

# *Report of the Maine Citizen Review Panel*

*2009-2010*



*Sunset off Monhegan Island, Maine*

## **Exec. Board Members**

***Bonny Dobson, Chair***

***Bette Hoxie, Co-Chair***

***Francie Criner***

***Robin Russell***



## Introduction

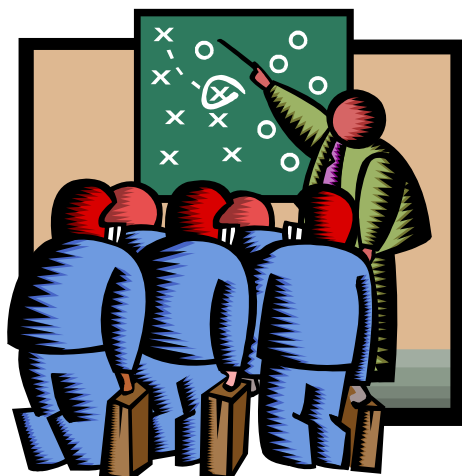
The Maine Citizen’s Review Panel (CRP) was created in 2008 as an addition to the Child Death and Serious Injury Review Panel (CDSI) and the Child Abuse Action Network (CAAN) facilitating compliance with the Child Abuse Prevention and Treatment Act (CAPTA). The CRP is a federally mandated group of professionals and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective responsibilities pursuant to CAPTA. The mission of Maine’s CRP is to ensure that the state system is meeting the safety, permanency and well being of children and families through assessment, research, case reviews, advocacy and greater citizen involvement. It’s the “greater citizen’s involvement” that is key to creating transparency within the Child Welfare system and increasing accountability and ownership in the outcomes for Maine’s children and families. The CRP creates an annual report of activities, research, and reviews. Recommendations are made following those reviews addressing relevant and current child welfare issues. The recommendations can be made immediately to the Commissioner of Health and Human Services or through the annual report. Recommendations can also be made through the Department liaison, the Office of Child and Family Services Director of Child Welfare Policy and Practice.

The CRP is comprised of 15-25 members representing providers, local citizens, consumers of the child protective services, former foster children over the age of 18, adoptive parents, civic representatives and members of the community at large. Membership of the CRP attempts to achieve a broad and diverse representation of the community including but not limited to law enforcement, biological parents, former youth in care, researchers, foster/adoptive parents, domestic violence professionals, mental health therapists, clergy, CASA, disabilities specialist, teachers, an attorney and medical professionals. Membership recruitment also weighs diversity of age, race/ethnicity, gender and class as critical to the make up the CRP. The DHHS Child Welfare Policy and Practice Director acts as a liaison to the panel and is an ex officio member of the panel.





# STRATEGIC PLANNING



In September of 2009 the CRP had its first strategic planning retreat with Blake Jones, a nationally renowned leader in Citizen Review Panels from the University of Kentucky. Out of this retreat the CRP restructured itself to break into three subcommittees to enable the group to better utilize the time and resources of the membership, cover more topic areas in the course of the year, and to successfully complete its goal of producing an annual report with recommendations. The panel had four tasks completed in the 2009-2010 year. 1) Increase public awareness and sustainability. The website was officially launched: [www.childabuseactionnetwork.org](http://www.childabuseactionnetwork.org) and the CRP became the official sponsor of the Annual Child Welfare Conference: Hot Topics in Child Welfare that has been held in eastern Maine for the last 17 years. This conference's mission has been to provide quality, local and affordable child welfare training to professionals in eastern Maine. 2) The CRP continued its work in Education Stability for foster care youth and completed a survey with DHHS workers to achieve a baseline on this issue since MACWIS does not track this information. 3) The CRP reviewed adoption dissolutions in the state through case record reviews and developed systemic and practice recommendations. 4) The CRP was also able to send three panel members to the Citizen's Review Panel National Conference in Kentucky bringing new ideas, energy and resources to Maine's work and a broader national perspective.

The CRP provides a tremendous opportunity for the community to become more involved with Child Welfare and partner with DHHS to create more effective services for the families. Demystifying child welfare, having better informed communities, infusing diverse and fresh perspectives, increasing accountability and linking the strengths and resources of DHHS and the community is at the heart of the work of the CRP and key to being successful in our goal to promote child safety and the quality of services to children, families and communities.



## Attendance, sponsorship, and participation in national and regional



### Conferences:

**16th Annual Child Welfare Conference University of Maine, September 2, 2010, HOT TOPICS IN CHILD WELFARE, Featuring: Victor Vieth, Director of The National Child Protection Training Center**

Attended by a wide range of community members and professionals supporting education in the treatment and intervention of child abuse and neglect.

**New England CRP Regional Roundtable, October 15, 2010** The Children's Bureau, Region I, invited Maine to a meeting of the New England Citizen Review Panels October 15, in Concord, New Hampshire. The roundtable was held in collaboration with the National Resource Center for Child Protective Services (NRCCPS) and served as an opportunity to learn best practices; network with New England counterparts; and develop strategies to strengthening our Citizen Review Panel. The State agency coordinators and Citizen Review Panel members participated. The meeting was joined by Theresa Costello, Director of the NRCCPS, and Blake Jones, Citizen Review Panel program coordinator at the University of Kentucky College of Social Work, to facilitate this meeting.

**CRP Retreat –October 5, 2010** Agenda attached as appendix

**Tenth Annual National Citizen Review Panel Conference May 18-20, 2011 Charleston, South Carolina**

Attended by professional and parent members of the panel.





### Educational Stability Committee Report

2009-2010

It became apparent, when discussing foster placements with Panel members, that children are often removed from the school that they were attending when living with their biological parents when they enter state custody and/or change foster homes. Some children change schools several times as custody and placements change. School change is disruptive both academically and socially for these children. The CRP was also informed of the requirements under the federal Fostering Connections legislation that addressed educational issues and the specific needs of children in foster care. The Educational Stability Committee of the CRP was charged with examining the issue of the impact of state custody and foster home placement on children's educational progress.

The Committee decided that the issue of school stability needed to be quantified before it could be fully addressed. National studies were examined, but it was evident that there were no reliable data available from any sources regarding the frequency or impact of school change for Maine children. Consequently, it was decided that at least two efforts were needed: 1) to request information from the Office of Children and Family Services (OCFS) of DHHS to determine the incidence and prevalence of school changes, and 2) to request information from school district personnel to determine their responses to and accommodation for state-custody and foster care children.

The first effort that the Committee engaged in was to gather information about school changes from OCFS caseworkers. After consultation with personnel at the OCFS offices, it was determined that recent state custody cases could be identified and additional information regarding school changes could be requested directly from caseworkers. A one-page data information form was developed for distribution within the OCFS system. The form was populated with demographic information from the Department's internal data system and additional data fields were added requesting information about school transitions. A sample of 407 cases were identified as new additions to the Department over a 15-month period between September 1, 2008 and December 31, 2009. The survey instructions and the survey instrument appear below. The second effort, surveying school superintendents and principals, was postponed until next year.



*A snow day in Maine – no school!*

### Educational Stability Survey

<b>Office:</b>	_____	School:	_____
<b>Unit:</b>	_____	<b>School Status:</b>	_____
<b>Worker :</b>	_____	<b>School Name:</b>	_____
<b>Child:</b>	_____	<b>School City:</b>	_____
<b>Case ID:</b>	_____	<b>School County:</b>	_____
<b>City:</b>	_____	<b>Education Level:</b>	_____
<b>County :</b>	_____	<b>Last Grade Completed:</b>	_____
<b>Age:</b>	_____		_____

Was this child able to remain in the same school as he/she was in prior to coming into state custody?  Yes  No

If not, specify why:

No foster care placement available in school area  unsafe for child to stay in same school

Placed with relative out of area of his/her school  Other \_\_\_\_\_

Does this child have an IEP (for special education needs)?  Yes  No

Has this child changed schools (excluding normal grade progression)?  Yes  No

The following questions relate to any school changes during past year:

How many times has this child changed schools? \_\_\_\_\_

Did do you have contact with the school?

Before the move  Yes  No

During the move  Yes  No

After the move  Yes  No

Do you have a regular school contact person for this child?  Yes  No

If yes, with whom? \_\_\_\_\_ (Title) \_\_\_\_\_

Did you accompany this child to school for the transition?  Yes  No

If you answered No above, what were the reasons to not accompanying the child for the transition?

Distance

Time

Other Responsibilities

Arranged for someone else to accompany child

Other

Did the child miss any days of school due to a transition to a new school?

Yes  No  Unknown  Not applicable

The data from the survey above was gathered in the late spring of 2010, and did not become available until mid-summer of 2010. The results of that survey and the analysis of the data will appear in the 2010-

2011 Report. 

## Adoption Disruption/Dissolution Review



A subcommittee of the panel reviewed several case studies where there was an adoption disruption or dissolution and compiled results and recommendations.

All adoptions are meant to be forever and research shows that children need permanent connections that nurture them into adulthood. Adoptive parents enter into the adoption process for many reasons but none start an adoption hoping it will fail. There are times that adoptive parents are unable to meet the needs of their adoptive child and it is in the child's best interest to not move forward with the adoption or to dissolve the existing adoption.

The Office of Child and Family Services has experienced an increase in the number of adoptions of children from foster care since the passage of The Adoption Assistance and Child Welfare Act of 1980. While the Adoption and Foster Care Analysis and Reporting System (ARCARS) rules mandate that state agencies collect case-specific data on all children in foster care, they do not mandate that states to specifically collect data on foster care adoption disruption or dissolution. An assumption is made that an increase in the number adoptions made will also lead to an increase in disrupted or dissolved adoptions.

Our committee reviewed 6 cases of children placed for adoption from the Maine child welfare system, 2 females and 4 males. These cases were selected by the Director of Policy and Practice for the State of Maine and were drawn from a small number of disrupted/dissolved adoptions. It is difficult to generalize our findings to the larger population due to the small number of cases reviewed, although Maine has an overall small number of failed adoptions.

Case #	Gender	Placement type	Number of Placements	Age at Adoption Placement	Age at Adoption	Age at Disruption	Disrupted Prior to finalization
1	F	Foster parents	2	7	8	15	No
2	M	Foster parent	2	6.5	n/a	n/a	Yes
3	M	Foster parent	2	2	4	5	No
4	M	Foster parents	8	5	8	14	No
5	F	Foster parents	2	7	7	10	No
6	M	Kinship	2	1	4	16	No

The issues the CRP workgroup identified as reasons for the disruption/dissolution of the six adoptions reviewed reflect what is found in the literature. The literature and research, while not over abundant or without problems, such as definitions of disrupted/dissolved adoption and quantity of research subjects, did support many of the findings and recommendations from the CRP workgroup. Maine defines a disrupted adoption as an adoption that has not been finalized but where the adoption subsidy agreement has been completed and a dissolved adoption is an adoption that has occurred and is legally ended.

CRP reviews:

In two of the cases we reviewed, there was a major life change in the family prior to the adoption but the adoption went forward without adequate assessment of how the change impacted the adoptive family's ability to provide for the special needs of the child. In one case the parents divorced and the mother adopted on her own and in the other case, the father took a job that moved him to another state with limited contact with the day to day circumstances in his home.

In one of the cases the adoptive parents were not fully informed of or educated about the child's mental health needs or the use of psychotropic medication. One of the cases was a kinship placement and the child's behavioral needs became difficult for the grandparents to manage. Kinship placements receive less monitoring and fewer services than non-relative foster placements. (Gebel, 1996).

Other themes that emerged included concerns around matching, not having supports in place-either formal or informal, access to services that included the entire family system and not focused solely on the child's behaviors.

Recommendations from the workgroup can be broken down into three areas: Education, Clinical Services and Agency Policy/Practice.



- Education:
  - There is a need for both pre-and post-adoption services. The extent and nature of the need for post-adoption services will depend in large part on two factors: (a) whether adopted children have significant needs and (b) whether these needs can be met by existing approaches to service delivery. (Barth, et al, 2000).
  - Caseworker training to include enhanced interviewing skills, and facilitation of Family Team Meetings.
  - Caseworkers and adoptive parents trained on the use of psychotropic medication and informed of the impact of psychotropic medication that their child is taking along with the impact of stopping the medication.
  - Develop tip sheets for team meetings that include fully exploring foster/adoptive parent's beliefs about the use of medication in children. Another discussion point would be what behavioral techniques or interventions can be used in place of medication.
  - There should be a licensing training specific to kinship providers.
  - Kinship providers training should not be waived.
  - Training for adoptive parents needs to include information on how to access services after adoption finalization.
  - Training for foster and adoptive parents on behavioral disorders and appropriate treatment
  - Education for foster/adoptive parents on child development and normal sexual behavior for children.
  - Education for foster parents about the difference in shifting from being a foster parent to being an adoptive parent. (Philosophical shift).
  - Adoption preparation work needs to be done with entire family prior to placement.



- Clinical Services:

- Adoptive families need to understand that adoptive issues are with the adoptees forever.
- Evidenced based treatments should be used with families that are effective and meet the needs of the family.
- Family systems therapy (evidenced based) instead of individual therapy that focuses only on the child.
- Foster/adoptive parents need to be active treatment team members in planning for the clinical treatment of their children.
- Adoptive fathers must be more involved in decision making concerning clinical needs of children.



- Agency policy/practice:

- AFCARS set clear definitions of adoption termination, disruption and dissolution and require states to track this.

- GALs need to consider the best interest of the child and slow the adoption process if the case is moving too quickly.
- GAL may need to have more frequent visitation with children in the adoption process.

### Recommended Action Steps from the CRP:

- Policy/practice change to ensure that young adults exit care with identification, birth certificate, life book and whenever possible driver license.

**Department Response: Revised Youth Transition policy requires that youth are provided these essential life domain items.**

- Develop a checklist of questions that caseworkers and parents can use to talk with physicians about the use of psychotropic medication for children in their care.

**Department Response: A Department workgroup has developed a Caseworker Consent Worksheet that is to be used when antipsychotic medications are considered. Youth who have experienced foster care and the mental health system jointly developed a youth guide related to decision making in the use of antipsychotic medications. The Department is tracking the number of youth on medication and requiring periodic reviews.**

- Develop a standardized format for full disclosure and ensure this happens early in the case.

**Department Response: A Background and History Form is required in policy, but not always completed, especially with relative placements. The Department is committed to encourage more active follow through with this policy.**

- MACWIS changes that more accurately reflect the reason for placement changes.

**Department Response: This is under consideration, but may not be completed due to budgetary issues and other priorities.**

- Portable health records need to follow the child.

**Department Response: This is provided for in policy and more will be done to encourage compliance. The department is active in the development of electronic health records that will support more consistency in providing and maintaining health records and information.**

- Develop a system of mentoring that matches experienced adoptive parents with new adoptive parents. Supportive relationships need to be developed prior to the adoption informational meeting.

**Department Response: The Department is committed to working with Adoptive and Foster Families of Maine and Maine Kids-Kin to support a system of mentor families.**

- Agency should continue regular contact after adoption finalization.

**Department Response: This is under consideration, but may not be completed due to budgetary issues and other priorities.**

- Public Service announcements should be developed to inform families that post adoptive services are available.

**Department Response: The Department is unable to pursue this until there is statewide coverage of services.**

- Funding for post- adopt services should be normalized so that all families receive the service-it is based on the family's need not the child's diagnosis.

**Department Response: the Department would like to pursue options to provide more consistent post-adoption services.**

- Life book work and the integration of the family story should be incorporated into the FTM. Ideally, this would include birth family, foster family and adoptive family working together.

**Department Response: this is consistent with newly finalized policy.**

- The Child History Policy should be followed and the Life Book work must start when a child enters care and include pictures from birth family.

**Department Response: This is consistent with newly finalized policy.**

- Where age appropriate, children should be involved in recruitment media such as the Heart Gallery.

**Department Response: This is now occurring in most cases.**

- Full exploration of birth family-if the family member is not a placement option, explore what other connection they can be for the child.

**Department Response: The Department has engaged in an extensive Comprehensive Youth Permanency Strategy that is using such tools as Extreme Recruitment and Permanency Roundtables, national models developed to find and support permanent family connections for youth in foster care.**





## Appendix 2 Adoption

### Research summary:

One step in understanding and preventing adoption disruption is to have knowledge about the critical time period and how to better intervene. Barth (1988) found an average 18 month period between placement and disruption or dissolution, among a population of 1,153 children placed for adoption in California in 1980-1984.

McRoy's 1999 study looked at the amount of time between the family's first communication of problems and the disruption or dissolution. His study included 40 intact adoptions and 40 terminated adoptions (15 disrupted prior to finalization and 25 dissolved after finalization) that occurred through the Texas child welfare system in the late 1980s and early 1990s. His findings included: in the disrupted group, 47% of the children were removed within one month of the initial discussion of problems. The remaining 53% were removed after two to seven months.

Rosenthal (1993) reported that "aggressive, acting-out behavior (violence to others, stealing, defiance, and sexually acting out)" but not "developmental problems and serious medical conditions is centrally linked to disruption" McRoy (1999) reports "far higher rates of aggressive acting out behaviors in dissolved or disrupted adoption prior to removal from birth family, in foster care, and after adoptive placement than in intact adoptions".

Several researchers have made the conclusion as the result of their research that a child is at an increased risk for adoption disruption based on prior disruption history.

In Barth and Berry's 1988 study, one-quarter of the children in the disrupted group had had previous adoption placement, compared with 5% in the non-disrupted group. In Festinger's 1986 study, 23.4% of the children in the disrupted group had had previous adopted placements, compared with 8.2% among the group of finalized adoptions.

Reilly and Plaltz (2003) surveyed 249 adoptive families in Nevada and concluded that "realistic parental expectations had the greatest influence on the quality of parents' relationships with their children and impact on family". 77% of responding parents said that the "quality of their relationship with their child was good to excellent" and 66% said that "overall impact of the adoption on their family was positive."

Valentine and colleagues (1988) interviewed 18 parents who reported feeling unprepared to handle behavioral problems and to parent such extremely disturbed children.

Connected with parents' unrealistic expectations are many agency factors such as lack of information sharing, staff turnover, lack of adoption preparation and transition planning.

In Reilly and Plaltz's 2003 survey 58% of the respondents reported that they did not receive adequate information on the child and 37% reported that the child's problems were more severe than the state agency originally told them. Rosenthal (1993) concluded that "some parents harbor unrealistic expectations despite explicit preparation by social workers". Schmidt et al's (1988) interviews revealed that "despite the information given to the families about the children and their needs, parents anticipated caring for less-difficult children, had confidence in themselves as parents and thought they could handle the child" Several families also reported that "the placement process was too brief, preventing them and the children from getting used to each other, forcing their attachment to meet agency and court deadlines".

Rosenthal (1993) concluded that "failure to provide adequate background information on the child might be the strongest service-associated predictor of disruption" Meezan and Shireman (1985) found "foster parents who had more information were more likely to subsequently adopt a child, suggesting that honest and accurate information helps forge a positive relationship between the agency and parents based on mutual support of the child's healthy development".

In summary, even though states are not collecting statistical data on factors associated with disruption and dissolution, researchers have identified factors that increase the likelihood of adoption disruption or dissolution: the age of the child, the behavioral issues of the child, the expectations of the parents and the lack or perceived lack of information sharing of the child's needs. These conclusions are reflected in the cases this workgroup reviewed.

## CASE REVIEWS

### Summary of issues identified in case reviews done by Citizen Review Panel :

#### Case #1

- This child's normal 7 year old behaviors were pathologized.
- "professional parent model"
- Adoptive parents had a different cultural background.
- There was a lack of informal supports
- Therapy with family undertaken with no treatment plan.
- GAL had limited information on the child prior to the adoption.
- Another child was placed in the home-not enough consideration was given for how this might impact the adoptive child.

## Case #2

- Documentation of relative resources was incomplete.
- Therapist made decision to not allow birth family contact without meeting the family.
- In this case, the therapist was allowed more decision making power than the rest of the team and the Family Team Meeting (FTM) process was not followed allowing all an equal voice.
- Child was not allowed to take all of his belongings when the placement ended
- Child was punished by not being allowed to participate in team sports and other school commitments.



## Case #3

- Many “red flags” including adoptive mother’s statements that she was afraid to adopt.
- Adoptive parents divorced while in the process of adopting but foster mother continue to move forward with adoption.
- Difficult to manage child’s behavior without medication.
- FTM did not occur in this case.
- Post-adopt services were not accepted until 2 years after adoption was finalized.
- There were multiple service providers who changed frequently in this case.

- Needs of child were not considered in the scheme of the needs of the entire family.
- Full-disclosure did not happen at the beginning of the case.
- There were no visits with the adoptive mother after the adoption was dissolved. Both child and mother asked for visitation.

#### Case #4

- During monthly face to face contact visits, caseworker didn't fully explore issues surrounding safety and well-being but focused on permanency.
- Biological family was not fully explored at the beginning of the case.
- Unclear that matching occurred.
- Child left care without driver license or high school diploma.
- A transitional meeting may have been helpful to allow this child to move forward with a new family.

#### Case #5

- Record didn't clearly inform reader of child's diagnosis and who was managing her medication.
- Availability of neuropsychological evaluations is concerning (over a year).
- In this case the family composition changed as the father took a job out of state just as the child was placed.
- Family Team Meetings were not held to discuss significant changes-taking child off of medication or impact of father taking job out of state.
- No adoption preparation work was done with biological children in the home.

#### Case #6

- Family moved to Maine-leaving natural support system behind-impact of move on the family system was not assessed.
- Treatment teams should have access to home studies prior to placement of child.



## References:

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**Appendix:**

**Fall Retreat Citizen's Review Panel Strategic Planning Retreat**

**University of Maine Orono Buchanan Alumni House**

**October 5, 2010**

8:30-9:00 Light Breakfast and Social Time

9:00-9:10 Opening Remarks- Bonny Dodson-Chair Person

9:10- 9:40 Icebreaker Activity

9:40-10:00 Overview of Statewide Projects - Robin Whitney, Assistant Program Administrator, Bangor DHHS

10:00-10:45 Report out from the Citizen's Review Panel National Conference - Robin Russell, Robin Whitney, Julie McClarie, Francine Crinner

10:45-11:00 Break

11:00- 12:00 Case Flow Panel

12:00 LUNCH

1:00-3:00 Facilitated Strategic Planning - Kenneth Rautiola, Mental Health Coordinator, Mountain View Corrections

3:00-4:00 Executive Committee Meets

## Citizen Review Panel Members

Updated March 1, 2011

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<p>Crocker, Dean</p> <p>Maine Children’s Alliance</p> <p>303 State St</p> <p>Augusta ME 04333</p> <p><a href="mailto:Dcrocker@mekids.org">Dcrocker@mekids.org</a></p> <p>207-623-1868 ext.212</p>	<p>Advocate</p> <p>Education &amp; Stability Subcommittee</p> <p>December 2010</p>
<p>Crandall, Darrell</p> <p>Maine Drug Enforcement Agency</p> <p>12 Kellerah St Suite 1</p> <p>Houlton, Maine 04730</p> <p>(207)532-5170</p> <p><a href="mailto:Darrell.O.Crandall@maine.gov">Darrell.O.Crandall@maine.gov</a></p>	<p>Substance Affected Youth Subcommittee</p> <p>March 2011</p>
<p>Crotteau Esq., James</p> <p>46 Berry Cove Rd</p> <p>Lamoine, ME 04605</p> <p><a href="mailto:jrcrotteau@gmail.com">jrcrotteau@gmail.com</a></p>	<p>GAL</p> <p>Substance                      Effective                      Youth</p> <p>Subcommittee</p>

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<p>Denner, Melissa</p> <p><a href="mailto:Melissa.denner@umit.maine.edu">Melissa.denner@umit.maine.edu</a></p>	<p>Youth</p> <p>January 2011</p>
<p>Keegan, Amanda</p> <p>12 Fort Knox Ave</p> <p>Bangor, Maine 04401</p> <p><a href="mailto:Amanda.keegan@maine.edu">Amanda.keegan@maine.edu</a></p> <p>207-756-5662</p>	<p>Youth</p> <p>Substance Effected Youth Subcommittee</p> <p>December 2010</p>
<p>Lieberman, Susan</p> <p>DHHS</p> <p>161 Marginal Way</p> <p>Portland ME 04101</p> <p><a href="mailto:Susan.lieberman@maine.gov">Susan.lieberman@maine.gov</a></p> <p>207-822-0172</p>	<p>Education Subcommittee</p> <p>September 2009</p>
<p>Merritt, Chris</p> <p>16 Broad St Apt 3</p> <p>Bangor ME 04401</p>	<p>Birth son of Foster &amp; Adoptive Parents</p> <p>Reunification subcommittee</p>

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Dobres-Spang, Katie Casey Family Services 30 Summer St. Ste5 Bangor ME 04401 KatieSpang2@gmail.com 207-974-1509	Intern Reunification Subcommittee  Sept 2010

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<p>Zeph, Lu Director of Center of Community Inclusion and Disabilities Studies</p> <p>University of Maine</p> <p>Orono ME 04469</p> <p><a href="mailto:Lu.zeph@umit.maine.edu">Lu.zeph@umit.maine.edu</a></p> <p>207-581-1027</p>	<p>Center of Community Inclusion and Disabilities Studies</p> <p>University of Maine</p> <p>Education Stability Subcommittee</p> <p>Sept 2009</p>

Child Welfare Conference Planning Subcommittee	
Bonny Dodson	Casey Family Services
Kim Day	Every Child Matters
Ron Gastia	Bangor Police Chief
Mark Moran	EMMC Family Support Team
Jean Leonard	DHHS Supervisor
Pat Phillip	Penobscot Community Health SW
Meagan Chadborne	EMMC Nurse





## **A Maine Rainbow**

### **Goals for 2011**

#### **CAPTA Requirements:**

The Citizen Review Panel plans to support efforts by the State to comply with new CAPTA state grant eligibility requirement to address infants diagnosed with a “Fetal Alcohol Spectrum Disorder” (FASD). The FASD term connotes a broader group than those encompassed by the older term “Fetal Alcohol Syndrome” (FAS).

FASD is now used by advocates, educators, federal agencies, and the medical and legal communities as an umbrella term to cover a range of outcomes associated with all levels of a child’s prenatal alcohol exposure. This CAPTA amendment was not meant to cover all situations where a newborn’s mother drinks alcohol during her pregnancy, but rather those where a newborn has facial characteristics, growth restriction, or other abnormalities (birth defects) caused by prenatal alcohol use.

Additionally the CRP is very supportive of language in the revised CAPTA requirements to encourage involvement of family members in a child welfare agency’s decision process.

## *2010 STRATEGIC PLANNING OUTCOMES*



*Establish decision making criteria for topics of exploration for 2010-2011:*

1. Topic not being investigated adequately by another group
2. The focus of topic has to be children
3. Direct impact on policy and practice so it can benefit children/timeliness
4. Represent entire child welfare spectrum
5. Develop partnerships - look for opportunities
6. Project within the mission of CRP

*Brainstorm of Topics:*

1. Obesity in children
2. Substance affected children in child welfare and juvenile justice
3. Children in care on psychotropic drugs
4. Federal requirement that there be screening (PREP) of kids coming into care after 90 days.
5. Medical records follow child—adoption
6. Youth aging out of system without permanency
7. Adult services – availability for youth aging out; needs of higher risk older youths
8. Parenting education and effective parenting training
9. Foster parent – role modeling for birth parent
10. Reunification policies and practices
11. Repeat maltreatment
12. Determining when parenting is ‘good enough’/parenting education
13. Domestic violence protocol-review
14. Educational Stability—continuing this work
15. Adequacy of legal representation for children in low income families
16. Guardian ad-litem roles and responsibilities and meeting those
17. Case reviews of cases that came back in
18. DOE – investigations of allegations done in-house

Members reviewed and voted on order of importance of top three topics:

1. Educational stability – continuing work from 2009-2010
2. Substance affected children in child welfare and juvenile justice
3. Reunification issues