Maine Children's Cabinet

ANNUAL REPORT UPDATE
2005

"Working Together for
Maine Children and Families"

Submitted by Lauren Sterling, Children's Cabinet Staff

Maine Children's Cabinet

"Working Together for Maine Children and Families"

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Maine Governor's Children's Cabinet
Annual Report Update 2005

The Maine Governor's Children's Cabinet is honored to provide this Report Update on the activities and growth of its initiatives over the past FY04. Unique to this issue, is **"Links to Partner Initiatives."** Because the Children's Cabinet has limited direct financial resources, there is a need to stay focused on priority initiatives that cut across its partner agencies and seek to reduce systems barriers and improve coordination. However, through an "endorsement" process developed over this past year, the Children's Cabinet has identified important interagency statewide efforts and programs that embrace Children's Cabinet desired outcomes. Linking to these important efforts can only strengthen and improve the collective work on behalf of children, youth, and families in Maine.

This year brought with it new and exciting leadership and energy to the Children's Cabinet with the unification process of the Department of Health and Human Services. Although the former DHS and BDS partners were logistically impacted directly through this process, the other agency partners to include Education, Corrections, Labor, and Public Safety, were central to the new vision for DHHS and look forward to continued interagency program and services improvements between and among all partners moving forward. For more information about all of the Children's Cabinet activities, please refer to the Children's Cabinet website at http://www.maine.gov/cabinet.

Table of Contents

Maine Marks 3

Priority Initiatives, Leveraged Resources, Outcomes 5

Communities For Children and Youth 9

Statewide Homeless Youth Initiative 13

Task Force on Early Childhood 22

Family Strengthening through Home Visitation Programs 24

Keeping Maine's Children Connected (Formerly: Psychiatric Facility And School Transition Initiative) 26

Family and Systems Teams 28

Maine Mentoring Partnership 30

New Residents Committee 34

Local Case Resolution Committees 37

Maine Youth Suicide Prevention Program (MYSPP) 39

Links to Partner Initiatives 42

MAINE MARKS

Maine's Marks are a set of 80 social indicators that monitor the status of child, family and community well-being for the state of Maine. The purpose of the *Maine Marks for Children, Families and Communities* is to develop and report on a set of indicators that government, citizens and interested groups can use to track the well-being of the state's children, families and communities. These indicators are aligned with the vision and outcomes of the Governor's Children's Cabinet. The first edition of the Marks was released in February of 2001, and this is the fourth update.

These indicators are organized to report on the different categories of outcomes that were established by the Governor's Children's Cabinet. While not intended to measure the specific performance of any one governmental program, they do provide a way to monitor trends in the quality of life here in Maine and help the Children's Cabinet to develop policy priorities over time. The Marks are updated annually and are presented on the Internet at: www.mainemarks.org.

Trends

For this edition, there are some new revisions and there continue to be areas that remain a concern due to continuing negative trends. Here are a few select indicators that show a trend in the positive direction, towards enhanced well-being:

- Decrease in Certain Types of Prohibited Behavior in Schools
- Decrease in Youth Pregnancy for Age Group 18-19
- Increase in Home & Community Based Services for Youth with Severe Behavioral Health Problems in the area of Targeted Case Management
- Increase in Children Returned to Maine From Out of State Residential & Hospital Placements
- Increase in Areas of Families' Learning & Cultural Activities
- Increase in Parents Involvement in School
- Increase in College/University Completion – Maine Compares Favorably to Other States
- Decrease in Numbers of Youth Living In Homeless or Emergency Shelters

Select areas that continue to remain a **concern** are the following:

- Increase in Number of Reports of Substantiated Child Abuse and Neglect
- Increase in Reports of Hate Crimes
- Increase in Reports of Domestic Violence
- Affordability of Higher Education
- Decrease in Amount of Time Families Have for Leisure and Recreation
- Decrease in Rating of the Value of State Services Received for Taxes Paid to State Government (Satisfaction)

In each of the areas above, the trends have continued in a negative direction for at least two to three years.

Youth Survey

One of the unique features of the Maine Marks is the Youth Telephone Survey that is done with youth in grades 9-12. At least 400 youth are randomly surveyed and asked various questions that tap whether youth have attitudes and experiences that have been shown to help them succeed in life – assets.

Results from this past year continue to indicate that these Maine youth are doing well in terms of their relationship to community and family. This year, particular attention was paid to differences by gender; were boys or girls reporting the same or different. In three areas there were differences by gender:

- Significantly more Females than Males reported knowing three or more adults who are regular, positive influences on their life.
- More Females than Males report that others perceive them as respecting the values and beliefs of people who are of a different race or culture than themselves.
- Females report more regular involvement in community service than Males.

There were no differences by gender on the following indicators:

- Youth Feeling Important - Adults in My Town Make Me Feel Important
- Youth Given Opportunities for Community Involvement
- Youth With Caring Neighbors
- Youth Feeling Supported in Their Family
- Youth Feeling Cared for in Their Community

New Areas of Focus

During 2004 the Senior Staff to the Children's Cabinet identified a set of new indicator areas that will be investigated for measurement in the next report for 2005. New indicator areas reflect an evolving policy focus for the Children's Cabinet. These new areas include:

- Increase in Permanency /Adoptions from Foster Care – Tracking the new efforts to shorten the length of time children are in Foster Care after parental rights are terminated.
- Youth Transition from Foster Care with Entry into College - Tracking the efforts to promote success for older youth leaving the state child welfare system.
- School Readiness - Policy development on how best to track how children are prepared for success in school grades K through 12.
- Children Enrolled in Head Start - Tracking the enrollment into a proven early childhood program for children from disadvantaged backgrounds.
- Early Home Visitation - Developing measures that monitor how many children and new families are supported in the first critical months of life.
- Keeping ME Children Connected – Developing process to monitor the success of children in school after transition from an out of home placement.
- Offenders in Target Population Arrested for a New Crime/Incarcerated Within One Year of Release from Prison (age 16-25) - Data to be available next year.
- Lead Poisoning - Monitoring young children's exposure to lead.
- Community Response in Support of Mental Health - Developing measures to monitor the level of community based supports for children and families

Maine Governor's Children's Cabinet Priority Initiatives, Leveraged Resources, Outcomes

Over this past year, the Children's Cabinet and its various priority initiatives have worked hard to document and report on the funds working to support the specific goals and outcomes of the programs and to articulate the resources leveraged as a direct and/or indirect result of the collaborative efforts present in each initiative.

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Every Community is a Community for Children & Youth 71 communities have develop Children's Leadership Councils to assess the needs of children and youth, implement prevention programs and policies, and evaluate changes in the community through effective collaboration..	# of community coalitions partnering with state. **% of citizens who feel positive about youth in their community.** % of young people who believe that adults in their community care about them. # of children/youth receiving all Five Promises. # of coalitions awarded collaborative prevention grants. # of community members/sectors formally engaged. # of prevention programs established. # of coalitions following plans based on assessment/data.	Funded by the Children's Cabinet Investment of $263,871	**$3,614,847** Leveraged by state C4CY office in grants Local C4CY's leveraged over **$10,044,434** **Total: $13,659,281**	• 108 Communities served by a full-time C4CY VISTA member • Replicating model college community mentoring program in 4 sites • 16 out of 23 funded One ME coalitions are C4CYs • 5 of the DOE 21st Century grant projects are C4CY partners	• Children/Youth are respected, safe and nurtured in their community • Children/Youth succeed in school, and schools succeed for children • Communities promote & model clear standards of behavior • Child/youth-serving organizations employ positive child/youth development strategies • Communities keep children/youth at the heart of all decisions

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Homeless Youth:	# of youth identified and returned to permanent safe place	Reduced funding from the Legislature and coordinated by the Regional Children's Cabinets $165,000	**Leveraged by agency partners and Regional Children's Cabinet Collaboratives** $780,439.34	Region I & II 12,975 meals served 113 new intakes 200 assigned case management support 23 job shadow stipends Region III 3000 vital services and supports 1,015 service referrals *60 obtained mental health services* 81 attended medical appointments 1,240 hours of substance abuse education 50 hours of art therapy 1,934 bed-nights	• Youth succeed in higher education 43% start/completed diploma – Region I 78% pursuing education overall – Region I 68% of youth 14 or younger remained in school while served – Region I 29 goals to obtain educational opportunities were met – Region III ▪ Youth live in safe, permanent homes 57% housed safely – Region I 38 obtained safe, permanent housing – Region III 41 youth returned to their home of origin – Region III • Youth are prepared to enter the workforce 30% employed 3 months or more – Region I 13 goals to obtain employment were met – Region III • Youth are healthy physically and mentally 18 goals towards receiving substance abuse treatment were met- Region III
Youth Suicide Prevention: (Maine Youth Suicide Prevention)	% of reduced suicide attempts/successes # of youth and adults recognizing the signs of suicide and how to successfully intervene	Funded by Children's Cabinet $209,160	**Leveraged by MYSPP** **$259,000**	• 3,751 adults trained in suicide prevention • 284 youth trained • 3 teens successfully intervened to save a life	• "Suicide" is NOT an option in Maine
Regional Children's Cabinets/Local Case Resolution Committees (LCRCs):	# of families receiving immediate one-time support/service avoiding systems barriers.	Funded by Children's Cabinet $123,000	**Leveraged by LCRCs & Local Collaborators TBA**	• 16 local case committee collaborations statewide • Over 200 families served • 164 children and youth served	• Families' one-time needs are met • Children/youth are able to remain safely in the home

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Keeping Maine's Children Connected	# of children/youth making successful transition back to school from psychiatric residential treatment or correctional facilities. # of school, clinical, and state liaisons trained in coordinated transition planning for youth. # of youth who were able to connect and complete their educational program after experiencing disruption on their school program # staff and parents trained in coordinated transition planning for youth	Regional Children's Cabinets I & II $60,000 Department of Education $116,500	**Leveraged by all Regional Children's Cabinets $466,000**	▪ 163 liaisons established representing all regional state agency offices, juvenile correctional facilites, in-patient psychiatric facilities and 90% of school districts • 6 regional liaison groups established statewide meeting 2 to 3 times a year	• Children/Youth make successful transitions back to school from psychiatric residential treatment or correctional facilities • All schools and "sending facilities" have trained, single liaison contact • Youth succeed in higher education • Youth successfully connect or reconnect to their educational programs • Youth have improved educational outcomes through the continuity and completion of their educational programs • Youth have a reduced number of school transitions • Youth have an increased sense of belonging to their school and community.
New Residents Committee: **Sec. SS-1. LD 2220**	# of immigrants and refugees receiving timely and appropriate services and support. # of state and local organizations partnering to improve service delivery to NR. # &/or $ from grants researched and awarded for priority funding needs	$0/Legislated	No Formal Activity	**NRC compiled a Report of Recommendations to the Governor (See Report Narrative)**	Refugee and Immigrant children, youth and their families feel welcomed, and engaged in learning the skills needed to prosper in Maine.
Mentoring	# of youth with a quality, consistent caring adult/mentor. # of appropriately recruited, screened, trained, evaluated, and celebrated mentors # of mentoring programs meeting national standards for safe and effective practice.	$15,000 In-kind from Children's Cabinet (Communities for Children & Youth)	**Leveraged by MMP $250,675**	* Over 6,500 mentoring relationships tracked * Over 120 programs identified and networking * Over 112 communities wanting more information on dev eloping mentoring programs	• Every child and youth in Maine has a consistent, caring adult/mentor. • Mentees' academic, social, emotional and physical well-being is improved. • Mentored youth with disabilities ages 16-24 transitioning into appropriate higher education/adulthood. • Appropriate safe and effective mentoring programs are available to families and schools in each Maine community. • Quality mentors are available locally from school-, faith- and community-based organizations including but not exclusive of high school, college, business, retired and senior citizens

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Task Force on Early Childhood	# of state and local leaders and providers, parents, and advocates working to create a "Humane System of Early Childhood."	$0 budgeted	**Leveraged $200,000 through Title V (Maternal and Child Health Bureau) Grant for two-year planning.**	▪ First Lady Chair ▪ 15 state agency leadership reps. ▪ 18 private and non-profit organization leadership reps. ▪ 12 parents ▪ 1 steering committee and 4 work groups involving over 85 stakeholders	• New parents are supported and competent in meeting the physical, emotional, and cognitive development of their young child. • All parents of young children have access to quality, affordable child care and PreK. • All young children are respected and nurtured in their community • All young children are ready to enter school.
Home Visiting:	# of first-time parents receiving service & reducing tobacco, substance and child abuse incidents.	$4,600,000.00 from the Fund for Healthy Maine	**In their response to the home visiting RFP the agencies collectively estimated a total of $2,073,772 would be drawn down in TCM over the 34-month period of the contract.**	* 2,850 families skills strengthened *families identifying tobacco use or exposure to secondhand smoke demonstrated positive changes in behavior. *greatest impact on parental behavior: child development, child nutrition, and child discipline. *99% of children had a primary caregiver *97% were up to date on immunizations *2% of families had child protective activity compared with the state rate of 2.8%.	
Family Systems Team **(Formerly known as Integrated Case Management)**	# of agency, community, family members trained at all systemic levels # of disciplines/systems trained # of case practice systems barriers identified and removed	$40,733 from Children's Cabinet and the Community Service Center	$238,100 in federal funds (leveraged by CSC); $35,000 JJAG Challenge grant; $20,000 federal DOC entry grant; $52,801 federal "Collaborative Case Management" funds through DHHS, which leveraged an additional $345,901.	• 230 agency, community and family members trained • 72 adult DOC staff trained • 65 FST/Cross-systems agency staff trained • 10 systems barriers identified • 2 barriers removed • DOC Juvenile Division completed 27 FST cases with no re-offenses at 6-month review • Children's Cabinet Letter of Agreement signed and was recognized by National Governor's Association.	
	TOTALS:	**Invested: $952,531**	**Leveraged: $15,615,395.34**		

COMMUNITIES FOR CHILDREN & YOUTH

Communities for Children and Youth (C4CY) is a statewide initiative of the Maine Children's Cabinet designed to create a partnership between state government and local communities as they work on:

- The prevention of child abuse; youth substance abuse; juvenile delinquency; youth violence; school failure; and homelessness.
- The promotion of positive child and youth development.

Since 1997, 71 communities have joined the network, representing more than 325 municipalities and 70% of the state's population.

New Initiative: "In Maine, All Young People Are Known…Loved, Respected, Nurtured."

In 2004, the Children's Cabinet endorsed a new initiative to be implemented by Communities for Children and Youth: *"In Maine, All Young People are Known….Loved, Respected, Nurtured."* This initiative is a collaboration with the Search Institute in Minneapolis, Minnesota—one of the key national non-profit organizations doing research and publishing resources on positive youth development.

Communities for Children and Youth (C4CY), has been exploring potential program collaborations with the Search Institute since November, 2003. Dr. Peter Benson, President of the Search Institute, delivered a keynote address at the C4CY conference entitled "Reasons for Hope: Creating Connections Between Prevention and Positive Youth Development." Dr. Benson also met with members of the Children's Cabinet, its Senior Staff, and prevention program staff the following day. Strong interest was generated in pursuing several joint initiatives.

In April, 2004, Dr. Benson returned to Maine for a strategic planning session, which generated ideas for program collaborations in several areas: the creation of a strong network of asset-building communities that could form "prevention and positive youth development centers" throughout the state; the identification of ways to get the youth asset development message out to the public through a variety of media outlets; suggestions that state government encourage a strength-based, asset development approach in all of its prevention work; and ideas for engaging all citizens, especially youth, in the process of asset building in their lives; and the education of all professionals teaching or working with children and youth in the asset development approach.

In June, 2004, at the annual conference of Maine School Superintendents, Dr. Benson delivered the keynote address and another session on developmental asset building in schools. This presentation inspired 32 superintendents to offer to participate in a long-range, comprehensive planning process for the use of the asset approach in Maine schools, in coordination with ongoing Comprehensive School Health efforts throughout the state.

Since April, C4CY and Search Institute staff have been working together to prepare several proposals for foundation and/or federal funding. Each project outlined below can stand alone, and will most likely be presented to different foundations for funding. But they are all being articulated here for the purpose of understanding the holistic vision of the Children's Cabinet that in Maine, *all* children-in *all* sectors-- are known…nurtured, respected and loved.

The "***In Maine, Every Young Person Is Known"*** initiative, will develop proposals for funding to increase developmental asset building, through which young people become known to more adults in their lives, in the following areas:

1) **In One-on One relationships:** In September, 2004, C4CY received a grant from the Maine Justice Assistance Council to infuse developmental asset building into the mentoring relationships provided by the *Colby Cares About Kids* mentoring program and three other college/school/community mentoring programs in Biddeford, Topsham, and Old Town. College-age mentors, the staff of the mentoring programs and all school personnel involved with the mentors will be trained in youth asset development. To enable the mentors to be more effective asset builders, Search Institute is developing another proposal to create asset-building activity tools for the mentors to use with their students. This proposal is entitled "Making One-to-One Mentoring All It Can Be," and Maine will be one of the national partners involved in its implementation.

2) **In Schools and Communities:** Search Institute is also helping C4CY staff prepare another proposal entitled "Great Places to Learn and Live: Asset-Building for Student Success." This proposal will focus on infusing developmental asset building in all aspects of the life of ten school/community partnerships. We will utilize the Coordinated School Health network as fully as possible, among others, to implement this project.

   Since the planning session in April, 2004, a group of state agency prevention staff has been meeting regularly to develop the research side of this proposal that will engage selected Communities for Children and Youth in Maine, in comparison with other non-C4CY communities, to fully utilize the strategies identified by the Search Institute as youth, transforming sectors, invigorating programs and influencing civic decisions. The purpose of this proposal is to study the effectiveness of the asset development approach on the reduction of selected risk behaviors and the promotion of selected thriving behaviors in both schools and communities.

3) **In After School Programs:** The Department of Education is funding and supporting 21st Century Community Learning sites in collaboration with the statewide Maine After School network. The asset development framework is currently a small element of the training these sites are receiving and will greatly enhance the ability of *all* people working with students in after school programs and day care centers to discover and really know the assets of the youth they are serving.

4) **In Neighborhoods:** C4CY staff has had conversations with the Search Institute about developing a proposal to work directly in selected neighborhoods identified by local Communities for Children and Youth to do several things simultaneously:

   a. Build youth assets by educating neighborhood youth and adults about the asset development approach and initiate asset building activities.
   b. Connect children and youth with elders (50 plus) who might need assistance during any kind of emergency or homeland security incident.
   c. Promote the development of natural mentoring relationships to ensure that every child is genuinely *known* by an adult in the neighborhood.
   d. Promote block parties and neighborhood cohesion.

5) **In Maine Youth Development Centers:** The Department of Corrections, Juvenile Services intends to use the Search Institute's Developmental Asset Profile (DAP) as young people are entering and leaving their system and their facilities to contribute to their community-based, asset-building case management plan. This project will lead to the use of a strength-based approach more widely within this system of support for young people at great risk and of great promise.

6) **Throughout Maine State Government:** The Children's Cabinet, at its meeting in September, 2004, discussed a range of strategies that will begin to infuse developmental asset building into the work of all of the Children's Cabinet agencies, including the Department of Health and Human Services, the Department of Education, the Department of Corrections (Juvenile Services), the Department of Labor and the Department of Public Safety. The discussion considered the following strategies:

   a) Conduct a mapping of the departments' initiatives as they relate to or might incorporate using the asset framework;
   b) Design Requests for Proposals across bureaus that promote the asset approach to prevention strategies and positive youth development;
   c) Define "Positive Youth Development" among and between Children's Cabinet program staff and leadership;
   d) Develop an "asset-approach" module within the Collaborative Case Management trainings across models and departments.
   e) Create a Children's Cabinet Asset-Development Team: Identify staff in each department that is passionate about and willing to take the lead on this asset framework within their department, while joining their agency colleagues in bi-annual networking and planning calls with Search Institute's experts.

At the end of this discussion, the Commissioners charged its Senior Staff to begin work on the above strategies by first creating a process for reaching agreement on a holistic, shared definition of "positive youth development," and to begin mapping all child/youth programs relative to their inclusion of the asset development approach.

Work is already progressing in relation to including asset-based questions in the cross-agency, "one survey" that is being developed for all students by the year 2009, which will track trends in student risk—and now strength based—behaviors.

Ongoing Projects

Internet Mapping for Communities: This project is working toward the development of a web site that will enable local community organizers to access and map data about their local towns and counties. The site should be up and running by late Spring, 2005.

C4CY AmeriCorps*VISTA Project

Communities for Children and Youth
Grant Year 2004 –2005
VISTA Accomplishments, Statistics, and Future Directions.

During this past year over **5,000 children and youth** have been directly impacted by the efforts of the C4CY VISTAs. Combined, they supported programs that delivered over **200,000 contact hours with children and youth**. The following table identifies the types of programs the VISTAs support; the number of youth involved; the contact hours delivered; and the average amount of involvement per child/youth.

Program Area	#Youth Participating	Total Contact Hours	Average # of Hours Per Youth
Early Childhood Education	**775**	**76,943**	**99**
After School Programming	**715**	**47,436**	**66**
Arts	**882**	**28,010**	**32***
Community Mentoring	**120**	**3,236**	**27**
Site-Based Mentoring	**928**	**21,698**	**23**
Leadership	**355**	**4,148**	**12**
Service	**947**	**8,124**	**9**
Workshops	**1043**	**7,815**	**7**
Teen Center	**110**	**1000**	**7**
Educational Support	**815**	**2884**	**4**

Organizational Capacity Building

In the 2004/05 grant year 64 VISTAs served 36 different youth development organizations within the C4CY VISTA project. Combined, the VISTAs provided service equivalent to 36 full time, full year employees. These VISTAs recruited, trained, and supported over **3,708 volunteers** who, in turn, delivered **53,743 hours of service** for their respective organizations. The VISTA members played a significant role in raising over **$295,885 in grants and donations**. The VISTA members also generated in-kind contributions valued at **$144,438**.

In addition to developing and supporting programs that directly serve youth, a few VISTAs were also engaged in youth development infrastructure projects. This past year C4CY VISTAs supported the following efforts:

Realize Maine - The Governor's Youth Summit youth out-migration;
Office of Child Care and Head Start - "Yikes" program -raising safety standards in home-based child-care facilities;
KIDS Consortium - promoting Service-Learning and Civic Engagement;
Department of Education - Career and Technical Education and Homeless Youth;

RSVP- Performance Measurement initiative.

In addition to the significant Human Resource support provided, the VISTA leaders also played a critical role in recruitment and implementing a high quality VISTA review and selection process.

VISTA Project Management level accomplishments

The most drastic (also exciting and promising) change in the C4CY VISTA project is our commitment to one project work plan with one set of performance measures. By clearly identifying one set of performance measures we will be able to report accomplishments back in a much more clear manner; telling one story, rather than forty stories. This change has already aided the project in clarifying and narrowing its purpose. While we have had to turn a few potentially good projects away, this narrower focus has also allowed the project to more strategically go after partners in sectors that will achieve stated project goals. Since inception, this project has had no more than 5 VISTAs a year serving on early childhood development projects. Now, with one of our three goals being early childhood development, we are aggressively reaching out to organizations that fit this mission. Much of the credit for shepherding C4CY through this project goes to Susan Cheesman and the State staff.

The possibility of measuring the increase in developmental assets in youth is extremely exciting to the C4CY leadership and partners. It is our hope that we can use this end outcome performance measure to provide real feedback to youth development organizations regarding the scope and intensity of the impact they are having on youth. This information will be instrumental in promoting continuous program improvement, and sharing the real outcomes with stakeholders.

STATEWIDE HOMELESS YOUTH INITIATIVE

In March 2002, the 120th Legislature approved $375,000 for services for homeless children in all three regional cabinet regions of the State (the Homeless Children's Initiative.) The Regional Children's Cabinets supported two pieces of legislation to address the issue of homelessness among youth in their regions:

1) Partnership for Homeless Youth[1] established a mandate for development of comprehensive community plans for youth who become homeless.
2) Youth in Need of Services (YINS)[2] extended services by establishing a one-year pilot to provide outreach and intensive case management to youth 14 years and younger in need of assistance for securing stable housing.

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[1] Resolve 55. LD 2181. Resolve, to Help Homeless Young People Return to Home or Safe Living Situations." Effective June 9, 1999.

In response to L.D. 2181, an Act to Homeless Young People Returning to home or Safe Living Situations, March 8, 2000, the three Regional Children's Cabinet Chairs and their local partners made tremendous strides in collaboratively implementing creative ways to deliver services to youth who are homeless or may become homeless statewide.

Although state budget cuts reduced the Homeless Youth Funds from $125,000 to only $55,000 per region in FY03, tremendous outcomes were achieved through the coordination of the Regional Children's Cabinet and their regional and local community partners.

Region I

The continuum of care for homeless youth in Greater Portland was strengthened in 2003/2004 by the integration of new to the street program (YINS) and street-involved services (pilot) under one organizing umbrella known as Greater Portland Partnership for Homeless Youth. Under the direction of Greater Portland Partnership for Homeless Youth, a collaborative of 30 individuals representing nonprofit agencies, municipalities, state agencies, schools, legislators and others continued its work in identifying and filling gaps in care. Opportunities for meaningful engagement of youth were increased through ongoing expansion of hours at Preble Street Teen Center, and strengthening of service approach addressing employment, physical health, mental health, substance abuse, housing and education; improved linkages between providers, state agencies and community and availability of wraparound funds to be used to engage and support youth.

Street Involved Youth:

12,975 meals were served at the Preble Street Teen Center (an increase of 25% from 2003), 113 new intakes were opened and more than 200 youth received casework and other services in 2004.

In 2004 a new component of care intended to serve the most difficult to engage youth, was added to the continuum. An ACT-like team consisting of nurse, case manager and outreach worker was created to serve the most vulnerable youth with mental health and substance abuse needs who have not engaged in services other than basic needs. With funding from Maine Health Access Foundation (MeHAF), MaineCare, DHHS and Regional Children's Cabinet and through collaborations by City of Portland Public Health, YWCA, Preble Street, Maine Medical Center and Portland Help, the Connect Team was formed. There are twenty youth currently served by this team. Outcomes will be tracked for housing, substance abuse, mental health treatment, criminal justice encounters, and hospitalizations, as well as education, employment and other social variables for youth.

Other services within the continuum include Learn to Earn, an innovative approach created to engage youth in gaining vocational skills and work experience. Adapted from a curriculum from Jobs for Maine Graduates, and coupled with job shadowing opportunities in areas of interest, the primary goal is to help youth develop skills and interest in finding employment and to encourage

[2] Chapter 778, LD 1623, An Act to Provide Services for Children in Need of Supervision. Effective May 10, 2000.

a return to working on educational goals. This project is a partnership between the Portland Adult Education Street Academy and Preble Street. Twenty-three participants received stipends for job shadows in 21 different sites. At the end of the year, 57% of participants were employed, 43% had started or completed an educational program (primarily High School Diploma) and 57% were housed including 12 in their own apartments.

Funding from DHHS and Regional Children's Cabinet and financial support through Foundation grants has resulted in increased capacity in employment and job placement.

Other continuum services include the HIP Program (Holistic Individual Plan) that provides wraparound support to homeless youth who are working on life goals including housing, employment, substance abuse, mental health, health, and education. In the last year money was spent on a range of needs including college application fees, clothing, course/tuition fees; nutritional fees; household supplies; school books; maternity/post natal supplies; and transportation.

Youth who requested HIP funds after creating and working on plans showed substantial gains in housing and employment status. 78% were housed at the time of seeking HIP funds (46% had maintained housing for 6 months.) 49% were employed (30% for 3 months). 78% were pursuing education.

Portland Partnership for Homeless Youth Service Review Team continues to meet monthly to review cases of youth who have been at high risk on the streets. This is a multi-disciplinary collaborative approach created to assist challenging to serve youth in new or innovative ways. Team members include Preble Street, Day One, YWCA, DHHS' Child Welfare and Children's Behavioral Health Services, Portland Homeless Health, Ingraham and Sweetser Crisis Programs, as well as treatment providers, hospitals, youth, and parents when appropriate. Last year, 24 youth were presented, including 15 in DHHS custody, 4 with a history of DHHS involvement and 2 involved with the YINS program.

An Evaluation Plan across partner agencies was developed to track progress of homeless youth. With support from University of New England Preble Street Teen Center has implemented track and evaluation for youth seeking services that will use data collected from several collaborators providing a range of services. This includes Preble Street (outreach, casework, and employment); YWCA (mental health treatment); Day One (substance abuse); Homeless Health (healthcare), and Street Academy (educational and vocational skills). Evaluation will track youth's use of services as well as outcomes in several key variables selected by an interdisciplinary team. Information will be maintained in a single database for all new youth who do intakes at Preble Street and will include periodic updates and reviews. This model will start cross agency tracking of homeless youth and result in understanding of youth patterns of service usage and of youth's progress in housing, education, employment, and health over time.

New to Street Youth:

With funding from DHHS and Regional Children's Cabinet, the Partnership continued to strengthen the model or strategies aimed at rapid and effective intervention with homeless youths who are street involved or at risk of becoming street involved.

Services have been significantly enhanced for youth 14 years and younger, living in Region I, who are at risk of becoming homeless or are already homeless (YINS). The YINS program of Youth Alternatives, Inc., delivers rapid, assertive and intensive case management services designed to reengage youth with their families (whenever appropriate) and support youth returning to school.

Working with families, schools, treatment services, and state agencies, 34 youth and their families were served in 2004. Seventy-five percent of the youth were from Cumberland County and twenty-five percent from York County. Ninety-eight percent were children in the custody of their parents and sixty-eight percent remained in school or enrolled in school throughout the service.

Of the 34 referrals, the following were assessed as having the following safety concerns:

Parents homeless	12
Youth mental health	10
Parent mental health	12
Youth drug/alcohol use	12
Parent drug/alcohol use	14
Neglect	10
Physical/sexual/emotional abuse	7

Youth received the following services while in the program:

Family mediation/family counseling	19
Shelter placement	5
Transportation	34
Collaboration with other providers	34
Used state funds for basic needs	28
Secured permanent housing	15
Youth enrolled in school	23

An added component for 2004 has been a paid culinary work experience at Stone Soup, a culinary training program. 12-15 youth participated earning 1½ school credits for a total of 18-½ credits. Funded collaboratively by Portland Public Schools and Region I Children's Cabinet, this paid work experience is intended to support the engagement of youth in school while promoting career development.

Similar efforts of coordination and service enhancement for homeless youth are ongoing in Saco, Biddeford, and Old Orchard Beach through the work of York County Homeless Youth Partnership. The Partnership continues to work towards improved linkages between providers, state agencies, and community. Crisis response services have been established and wraparound funds are available for security deposits and other needs as identified by the Partnership. Increased affordable housing for homeless youth has been recognized as an immediate need and steps have been taken to explore resource development in this area.

Region II

The Region II Children's Cabinet offered homeless youth service providers, and homeless youth, expansion and new opportunities in the Lewiston/Auburn area this past year. The Lewiston/Auburn Area Homeless Youth Task Force (LAAHYTF) funded a case management position. This person provides outreach, assessment and intake to youth who are homeless. The contract for this service was awarded to Volunteers of America and they have named the program the Homeless Intervention Program (HIP), which offers the following assets:

a. Services provided include intake assessment, case management and referral services as appropriate for the targeted population.

b. Priority is given to youth ages 10-17 who are homeless or who are in imminent danger of becoming homeless. Imminent danger is defined as: at risk of serious health, physical, mental or emotional injury, serious substance abuse or any involvement with the criminal justice system. Any youth falling into this target population meet the eligibility criteria and will be, with their consent, served.

c. There is a total of 40 staffing hours per week provided for the operation of this program.

d. Contingency funds are used to pay for any un-funded service or need for the targeted youth population. The Case Manager maximizes the use of this and all other funding sources, including MaineCare.

e. Ensures collaborative service coordination among community agencies, institutions, or programs that enables effective service provisions.

f. Provides insight, monitoring, and planning for this project through interagency collaboration.

The case manager works through Volunteers of America. The LAAHYTF is looking forward to this collaborative and to future assistance opportunities for the homeless youth population in Region II.

Region III

Projects in the works:

1. Child Development: discussions regarding a possible training for a Community Policing Program. This initiative would be adapted to a rural community.
2. Shaw House Transitional Housing: Shaw House has Maine State Housing funding that may be appropriate for transitional apartments for youth aging out of the system and/or Re-Entry individuals form Corrections. An RCC committee is examining the possibility of developing this housing project using Maine Care services to support the individuals.

3. Shaw House did not require RCC funding this year to continue the homeless program. We are examining the possibility of utilizing the funds allocated in the RCC for Homeless Youth in more rural areas of the region.
4. Despite the fact that Shaw House did not require the RCC funding for the continuation of their program, the RCC and Shaw House believe the homeless youth activity is still part of a collaborative effort. Douglas Bouchard of Shaw House reports to the RCC on a regular basis.

Shaw House:

Shaw House has provided vital services and support to over young people, aged between 10 and 24, since first opening its doors in 1991. Currently the agency operates a low-barrier shelter, a drop-in day program/Basic Center, a street outreach program, a transitional housing program, a health clinic and has been the designated lead agency for the Region III Children's Cabinet's research program "Rapid Response" since September 1999.

2004 saw the expansion of the Basic Center/Day Program at Shaw House, providing services and support to 109 runaway, homeless and at-risk young people. The program design and strategies for implementation are extremely cost effective and build on existing core services currently offered through the Shaw House Programs. A specific example of this is demonstrated in the Rapid Response approach, which avoid duplication of services through collaboration and coordination of a full range of services, resources and supports.

The Basic Center has impacted in a positive manner a way to increase educational achievements and skills, obtain safe housing, increase job prospects and saw an increase in participation in training. In addition, the program addressed the immediate needs of runaway, homeless and street youth by providing shelter, food, clothing, referrals, needs assessment and counseling in order to reunify where appropriate, with safe family and natural support systems, establish stable living conditions and pursue positive choices.

For the 2004 calendar year the Day Program/Basic Center served 109 unduplicated youth, 20 of which were first time homeless. Case managers performed 62 Needs Assessments on new youth and, assisted youth in forming 112 Individual Development Plans. Of the goals identified in these plans youth met over 200 of them. Case managers made 512 referral to youth regarding services available to them to meet their unique goals. There were 1,015 referrals and/or contacts made to outside agencies for service provision to the youth. Legal guardians were contacted by case managers a total of 297 times with an additional 45 contacts to natural supports. As a result, the following outcomes were achieved by the youth served:

41 youth returned to their home of origin or to a natural support person
38 youth obtained an alternative, safe, permanent housing situation
60 goals to obtain mental health services were met
81 medical appointments were obtained
43 efforts to obtain entitled services such as food stamps, MaineCare, WIC etc. were completed
18 goals towards receiving substance abuse treatment were met

29 goals to obtain educational opportunities were met
13 goals to obtain employment were met

In addition to these youth outcomes, Shaw House has provided:

- 1,240 hours of substance abuse education
- 50 hours of art therapy

In addition, 1,095 meals were made with an average of 8 people per meal. Our food cupboard provided food for 438 families in the community. Our clothing closet has been a resource for hundreds of people.

Last year the outreach program continued to connect with runaway, homeless, and at-risk youth on the streets and on "their turf" to provide them with support, information, basic needs assistance and tools to lessen the trauma of street life and move toward a healthy lifestyle and positive future.

For the 2004 calendar year the street outreach program served 291 unduplicated youth. The provided youth with the following basic needs services:

Food	869 times
Transportation	759 times
Clothing	306 times
Hygiene	254 times

Additionally the teams worked to ensure that clients received information that would further help them to meet not only basic needs but also to address the core issue surrounding their homelessness. Outreach workers made a total of 1,821 referrals to youth regarding these services. A portion of these referrals are as follows:

Housing Opportunities	321 referrals
Emergency Shelters	300 referrals
Mental Health Services	150 referrals
Medical Services	147 referrals
Education Opportunities	150 referrals
Employment Opportunities	311 referrals
Substance Abuse Treatment	71 referrals

In order to assist youth in receiving services outreach workers provide advocacy services on behalf of youth to outside agencies. In 2004 outreach workers made a total of 470 contacts and/or referrals to outside agencies to obtain services such as emergency shelter, permanent housing, medical and mental health services, substance abuse treatment, and other unique services as identified by the youth. As a result the following rate of outcomes were achieved by outreach clients in 2004:

returned to their home of origin or natural support	9
other safe, permanent housing achieved	78
mental health services accessed	35

medical attention	89
crisis intervention received	55
substance abuse treatment	42
education	15
employment	45
food stamps/MaineCare/Entitlements	46

Shaw House has built extensive collaborations with community service providers in order to respond to the service needs of unaccompanied children. The Executive Director is currently Chairperson of the Greater Penobscot Continuum of Care and is actively involved in the Region III Homeless Council. Shaw House, in coordination with the Region III Children's Cabinet, has begun the process of creating a residential program for children involved with the Department of Corrections.

To meet the educational needs of a transient and unique client group, Shaw House is working with the Carlton Project to provide the best possible educational solutions to a marginalized population.

A program already mentioned, Rapid Response, moved away from its "pilot program" status last year and was introduced to states all over the country. Vermont, Colorado, Texas, and California have all shown interest in replicating this approach and have been educated on the model. Having won a National Best Practice Award, the Rapid Response Approach has been integrated into all Shaw House programs. By responding within 24-72 hours to a homeless situation and utilizing partnerships and collaborations, the Rapid Response Program has successfully reduced the impact of the homeless crisis for children.

Outcomes from the Rapid Response Pilot Program have worked to inform and improve our practice across all of Shaw House Programs resulting in a continuum of care and support for children and families and increased cooperation and collaboration across Shaw House programs. Shaw House is committed to providing the best care and comprehensive support services, and has built extensive community cooperation and collaborations to ensure positive outcomes for the youth we serve. Formal service linkages include but are not limited to:

- **Acadia Recovery Center**. provides in and outpatient substance abuse counseling.
- **Community Health and Counseling Services** provides crisis services, case management services, counseling services, crisis beds, connection to affordable housing, and group home placement. *(CHCS provides a Youth Crisis Stabilization Worker, who is available on a 24-hour basis.)*
- **Bangor Police Department** provides a Police Liaison.
- **Dr. Bruce Brown** who specializes in adolescent medicine, and oversees on-site health clinic

- **Local school systems** provide traditional and alternative educational opportunities for clients.
- **Bangor Adult and Community Education Learning Center** provides eligible youth with preparation for and GED testing.
- **Literacy Volunteers of Bangor** provides volunteer tutors to provide literacy support, basic reading, writing and math skills to eligible youth.
- **Volunteer Art Teacher** with over 30 years experience in local school systems will provide weekly art therapy classes.
- **Bangor City Health and Welfare STD Clinic,** provides free and low cost STD/HIV, testing.
- **Eastern Maine AIDS Network,** provides information, testing and support for HIV and AIDS
- **Focus Program** run by Acadia Hospital, provides outpatient substance abuse counseling for youth under the age of 18. *(Focus provides a Substance Abuse Counselor on-site 20 hours per week. The counselor runs a daily group on substance use/abuse and issues surrounding it, and provides one-on-one counseling with youth.)*
- **Wellspring,** which provides one-on-one outpatient substance abuse counseling. Wellspring also runs two halfway house programs, one for females and one for males.
- **Family Mediation Program/ Penquis C.A.P.,** provides mediation for families in crisis.
- **Juvenile Probation**, for the purpose of keeping in touch with youth who are in the probation system and are homeless or at risk.
- **Spruce Run,** provides support and shelter to battered females and their children
- **My Choice** is a residential program for pregnant and parenting youth.
- **Manna,** which provides free meals and food pantry services.

- **Training and Development Corporation,** provides assistance in job placement with special programs specifically targeting employment for homeless and at-risk youth.
- **Penobscot Job Corp Center** for the purpose of referrals of clients ages 16 – 22. This program provides clients with educational and trade programs.
- Local **colleges** and **universities,** who provide assistance through internships and placements.

Shaw House's low barrier shelter continues to provide a safe, supportive place for children during the nighttime hours. The shelter provided 1,934 bednights in 2004. These children had immediate access to meals, clothing closet, showers, laundry facilities, clean beds, medical care and crisis intervention services. The low-barrier shelter provides 16 beds and is open from 7pm to 8am. The shelter program demonstrates full compliance with state and local licensing requirements through an annual licensing review undertaken by the Department of Human Services.

Our medical facility Shaw Care continues to provide all youth with access to healthcare and our collaboration with Penobscot County Health Center meant an expansion of service to cover dental and mental health needs in 2004.

Last year our transitional living program, Mason Place, continued to provide 8 children with a long term placement designed to assist them move towards independent living. The program provides educational service linkage as appropriate, daily life skills workshops, personal development opportunities, counseling and treatment plans as required. Service plan development to achieve long term goals and healthy and happy adulthood.

TASK FORCE ON EARLY CHILDHOOD

In 2003, with the guidance and inspiration of Dr. Aronson, the Maine Bureau of Health (the state's Maternal and Child Health agency), on behalf of and in partnership with the Children's Cabinet Task Force on Early Childhood and many groups statewide, applied for a two year Federal grant that funded planning initiatives to develop comprehensive, effective, humane systems for early childhood.

The Task Force on Early Childhood was the ideal vehicle to lead this initiative, as its intention, its mission and its existing structure permitted an accelerated start-up. Upon notification of grant award to the BOH, the Task Force began the process of clarifying its mission and expanding its "membership" using the work from an early childhood forum from the fall of 2002. By December 2003, the new Task Force was chaired by **First Lady Karen Baldacci** **http://www.maine.gov/firstlady/** and consisted of a steadfast steering committee and four dedicated workgroups whose focus reflected four concepts of the Institute of Medicine report, *From Neurons to Neighborhoods*, namely to:

- Secure needed resources for young children;
- Strengthen and expand commitments to assist parents of young children;
- Balance cognitive development with the emotional and physical needs of young children; and
- Guarantee effective service systems for young children.

Coordinated by Sheryl Peavey, the newly funded staff to the Task Force, each group's assignment for 2004 was to gather data related to its focus, construct a list of issues faced by Maine children and families, document known human and material strengths and assets, and then generate and prioritize recommendations to further advance the state plan as the federal grant cycle moves to its three-year implementation phase. Incredible, dedicated and thoughtful work came out of that year, and as the work of all the groups was synthesized, several themes emerged:

- Parent Support Resources
- Early Care and Education (as an economic development issue for Maine)
- Mental Health and Primary Care
- Professional Development and Training for service providers, educators, administrators
- Oversight and Accountability on the part of state govt., agencies, communities and families

The preliminary draft of the recommendations was very compelling and provided significant insight to the Commissioner's merger advisory teams, the CIATs.

The midpoint of the second year of planning was highlighted with an engaging Future Search conference entitled "Moving Forward Together: Building a Future for the Children of Maine." The action groups that emerged from *Future Search* validated and enhanced the Task Force ideas:

1. Community Family Resource Centers
2. Universal Health Care Access
3. Prevention (with five subgroups):
    a. Lead poisoning
    b. Home Visiting
    c. State Restructuring
    d. Perinatal Substance Use
    e. Obesity
4. Tie Early Childhood Development with Economic Development
5. Revenue Options Group (and advocacy)

As the new year begins, the Task Force structure will be modified to best blend the energies, ideas, commitments. It will radiate the broad spectrum of stakeholder commitment to demonstrate that Maine families, communities, towns, schools, organizations, business and state government do indeed VALUE its children and realize the mission to create and sustain a unified, statewide early childhood service system that provides essential resources, shares common standards for quality and respects the diversity and uniqueness of individual children and their families. With this system in place, families assume responsibility to nurture, protect, and encourage the cognitive, emotional, spiritual and physical development of their children; and Maine communities assume responsibility to strengthen families and foster the healthy development of children.

The 2004 Task Force on Early Childhood was comprised of nearly 100 individuals in four workgroups and a Steering Committee that had within its membership the following dedicated experts:

Chair: First Lady Karen M. Baldacci
Alex Hildebrand, Executive Director, Maine Chapter AAP
Dr. Andy Cook, Behavioral and Developmental Services
Betsy Squibb, UMaine Farmington
Brian Dancause, Dept of Economic and Community Development
Dr. Burtt Richardson, Healthy Future's Pediatrician
Butch Dawbin, Parent
Carolyn Drugee, DHHS/Office of Childcare/Head Start
Chris Beerits, Director, Bureau of Child and Family Services, Child Protective Services
Chuck Dow, Office of the Attorney General
Dana Connors, Director, Maine Chamber of Commerce
Debra Rainey, Workgroup Liaison
Dorothy Schwartz, Maine Humanities Council
Ellen Bridge, Public Health Nursing
Ellie Goldberg, Director, Maine Children's Alliance
Gladys Richardson, Workgroup Liaison
Jaci Holmes, Workgroup Liaison
Jan Clarkin, Director, Maine Children's Trust
Jane Gilbert, Dept. of Labor
Jane Weil, Workgroup Liaison
Jeff Sosnaud, Dept of Economic and Community Development
Lauren Sterling, Children's Cabinet, Steering Committee Staff Liaison
Laurie Bertulli, Director, Child Development Services
Linda Huff, Developmental Disabilities Council
Linda Labas, Center for Community Inclusion and Disability Studies
Lu Zeph, Center for Community Inclusion and Disability Studies
Mary Duross, Maine Public Broadcasting
Paula Thomson, State Planning Office
Dr. Richard Aronson, Medical Director, Bureau of Health, Maternal and Child Health
Rita Fullerton, Director, Child Care Options
Shalom Odokara, Women in Need
Sheryl Peavey, Staff
Steven Rowe, Attorney General
Sue Reed, Director, Maine Roads to Quality
Susan Savell, Executive Director, Communities for Children and Youth
Valerie Ricker, Director, Division of Family Health, Bureau of Health

Family Strengthening through Home Visitation Programs

In 1998, the Legislative Task Force on Parents as Children's First Teachers recommended to expand home visitation to universal and voluntary participation regardless of age, income, education, number of children. It also recommended the use of three models: Healthy Families America, Parents as Teachers, and Parents Are Teachers, Too. The Task Force felt the decision

as to which model(s) to use should be made at the community level based on existing resources and services.

The acceptance of the national Tobacco Settlement resulted in the development of the Fund for a Healthy Maine (FHM). Plans for the use of these resources included an investment in strengthening Maine families through home visitation. As of fiscal year 2005, $4,600,000 from the FHM is dedicated to home visitation. Services are available in all counties through 14 contracted agencies. Because of the limited funding, services are universally available to first time families in Maine.

Goals of the home visiting program include:

- To systematically assess for family strengths and needs and refer as needed
- To enhance family functioning by building trusting relationships, teaching problem-solving skills, and improving the family's support services
- To promote positive parent-child interaction
- To promote healthy childhood growth and development

The decision to invest in strengthening Maine families included a decision to evaluate the programs and their impact in a multi-year evaluation. The first year of the evaluation included the development of a tracking system as well as a process report. The second year (fiscal year 2004, July 1, 2003 through June 30, 2004) included the implementation of the tracking system with modifications to ensure accuracy, consistent usage and universal application. Sources of data for the evaluation report include the family survey, community collaborators survey, the tracking system and interviews with the program staff.

In fiscal year 2004:

2,850 families were served
74% of families served the mother was < 29 years of age
65% of families served the mother had ≤ to high school diploma or GED
Nearly half of families with an income < $20,000 per year
31% of families enrolled in the program during the prenatal period
80% of referrals come from hospitals, doctors, visiting nurses, and self-referral

The primary benefits identified by respondents to the family survey were: increased parental confidence; improved knowledge about child development and educational needs; and relief from isolation. The information received by parents with the greatest reported impact on changing parental behavior include child development, child nutrition, and child discipline. The parents reporting the greatest perceived increase in knowledge and change in parental behavior were those ≤ 22 years, income < $20,000, and ≤ high school diploma or GED.

Through the tracking system demonstrated changes in risk factors in home safety (general home safety, prevention of fire and burn, and sleeping safety); tobacco use by primary caregiver (reduced use or cessation); and secondhand exposure to tobacco (reduced exposure or cessation of exposure).

Child related outcomes include:

Greater percentage breastfed when enrolled during the prenatal period
92% had health insurance
66% insured through MaineCare
99% had a primary care provider
99% up to date on well-child check ups
97% up to date on immunizations
2% with child protective activity (< the state average of 2.8%)

KEEPING MAINE'S CHILDREN CONNECTED

An Integrated Approach To Help Children And Youth Who Experience School Disruption Due To: Homelessness, Foster Care Placement, Correctional Facility Placement And In-Patient Psychiatric Care

There are an increasing number of children and youth who are experiencing transitions into or out of their home, school, and community – resulting in disruptions in their education. Keeping Maine's Children Connected (KMCC) is an integrated approach to help children and youth who experience school disruption due to homelessness, foster care placement, correctional facility placement, in-patient psychiatric care, or combinations of the above. The intent is to simplify the process of transition to and from education programs so that these students can stay connected or can re-connect to their education programs as soon as possible.

This initiative is designed to improve educational outcomes for these youth by

1) reducing the number of school transitions in their lives,
2) increasing their sense of belonging to the school and community, and
3) supporting continuity and completion of their educational program.

Our goal is to facilitate communication among those people working with the child or youth. This is accomplished through

1) a standardized system of communication among state and private agencies, correctional facilities, in patient psychiatric facilities and school districts.
2) an increased understanding by all involved personnel of issues and policies affecting youth who experience disruption in their school placement.

Current Directions
In 2004, Keeping Maine's Children Connected:

Established Liaisons within State Agencies, Facilities and School Districts statewide to create a Standardized System of Communication

Too often staff and parents waste valuable time trying to figure out how to contact the best person who can support the youth through a difficult transition period. Through the Keeping Maine's Children Connected Initiative, we have established liaisons who can play a valuable role by determining who is the best person or team within their school district, agency or facility to assist with the child or youth's support plan. The liaison can also work with staff from their own "agency" to facilitate communication among those working with the child or youth to ensure that

everyone is working together with the student to develop a supportive plan. By contacting the liaison, staff and parents can save time and use resources more efficiently.

Personnel from the child-serving divisions of the state Department of Health and Human Services, the Department of Corrections, the Department of Education, the Judicial Branch, as well as School Districts and In-state psychiatric facilities are collaborating to advance this initiative. Liaisons have been named statewide in school districts, juvenile correctional facilities, regional state office agencies and in-patient psychiatric facilities.

Presently there are 163 liaisons listed on the database. The list of liaisons include representatives from:

- All Regional State Agency Offices including Department of Corrections, Department of Health and Human Services Bureau of Child and Family Services, Department of Health and Human Services Children's Behavioral Health Services; and Judicial Branch, Family Division
- In-Patient Psychiatric Hospitals including Northern Maine Medical Center, Acadia Hospital, Maine General Hospital, Mercy Hospital, Spring Harbor Hospital, and Hampstead Hospital
- Juvenile Correctional Facilities including Long Creek Youth Development Center and Mountainview Youth Development Center
- 90 % School Districts Statewide.

This past Fall, six introductory Liaison trainings regarding the role and purpose of the liaison were held throughout the state to all liaisons presently listed in the database, and more will be offered as new liaisons are named. It was a great opportunity for school staff to meet regional representatives from state agencies and psychiatric hospitals to learn more about the supports and services that are offered to these youth. The trainings were also attended by parents and teens. Ongoing trainings will be maintained and regional meetings for Keeping Maine's Children Connected liaisons and affiliated regional "liaisons", such as the school district homeless liaisons will be held to support the ongoing growth and knowledge of the liaison group.

Keeping Maine's Children Connected Website Created

Liaisons are listed on a database which can be accessed at the Keeping Maine's Children Connected website **www.maine.gove/education/speced/KMCC/index.htm**
By utilizing the database to contact the "liaison" in the appropriate school district, state agency, correctional or psychiatric treatment facility, one can expedite communication thereby ensuring that the right people are working together with the student in the design and implementation of a supportive plan. The database is updated regularly and easily accessible. All one needs to know to access the database is the town and county where the child or youth resides.

The KMCC website will also include information on statewide trainings as well as strategies that can be used to support youth as they transition. In addition, there are links to other agency, hospital or informational sites that will assist in the planning for support for these youth.

Future Directions

In the upcoming year, we will focus on the following:

- An evaluation of the KMCC Initiative will be coordinated through Muskie Institute. The evaluation will also explore what factors facilitates and inhibits a successful transition as these youth experience the school disruption. We will be working with different site schools, state agency offices, and psychiatric facility to operationalize the system of communication within each of the respective schools, facilities and offices. The results will be disseminated statewide.

- Cross systems training, technical support and ongoing discussions with stakeholders to increase knowledge of systems and resources that will support these youth and will sustain the core foundations of the project in the future.

- The on-going regional meetings with liaisons, families and foster families will create a system to share successful and effective strategies in working with these youth. These meetings which include parents, designated homeless liaisons from public schools as well as the KMCC liaisons provide an active forum to learn about different perspectives and challenges, new policy changes as well as local and statewide resources.

FAMILY AND SYSTEMS TEAMS

Family and Systems Teams (FST) is a voluntary, family-focused, strength-based program that uses a trained FST facilitator who, with the family, brings all relevant people into the planning process. This team works in partnership with the family to create a comprehensive plan that ensures respect and safety for all. The vision for FST is that systems will work collaboratively to create an environment that supports Maine residents in achieving their goals.

The new Family and Systems Teams (FST) name reflects the Children's Cabinet's acknowledgement that the original ICM model's critical work of bringing together interdepartmental and interdisciplinary teams to work with families focuses on the integration of systems and disciplines rather than the implementation of specific case management functions. Because the "case management" terminology did not truly reflect the heart of the work done in the ICM model, FST was birthed to more accurately reflect the systems integration focus of the model. At its 2003 summer retreat, the FST Steering Committee established a larger framework — Collaborative Service Planning — that can support the Children Cabinet's 2002 *Policy on Integrated Service Delivery and Integrated Case Management*. Collaborative Service Planning represents a foundation of guiding principles for the practice of case/care management services in Maine state government and its partner agencies. FST represents one model through which the principles can come to life, thus complimenting already existing departmental and disciplinary team models that foster cross-systems collaboration.

A fully coordinated and seamless service delivery system is a tall order and FST is only one of the necessary pieces needed to reach it. During 2003 the FST Project provided cross-systems training throughout the state to over 275 people representing both state departments and community agencies from all the disciplines of the Children's Cabinet, including some of their adult services branches. In addition to the training experiences there are a number of ways that the FST philosophy and model are "infiltrating" the work being done by individual state departments, their community partners, and the Children's Cabinet. Beyond the use of the FST model in cases with complex intersecting issues, many trainees report they are incorporating FST practice principles into all the work they do. For example, a DHHS supervisor trainee identified FST practice as a natural compliment to the Family Team meeting initiative in the Bureau of Child and Family Services, and is thus using his FST training to enhance his daily use of the team meeting process. Similarly, homeless youth, housing, mental health and corrections programs are all incorporating FST principles into their daily teamwork in a way that provides coordinated services for families earlier, more consistently, and more comprehensively.

In 2003 both the FST project sites — the Region III Children's Cabinet and the Bath/Brunswick community — have continued to experience support, commitment and success with FST. During FY 2002/03, the Region III CC project had a total of 23 families participating in the FST process. Additionally, the use of FST to deal with issues concerning housing and expelled youth has proven very successful with the RAC+ program (at Bangor Housing Authority) and the Rapid Response Program (for homeless youth) both utilizing the FST model principles with an additional 47 families. The FST project continued to train both facilitators and team members as the Region III Steering Committees, located in Penobscot and Washington counties, continued to expand their efforts through training, outreach and evaluation.

In Region II 2003 included the Regional Children's Cabinet vote to expand FST beyond the initial pilot site in Bath/Brunswick. The Cabinet initiative is building on the existing Advisory Council and expanding the scope to include sites such as Lewiston/Auburn and Augusta. The Bath/Brunswick FST project continues to move forward with their FST initiative within the context of the Region II cabinet plan. The Bath/Brunswick project has focused its energy on working with the Region II Children's Cabinet FST Subcommittee around how to expand the availability of FST in Region II, as well as, how to provide systemic and cabinet support for the Bath/Brunswick project during this expansion period. In order to strengthen and re-invigorate the FST project in the Bath/Brunswick area the Regional CC is sponsoring a part time position to provide administrative, organizational, and outreach support to the FST expansion effort.

Additionally in 2003, the Department of Corrections (DOC) initiative to adopt FST as its best practice team model for the juvenile services division had an excellent launch year. As DOC strives to move towards a therapeutic and restorative justice model, they are being helped along that path by programs calling for the collaboration and integration in the delivery of services. At the forefront of the state of Maine's journey towards collaborative practice across disciplines, DOC has realized the necessity of working with other departments and agencies to find the best solutions for the individuals and families that they serve. In 2003, the FST Project provided at least two days of training for all of the juvenile corrections staff in concert with their counterparts from other state departments and community partner agencies. New to DOC regions I and II, FST is being embraced by the juvenile services staff, who referred over 25 cases in the first six months of the initiative's implementation. At both the central and regional office levels, DOC staff is continuing to develop and fine-tune the criteria, referral process, and quality

assurance procedures necessary to embed FST in the culture and operations of the department 's juvenile division.

Building on the FST initiative in the juvenile services division, DOC has included FST practice principles and model in its three-year Reentry Grant that began in 2003. The Federal Reentry grant calls for the use of FST with 225 individuals aged16-25 who are re-entering into communities in Androscoggin, Knox, Penobscot and Washington counties from Correctional Facilities. Critical to the success of this grant program is the training of correctional facilities and adult services staff working in the corrections arena. This training effort began in the fall of 2003 with over fifty staff at two facilities receiving training in the FST philosophy, principles and practice model specifics. Three more trainings are planned for 2004 in addition to building Reentry components into the on-going training for FST facilitators statewide.

Over the past two years, almost 600 individuals, from more than 100 different state departments/bureaus and community agencies, have come together to learn about integrated service delivery models with a focus on Family and Systems Teams. The FST Project has developed specific training curricular for policy makers, mangers/supervisors, and line staff. In 2003 we completed and pilot tested the FST Facilitator Curriculum and the FST Train the Trainer Curriculum. Thus, we enter 2004 with the six FST curricular in place and a full training schedule projected that will give us the opportunity to train even more people across the state to be FST team members, facilitators and trainers.

Currently, when each FST case finishes a questionnaire is given to each team member, including the family. This questionnaire tracks the process, but does not look at the family outcomes. A primary objective for the FST Project in 2004 is to complete an assessment project that will begin to more accurately track the outcomes of old FST cases as well as putting a process in place to track new cases. As families who have used FST have reflected to us, the significance of a structured team, their partnership within that team, and the independent facilitation of the team cannot be overemphasized. Also, joint decision-making, the commitment of all agencies (state and local), and shared responsibility for a family plan are repeatedly identified as key features of the FST process. Our goal in 2004 is to document these practice features and family successes as we develop a comprehensive system for tracking outcomes and integrated service delivery data that can be utilized to improve not only FST practice, but all case practice models that reside under the Collaborative Services Planning umbrella.

MAINE MENTORING PARTNERSHIP, Inc.

In 2004, Maine Mentoring Partnership, Inc. (MMP), incorporated in 2001, was awarded Year 2 funds as an intermediary grantor for US Department of Labor Office of Disability Employment Policy grant funds; a continuing partner/contractor in Maine's Volunteer of America Northern New England Year 2 Program for Mentoring Children of Prisoners; a contractor for Maine Department of Education Title IV Community Service Grant Program; and a contractor for Child and Family Opportunities, Inc. Head Start Grant. MMP received continued funds from Fleet-Maine (Bank of America) to further develop the organizational and fiscal capacity of Maine's state wide mentoring partnership. Funds were raised in the 3rd Annual WGME 13 & Rotary

Bottle Drive for Mentoring in partnership with Shaw's Supermarkets, and local mentoring program providers. In addition funds were awarded from Davis Family Foundation, Bangor Savings Bank, Maine Community Foundation – Aristotle Fund, MENTOR/National Mentoring Partnership, a Knox County Fundraiser, Down East Enterprise, The Dwight School, and from private supporters and annual dues campaign.

MMP awarded funds to four US DOL ODEP Sub-grantees from Androscoggin, Oxford, York and Washington Counties; two scholarships to graduating mentors/mentees; 17 savings bonds to graduating mentors/mentees; seven mini-grants to local mentoring program providers; and two awards of funds to Knox County programs.

Signature Partner Campaign is established to bring together leaders across the state, eliminate duplication of efforts and offer centralized services. Maine's statewide partnership is working together with mentoring program providers to make the most of limited funds resulting in better service, greater collaboration, smarter use of resources and more youth in quality mentoring relationships. In 2004, there are 35 signature partners. Over 120 mentoring programs providers are listed in the By County Resource Directory on the website: www.mainementoring.org.

Biennial Statewide Survey of Mentoring – the May 2004 survey had 247 responses. 100 completed surveys revealed that there 6,375 children and youth who have a mentor with 3,750 in 1:1 Adult to Youth Mentoring Relationships, 1,158 in 1:1 Peer Mentoring Relationships, 1,246 in Group Mentoring Relationships (several adults working with small groups of young people in which the adult to youth ratio is not greater that 1:4). There are 1,096 youth reported to be on waiting lists. 112 respondents requested more information about starting a mentoring program. Mentoring program providers stated that they are looking for training and technical assistance in the areas of mentor training, mentor recruitment, ideas for activities and workshops, mentor retention, funding, dealing with difficult volunteers, conflict resolution, and grant writing. Background and screening procedures were collated for Dept. of Health and Human Services.

Leadership – from both public and private sectors forward MMP's mission to promote, advocate, foster, and support child and youth mentoring programs throughout Maine. MMP is a signature partner of MENTOR/National Mentoring Partnership.

Leadership Council Board of Directors

Yellow Light Breen - Bangor Savings Bank – Board Chair
Molly O'Connell - Case Management. for Youth – Providers Council Co-Chair
Micah Robbins - River Coalition – Providers Council Co-Chair
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Leslie Merrill - Congressman Tom Allen
Frank Murphy - MBNA Foundation
Gary Perlson - Pathway Partners
Shelley Reed - Department of Education

Susan Savell - Communities for Children & Youth
Celeste Viger Viger Consultants
C. Shawn Yardley - Bangor Dept. Health & Welfare

Providers Council advises the partnership on mentoring needs and gaps across the state. The Co-Chairs are voting members of the Leadership Council Board of Directors. The council serves on committee locally and regionally as applicable, is knowledgeable about and supports the six key result areas:

Resource Development/Distribution	Public Awareness
Technical Assistance/Training	Public Policy
Mentor Recruitment/Referral	Data Collection/Tracking

Regional Mentoring Partnerships benefit by connecting to local and statewide efforts to promote mentoring; collaborating on referrals, recruitment and public awareness efforts; creating access to each other's best practices; participating in shared and ongoing mentor training; and furthering standards for safety and effectiveness within mentoring programs. Regional partnerships/coalitions are

Greater Portland Regional Mentoring Partnership
York County Mentoring Partnership
Merrymeeting Regional Mentoring Partnership – Topsham, Brunswick
Big Brothers Big Sisters Coalition – *six agencies*

Events

National Mentoring Month was celebrated in January with the WGME 13 & Rotary Bottle Drive for Mentoring – a "friend-raising", awareness building and fundraising event. The 3rd WGME 13 Telethon and Prime Time Edition raised awareness for mentoring and recruited mentors. Local programs celebrated the 1st Thank Your Mentor Day with notes and cards to mentors. A Mentoring Ski Day was held at Sugarloaf/ USA

4th Maine Mentoring Day was celebrated in the Statehouse Hall of Flags with a press conference with Governor John Baldacci and First Lady Karen.. Scholarships to Mentors/Mentees graduating high school and furthering their education were awarded as well as mini-grants to mentoring program providers. Charter Funders and Benefactors were honored including, Fleet, WGME 13, MBNA, Shaw's, Communities for Children and Youth, Verizon and Rotary International.

Dr. Susan Weinberger Event – Increasing Possibilities & Maximizing Resources
Dr. Weinberger keynoted at a Portland Area Reception, Augusta Lunch & Learn, Bangor Area Reception, and a York County Breakfast. A training on retaining mentors followed in York. Participants participated from all four quadrants of Maine including program providers, community members and individuals from both public and private sectors.

Communities for Children and Youth AmeriCorps VISTA -- MMP 's outstanding 3rd VISTA member expanded the website, did outreach to community programs and businesses, conducted resource development research, and took charge of Maine Mentoring Day and the Biennial Survey results; wsdrote funding proposals; attended professional development days; and acted as a co-presenter and ambassador for mentoring across Maine.

Strategic Direction – A Strategic Planning Day was held in September which included participants from the board, providers council, and regional partnerships. Top priorities

- Reach out to those who asked for start-up information (100+ communities)
- Buy-in and integration of mentoring by school's outreach to schools
  - Tie mentoring to important school outcomes
  - Buy-in from school leaders
- Build network of local mentor anchors
  - Help connect mentoring to community well-being
  - Organize mentor anchors, i.e. by county
- Statewide campaign to promote mentoring.

Maine Mentoring Partnership participates in a advisory/steering committee capacity for mentoring to 21st Century Afterschool Network, Maine Re-entry Network, Five Towns Communities That Care, Mentoring Children of Prisoners, Turning Beauty Inside Out, Family Planning Association – It's A Guy Thing, MENTOR/National Mentoring Partnership, WGME 13 Giving Maine Promise, and National Disabilities Council on Mentoring.

Federal Mentoring Funds in Maine

US Department of Labor Office of Disability Employment Policy – Year 2 Transition Mentoring Program for Youth with Disabilities Ages 16-24 Years. Two 2-day trainings (Saco, Brewer) included workshops on disability awareness, developing mentoring programs inclusive of youth with disabilities, elements of effective practice, developing successful grant proposals and building collaborative partnerships.

US Department of Health and Human Services – Year 2 Mentoring for Children of Prisoners – this project has expanded from four to 10 counties.

US Department of Education awarded Maine School Administrative District #21 – Dixfield a 3-year grant to mentor children of greatest need in rural, high crime ares or troubled environment in grades 4-8.

Foundation and Corporate Funds were awarded to

- Aspirations Mentoring – encouraging educational and career aspirations and planning; providing general guidance for post secondary education; offering additional support to marginalized youth by affirming self worth and cultural norms; affecting behavioral outcomes such as truancy, drug use, and fighting; improve grades and test scores in the context of a comprehensive program; and build "I believe in you" relationships that encourage youth to want to plan for their future while investing in their present.
- To build the capacity of local programs to provide and match qualified volunteers to support expelled or suspended youth; conduct data collection, tracking and evaluation of local programs; compile and distribute a directory mapping program and volunteer resources at state, county and local levels.
- To further implement nationally accepted standards of safe and effective mentoring for the existing mentoring programs in Maine representing large and small, urban and rural, school-community- and faith-based, and those local communities who want to begin mentoring programs.
- To develop a grassroots Advocacy Network for Mentoring by identifying supporters who want to be mentoring advocates and build a successful network.

NEW RESIDENTS COMMITTEE

Although the New Residents Committee successfully met its statutory goals in April 2003 in response to LD 2220, the committee produced the following report and recommendation to the Governor and Children's Cabinet in July of 2004.

New Resident Programs in The State of Maine
Status Report and Recommendations

A. INTRODUCTION

Addressed in this position paper are Statewide New Resident issues that require a comprehensive State vision and strategy for resolution. This paper reports the position of the New Residency Committee on the present status of New Resident services in the State of Maine and recommendations on actions to improve future services.

B. DEFINITION & STATISTICS

The term "New Resident" encompasses four groups of people within the United States that are not U.S. Citizens:

1. The first group includes **labor migrants,** New Residents *who enter the country legally or undocumented to do low-pay manual work.* Forming visible ethnic enclaves and often moving back and forth between the United States and the homeland. Labor migrants correspond most closely to popular stereotypes about immigration. The Maine Department of Labor coordinates services for migrant and foreign workers in Maine. This ensures that migrant and foreign workers obtain necessary services and employers get help hiring these workers. Migrant Workers are scattered across the state, with approximately 8,000 workers. Larger concentrations are in Central and Northern Maine.

2. The second group is that of **professionals,** *persons entering the country under the quota allocation reserved for "members of the professions of exceptional ability*". Unlike labor migrants, professionals arouse little opposition because of their financial success and their tendency to disperse rather than to settle in tight knit ethnic communities.

3. A third group **is entrepreneurial New Residents,** *New Residents with commercial skills who enter under other categories and open small businesses* in their own communities or, less frequently, in other inner-city "minority" enclaves.

4. The fourth group is made of **refugees** admitted on humanitarian grounds**.** A refugee, as defined by the Refugee Act of 1980, *is any person who is unable to return to his or her own country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.* This definition of a "refugee" excludes people who have left their homes only to seek a more prosperous life. Such people are commonly called "economic migrants," and are not

refugees. The Maine Department of Health and Human Services is the designated single state agency responsible for developing and implementing the Refugee Resettlement Program in Maine. Approximately 12,000 former refugees live in Maine, primarily in Cumberland, York and Androscoggin counties.

C. HISTORY & NEEDS

REFUGEE SECONDARY MIGRATION ISSUES
DESCRIPTION OF AGENCIES SERVING NEW RESIDENTS IN MAINE

Specifics regarding the history and the needs of new residents in Maine have been researched and reported in great detail in two documents (both documents are attached) :

1. Governor Baldacci's Immigration and Refugee Management Task Force's "Analysis of Services Available to Immigrants and Refugees in Maine issued in 2003".
2. Report to Governor Angus King of May 9 2002 entitled "New Somali Arrivals and Other Issues Relative to Refugee/Secondary Migrants/Immigrants and Cultural Diversity in the City of Lewiston".

To summarize both reports, approximately 20,000 immigrants presently reside in the State of Maine. This segment of our population has very distinct needs in order to assimilate into their new home in the State of Maine. In addition, the non-immigrant population has needs to accepting these new residents in their towns and cities. Both reports detail those needs, which include but are not limited to:

- English as a Second Language
- Transportation
- Cultural Orientation
- Education
- Job Placement
- Housing
- Health Care
- Child Care
- Development of tools to assist communities in receiving and serving New Residents

The unique aspect of providing these services is the cultural and language diversity of those persons new to our country and State. This requires additional research, planning, knowledge of needs and how to provide services over and above those already provided for non-immigrants needing the same services.

The two reports also detail existing immigrant programs that exist within multiple State agencies. Both reports also conclude that the State of Maine is lacking in a comprehensive vision and strategy in addressing new resident needs.

D. ISSUE

The overall impression of those working with New Resident services is that the State of Maine has not taken a lead in providing a comprehensive vision and strategy for addressing the needs of New Residents within the State of Maine. The services that do exist in the State of Maine are diversified within various State departments depending upon the federal funding source and do

not have a lead or coordinating body or agency to guide and govern comprehensive planning and oversight.

E. PROPOSED SOLUTION

It is the professional opinion of the New Residency Committee that the State of Maine should take leadership in providing coordinated State services to New Residents, as it is of significant importance to the citizens of the State to require centralized planning and coordination of services. This coordination should be a centralized body (e.g.; council) with authority to propose policy or legislation directly to the Governor's office whose mandate is to address the following new resident needs:

- Creation of a Statewide New Resident vision that includes short-term and long-term service strategy,
- Statewide planning including development of a State of Maine New Resident Vision statement and strategy plan to include short-term and long-term planning,
- Statewide coordination and oversight of New Resident services including oversight of State services to avoid duplication of services and efficiency in service delivery,
- Coordination of funding streams and development of centralized data collection systems,
- Development of a state plan for potential influx of New Residents including the capacity to anticipate potential new residents based on current trends and global events,
- Recommend timely policy changes based on current trends and corresponding needs in immigrant communities,
- Coordinated communication among all service providers,
- Development of a statewide Resource Guide for communities, service providers, municipal and state government agencies on New Residents FAQs and services, and
- Development of a Road Map addressing how communities need to look at their infrastructures to provide Employment, ESL, housing, child care, interpreter services, cultural awareness training, transportation, etc.

This centralized body should include State personnel involved in New Residency services from the following State of Maine agencies; State Planning Office, Department of Health and Human Services, Department of Labor and Department of Education.

F. RESEARCH SOURCES

The comments in the paper are drawn after:

1. Several Meetings & Consultation
   - New Resident Committee (2002-2004)
   - Governor's Immigrant and Refugee Task Force (2002-2003)
   - Meetings with Gov. A. King (State & Municipal agencies serving Immigrants) Spring 2002
   - Maine Refugee Advisory Council (Ongoing)
   - Refugee & Immigrant Mental Health Collaborative (Ongoing)
   - Cross-Cultural Family Network (Ongoing)
   - Maine Migrant Worker Annual Conference (Ongoing)
   - Maine Department of Education ESL Conference (Ongoing)

- United States Conference of Religion for Peace: "Forging Critical Connections & Building Ethnic Coalitions and Ethnic Viability" Sept. 23&24, 2003, Pineland Farms (New Gloucester, Maine)

2. In addition, opinions were drawn from several documents including:
   - Requested comments from the New Residency Committee,
   - The May 9, 2002 Report to Governor Angus King entitled "New Somali Arrivals and Other Issues Relative to Refugee/Secondary Migrants/New Residents and Cultural Diversity in the City of Lewiston" prepared by Phil Nadeau, Assistant City Administrator of Lewiston,
   - Report of the Immigration and Refugee Task Force issued in the spring of 2003 by Pat Ryan, Mike Finnegan and Margaret Bean along with Daryl Fort of Governor Baldacci's office.
   - Report from the State Refugee Coordinator on existing Department of Human Services refugee programs and services available to the refugee population,
   - Minutes from various meetings

REGIONAL CHILDREN'S CABINET'S LOCAL CASE RESOLUTION COMMITTEES (LCRCS)

Local Case Resolution Committees are regionally coordinate case review committees that are overseen by the Regional Children's Cabinet that respond to and process individual and group family cases with Pooled Flexible Funds (PFF) where there is an identified barrier to service. The goal of the LCRCs is to find an immediate solution for the family whose child/ren are in immediate need, but where the service is not reimbursable.

Key Issues addressed and solved through the LCRC process include:

One-time Issue	Number served	PFF Allocations
Respite Care	113 served	$3,175.00
Child & Family	26	$6,614.55
Child-In-Home Services	10	$1,610.00
Transportation	7	$1,614.80
Equipment	4	$3,000.00
Recreation/Afterschool	2	$ 730.00
Other	2	$2,703.99

(See LCRC Glossary below for "issue" descriptions)

Local Case Resolution Committees
Glossary of Terms & Categories

Code: Category/Definition:

Child & Family Home

Help maintain child in the home in order to prevent out of home placements and assure the safety of the child and other family members.

Respite

Provided to primary caregivers to allow for a break. Can occur in child's home or in provider's home. Non-therapeutic or treatment oriented.

Medical services

Services provided by a medical professional excluding services to determine a child's developmental status and need for services, and procedures such as ear tubes, surgery, etc. May be a specialized test on a child already determined eligible for services.

Counseling/Therapy

Payment of insurance co-payment or sliding-scale fee. Therapist not covered under FAPE (?) or Early Intervention Services excluding medical services. Also includes mental health and substance abuse services.

Equipment

Includes Adaptive equipment, assistive technology, and physical devices.

Transportation

Short-term assistance to obtain transportation to access services.

Recreation/After School

Includes structured group and individual/peer relationships, and social/community integration.

In-Home Support Services

Services, which are behavioral/habilitative in nature and provided to a child in his/her home or community setting, which focus on behavior management, increased skill development, and physical development activities.

Housing/Environmental Modifications

Supports for modifications to families' living space in order to keep the child/ren in the home safely over time.

Delinquent Bills

Please code or list all delinquent bills in the specific category most fitting the core issue or service barrier.

MAINE YOUTH SUICIDE PREVENTION PROGRAM (MYSPP)

The Maine Youth Suicide Prevention Program (MYSPP) is an initiative of the Children's Cabinet and is coordinated by the Maine Injury Prevention Program in the Bureau of Health (BOH) in the Department of Health and Human Services (DHHS). Program goals are to 1) increase statewide public awareness about youth suicide prevention, 2) reduce the incidence of suicidal behavior among Maine youth aged 10-24 and 3) improve youth access to appropriate prevention and intervention services.

Active MYSPP strategies include supporting the statewide crisis hotline of the DHHS, BDS; suicide prevention educational resources through the Office of Substance Abuse Information and Resource Center; training in the Reconnecting Youth Curriculum for at-risk youth conducted through the OSA; DHHS, Bureau of Health provision of multiple and various suicide prevention training and education programs to local educators, public safety personnel, clinicians, clergy, health care providers, and others in close contact with youth; suicide prevention/crisis intervention guidelines for school administrators; media guidelines; and collection, analysis and dissemination of suicide and self-injury data.

CDC Project Accomplishments for 2004:

By January 2004, the implementation phase of the Maine School/Community Youth Suicide Prevention Intervention Project (MSCYSPIP), funded by the Centers for Disease Control and Prevention, was well underway as described below. The purpose of the project is to increase the capability and inclination of all members of twelve Maine high schools to effectively reduce suicide crises; intervene effectively in suicide crises; and/or manage the school environment following a suicide crisis. All twelve schools are implementing the best practice *Lifelines Program*, a comprehensive approach school-based youth suicide prevention program. Six of the twelve schools are also implementing the *Reconnecting Youth Curriculum (RY). RY* has been proven to improve academic achievement and school connectedness, reduce school dropout and risk behaviors associated with suicide as well as reducing suicide among high-risk youth.

Key findings thus far include positive staff reaction to training; higher awareness & increased confidence in ability to intervene in suicidal behavior, extension of training to staff in other district schools, and improved staff communication regarding at-risk students. Youth in project schools are more likely than those in comparison schools to go to a trusted adult to seek help for themselves or a friend. More students at risk for suicide have been identified and the response to students at risk is more systematic. Schools are also reporting a more coordinated response to completed suicides and an improved ability to handle other deaths.

Project activities have included:

- All project schools established their school protocols for addressing suicide prevention, intervention and postvention issues and developed agreements (MOAs) with local mental health crisis service providers.

- Project school gatekeepers who had been trained through the MYSPP *Training of Trainers* program delivered suicide prevention awareness education programs to their local staff reaching 619 participants in the spring of 2004.
- All schools provided Lifelines student lessons within their comprehensive school health curriculum.
- Six of the 12 project schools began teaching the semester long Reconnecting Youth (RY) curriculum to at-risk students. This school-based indicated prevention program was provided to young people, in grades 9 through 12, showing signs of poor school achievement, potential for dropping out of high school or other problem behaviors (such as substance abuse, depression, and suicidal ideation). The program teaches skills to build resiliency with respect to risk factors and to moderate the early signs of substance abuse. A total of 34 students participated in 6 schools during the January-June Semester, 2004.
- An important part of the project is the collection and analysis of data by a BOH Epidemiologist. **Katie Meyer is also investigating how best to improve ongoing monitoring of suicidal behavior among Maine youth. Significant progress has been made toward the evaluation of various potential databases for surveillance of completed suicide and self-injurious behaviors. This year, the project epidemiologist completed preliminary analysis of hospital discharge data (UHDD) through 2002.** This is the first time Emergency Department data has been utilized for public health surveillance of a health problem by the BOH. It is expected that this dataset will provide an invaluable picture of suicidal behavior that is not currently available from any other data system.

Other 2004 MYSPP Accomplishments of Note:

- Through the Maine Youth Action Network (MYAN), youth from several of the CDC project schools became involved in various aspects of youth suicide prevention work. Notable accomplishments this year included youth presentations and work in bullying prevention.
- The Office of Substance Abuse Prevention Information Resource Center (IRC) received 223 requests for information about Suicide Prevention. They also received 9 calls from people concerned about suicide with a family member or themselves. These callers were referred to the crisis system for help.
- The MYSPP web site experienced 7,043 visits, about 587 per month. This is up from 5,978 over last year. The Gatekeeper Training Resource Guide was accessed 6,550 times online.
- Resource Materials distribution included 4,469 Informational Booklets, 2000 Teen produced CAL cards, 100 teen produced posters and book covers and 5,148 Teen Yellow Pages. The MYSPP School Guidelines for Suicide Prevention, Intervention and Postvention were downloaded from the website 2,295 times. About 100 print copies were also distributed. A grand total of over 11,000 print materials were distributed this year.
- A notable accomplishment this year was a BOH led study of youth suicide in one area of the state. This work is not completed as yet, but an impressive team of BOH and CDC epidemiologists, with MYSPP staff and community members led by the Five Town Communities That Care Coalition of the Rockport YMCA, worked together to study youth suicidal behavior in this small coastal area of the state. Recommendations for community action are pending.

- Planning for an advanced level training conference began and two one-day conferences will be held in Bangor and Portland in April 2005. The conference is geared to individuals who attended Gatekeeper Training and are looking for more advanced suicide prevention training.
- In conjunction with the Maine Chapter of the American Foundation for Suicide Prevention, the MYSPP supported a conference for suicide survivors and professionals who work with survivors in November of 2004 and this conference was very well received. We also co-sponsored a training program for a small group of suicide survivors to learn how to effectively tell the stories of their loss. This AFSP Speakers Bureau will become an integral part of suicide prevention messages in various venues in 2005. We are participating with the Baton Rouge Crisis Intervention Center and Indiana University at South Bend to conduct research on the impact on suicide survivors of participating in suicide prevention efforts.
- All MYSPP training program materials for *Gatekeeper Training*, *Training of Trainers*, and *Lifelines* were updated and transitioned from use of overheads to power point presentations. A new 2004-05 training brochure was created with a description of all MYSPP training programs and, for the first time, online registration for programs was made available.

2004 training programs are listed in the table below.

Type Training	**# Trainings in 2004**	**# Participants in 2004**	**Total Trainings (T)/ Participants (P) Since Inception '98-'04**
Gatekeeper	16	375	120 T / 2893 P
Training of Trainers	7	86	33 T / 383 P
Lifelines Teacher Trainings	2	25	6 T / 66 P
Youth Program 1-2hrs	3	108	14 T / 378 P
Awareness Program	29	1177	175 T / 6576 P
TOTAL	**57**	**1771**	**348 / 10,296**

Program Challenges:

- The program annually compiles youth suicide data for the five most recent years of data. Looking at data over the most recent ten-year period for which data are available, there has been an average of 23 youth suicides each year in Maine. Maine's youth suicide rate of is the highest in New England and is 50% higher than the national youth suicide rate.

1. From the very beginning of the MYSPP, the comprehensive and systematic approach described in the program plan has guided program activities. The current CDC grant is providing an exciting opportunity to implement and evaluate this approach. However, with a very few exceptions, the comprehensive program approach has not been put into practice in most communities around the state due to lack of state and local resources. Throughout 2004, MYSPP provided training and technical assistance to several school districts, not involved in the project, to assist with crisis intervention, establish school protocols, and provide training or awareness education.

2. The MYSPP plan was originally written in 1998. We have learned much since inception of the program and there has been significant activity at the national level, including the issuance of a Surgeon General National Suicide Prevention Strategy and an Institute of Medicine Report on suicide prevention. Revision of the original MYSPP program plan continued this year, but was not completed.

3. The MYSPP Web Site has remained the same since it was originally established and needs a serious makeover to more accurately reflect accurate suicide facts, program activities and opportunities. While there is widespread agreement that this work needs to be done, the resources have not available to get the job done. The MYAN youth project in 2005 is slated to help MYSPP improve its website.

4. While much of MYSPP's efforts to date have been school-based, much remains to be done to integrate youth suicide prevention within other youth and family oriented community based programs. Several activities are being explored through the CDC grant in the twelve project communities, but more work remains to be done to increase community involvement in youth suicide prevention. The Five Town study clearly illustrated the need for additional availability of training, technical assistance and support to local communities as they attempt to address this tragic problem.

Links to Partner Initiatives

Because of Governor Baldacci's leadership and focus on connecting economic development to positive child and youth development and improved cultural shifts in how we serve families, the following initiatives have been linked to and/or supported through the Children's Cabinet. These connections come byway of either direct staffing, financial income or planning, or leadership.

Jason Program

In 2004, The Jason Program was endorsed by The Governor's Children's Cabinet for its work in supporting children with life limiting illnesses and their families. In 1999, 1,720 children were treated in hospitals for life-threatening illnesses in Maine. Of these identified children, between one and three died each week. Further, data indicates that children with life-threatening illnesses, although few in number, have a significant financial impact on the health care system.

Due to the combined effects of a lack of services and difficulty accessing existing services, children can be a major drain on state budgets. In addition current Medicaid reimbursement regulations do not provide for the necessary blend of services, including skilled intermittent, around the clock nursing care.

What is The Jason Program? The Jason Program was formed in 2000 to address the need for seamless care from hospital to home for terminally-ill children. The Program trains professionals and volunteers to care for sick and dying children, and provids for family needs such as food, clothing and financial advice and support. The Program provides specialized pediatric medical, emotional and spiritual care to children in Maine not expected to live to adulthood. It draws on the resources of the community to support the family, the caregivers and others in the community affected by the child's illness. The Program was founded on the guiding principle of providing efficient, cost-effective care, reducing pain and suffering, and meeting the needs of families and communities.

How does the Jason Program Work? Children and youth are referred to The Program primarily by the medical community. The first step is to ascertain the nature and extent of the need. The program then activates the school, spiritual community, and circle of caregivers teaching them how to combine resources to support the child and his/her family. The goal is to strengthen existing programs by extending their capabilities while establishing new services only when required and without duplicating existing resources. The program had been struggling with the statewide demand and how to coordinate services in a cost effective and efficient manor. The Governor's Children's Cabinet agreed to support the program with the following:

(a) Increased education and awareness of the needs and realities of ill and dying children in Maine
(b) Improve access to existing services for sick and dying children
(c) Network to create needed programs within schools, mental health care institutions, and other family service and health care institutions
(d) Creating a practical and effective reimbursement system

With assistance from The Governor's Children's Cabinet, The Jason Program has made great strides during the past year throughout the state of Maine.

- The Jason Program created new materials and did a mass mailing to increase visibility all of which included the statement, "endorsed by The Governor's Children's Cabinet."
- The Director, Dr. Kate Eastman met with Senator Collins advisors, which resulted in her submitting an earmark appropriation to fund the program.
- The Jason Program received a grant from The Maine Health Access Foundation to create an implementation plan for a comprehensive interdisciplinary program to meet the needs of this population throughout the Eastern Maine Medical Center catchment area.
- The Jason Program has been working through the Children's Cabinet's Keeping Maine Children Connected initiative and the state educational system to create ongoing training opportunities for professionals.
- The Jason Program has been working with representatives from third party programs to implement a reimbursement system.
- Dr. Eastman attended the Future Search conference and is working closely with other state child related programs to include services for this population.

- The Jason Program has served as a training and demonstration resource for several other within the state in pediatric palliative care service delivery including several home health agencies, hospitals and volunteer organizations.

Who We Are

Realize!Maine is a public-private partnership created by, for, and of Mainers ages 20-34 working to make Maine the best place in America for young people under 35 to live, work, thrive, and prosper. Realize!Maine is not a program or an agency; we are a catalyst, a collaborative, and a convener of Maine's young people with a stake in our common future. Realize!Maine was launched by Governor John Baldacci and began with a statewide summit on youth migration issues held in June 2004 with over 200 Mainers under age 35.

Why We Exist

Vision: Maine will be the best place in America for young people under 35 to live, work, thrive, and prosper.

Outcomes: Maine will attract and retain a greater proportion of people under 35.
Maine's economy will be more prosperous.
Maine's communities will be more vibrant.
Maine's population will be more highly skilled and more diverse.

How We Will Achieve Our Vision and Mission

Realize!Maine seeks to achieve our vision by:

Providing a voice in State and community decisions for young people, and a perspective that focuses on the long-term impact of these decisions;

Developing and supporting young leaders in all paths of civic engagement and at all levels of government;

Identifying and celebrating the opportunities and solving the challenges faced by young people in finding personal and professional success in Maine;

Building professional and social networks for young people to make the connections necessary to sustain themselves personally and professionally;

Partnering with a broad range of public and private leaders, entities, and initiatives to ensure that all key players in the State understand and take ownership to create opportunities for young people and remove barriers;

Improving access by young people to necessary resources for business development and career advancement;

Ensuring Maine communities are open, supportive, diverse, and vibrant places for young people; and

Engaging young people who are current, former, and prospective Maine citizens.

Realize!Maine Priority Initiatives for 2005-2006 include:

- Publicizing the priority issues and recommendations identified by and for Mainers under 35 at the June 2004 Summit, and ***securing commitments for action***
- Building a ***professional network*** to connect and empower Mainers under 35, through both virtual and conventional opportunities for information-sharing, collaboration, advocacy, and social events
- Enhancing and developing comprehensive, user-friendly ***web resources for career opportunities, business assistance programs, and relocation issues***
- Expanding business-education partnerships with substantial additional opportunities for ***internships and mentoring***, and outreach to alumni regarding Maine business opportunities
- Advocating to increase education attainment and make Maine more affordable by providing broad-based programs for the ***forgiveness and repayment of higher education loans***
- Engaging Mainers under 35 in community affairs, including increasing the proportion of ***younger Mainers serving in elected, appointed, and volunteer roles*** in their communities
  Supporting companion efforts to expand access to ***postsecondary, graduate and continuing education***, grow Maine's ***Creative Economy***, revive Maine's ***downtown centers***, support ***local agriculture***, and welcome ***diverse populations***

For More Information, visit www.realizemaine.org or email breeny@bangor.com

Maine Reentry Network

The Maine Reentry Network is a multi-systemic partnership of public and private organizations at the state, county and local levels working together to promote the successful transition of serious and violent young offenders from correctional facilities back into their communities. The Network goals are to hold offenders accountable to their victim and community, to prevent crime, and to reduce the likelihood of re-offending. Public safety and restorative justice principles are central to transitioning offenders into the community.

Using funds from a three-year $1.99 million federal Serious and Violent Offender Reentry Initiative grant, the network develops local supports, internal systemic changes and community collaborations to assist the young offenders. The Network focuses on the strengths and needs of approximately 225 ex-offenders ages 16-25, who are re-entering into four Maine counties—Androscoggin, Knox, Penobscot, and Washington.

Key **program components** include quality in-facility programs, Integrated Reentry Team Planning, seamless facility/community transition services, and local mentoring and services for returning offenders. Treatment, education/training, and employability services are promoted during the ex-offender's time in the correctional facility, followed by services and education or employment opportunities upon release.

How Re-Entry Works: Facility and DOC community staff, as well as community providers, partner with the ex-offender and his/her family or significant natural support network to coordinate a transition from facility services to community support. A neutral facilitator or Reentry Specialist convenes the team meetings during which a strengths-based, comprehensive plan of services and supports is drafted to address community safety and twelve individual life domains. The Maine Reentry Network recruits, trains, and provides a mentor for each reentering young ex-offender as a source of powerful, positive support and relationship. Ideally, the Network builds on already-existing relationships. However, new sponsors are also recruited from employers, faith-based organizations, community service organizations, area agencies, and volunteer groups. Mentors receive comprehensive training and support throughout their involvement. Victim wraparound teams are also provided.

Project staff include an Executive Director, two Reentry Specialists (social services specialists), and a support staff. The Maine Reentry Network State Steering Committee and four county steering committees oversee the development and implementation of the Network.

Summary

Starting in 2003, the Maine Reentry Network began administering a three-year $1.99 million federal Serious and Violent Offender Reentry Initiative grant to assist approximately 225 offenders ages 16-25 who are transitioning from a correctional facility to a community in one of four Maine counties—Androscoggin, Knox, Penobscot, and Washington. The Network (1) enhances coordination and integration of existing systems and services within the juvenile and adult criminal justice systems; (2) cross trains people from state and community agencies in Integrated Case Management System of strengths-based, comprehensive planning for services and supports; (3) recruits, trains, and supports local sponsors; and (4) bridges services gaps. Contact: 207-287-1011 for more information.