

Fixing a Broken System

Transforming Maine's Child Welfare System



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As tough as that might be, in 2001 critics charged that the state of Maine had lost its balance. In the wake of a high-visibility child fatality, the state came under national scrutiny for its child welfare and protective services practices. A *Frontline* special told a devastating story: A 5-year-old girl, Logan Marr, had been taken from her young mother under claims of neglect.¹ She was placed in foster care with a former Maine child welfare worker who eventually would be convicted of manslaughter in the girl's death. It was the first foster child fatality in Maine's child welfare system in a decade.

High-profile and angry public hearings in the aftermath of the fatality laid bare a system reviled by many of those it was supposed to be serving. Critics charged that Maine was too aggressive in pulling children out of their homes; too secretive, bureaucratic and legalistic in the way it treated children and parents after a child had been removed;

and ultimately indifferent to both the short- and long-term consequences of removing children from familiar surroundings and placing them in the custody of strangers.

Although in 2001 Maine was in a harsh media spotlight, the state's approach to child protection was not all that different from practices in plenty of other jurisdictions.

The potential fallout from leaving a vulnerable child in what might be perceived as an even slightly dangerous home is significant. When considering the tradeoff – sensational headlines about abuse or neglect when the state failed to act, versus the invisible trauma of removing a child from a home – removal was frequently the default course of action.

In Maine's case, many say the inclination toward removing children was substantially increased by another fatality, this one outside the child welfare system. In the mid-1990s, the state failed to take custody of a child despite clear and long-standing evidence of danger. In the wake of that death, social workers followed what they heard as a clear if not official message: "When in doubt, pull them out."

"What evolved was a reactive and incident-based approach to protecting children, where you go in and whip the



children out of their homes and then figure out what they need,” said Gretchen Robbins, a former state child welfare worker, now with the Child Welfare Training Institute, a University of Southern Maine-based human services training and technical assistance consultancy.

The decision to remove a child is, of course, just the beginning of a complex set of actions and consequences that play out when the state takes custody. Another action with major consequences for children: With a shortage of foster homes in Maine, the placement option of first choice often was a group home or other institution.

Congregate care settings often were in far flung parts of the state, and for a very simple reason, noted Dan Despard, former regional manager in the child welfare division and now director of child welfare. “It was primarily driven by residential providers seeking the cheapest building and labor costs.” These facilities were significant employers in rural areas.

Because many congregate care institutions were distant from a child’s home, school and community, the sense of dislocation for children was much greater. Furthermore, once a child was placed in care, a requirement that caseworkers make safety and well-being visits every three months was being roundly ignored, according to Michael Brennan, a former Maine state senator who is now a policy associate with the Institute for Child and Family Policy.² Follow-up outside of formal legal proceedings and hearings became an uncertain proposition.

Lack of state attention following placement meant that institutional players such as congregate care providers and social workers had substantial influence over the fate of children in their care. There was no incentive to move children out of custody to permanence and reunification. Complicating matters, institutional providers that wanted to release children were unlikely to find alternative placements. Worse, Maine had come to rely on federal reimbursements from Medicaid to pay for placements, and in Maine these reimbursements were only available if a child was diagnosed with mental or emotional problems. That resulted in more – and often clinically questionable – placements in congregate care.

Within the Maine child welfare system, reinforcing incentives led to frequent placement of children in institutions offering therapeutic care. First, the federal government was paying a sizeable portion of the cost. Second, space was widely available. Third, there was an effort to bring back to Maine some 200 children who had been removed from their homes and placed out of state. The simplest solution was to rely on institutional settings. As a result, a large industry of congregate care providers became rooted in Maine.

As data would later indicate, congregate care simply is not an effective avenue to making sure a child is a legal member of a permanent family. To the contrary, children were languishing in institutional care for unacceptably long periods. By 2000, data showed that if a child spent any time in an institutional placement, his average length of stay jumped from 18 to 35 months.

CONGREGATE CARE SIMPLY IS NOT AN EFFECTIVE AVENUE TO PERMANENCE.

The essential problem in Maine, while not easily solved, was arguably straightforward enough, said Pam Cote, an OCFS supervisor and 22-year veteran of the Maine child welfare system. Every report of abuse or neglect required an investigation. Every investigation required a finding, and that finding was generally either that the child was safe or that the child was at risk, one or the other, and nothing in between. If it was determined that the child was at risk, then the state took custody. When placing children, the state frequently “looked at residential care settings because there was no place else to go,” said Cote. Once the child was in institutional care, no state policies or practices required frequent, regular case review with the expressed goal of permanency or reunification. No incentives existed for moving children out of the system.

The result was a system that was clearly broken. Too many children were placed in institutional care, and many lingered too long. Reform was long overdue.

LOOKING FOR A BETTER WAY

As unacceptable as the situation was in Maine (the National Coalition for Child Protection Reform had spotlighted Maine’s child welfare system as one of the worst in the country), the state had two important things going for it in 2001: a handful of leaders who understood that something had to change, and a key group of rank-and-file insiders who agreed.

“For me, removing a child from his or her home was the worst part of my job,” said Gail D’Agostino, a veteran

caseworker in Bangor. “It’s horrible for everyone – and it should be horrible.”

“It seems like we were always in crisis mode,” said long-time caseworker Vicki Brayall, describing life at OCFS in the late 1990s and early 2000s. “We didn’t work well with families and we didn’t pull in community support. We did all the protecting ourselves. We didn’t rely on others. And we didn’t share information. We operated as a closed institution to the exclusion of families. We lived in an atmosphere of if we knew something had happened to a child then we simply had to do something about it.”

Adding to the overall misery in Maine’s child welfare system was a clear institution-wide prejudice against placing children with relatives. The reason most frequently invoked within the system was the belief that “the apple doesn’t fall far from the tree.” D’Agostino recalled an incident that illustrates this bias at its worst: A little girl had been placed with her grandmother and was doing fine. “Our regional program manager found out the child was with the grandmother and insisted that without any notice we move the child, because how could this woman who had raised the abusive mom not be an abuser herself? And I just remember how wrenching that was for me emotionally, and for the child. It was just horrible.”

But if some thought change was needed, there wasn’t much clarity on what form change should take or how far reaching it should be. Even as other states were moving forward with significantly different models for child protective services,



Maine was wrestling with the question of whether its system needed tinkering or a complete overhaul.

Either way, supporters of reform understood one thing: They needed outside help to make the system work better for families. “Whatever changes were required,” said Martha Proulx, a long-time OCFS staffer who now oversees operations in Maine’s northern district, “I don’t think they could have been led only by someone on the inside, because of the people and the culture in place at the time.”

A NEW APPROACH TO CHANGE

A potential outside partner in moving Maine in a better direction was the Annie E. Casey Foundation. At the time, Casey had been working with a number of states to instill child welfare system changes based on a set of principles and values it called “Family to Family” (F2F). Two principles underpinned F2F. The first was a push to fundamentally change how decisions about a child’s fate would be made, by bringing in more people to review and decide cases than had been the norm. Second, if it was decided that a child had to be removed from the birth parents, that child should remain in settings as familiar as possible, as close to the family’s neighborhood as practicable, or with extended family members.

“That was very different from standard practice,” said Kathleen Feely, vice president for innovation with the Casey Foundation. “The standard practice model in the early 1990s was to ‘rescue’ kids out into the suburbs or even out

of state to a ‘safer’ environment, away from family, friends, neighbors and their schools.”

Along with the Family to Family initiative came a new approach to case practice itself. Casey was advocating case practice that put children and families at the center of a collaborative, cooperative approach to child welfare and protection, one that involved multiple actors and not just caseworkers and their supervisors.

Under the new family-centered model, reports of suspected abuse or neglect triggered a much more measured approach by child welfare and child protective services officials than was typical. Rather than choosing immediately whether to take custody of a child or leave him or her with the parents, the agency brought together a team of players – caseworkers, supervisors, the family and child, friends, relatives, neighbors, teachers, clergy and counselors – to work out the least traumatic and most therapeutic decision about how best to keep a child physically and emotionally safe. Even in instances where it was decided a child should be removed, the Casey model emphasized proximity as part of the case plan.

The Casey model showed potential, but establishing it in systems that had for years been doing child protection and welfare the old-fashioned way wasn’t proving to be easy. At the time Maine called Casey, the Foundation had been working on a new reform model, one centered on a more intensive approach to helping child welfare systems change. With a long history of offering financial and technical

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assistance to states and localities, Casey was evolving a new concept based on a more embedded approach to engaging with child welfare agencies.

It was called the Casey Strategic Consulting Group (CSCG).³ The idea was to pull together a team of experts – not just in child welfare, but also in systems change – to work within a child welfare system, at no cost to the client. The team would analyze the system’s problems and identify opportunities for change, while providing concentrated support, intelligence-gathering and assistance to pave the way for larger system reform. CSCG’s approach was modeled after business consultancies, such as McKinsey, to offer intensive strategic consultation.

BUILDING A PARTNERSHIP

Key to Casey’s engagement in Maine, of course, was that Casey staff, consultants and Maine officials first had to get to know one another. “It sounds simple but it’s true,” said Kathleen Feely, who spent considerable time in the state during the planning and design phases. “You have to build trusting relationships on both sides.” She and other CSCG team members dedicated the beginning of the process just to meeting and talking to as many child welfare officials and staff as possible. They also had support from the local Casey Family Services Division office headed by Mark Millar, who provided technical assistance.

While some officials in Maine were tentative about the new arrangement, others immediately saw it as an opportunity. “I was excited,” said Dan Despard. “I had already reached

the point of acknowledging that we needed to change.” However, other top managers both in the field and in the central office disagreed over whether Maine’s system needed to be dramatically reformed or simply “recalibrated.”

“Some OCFS officials were saying that the 2001 fatality was an isolated incident and that it wouldn’t happen again; that the system itself was basically sound,” said Michael Brennan.

There was also fundamental disagreement about the direction change – of whatever scale – should take. Some, like Despard, were ready to embrace a more family-centered approach. But doubts lingered among some upper-level managers and others in the system about the ability of families and relatives to protect kids adequately. In addition, Maine’s eight OCFS districts had gotten used to operating without much direct oversight from OCFS central offices in Augusta, the state capital.

In spite of the predictable conflicts, two initiatives were soon launched. The first created a leadership team of state child welfare officials to help guide and support the change effort. The second involved a retreat to work through the “principles, beliefs and values” on which the team wanted to build a new approach to children and family protective services.

The Casey consulting team and Maine officials also made a specific push to identify some fundamental organizational issues that seemed to be getting in the way of change.



For example, the central OCFS office in Augusta clearly needed beefing up in order to engage more effectively with the OCFS districts and implement new policies and strategies.

Despard also recalled that an early attempt to pilot Casey's more family- and child-centered case management approach in two OCFS districts didn't get much traction. He said the system generally wasn't ready for that kind of change and that much more ground work needed to be done to change the overall culture at OCFS.

But significant progress did occur during the first two years of the Maine engagement, said Kathleen Noonan, a human services reinvention consultant who managed the initial work. "We spent a lot of time on the central office organizational structure and on building a leadership team," she said. Shortly after arriving in Maine, in a decision that would prove crucial to the engagement, Feely and Noonan invited University of Chicago-based data analysts at Chapin Hall Center for Children and Families to help Maine review data on all children in its system, including where they were, how old they were, and how long they had been in state custody.

"One of the major things the state wasn't doing was analyzing data," said Lee Hodgkin of the Child Welfare Training Institute. "We had an automated child welfare information system that had lots of information in it, but we didn't know how to get it out, so Casey turned our data sets over to Chapin Hall."

The Chapin Hall analyses painted a stark picture. One-third of children in state custody were in some sort of institutional setting. Many had been languishing in those settings not for months, but for years. "The Chapin Hall study made clear that children were staying in care too long, a high percentage of them were in residential care, and we weren't doing well by way of permanence," said Frances Ryan. (Just before Casey's arrival, Ryan had been involved in a major push to bring back to Maine all the children placed in institutions outside the state).

But Chapin Hall and CSCG did more than just deliver some sobering statistics. They also helped train OCFS staff to build Maine's own capacity to do the kinds of statistical analyses that the state would need to track progress in the future. Casey also re-launched a major training initiative, this time with the state's child welfare training academy, to train each state social worker in how to conduct a family team meeting before placing a child in foster care. Casey also helped the state set goals for reducing the number of children in out-of-home care. OCFS began to use data to manage the system, comparing data by region in management meetings to tap into natural competition among managers and to facilitate cross-regional learning.

The Chapin Hall data analysis did accomplish two goals simultaneously: It began to change the day-to-day and face-to-face approach to child and family welfare in Maine. And it reshaped broad policies system-wide, such as those aimed at significantly reducing the reliance on congregate care as the placement option of first choice.



PUTTING THE PIECES IN PLACE

With the Chapin Hall data, proponents of reform – inside and outside the state’s system – now had a couple of clear, tangible goals: reduce the number of children in congregate care and increase permanent placements.

But while clear goals are necessary to achieve significant organizational change, goals alone are not enough. Without the right players in the right places at the right time, large-scale change in any organization is often doomed. By 2004, a new group of leaders moved into key positions in Maine, people who would be absolutely essential to putting the state on an entirely new child welfare path.

In 2004, Dara Menashi arrived in Maine as CSCG’s new team leader. Menashi, a veteran of large system transformation initiatives, came with the clear conviction – proved through years of research and field practice nationwide – that congregate care often is over-used, and that children are almost always better off staying in or close to home in a family setting. Absolutely vital to the next phase of Casey’s engagement was that Menashi had important internal allies who shared her conviction.

Key personnel moved to the central office in Augusta around the time of Menashi’s arrival. They helped push the central office in a direction sympathetic to and in sync with a family- and child-centered approach to child welfare, and were more willing to consider close relatives as a viable placement option for at-risk children. Among those insiders were Dan Despard, who said he had been

increasingly discouraged by Maine’s longstanding approach to child protection and welfare, and Frances Ryan, who had been working on the initiative to get out-of-state children back to Maine.

With clear goals in mind and a committed team in place, the push was on to establish a more family- and child-centered system. The focus was to be on what was truly best for children and families. There would be less one-size-fits-all decision making by default, and more involved, in-depth assessment of individual cases. Those assessments would focus on how best to help families get what they needed through a course of action that would be the least traumatic to children and families.

The next phase of reform brought changes in the way all Maine OCFS workers did their jobs. This would allow them to experience being part of a more humane, effective approach to child safety and welfare.

Working with CSCG, OCFS proposed a plan to move 100 children from congregate care to permanent homes. On August 20, 2004, Casey and OCFS convened what would become one of the milestone meetings of the entire reform effort. Every institutional and congregate-care provider in the state was invited to Augusta to learn about the new direction Maine was taking. “We brought in all the providers and told them that we were going to begin reducing our reliance on institutional care,” said one participant at the meeting. The providers’ response? “They were resistant.”

**EVEN ENLIGHTENED CASEWORKERS DISCOVERED
THEY WERE STUCK IN THE OLD WAY OF THINKING.**

Not all of them, however. The state had made very clear in its presentation that it wanted to work with providers as it moved forward, and an influential group of those providers not only understood what Maine was trying to accomplish, but also appreciated being included in the effort. While some providers did go to the state legislature to fight the initiative outright, or to the press to argue that the state was making a dangerous decision, a group of providers signed on to help.

One of them was Jack Mazzoti, who runs Harbor Family Services, based in Topsham. “The biggest thing that has permeated the whole process was that throughout the congregate-care rightsizing initiative, the state engaged providers in the process,” he said. After the August meeting, Mazzoti became a member of a “reforming residential care” committee that worked with the state to figure out new protocols for placing children in institutions and ways that providers might retool their services to offer more out-patient therapy and community-based care. The new requirement was characterized by a simple catch phrase: “treatment, not placement.”

“Our input was valued,” said Mazzoti. “We showed that residential care was a critical component of a child welfare system, but that it should be used under stricter regulations and rules.” The cooperative give-and-take, he said, allowed his organization to develop a combination of residential and out-patient services that has kept him in business and that he agrees is better for children and families.

Cost was a significant undercurrent in the whole debate over congregate care. While some data indicated that over-reliance on congregate care was harming Maine’s children, what clearly resonated with legislators and the governor was the cost of institutional care versus outpatient care – \$150,000 per year, versus \$10,000. In explaining the far-reaching benefits of reducing congregate care, advocates noted that the state stood to save millions of dollars.

Those savings, however, would become a point of tense negotiation between Casey and OCFS. In 2004, when Casey was renegotiating its terms of engagement with Maine, Foundation Vice President Feely insisted that in return for the Foundation’s continued help, the state set aside a specific amount of savings from reduced use of congregate care to invest in community-based care. Young people cannot be returned from group settings to live with families without support, and Feely knew there was no other way the state was going to fund the services. She wrote it into the Foundation’s engagement letter, which Maine officials signed. Over the next two years, more than \$4 million was diverted from the congregate care budget to fund community-based services for families and their children. The estimated cumulative savings to the state of Maine for fiscal years 2005 through 2007 was \$19 million.

A PLAN OF ACTION

With Casey’s continued support and guidance, the OCFS in 2004 began working on three interlocking strategies in support of the congregate care initiative. First, Ryan and her team came up with a design for “permanency teams” that

THE NEW ETHIC FOCUSES ON FAMILY PROBLEM SOLVING AND COMMUNITY-BASED SUPPORTS.

would evaluate cases and brainstorm how to get children out of institutional settings. The teams, at least initially, would include providers. Second, OCFS, under the guidance of Despard, worked to revise key policies, refocusing them on increasing community placements and reducing the state's reliance on congregate care. Third, OCFS had begun to do the important groundwork to figure out what new services would be required at the community level, including working with providers to retool for the shift from residential care to community-based services.

What Casey and the OCFS leadership banked on was that reducing reliance on congregate care would open everyone's eyes to the possibilities and benefits of keeping children close to home; refocusing practice on permanence; and including children and families throughout the process. Unless OCFS staff from the front line to the top really understood and practiced those principles, fundamental and lasting transformation would be impossible.

Instilling these principles in everyday practice turned out to be the most difficult piece of reform. In the fall of 2004, most OCSF workers were still committed to a model of child welfare that was top-down and paternalistic. Even enlightened caseworkers had discovered that they themselves were stuck in the old way of thinking. "My mindset was that I would devise the case plan," said Gail D'Agostino. "The parents would come into my office. I would acknowledge disagreements. I would dutifully write them down, and then I'd make them sign it." Heavy-handed and one-way, based on the near universal assumption that

the state knew best and that families and children were "cases," not "clients," the old mindset still governed the way Maine's child welfare system did business.

The biggest job, in other words, lay ahead: getting line supervisors and caseworkers to understand what the reduction in congregate care really meant: a whole new ethic of child welfare and child protection, one that centered on family problem-solving, where multiple players would be brought in to explore alternatives to removing children from their homes. If children had to be removed, then the system would aggressively explore options for keeping them nearby, preferably with a family member.

The approach was based on a new world view that the state didn't always know best; that with the right support and services, most families were capable of functioning at a level that would lead to safe, secure home lives for children; and that extended families frequently offered a viable alternative to removing children from their homes.

THE TIPPING POINT

It is one thing to push for changes in attitudes and practice. It is another to show people how a reformed system might actually work. Having done extensive theoretical and tactical groundwork in Maine in 2004, Menashi and the Casey team did what everyone in OCFS now agrees cemented the proposition. They began to make it very real.

One of the tallest hurdles on the road to reform was the honest conviction among OCFS staff that they had placed



children in congregate care only when the children really needed it. As a first step toward dispelling that conviction and knowing that “seeing is believing,” Casey arranged a closed-circuit television broadcast of third-party interviews with a number of children in state custody. About 40 Maine OCFS officials were watching.

“It was unbelievable what came out of these kids’ mouths. They knew what they needed and had resources on the outside that could help. They just had no access to those resources,” said Frances Ryan. The presentation showed one crushingly and even comically sad story after another about a system that had grown callous and deaf to the needs and potential of children. “There were Maine officials in that room who were shaking after that,” Ryan recalled.

Next, the CSCG team organized an even more ambitious initiative: two staff field trips in September 2004 to Utah, a state that was moving down the path toward a solidly child- and family-centered model of child welfare.

Among the staff that traveled to Utah were Cynthia Sargent and Brian Walsh, both supervisors in the OCFS Portland office, along with members of the district’s newly formed residential review team. “For me, going to Utah was the beginning of actually seeing how you could involve families in this whole process,” Sargent said. “It was where I really saw that families had strengths as well as weaknesses.”

Walsh agreed. “It was really a 180-degree turn in my view that every child deserved and could have a family.” It was

in Utah, Dan Despard added, that the group saw “that everyone from front-line clerks to top managers was talking about this practice model based on family engagement – an entire practice model focused on engaging children and families and including them in the whole process.”

“It turbo-charged us,” Walsh summed up. “We came back from Utah overflowing with ideas.”

Thus energized, a group of influential insiders came back to Maine to tackle the congregate-care rightsizing initiative. It wasn’t easy, though. At first they met some stiff resistance, but things began to turn around as the initiative moved forward.

“We were beginning to move children out of residential care and creating these wrap-around services for them and their families, and they were not coming back in. It was working,” Sargent said. “We started feeding off that success. We were getting children out of congregate care who nobody thought we could, and people were just amazed at the number of children we got back into their homes, and none of the bad things that people predicted would happen happened. The children did fine.”

One case captured the attention of the entire OCFS system. A particularly troubled and violent child was removed from congregate care and placed with his grandmother, with a safety plan and supports in place to help the family if and when the boy acted out. The transformation in his behavior and attitude was immediate and profound. “That case really got people’s attention,” said Despard, “and



really started to change people’s minds about whether this was the right way to go.”

OCFS success rapidly snowballed: The department exceeded its goals, moving 111 children out of congregate care, including a significant number who moved in with relatives. The events also accomplished exactly what Casey and OCFS officials had hoped: They made believers out of skeptics.

Portland, which had taken the lead on reducing children in congregate care, became something of a Mecca. Front-line staff and supervisors streamed in from all over the state to see what Portland was doing, and saw a process that involved far more than just pulling children out of institutional care and achieving successful permanent placements. The agency was beginning to practice a whole new approach to child welfare, one that focused on involving families and children with OCFS to work through problems and issues as the option of first resort.

LASTING TRANSFORMATION

Both insiders and close observers admit that performance in Maine continues to be uneven in places, but five years after the congregate care rightsizing initiative, transformation of the Maine child welfare system is substantially complete. “Casey was in Maine every week for three years,” said Feely. “But real reform takes a lot longer than that, and what’s clear is that Maine has the leadership in place to carry this on.”

One clear indication that transformation is permanent and lasting, said Menashi, is that an already large number

of staff at OCFS knows nothing of the old way of doing business or about Casey’s engagement, and yet they are completely inculcated into the new way of doing child protection and welfare.

She cited as an example the state’s new confidence in using data to shape policy, diagnose problems, and discern progress. In fact, managing by the numbers is a matter of routine and reflex to just about everybody in the system. “I’ve become this data geek,” laughs Martha Proulx. “I get excited when our numbers come out.”

Indeed, the numbers are impressive. In 2008:

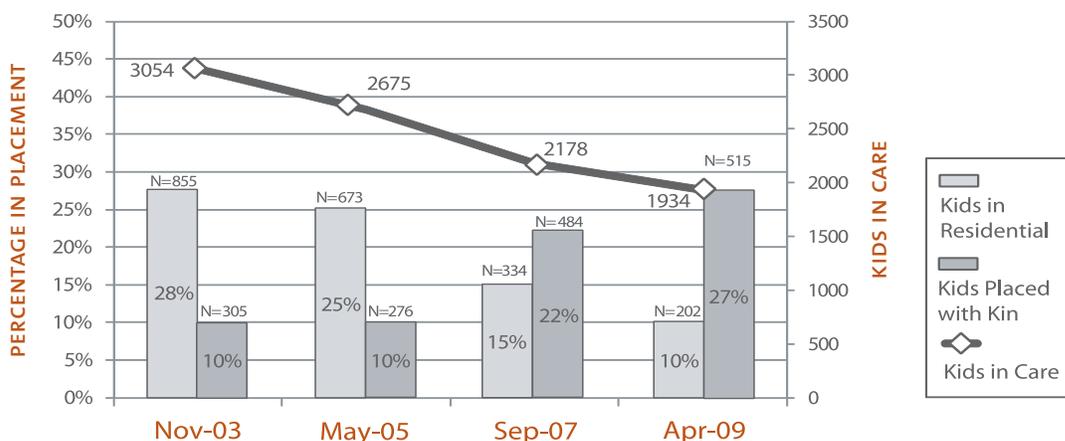
- Fewer than 2,000 children were in foster care, down from nearly 3,200 in 2001.
- The number of children in residential care plunged nearly 77 percent, to 200 from nearly 855 in 2003.
- More than 500 children were placed with relatives, a 28 percent increase from 2003.
- The percentage of children reunified with their families within 12 months of the state taking custody jumped to nearly 60 percent from 40 percent in 2003.⁴

Today, Maine has one of the lowest percentages of children in institutional care of any state. Further, it now does routine and regular reviews of each case to ensure children’s needs are met.

It’s a transformation that the National Coalition for Child Protection Reform has recognized by moving Maine from its

KEY IMPROVEMENTS FOR MAINE OCFS (2003-2009)

Source: Maine OCFS Monthly Management Reports (2003-2009)



“worst case” list to its list of best practices. But the payoff, as many in Maine will tell you, is certainly not in the numbers, as impressive and powerful as those might be. It is in the stories behind them.

“I remember one case in particular,” said Pam Dubois, a caseworker supervisor in northern Maine. “I had just become a supervisor, and we had a 15-year-old with behavioral problems, and the case psychiatrist was recommending residential treatment. Instead, I went to local providers – mental health agencies – and asked what could be done. “We were able to get him services in the community, and within just a few months he had really improved. In the old days he would have been pulled out of his home and shipped off to some institution or other, far away from his family, far away from everything he knew. And he probably would have been there for a long time.”

CONCLUSION

In Maine today, intervention occurs sooner and is aimed at healing whole families, not merely deciding where to house children who are potentially at risk. Family team meetings are routine. Placing a Maine child in congregate care now requires extensive review by multiple child welfare professionals who have to give prior authorization. Placements in institutional settings continue to decrease, stays are shorter, and many more children are connected with permanent families. Average caseload size per worker has decreased from 25 per worker in 2003 to 14 in 2008, allowing caseworkers more time to focus on quality work.

The reform effort continues with a sharp focus on results. Most importantly Maine’s involvement with children and families is far less confrontational and far more collaborative, with a mandate for better outcomes for all.

ACKNOWLEDGEMENT

Author Jonathan Walters is a staff correspondent for *Governing Magazine* and writes a monthly on-line newsletter covering human and health services.

ENDNOTES

- ¹ *Failure to Protect: The Taking of Logan Marr*. First broadcast 30 January, 2003. Produced by Rachel Dretzin & Barak Goodman
- ² Michael Brennan is also a member of the Board of Advisors for Casey Family Services, the direct service agency of the Annie E. Casey Foundation.
- ³ In 2009, CSCG was incorporated into the new Child Welfare Strategy Group, a unit within the Foundation’s Center for Effective Family Services and Systems.
- ⁴ Maine OCFS Monthly Management Reports (2003-2009).





**TODAY, INTERVENTION OCCURS SOONER AND IS
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The Annie E. Casey Foundation provides strategic consulting services as part of the Foundation's well-established system reform expertise. Casey consulting facilitates significant, measurable, and enduring human system transformation. In particular, Casey helps public agencies identify pathways for achieving major reform and improving the lives of children and families.

In 2009, consulting services provided by the **Casey Strategic Consulting Group (CSCG)** were incorporated into the new **Child Welfare Strategy Group**, a unit within the Foundation's **Center for Effective Family Services and Systems**. Because work described in this publication was done by CSCG, that group is referenced throughout this document.

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, founder of UPS, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human systems reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of that goal, the Foundation makes grants that help states, cities and neighborhoods fashion more innovative, cost-effective responses to these needs.

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