repeated theme has surfaced – the need for additional support within the child welfare workforce. This includes:

- The development of caseload and workload standards that reflect the unique challenges faced by child welfare staff in Maine.
- Securing additional staff to ensure the safety, well-being, and timely permanency of children.
- Reducing staff turnover.
- Improving training for child welfare staff.
- Developing additional tools and updating policies and procedures to support staff as they make difficult decisions related to cases, child safety, permanency, and the like.
- Developing the ability to cultivate prospective staff through internships and other types of engagement.

More information about caseload and workload initiatives will be discussed in Section 8 and as a result of the above identified needs, several OCFS child welfare workforce initiatives have been underway that will enhance implementation and training of prevention services programming.

Child Welfare Workforce Development Initiatives: The Policy and Training Team within OCFS holds the responsibility for training new and existing child welfare staff on policy and practice including any new program initiatives. The team works closely with child welfare management to identify training needs and provides both Foundations (new worker trainings) and ongoing training support to Maine’s child welfare staff. More information about child welfare workforce training opportunities can be found on the OCFS [training website](#).

Over the past year, OCFS has identified the need to improve training and support for both new and existing caseworkers and has partnered with the Muskie School of Public Service (Muskie) at the University of Southern Maine to conduct an evaluation of the training available to staff. They have examined baseline data, utilized research on effective training strategies, and developed plans along with the OCFS’ Policy and Training Team to expand the availability and accessibility of training for existing staff on a wide array of topics.

OCFS has also partnered with Muskie to modernize the Foundations training provided to all new caseworkers. Muskie developed a new framework for the training which was implemented in 2020. This includes virtual, online, and in-person training provided by Muskie staff, and coaching support, provided through the OCFS Policy and Training Team and the child welfare supervisor, as they begin to implement the skills and concepts learned in Foundations. Feedback from new caseworkers and those providing support to the first cohort of new caseworkers has been positive.

Another initiative within OCFS to support child welfare staff is the utilization of a Learning Management System that will track required and other trainings available to staff. This system will allow individual tracking of completed trainings, including OCFS, Staff Education and Training Unit (SETU) trainings, and community-based trainings. It will also track social work licensure and renewal dates and serve as a place to store and print training certificates.

Workforce wellness teams are another identified system improvement strategy. Over the last year OCFS was able to procure clinical support services for each OCFS District office and is working with each District office to understand how best to begin building these workforce wellness teams, recognizing that the culture within each District is unique.

Child welfare leadership has benefitted significantly from the Caseworker and Supervisory Advisory Teams over the last year. The teams include one representative from each District, chosen by their management and peers. Regular consultation for their input on policy and procedural changes, training needs, and the development of new or updated tools, provides an invaluable communication loop with their co-workers in their respective District offices.

Training Topics Provided to Child Welfare Staff: The Policy and Training Team within OCFS provides a host of various trainings for child welfare staff. New child welfare staff are provided a Foundations course that includes twelve (12) days of training spread over four (4) weeks including topics such as the assessment of child abuse and neglect, impact of child abuse, family dynamics, interviewing skills, substance use, medical indicators of abuse, domestic violence, family team meetings, and permanency. Other trainings are provided on an ongoing basis to all staff on topics including but not limited to: Structured Decision Making, Forensic and Motivational Interviewing, human trafficking, cultural diversity, Indian Child Welfare Act, MACWIS training, Drug Identification, Impairment Recognition and Caseworker Safety, Goals and Action Steps Planning, and Medical Indicators of Abuse.

FFPSA Planning Training: OCFS management has been thoughtful on the education and rollout of new caseworker practice related to prevention services. Through bi-weekly management meetings with Regional Associate Directors and the Associate Director of Child Welfare, strategic approaches for educating child welfare staff on FFPSA planning for related casework procedures have been identified and implemented. The initial phase of education has included:

- Caseworker and Supervisor Advisory Groups presentations on the FFPSA in April 2020 to introduce the act and get feedback on planning and engagement of staff. With identification of several initiatives, it was determined the best approach would be to use these groups for feedback on Prevention State Plan development.
- In October 2020, a presentation on the FFPSA and initial planning ideas was presented to the District Management Teams (Program Administrators of district offices) in order to get feedback and determine best approaches for introductions and training for staff.
- Feedback on the initial planning ideas for FFPSA implementation was shared with Caseworker and Supervisor Advisory Groups in November 2020. This new initiative was well received with the biggest concern being the availability of prevention services statewide. Suggestions for training to take place closer to implementation were shared.
- On October 28th/30th 2020, all casework and supervisory staff were introduced to the new Prevention Services Family Plan for which implementation began on November 2, 2020. At that time, information about FFPSA was shared with staff with the announcement of more information to come.
- A short training video was produced for Program Administrators to introduce the FFPSA to all staff within the local offices and distributed to all District Management staff in November 2020. This included a list of websites and a FFPSA webinar and an update webinar recorded by the OCFS FFPSA Program Manager.
- All staff were invited to a December 2020 webinar opportunity to learn about the proposed Maine Prevention Services State Plan.

FFPSA Implementation Training: In collaboration with the Policy and Training team within OCFS, a training plan for staff on Family First has been developed and can be found below. OCFS will continue to utilize the Executive Management Team, District Management Team, and Caseworker and Supervisor Advisory groups to provide input into the development of content and rollout of this training schedule:

- June 2021: Full day virtual training for OCFS staff on “Services and Supports available to Families in Maine.” This will include an opportunity for staff to learn of all the services available to families in Maine, not just those available through Family First.
- July/August 2021: Introductory presentations on Family First to OCFS staff during district staff meetings including a brief video overview and question and answer session.
- September 2021: Half day virtual trainings for staff on full implementation of Prevention Services and Qualified Residential Treatment Programs.
- October/December 2021: Services specific webinars will be provided to child welfare staff on the Parents as Teachers and Homebuilders programs.
- Calendar year 2022 and ongoing: New caseworker foundations trainings will include elements of the above trainings to ensure new staff have full awareness of Family First implementation.

Prevention services training elements will include but are not limited to:

- Candidacy determination,
- Development and review of the Prevention Services Family Plan,
- Identifying and monitoring risk and safety while utilizing Structured Decision Making,
- How to engage families in the assessment of strengths, needs, and the identification of appropriate services,
- Linking families with appropriate Prevention Services to reduce risk and promote family stability and well-being,
- Oversight and monitoring of the continuing appropriateness of the services.

Other resources for supporting and educating staff on Family First will include monthly updates to staff and the development of a Family First Staff Toolkit. Beginning in April 2021 and ongoing, the first Friday of every month will be “Family First Friday” whereby monthly updates to staff on planning and implementation of the Family First initiative will be provided in a fact sheet. In April 2021, the development of an online Family First Staff Toolkit will begin and will be a resource for staff housing information on the federal law, OCFS policy, fact sheets, referral forms, services information, and resource guides for implementation. The toolkit is expected to be completed by September 2021.

Trauma Informed Practice in the Child Welfare Workforce: The OCFS Policy and Training team provides a quarterly training for child welfare staff on Trauma Informed Practice utilizing the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training toolkit. Staff who have been employed by OCFS for at least 6 months are required to take this course which is also available to all veteran child welfare staff. The toolkit includes education on the 7 Essential Elements of a Trauma Informed Child Welfare System including:

1. Maximizing Physical and Psychological Safety for Children and Families
2. Identifying Trauma-Related Needs of Children and Families

3. Enhancing Child Well-Being and Resilience
4. Enhancing Family Well-Being and Resilience
5. Enhancing the Well-Being and Resilience of Those Working in the System
6. Partnering with Youth and Families
7. Partnering with Agencies and Systems That Interact with Children and Families

The availability of these trainings will continue with the ongoing assessment of attendance and needs for curriculum updates.

Prevention Services Policy and Practice: Through OCFS' partnership with Muskie to conduct an ongoing comprehensive review of child welfare policies, current policies will be revised, and new policies created to incorporate FFPSA with current child welfare policy. Upon approval of the Maine Prevention Services State Plan, modifications to existing policy will be completed to incorporate new policy related to prevention services. The attached Prevention Services pre-print includes more information about policies and references where policy change will be needed associated with this plan. More information about child welfare policies for OCFS can be found [here](#).

Section 8: Prevention Caseloads

On May 21, 2019, Public Law 2019, Ch. 34 (LD 821) was passed that requires the Office of Child and Family Services “to review case load standards for child welfare caseworkers and develop standard case load recommendations with input from child welfare caseworkers and the Public Consulting Group (PCG) contracted by the Department.” It further requires that “the department shall submit an initial report with its findings and recommendations on staffing in the department's child welfare program in relation to the standard case load recommendations no later than October 1, 2019 and subsequent annual reports by January 31st of each year beginning in 2020 and ending in 2030.”

Caseload vs. Workload: OCFS has established clear definitions of both caseload and workload in order to guide the Department's work related to LD 821. OCFS utilized the expertise of the Child Welfare League of America (CWLA) in establishing the distinction between caseload and workload.

- **Caseload = Cases / Workers:** The number of cases (children or families) assigned to an individual caseworker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual caseworker, all caseworkers assigned to a specific type of case, or all caseworkers in a specified area (e.g., agency or region).
- **Workload = (Time required for cases + Non-casework responsibilities) / Workers:** The development of reasonable workload standards helps to guide an organization towards the establishment of caseload expectations. In order to understand how many cases a caseworker can effectively manage, one must first understand the work inherent in each case and the time necessary to complete all parts of the work, as well as any expectations which do not directly serve children and families but are required when carrying cases.

The Child Welfare League of America (CWLA) has published a National Blueprint for Excellence in Child Welfare which includes standards for workforce development including the

need to assure that each staff person's workload is reasonable and allows the employee to perform the required duties. OCFS adopted their recommendations and recognized that staff are tasked with complex and difficult work each day as they seek to ensure child and family safety and wellbeing throughout the state.

Use of Data to Inform Child Welfare and Prevention Workload

In 2019, OCFS contracted with Public Consulting Group to develop a workload analytic tool to determine OCFS' need for additional staff. OCFS' goal in establishing reasonable caseloads has been to improve effective staff engagement with families, ensure quality services statewide, and improve child welfare outcomes for children and families. The workload analytic tool is based on the specific workload of OCFS' staff. This includes intake staff who receive reports of abuse and neglect, investigations staff who receive reports deemed appropriate and complete an investigation into the allegations made in the report, permanency staff who support either in home service cases or the reunification process when children have been removed from their home, adoption staff who seek adoptive homes for children who cannot return to their biological parents, and licensing staff who provide critical support to foster parents and oversee the licensing process. Each group of staff has specific duties and functions guided by policy and procedures. Additionally, each group's fulfillment of the assigned duties and functions is influenced by numerous case-specific factors. A few examples include the number of children in a particular family, the geographical distances between case participants, and the complexity of the child's needs. The workload analytic tool is designed to consider assigned duties and functions, while also factoring in the impact of case-specific factors and the experience level of OCFS' child welfare staff.

Maine's Program Improvement Plan identifies the utilization of the workload analytic tool to inform staff resource allocations and case assignments as a strategy for improving child welfare workloads. OCFS continues to work on building additional workload factors into the workload analytic tool, for example intake activities, court vs. non court cases, prevention cases, and weighting reports based on risk factors in a family. The workload analytic tool assists in determining staffing changes needed within districts as well. When OCFS has been allocated additional child welfare staff through legislative processes, management has utilized the tool to determine where these positions should be housed based on district needs. The Associate Director of Child Welfare and Chief Operating Officer have continued to collaborate with PCG to study the impact of additional workload factors, such as household complexity.

Since the Department's 2019 and 2020 reports on caseload and workload, the Department has continued to work to refine the tool to ensure it considers a realistic cross-section of the common case-specific factors staff encounter in the field. The 2021 report will be available by 1/31/21 and will include information on efforts over the last year to continue to improve the workload analytic tool to ensure it reflects the current realities of casework in the State of Maine.

Prevention Caseload and Workload: Implementation of the Federal Family First Prevention Services Act is likely to impact both caseload and workload as staff will play a primary role in the development of individualized prevention plans for families, referrals for services, as well as the monitoring, oversight, and documentation associated with a family's progress toward plan goals. It is anticipated that further adjustments to the workload analytic tool will continue as

implementation of FFPSA is underway and changes to policy and practice are made to ensure the tool provides functional and accurate analysis based on ongoing changes to policy and practice. Permanency caseworkers have traditionally and will continue to hold a mix of prevention services cases as well as cases of children entering foster care. Caseload sizes for permanency workers would be approximately 10 to 12 cases at any given time. Caseloads for permanency workers may shift with FFPSA implementation given the goal to reduce the number of out of home placements and increase prevention services provided to families resulting in a more intense level of case monitoring. Monthly monitoring of the workforce analytic tool reports provided to child welfare management by PCG will ensure that caseloads are adequate for staff to manage both prevention and reunification cases. Adjustments to caseloads will be made as needed with the ongoing analysis.

Section 9: Assurance on Prevention Program Reporting

Maine commits to comply with reporting requirements of the Family First Prevention Services Act and this certification can be found in Attachment 1: The Title IV-E Prevention Program Reporting Assurance.

OCFS is well positioned to collect, analyze, and communicate data with the existence and support of an Information Systems and Data Unit in the OCFS Technology and Support team. This unit assists program staff with data needs and analysis through two major data collection platforms: Electronic Information Systems (EIS) (primarily utilized by Children’s Behavioral Health Services), and CCWIS utilized primarily by Child Welfare staff. Significant collaboration within internal data reporting staff has occurred to ensure the new CCWIS system will meet all FFPSA data reporting requirements. OCFS is awaiting federal formats to be finalized before any further work can be completed on this.

Closing Summary:

The Family First Prevention Services Act, passed in 2018, provides Maine with an opportunity to leverage federal funding to address the rise of children entering foster care by expanding and enhancing prevention services aimed at maintaining children safely in the home. Over half of the children entering foster care in Maine are under the age of 5, while parental substance use is a contributing factor in over half of child welfare cases. Through state and community partnerships, Maine has developed a comprehensive State Prevention Plan that includes the expansion and establishment of existing and new prevention services including TF-CBT, MST, FFT, PCIT, Incredible Years, Triple P, Parents as Teachers, and Homebuilders, while increasing the knowledge of other services available to families in Maine. Leveraging Title IV-E funding, state funds, other federal grant opportunities, and statewide partnerships coupled with existing Children’s Behavioral Health Services and Child Welfare strategic priorities, Maine’s plan for implementing the FFPSA will guide the way to increased access and availability of services for families in Maine to support families and prevent the need for out of home placement.

Appendix 1: FFPSA Planning and Implementation Timeline

Maine Family First Prevention Services Act (FFPSA)		
<u>Planning</u> Timeline		
Date	Task	Outcomes/Decision
September 2019 to December 2020	Creation and convening of FFPSA Stakeholder workgroups	Workgroups: Qualified Residential Treatment Program (QRTP), Evidenced Based Practice, Workforce and Training, and Candidacy. Subcommittees created and convened: QRTP Trauma Informed Care, QRTP Aftercare, and Behavioral Health and Supportive Services Workforce. Workgroups led to development of state plan elements.
March 2020 to December 2020	Creation and convening of internal OCFS workgroups	Workgroups: Bi-weekly QRTP workgroup meetings, Bi-weekly Executive Management Team FFPSA Update meetings, Internal Evidenced Based Practice, Workforce, and Candidacy Workgroups, Individual Prevention Planning workgroup.
April 2020	Communication strategies implemented	Development of a FFPSA Fact Sheet, updating the FFPSA website, creation of the FFPSA planning structure document, FFPSA introductory webinar.
April 2020 to November 2020	Presentations on FFPSA provided to stakeholder groups	Groups, including but not limited to: Caseworker Advisory Group, Supervisor Advisory Group, Resource Parent Advisory Group, DHHS Child Health Leadership Group, The Maine Coalition Against Sexual Assault, Maine Children’s Trust, Maine Resilience Building Network, OCFS youth transition staff, Children’s Cabinet Staff meeting, District Management Team, Maine Chapter American Academy of Pediatrics, Maternal Child Health Workgroup.
April 2020 to December 2020	Convenings and planning with other State offices	State Offices: Maine Center for Disease Control and Prevention, DHHS Commissioner’s Office (Children’s Cabinet Staff), Office of MaineCare Services, Office of Behavioral Health, Department of Corrections, Department of Education.
April 2020 to present	Engagement with other States	Bi-Weekly Family First Learning Collaborative participation. Meetings with other states to collaborate on planning and implementation. Participation in New England state convenings for FFPSA.
April 2020 to December 2020	Transition Grant Planning and Implementation	OCFS developed a plan and began implementation for the Transition Grant including QRTP accreditation costs, fingerprinting, 30-day assessments, FFPSA evaluation, and training for child welfare staff.
June 2020 to present	State Agency Partnerships for Prevention created and convened	Partnership created with state agencies including: Office of Child and Family Services, Office of Behavioral Health, Department of Education, Department of Corrections, Maine Center for Disease Control and Prevention, Department of Labor, Office of Maine Care Services, and Office of Family Independence.
June 2020 to present	Engaging Youth Voice	Six informational sessions with youth from Youth Leadership Advisory Team (YLAT) and Maine Parent Federation youth to provide information about FFPSA and collect feedback to assist with planning. OCFS Youth transition workers joined internal and external stakeholder workgroups, and monthly meetings with YLAT staffing.

Maine Family First Prevention Services State Plan

July 2020 to present	Engaging Parent Voice	Six parent meetings were convened to present FFPSA information and collect feedback. Work completed with Maine Parent Federation and the Parent Partners group for engaging parent feedback. Parent representatives were maintained on FFPSA stakeholder workgroups.
July 2020 to present	Tribal Representatives Engagement	Tribal members have participated in stakeholder groups with additional recruitment including follow up invitations and a presentation to the Indian Child Welfare Act workgroup was given. Further outreach was conducted in November and December inclusion of all tribes in Maine.
July 2020 to present	Court system engagement	Administrative Office of the Courts (AOC) representative has participated in stakeholder workgroups. A FFPSA introductory webinar was sent to Judges through the AOC and made mandatory. October 2020: FFPSA presentation was provided at a Judicial Symposium with 17 judges in attendance and over 270 conference attendees. Court system invitations were sent for the feedback webinar in December.
July 2020 to present	CCWIS data management system planning	Meetings with the Technology and Support team within OCFS to collaborate on the new Comprehensive Child Welfare Information System (CCWIS) development to ensure compliance and collaboration with FFPSA reporting needs and requirements.
August 2020	FFPSA Updates Communication	FFPSA Update Webinar hosted for 100 stakeholders with additional views via recording, providing updates to Maine's planning for FFPSA.
September 2020 to present	New Mainer & Immigrant Community Engagement	Outreach and convening with New Mainer community representatives to discuss collaboration and engagement with New Mainer families in the planning process and to elicit feedback on the state plan. October 9 th initial FFPSA implementation plan shared with the group. Ongoing meetings scheduled to discuss specific strategies for how to ensure ongoing collaboration and inclusion.
October 2020	Child Welfare Forums	Four child welfare forums by region were hosted by the Director of the Office of Child and Family Services to gather qualitative data on strengths, needs, and systemic suggestions.
October 2020	Prevention Services Family Plan -Planning and Implementation	Development with child welfare management of a new Prevention Services Family Plan to meet FFPSA requirements. Child Welfare staff were trained in the new Prevention Services Family Plan (October 2020) with implementation of the new plan in November 2020.
November & December 2020	FFPSA State Prevention Plan Draft Feedback Activities	-Presentations to Child Welfare Advisory Group, Supervisor Advisory Group, District Management Team, Resource Parent Advisory Group, Children's Cabinet Staffing, Parent Partners, YLAT on FFPSA State Prevention Plan implementation ideas with feedback opportunities. -December 3, 2020, FFPSA State Plan Feedback Webinar was hosted for over 100 participants. Webinar recorded and link provided to all who registered and included follow up survey to gather additional feedback. Draft FFPSA State Plan sent to 7 partners and Executive Management Team, Regional Associate Directors, and other OCFS staff for review and feedback.
December 2020	State Prevention Plan Completed	FFPSA State Prevention Plan completion and submission to DHHS Commissioner and Maine State Governor.

Maine Family First Prevention Services Act (FFPSA) Implementation Timeline

Date	Task	Outcome/Decision
February 2021	FFPSA State Prevention Plan Submission	Maine’s FFPSA State Prevention Plan will be submitted to the Children’s Bureau for review and approval.
February 2021	FFPSA State Prevention Plan public release	FFPSA State Prevention Plan will be released to the public including FFPSA stakeholders, OCFS listservs, etc. The FFPSA State Prevention Plan will be posted on the OCFS website.
February 2021	FFPSA Website Updates	Post all FFPSA State Plan documents onto OCFS FFPSA Website
February 2021 and ongoing	Behavioral Health and Supportive Services (BH/SS) Workgroup	Recruit BH/SS Workgroup members from existing stakeholder groups and workforce collaboratives across the state. OCFS will convene the first of many BH/SS Workgroup meetings and develop mission, goals, and action plans.
January 2021	Plan of Safe Care implementation	Plan of Safe Care implementation begins for Substance Exposed Infant child welfare notifications.
February 2021	Trauma Informed Care workgroup	Trauma Informed Care workgroup will be created and convened to work collaboratively with OCFS Systems of Care Grant and FFPSA to develop resources and an implementation plan for BH/SS providers in Maine.
January 2021 and ongoing	State Agency Partnership for Prevention	Ongoing convening of the State Agency Partnership for Prevention to sustain inventory of prevention services, identification of gaps, and continued collaboration between state agencies.
February 2021 and ongoing	FFPSA Implementation Workgroup	Creation and convening of a FFPSA Implementation Stakeholder Workgroup meeting based on volunteers from FFPSA Planning stakeholder workgroups. Workgroup will meet bi-monthly.
January to Sept. 2021	Parents as Teachers (PAT) Program Planning	Ongoing convenings with Maine Center for Disease Control (Me CDC), Maine Children’s Trust and local agency implementers to develop a plan for PAT implementation.
January to Dec. 2021	Homebuilders Program Planning	Internal meetings to plan for Homebuilders Program Implementation.
January- Dec. 2021 ongoing	Informal analysis of service gaps and needs.	Through agency collaboration analyze gaps in prevention services across Maine that serve families. This includes assessing geography, needs of families, and resources.
March 2021 and ongoing	FFPSA OCFS Staff Training Plan	Training plan developed for OCFS staff for Prevention Services: candidacy, case management, associated FFPSA policy and protocols.
April 2021 and ongoing	Family First Staff Updates	A monthly fact sheet will be shared with OCFS staff on the first Friday of every month to share updates on planning and implementation.
April 2021 and ongoing	Development of a Family Services Resource Guide	Through collaboration with other state agencies, create a Family Services Resource Guide capturing available services to support families across the prevention continuum for multiple audiences.
April 2021 and ongoing	Family First Staff Toolkit	The development of an online Family First Staff Toolkit with resources and information to assist with implementation of Family First.

Maine Family First Prevention Services State Plan

May 2021	RFP release for Homebuilders Program	An RFP will be released to secure a vendor for statewide implementation of the Homebuilders program.
May 2021	State Prevention Plan approval	Expected timeframe for feedback and/or approval for FFPSA State Plan from the Administration for Children and Families.
May 2021	Evaluation Services Request for Proposals-RFP	An RFP will be released to obtain a FFPSA Prevention Services Evaluation vendor.
June 2021	Services Training for OCFS Staff	Full day virtual training for OCFS staff on access and availability of Primary, Secondary, and Tertiary Prevention services by region.
July/August 2020	Family First Snapshot trainings	Half hour virtual training during district staff meetings to provide an overview of Family First and answer questions about implementation.
September 2021	Family First OCFS staff full training	Multiple half day virtual trainings on Family First implementation of Prevention and Qualified Residential Treatment Programs (QRTP) for all OCFS staff.
September 2021	Release of Family Services Resource Guide	Release of Family Services Resource Guide to OCFS staff, state and community partners, and website posting.
September – October 2021	PAT Staff Training on the 0-5 curriculum	Parents as Teachers (PAT’s) Training for all Local Agency Implementers on the 0-5 curriculum.
September 2021	Court System Training on QRTP & Prevention	Training for the court system on Prevention Services and Qualified Residential Treatment Programming.
September - October 2021	PAT’s staff training on special topics	Parents as Teachers staff will receive additional training on the child welfare system, Prevention referrals, substance use and mental health, etc.
October 2021	Family First Prevention Services begins	All aspects of state policy and practice related to candidacy determination, referral to services, and evaluation are in full implementation.
October 2021	FFPSA Evaluation contract starts	FFPSA evaluation services contractor begins.
October 2021	PAT prevention contract starts	Parents as Teachers (PAT) expansion contract to include Prevention service referrals begins.
December 2021	Homebuilders contract starts	Homebuilders program contract starts December 1, 2021 (pending funding availability.)
December 2021	Homebuilders training complete	Identified Homebuilders teams will participate in training on the model to prepare for referrals. Additional training will include topics such as: the child welfare system, Prevention referrals, and substance use and mental health.
January 2022	CCWIS program rollout	The new Comprehensive Child Welfare Information System will begin implementation.
Jan-Feb 2022	Referrals begin to the Homebuilders program by OCFS	The Homebuilders program will begin to receive referrals from OCFS staff.

Appendix 2: Prevention Services Family Plan

This Prevention Services Family Plan outlines the services and supports necessary to keep the child(ren) in the care and custody of a parent/caregiver.

IN RE:

PLAN FOR:

Date of Plan:

(1) The reasons why the family is involved in a service case:

Substance Use:
Mental Health:
Domestic Violence:
Abuse:
Neglect:
Sexual Abuse:
Deprivation of:
Failure to Protect:

(2) The parent shall address the reasons why the Department is remaining involved with the family and make the following behavioral changes:

(3) The parent shall satisfactorily participate in the following prevention services in order to increase child safety to keep the child(ren) in the care and custody of a parent/caregiver:

(4) The Department shall provide the following prevention services to the parent either through caseworker's services or referrals for outside provider services:

Services	For Whom

(5) The parent's progress will be measured in the following ways:

(6) Progress since last plan:

(7) Kinship Support:

(8) Reasonable time schedule for proposed service case:

The parents also agree to sign releases of information and authorizations as requested by the Department.

Dated: _____
Parent/Caregiver

Dated: _____
Parent/Caregiver

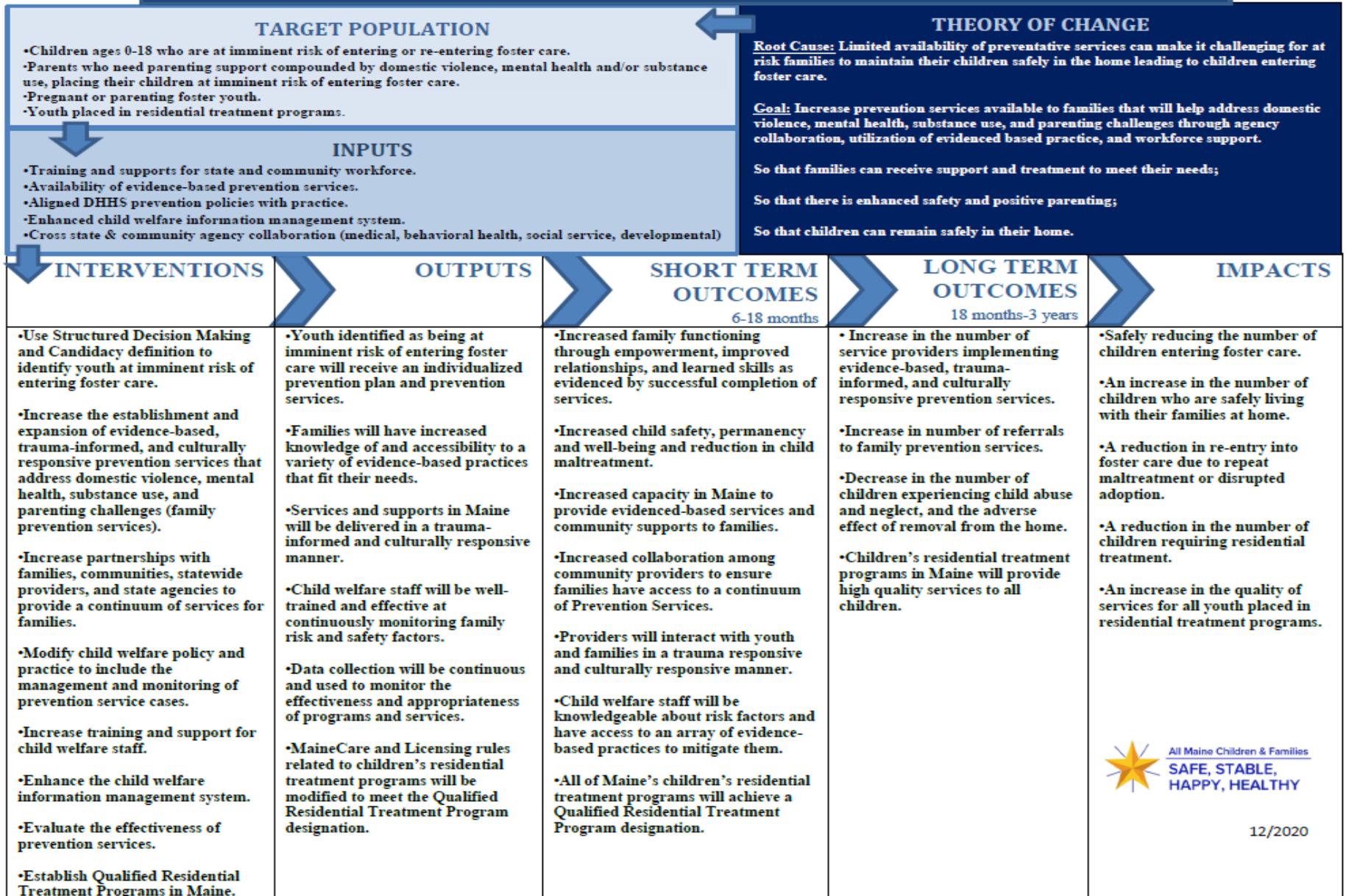
Dated: _____
DHHS Caseworker

Dated: _____
DHHS Supervisor

Revised October 9, 2020

Appendix 3: FFPSA Theory of Change and Logic Model

Maine Family First Prevention Services Act Logic Model



Appendix 4: FFPSA Behavioral Health and Supportive Services Workforce Logic Model

Goal: Through state and community partnerships, develop Maine’s behavioral health and supportive services workforce to increase access to and availability of quality trauma informed and culturally responsive services to families to support them in being safe, healthy, and successful.

TARGET POPULATION <i>Who will directly benefit?</i>	INPUTS <i>Resources dedicated to or consumed by our effort?</i>	ACTIVITIES <i>What we do in quantifiable terms?</i>	OUTPUTS <i>Direct products of our activities</i>	SHORT TERM OUTCOMES (6 -18 mos.) <i>Initial changes in condition, beliefs, skills</i>	LONG TERM OUTCOMES (2 - 5 years) <i>Changes in Policy Programs, Practices</i>	INDICATORS <i>Longer term indicators of impact</i>
<p><u>PRIMARY:</u> Communities in Maine.</p> <p>Providers of Family First Prevention Services.</p> <p>Providers of Maine Care services.</p> <p>Children’s Behavioral Health (CBHS) service providers.</p> <p>Adult Behavioral Health service providers.</p> <p><u>SECONDARY:</u> Youth and families in Maine eligible for Behavioral Health and Supportive Services (BH/SS).</p> <p>Youth and adults with developmental disabilities.</p>	<p>CBHS strategic initiatives.</p> <p>Family First Prevention Services Act (FFPSA) and Title IV-E resources.</p> <p>Partnerships with state & community agencies.</p> <p>Collaborations w/ state & local colleges, universities & technical schools.</p> <p>Community collaboratives.</p> <p>Statewide workforce initiatives.</p> <p>Grants for tuition and training re-imbusement.</p> <p>Culturally responsive and trauma informed training resources.</p>	<p>Data collection on: short and long term <u>active</u> licensed workforce, workforce needs, recruitment and retention, cultural and racial representation in the workforce, higher education resources.</p> <p>Wage and MaineCare rate studies, and policy reviews.</p> <p>Identify state, federal, and community resources to support workforce development initiatives.</p> <p>Identify strategies for the development of agency-based career ladders.</p> <p>Formulate and convene a BH/SS Workforce Collaborative (Racially and culturally inclusive with state and community partners.)</p> <p>Develop messaging to raise awareness on the value of the workforce.</p>	<p>A white paper on the current status and impact of gaps and needs with Maine’s BH/SS workforce and recommendations to address short- and long-term needs, including but not limited to wages, credentialing barriers, and career ladders.</p> <p>Pay rate analysis will be completed.</p> <p>BH/SS Workforce Collaborative helps to inform workforce initiatives.</p> <p>Workforce media campaign.</p>	<p>Increase knowledge and awareness of the existence and value of Behavioral Health Professionals.</p> <p>Through community partnerships and stakeholder engagement, identify and educate policy/law makers, other stakeholders, or legislative committees during the 2021 session on the BH/SS workforce challenge.</p> <p>Identify 5-10 workforce recruitment and retention strategies aimed at increasing workforce.</p>	<p>Implement strategies for improving Maine’s BH/SS workforce.</p> <p>Increase in enrollment and graduation rates in the behavioral health field.</p> <p>Increase in educated, experienced, professional, and credentialed workforce.</p> <p>Reduction in wait list times for services.</p> <p>Reduction in agency vacancies.</p> <p>Increase in the availability of a broad array of services and supports for all families in Maine.</p> <p>Increase in racial, ethnic and cultural diversity in the workforce.</p>	<p><u>PRIMARY:</u> Agencies will have stable & knowledgeable workforce that can meet the needs of all families in Maine.</p> <p>Behavioral Health providers will have increased opportunity for progressive career tracks.</p> <p><u>SECONDARY:</u> Families will receive services in a timely manner.</p> <p>By receiving timely and appropriate services, families will improve functioning and decrease the need for multiple and continued services.</p>