

# **Report to the Joint Standing Committee on Health and Human Services**



## **Program Evaluation Report 2019**

**Board of the Maine Children's Trust, Inc.**



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# Program Evaluation Report: Maine Children’s Trust

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## **I. Introduction**

Pursuant to 3 M.R.S. § 955 of the State Government Evaluation Act (GEA), the Board of the Maine Children's Trust Inc. is required to submit a program evaluation report to the Health and Human Services Committee no later than November 1, 2019. This report is submitted in fulfillment of that requirement. The required report elements are addressed in Section II of the report in the order set forth in statute.

The Maine Children's Trust was created by statute in 1985 as a part of State Government. In 1994, legislation was enacted that transformed the Trust into an independent 501(c)3 non-profit, governed by a Board of Directors. The Trust was also designated as a Maine income tax check-off recipient. The Trust's governing guidelines remain in statute today. The mission of the Trust is to prevent the abuse and neglect of Maine's children.

## **II. Required Report Elements**

### **A. ENABLING LAW**

#### **Title 22: HEALTH AND WELFARE**

#### **Chapter 1058: MAINE CHILDREN'S TRUST INCORPORATED**

#### **§3882. ESTABLISHMENT; PURPOSE; NONPROFIT ORGANIZATION**

The Maine Children's Trust Incorporated, referred to in this chapter as the "trust," is established to provide a mechanism for voluntary contributions by individuals and groups for annual and long-term funding of prevention programs.

The Trust is a private nonprofit corporation with a broad public purpose pursuant to this chapter. The exercise by the trust of the powers conferred by this chapter is held to be an essential governmental function.

See Attachment A for the full statute.

### **B. DESCRIPTIONS OF THE PROGRAMS ADMINISTERED BY AGENCY**

#### **Overview of Programs, Initiatives and Strategies**

Maine Children's Trust provides leadership and coordination of child abuse and neglect prevention efforts throughout Maine, as well as coordinating several statewide collaborative initiatives to prevent child abuse and

neglect. We provide grant funding to community-based organizations that provide direct services to families and caregivers of Maine's children. The programs that we support are evidence-based or evidence-informed to ensure that high quality programming is offered to families.

### **Statewide Child Abuse Prevention Planning, Implementation & Coordination:**

**Background:** A major area of focus for the Trust continues to be a multi-year effort funded in part by the DHHS Office of Child and Family Services to provide leadership, coordination and support for child abuse and neglect prevention planning and program delivery through the county-level network of **Child Abuse and Neglect (CAN) Prevention Councils**.

The CAN Prevention Council statute (Title 22, Chapter 1057) enables the Trust to support the CAN Prevention Council efforts. The CAN Prevention Councils utilize child maltreatment data provided by the Office of Child and Family Services, needs assessments that analyze service gaps, community input and advisory boards to select approved evidence-based parenting education curricula, family supports and strategies that best fit the communities that they serve.

#### ***Child Abuse and Neglect Prevention Councils: Central Coordination:***

On July 1, 2015, the Trust and the Maine Department of Human Services executed a 3-year agreement to reduce child abuse and neglect in Maine by utilizing the Trust as it is statutorily intended, to coordinate and lead statewide efforts to prevent child abuse and neglect before it occurs.

This agreement, which was renewed for 2018-2020, enables the Trust to strengthen the CAN Prevention Councils so they can fulfill their statutory role as the county-level coordination entity and lead in the delivery of child abuse prevention information and services. The CAN Prevention Council statute guides the Trust to support the CAN Prevention Council efforts by:

- (1) Providing coordinated leadership and central, statewide support to guide the project
- (2) Strengthening and expansion of the network of CAN Prevention Councils
- (3) Supporting ongoing delivery of child abuse and neglect prevention programming throughout Maine

#### ***Child Abuse and Neglect Prevention Councils: Direct Services:***

The CAN Prevention Councils utilize child maltreatment data provided by the Office of Child and Family Services, a local needs assessment, which analyzes gaps, community input and an advisory board to select approved evidence-

based parent education, supports and strategies. The targeted and individualized prevention plans focus on programs and activities that will lead to the most substantial advancements in preventing child abuse in each county.

In addition, CAN Prevention Councils serve special populations identified through prevention planning by offering programming for fathers, substance-affected families, co-parenting/separated families and prenatal families. They also offer child sexual abuse prevention training for children and school staff. CAN Prevention Councils also provide training to family serving professionals in every county in the following: Infant Safe Sleep, Protective Factors, Mandated Reporting, and the Period of PURPLE Crying.

**Goals:** The Trust's goal has been to strengthen the CAN Prevention Councils through consistent delivery of evidence-based or informed strategies to become an accessible and trusted resource for parenting support in every county in Maine. Additional messaging efforts to support families are underway by normalizing the message that parenting is hard and it is ok to ask for help.

**Relevant Criteria/Performance Measures:** Utilizing the Center for the Study of Social Policy's Protective Factor Framework, the CAN Prevention Councils focus all prevention strategies on increasing Protective Factors in families, which is proven to reduce incidence of child abuse and neglect. The Councils' Prevention Plans devised from county-specific child maltreatment data, an annual needs assessment, community feedback and Advisory Boards include individualized strategies in all 5 Protective Factor areas unique to the needs of the county. Further, our evaluations have shown a statistically significant improvements were reported in all five protective factor domains.

**Assessment:** The Trust has built a strong foundation for the utilization of consistent evidence-based strategies, program delivery and evaluation through a strengthened CAN Prevention Council network. Utilizing dedicated Trust staff, the CAN Prevention Councils' activities are tracked and aggregated using a data system developed by the Trust. This system captures all statewide activity to allow for measurements of outreach efforts and outcomes. Toolkits have been developed to guide data evaluation, integrate data with community feedback and develop prevention plans and priorities. The Trust actively sought out and negotiated agreements resulting in CAN Prevention Council coverage in all 16 counties of Maine and designed core programming and oversight of a wide range of evidence-based services.

See Attachment D for CAN Prevention Council Results Report.

## The Protective Factor Framework

**Background:** Maine Families, CAN Prevention Councils and our other grantees utilize the Center for Study on Social Policy's evidence-based approach of Strengthening Families to increase Protective Factors. The Protective Factors Framework has been proven to reduce the incidences of child abuse and neglect. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

**Goal:** Our goal has been to broaden the use of the Protective Factors framework across systems.

**Relevant Criteria/Performance Measures:** The Trust ensures all programs and initiatives utilize the Strengthening Families model through strategies that support the implementation of the Protective Factors. This includes the CAN Prevention Councils, Maine Families, Trust grants, Infant Safe Sleep and all other activities supported by the Trust.

**Assessment:** Programming is reviewed through self-assessments for inclusion of these strategies as foundational to all work.

## Maine Families Home Visiting

**Background:** This program remains one of the state's most vital cost-saving investments for improving childhood health and learning outcomes, preventing child abuse and neglect and enhancing future productivity. The Maine Department of Health and Human Services contracts with the Trust to provide necessary program supports such as technical assistance, quality assurance and improvement, data collection and training. The Trust also manages direct service contracts with local agencies as a no-cost pass-through intermediary. Maine Children's Trust is the home of the Parents As Teachers State Office. Parents As Teachers is the national evidence-based model delivered by Maine Families.

**Maine Families Home Visiting: Central Coordination:** Maine Children's Trust has supported home visiting in Maine since the 1990's through advocacy, grants and training. In 2010, the Trust assumed responsibility for providing system coordination, quality assurance and technical assistance with all the State contracted home visiting sites. Six years ago, all home visiting system supports came under the Trust's umbrella – quality assurance, quality improvement, training, technical assistance, staff credentialing, along with data collection and reporting. The Trust became the home of the Parents As Teachers State Office, the national model utilized by Maine's home visiting system. During this time, more in-depth Standards of Practice were created

that allowed for even greater consistency in services offered by the local contracted agencies delivering the program.

In 2016, the Maine DHHS consolidated all home visiting contracts and the system supports (infrastructure) into one contract with the Trust. The Trust has managed the direct service contracts with the local agencies since that time for no additional cost to the grant beyond the infrastructure costs previously contracted for. A new web-based family record and data system was developed to capture data for nineteen federal performance measures and much more.

***Maine Families Home Visiting: Evidence-based Services to Families:*** Offered in every county of the state through a well-established and rigorously accountable system of performance-based contracts with local agencies, Maine Families Home Visiting is a voluntary program available for pregnant women, expectant couples, and parents or primary caregivers of children from birth to age three.

As affiliates of the international Parents as Teachers (PAT) evidence-based model, services are delivered by highly trained specialists to ensure safe home environments, promote healthy growth and development for babies and toddlers, and provide key connections to needed services. Family visitors use a non-judgmental and compassionate approach that empowers parents with skills, tools, and confidence to nurture the healthy growth of their baby.

The intensity and length of service is matched to family needs in response to an individualized needs assessment. This allows for careful optimization of resources, in which highest-need families receive more frequent visits over a longer period of time.

**Goals:** Our goal has been to create a solid infrastructure to support and ensure consistent delivery of high-quality services for families with infants and toddlers. Longer term goals are to support retention of the current well-qualified workforce, as well as recruit highly qualified new visitors, and expand family visiting services to reach even more families.

**Relevant Criteria/Performance Measures:** Maine Families has 19 federal performance measures with annual reporting that are currently being benchmarked for the MIECHV reauthorization period. There is a required comprehensive annual report to the national model that must demonstrate fidelity to 19 Essential Requirements.

**Assessment:** During the previous federal authorization cycle, Maine Families successfully met all federal Benchmarks and demonstrated improvement on all 35 measures.



The program underwent a rigorous Model Endorsement process in 2017 and all Maine Families sites achieved Blue Ribbon Affiliate status with Parents as Teachers. Maine is the only state to have achieved this distinction for all PAT sites. All sites have maintained their Blue Ribbon status since it was first earned by successfully meeting all requirements through an Annual Performance Report. Maine Families recently underwent a three day HRSA site review with no findings.

The program is also continuously evaluated by the University of Southern Maine through a contract with the Maine CDC.

## **OTHER INITIATIVES**

### **Infant Safe Sleep Initiatives**

The Trust convenes a statewide coalition to guide and implement strategies to reduce the number of serious injuries to and deaths of Maine infants due to unsafe sleep practices. Additionally, we serve as an affiliate of Cribs for Kids and coordinate statewide distribution of cribettes to families who might otherwise have to put their infant in an unsafe sleep situation. Our goal is to continue to expand the reach of safe sleep education so that more babies are in safe sleep environments. To date, the Trust has distributed 1,553 portable cribs since inception.

### **The Abusive Head Trauma Coalition**

Maine selected the evidence-based model, Period of PURPLE Crying developed by the National Center on Shaken Baby Syndrome, several years ago as its statewide program to prevent Shaken Baby Syndrome. The Trust coordinates the statewide coalition guiding this work, provides training and provides PURPLE materials to hospitals for distribution to the families of every newborn in the state. Our goal is to ensure consistent delivery of the PURPLE messaging in order to reach every family with a new baby. As a result, 100% of Maine birthing facilities agreed to deliver the information and materials to every birthing family at their facility.

### **Mandated Reporter Training**

A critical part of educating the community, the Trust supports the CAN Prevention Councils to provide training to professionals in every county of Maine. Our goal is to reach more mandated reporters across systems to build a common understanding of the law and the process.

## Grant Making

The Trust provides small grant funding to local agencies offering prevention programming. The Trust solicits proposals from community agencies/organizations annually for projects or programming focused on family strengthening or family support. These are most often two years grants. In 2019, the Trust provided grants (2<sup>nd</sup> Year) to four organizations. The Trust also offered a Request for Proposals to the CAN Prevention Councils to support a quality initiative in partnership with the National Family Strengthening Network. All Councils responded and were funded to conduct self-studies using the NFSN quality standards as a first step toward creating quality improvements plans.

### C. Organizational Structure

**Maine Children’s Trust Board of Directors:** The board consists of at least 17 members, designated in statute and appointed as follows:

A. One Senator, appointed by the President of the Senate for a 2-year term served concurrently with the legislative term; B. One Representative, appointed by the Speaker of the House of Representatives for a 2-year term served concurrently with the legislative term; C. Four members of the Maine Child Abuse Prevention Councils, selected by that organization. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and 2 are appointed for 3-year terms. After the initial appointments, appointees are appointed for 3-year terms; D. Two representatives of the Department of Health and Human Services appointed by the Commissioner of Health and Human Services. One member must be a senior policy-making official and the other must be a line manager with several years of experience in child abuse and neglect. Of the initial appointees, one is appointed for a 2-year term and the other is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms; and E. Nine members of the public and the business community.

(1) Three members must be appointed by the Governor. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and one is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms.

(2) Three leaders from the business community must be appointed by the Maine Chamber of Commerce and Industry. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and one is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms.

(3) At least 3 members must be elected by majority vote of the board. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and one is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms.

The public members may include representatives of the following groups: parents; persons under the age of 21; the business and labor communities; the legal community; the religious community; and providers of child abuse and neglect prevention services.

Please see Attachment B for a list of current Board members.

**Operational Staffing:** Maine Children’s Trust employs eight staff.

The Executive Director oversees all organizational activities with support from the Assistant Director/Prevention Coordinator, the Finance Director and the Office Manager. Program staff includes the Maine Families Technical Assistance Coordinator, the Performance Management Coordinator, the Maine Families Training Coordinator and the Prevention Support Specialist. Contractual staffing is used as needed to further support the efforts of the Trust.

Please see Attachment C for the Organizational Chart.

**D. Financial Summary**

Agency Funding	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
State Contract & Agreements	\$ 343,873.29	\$ 364,542.00	\$ 568,694.05	\$ 1,020,679.31	\$ 1,059,206.80	\$ 1,101,087.72	\$ 953,037.57	\$ 3,602,560.73	\$ 8,839,144.74	\$ 9,937,643.96
Federal Funds	\$ 212,349.00	\$ 219,172.00	\$ 219,314.00	\$ 220,009.00	\$ 161,978.00	\$ 105,353.04	\$ 263,177.11	\$ 229,200.28	\$ 173,761.60	\$ 278,137.44
Tax Check Off	\$ 28,400.10	\$ 25,033.14	\$ 22,337.70	\$ 21,584.26	\$ 29,807.17	\$ 24,725.01	\$ 26,627.27	\$ 27,725.61	\$ 21,530.79	\$ 33,618.94
Other	\$ 378,285.74	\$ 293,350.30	\$ 392,491.21	\$ 204,560.63	\$ 132,651.09	\$ 160,089.45	\$ 237,099.92	\$ 217,181.92	\$ 181,512.13	\$ 196,328.79
<b>Total Funding</b>	<b>\$ 962,908.13</b>	<b>\$ 902,097.44</b>	<b>\$ 1,202,836.96</b>	<b>\$ 1,466,833.20</b>	<b>\$ 1,383,643.06</b>	<b>\$ 1,391,255.22</b>	<b>\$ 1,479,941.87</b>	<b>\$ 4,076,668.54</b>	<b>\$ 9,215,949.26</b>	<b>\$ 10,445,729.13</b>
Priorities & Initiatives	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
Maine Families Pass Thru to Local Agencies								\$ 1,871,423.64	\$ 6,829,389.88	\$ 7,155,352.06
Prevention Initiative & Grants	\$ 759,161.27	\$ 699,994.42	\$ 799,891.36	\$ 587,127.52	\$ 522,177.08	\$ 467,664.52	\$ 570,620.89	\$ 1,220,557.05	\$ 1,400,812.18	\$ 2,299,128.46
Maine Families System Supports	\$ 203,011.73	\$ 246,901.22	\$ 400,644.05	\$ 872,440.79	\$ 861,465.98	\$ 923,500.30	\$ 909,320.98	\$ 984,687.85	\$ 984,687.85	\$ 990,645.90
<b>Total Expense</b>	<b>\$ 962,173.00</b>	<b>\$ 898,340.64</b>	<b>\$ 1,200,535.41</b>	<b>\$ 1,459,568.31</b>	<b>\$ 1,383,643.06</b>	<b>\$ 1,391,164.82</b>	<b>\$ 1,479,941.87</b>	<b>\$ 4,076,668.54</b>	<b>\$ 9,214,889.91</b>	<b>\$ 10,445,126.42</b>

**E. Interagency Cooperation, Coordination and Collaboration**

The Maine Children's Trust is a private organization with a legislated mandate and authority. This structure lends itself to active private/public partnering opportunities with state agencies in the work to prevent child abuse and neglect. As such, the Trust leads or participates in a range of coalitions, committees, and groups in state and at the national level and thus even as fairly small organization, it can have an impact statewide.

Maine is geographically large but remains a low population state with slightly over 1 million people. In a state with this small population, it is very common that many

roles are filled by a single person, agency or department. Community organizations frequently partner in their work and many funding streams for community projects require this. Maine Children's Trust operates and succeeds through coordination and collaboration. Additionally, the Trust is actively involved with several national partners, providing a valuable link and information for other state level partners.

Maine Children's Trust is connected nationally as follows:

- **Prevent Child Abuse America | State Chapter:** The Trust is the state chapter of Prevent Child Abuse America, so all of their work and information is shared with our state partners, including all of their Public Policy advisories and information. This includes April Prevention campaign materials and supports, including materials and supports for April activities such as the pinwheel campaign, and media kits, and multiple toolkits for specific areas including bullying and sexual abuse prevention.
- **Department of Human Services Administration for Children and Families Community-Based Child Abuse Prevention Program | State Lead:** The Trust is designated as the State Lead for the Children and Families Community-Based Child Abuse Prevention Program (CBCAP) program, which was established by Title II of the Child Abuse Prevention and Treatment Act Amendments of 1996 and most recently reauthorized in December of 2010 by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). The purpose of the CBCAP program is: 1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and 2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.
- **Health Resources and Services Administration Maternal Infant and Early Childhood Home Visiting Program:** The Trust is the operational home of the federal home visiting program's grant to the state. Trust Staff participate in all HRSA required activities and meetings. Trust staff participated in a three-day HRSA site review earlier this year and the Maine Families Program was found to be in full compliance with no findings.

- **Parents as Teachers | State Office:** The Trust is the home of PAT's State Office and State Leader.
- **Circle of Parents | State Chapter:** With a seat on the Board of Directors and as a state member of this national organization, the Trust receives updated information on parent engagement, as well as information and practices for parent leadership and support.
- **National Alliance of Children's Trust and Prevention Funds | Network Affiliate:** As a member of the National Child Abuse Coalition, national updates on policy and funding are available and able to be shared with state level partners. Local concerns can be voiced nationally through this collaboration.
- **Association of State & Tribal Home Visiting Programs | Maine Affiliate:** The Trust is a member of this Association that supports Home Visiting nationally.
- **National Family Support Network:** As the home of the Maine Alliance, a member of the National Family Support Network (NFSN), the Trust partners with NFSN to provide support for establishing practices to have a family-centered approach and focus on utilizing the Protective Factors. The Trust is leading a quality assurance effort using the NFSN Standards with the CAN Prevention Councils.
- **Maine TouchPoints Project:** The Trust partners with the Brazelton Touchpoints Center and serves as a Touchpoints site, which includes maintaining a Touchpoints training team.

Collaboration with all of these organizations provides a wealth of information that we would not otherwise have access to. These organizations offer list serves of our peers, so virtually any question that we have for our state, we can simply pose to these networks, and get multiple state answers and perspectives with expertise in a wide range of prevention efforts.

The list of State agencies and private sector systems that we collaborate with include: the Office of Child and Family Services; the Maine Center for Disease Control and Prevention; Maine Families Home Visiting; Office of Substance Abuse; Maine Association for Infant Mental Health; Maine Children's Alliance, Head Start/Early

Head Start; Child Care; Maine Resiliency Building Network; Law Enforcement, Medical Providers, Medical Institutions and several other networks.

**Office of Child and Family Services (OCFS):** We continue as a member of the Child Welfare Advisory Panel. The work of this committee is varied, as this panel resulted from combining several other committees, including the Program Improvement Plan (Child & Family Services Review), Child Abuse Action Network, and the Citizen's Review panel. The multiple partners working on this group are diverse, and work to collaborate in several ways, such as training coordination and efficiencies across public and private sectors.

OCFS is a partner in several initiatives we lead, including the Period of PURPLE Crying Coalition and Infant Safe Sleep Coalition, and we collaborate with them on several of their efforts, including their work to pilot virtual Mandated Reporter training to child care providers called ILookOut.

We work closely with their Prevention Coordinator in the implementation of the multi-year CAN Prevention Council strengthening initiative (previously described).

OCFS also manages the CPPC (Community Partnership for Protecting Children) strategy in Maine, and as the Department continues to support this network, we will continue to work very closely with the Department to ensure efficient and effective collaborations at the community level. We have developed an MOU with the CPPC's and continue to work with them, along with the CAN Prevention Councils, on efforts to provide a continuum of primary to tertiary prevention efforts for families in Maine.

We will continue to collaborate with OCFS leadership to ensure that staff are informed and/or trained in the prevention strategies that we are delivering at the community level and to ensure consistency in messaging.

**Maine CDC & Maternal and Child Health Program:** This is the lead agency for the federal Maternal Infant Early Childhood Home Visiting grant, which provides the majority of the funding for our statewide Home Visiting program, Maine Families. We will continue to manage the direct service delivery and central supports for this home visiting program. We work very closely with the lead at the Maine CDC and also the key program staff within the department.

We work collaboratively on the MCH block grant advisory team, specifically with the infant safe sleep sub-committee. We collaborate closely to strengthen the centralized referral system for home visiting and public health nursing statewide.

Maine Families partners with the Lead Program to facilitate lead dust testing in families' homes. The program also partners with Oral Health, the Maine Immunization Program and WIC.

**Office of Tobacco and Substance Use Prevention:** Due to the strong correlation between substance abuse and child maltreatment, we have involved substance abuse professionals in our work. We have utilized these professionals in training family visitors and parent educators working with families who are using substances. All family visitors are trained in tobacco cessation and support families to minimize children's exposure to smoke.

The prevention manager in the Maine CDC will continue to participate in our steering committees for our Safe Sleep Initiative and also our Period of PURPLE crying Initiative. MCT is a member of the Substance Exposed Newborn/Fetal Alcohol Syndrome Disorders (SEI/DAB) Workgroup steering committee convened by the Maine CDC.

**Maine Association for Infant Mental Health:** Infant mental health is a significant area of training with our home visitors so we provide training annually in partnership with MeAIMH to home visitors on topics related to this. Our Training Coordinator sits on the MeAIMH Board.

**Head Start/Early Head Start:** We work with these professionals and advocates in several early childhood arenas. Both have been members of the Maine Children's Growth Council, working together on issues that affect the early childhood system. The Right from the Start Coalition is an advocacy group with a focus on the importance of early childhood networks/systems – Head Start, Early Head Start, Child Care and Maine Families Home Visiting. We participate in this coalition, and we meet regularly throughout the year to address early childhood systems issues.

**Child Care:** We value the child care provider network and the critical role that it plays with Maine's children and families. We will continue with focused efforts to offer training and technical assistance in implementation strategies that strengthen family protective factors. We will also provide technical assistance and training in infant safe sleep, parent engagement, abusive head trauma prevention and mandated reporter training.

**Child Abuse and Neglect Prevention Councils:** Described in detail earlier, we have a formal relationship with every CAN Prevention Council in Maine and will work collaboratively with them to strive to reduce child abuse and neglect in the coming years. Our work with them will continue to include but is not limited to:

- Provision of funding, materials, evidence-based training on parent education, technical assistance, data analysis and performance analysis for the councils
- Provision of central staff to provide coordination, leadership and a statewide focus
- Guidance in local level prevention planning and outcome analysis
- Coordination of public awareness activities, and April events and messaging

**Medical Providers & Hospitals:** We work actively with and value our network of medical providers. We are fortunate to have the Clinical Coordinator of the Maine Primary Care Association, as well as a pediatric hospitalist with the Barbara Bush Children’s Hospital, on our Board. We will continue to utilize their expertise in our Infant Safe Sleep work and Abusive Head Trauma work. The statewide Perinatal Nurse Educator provides multiple opportunities to present information or requests for support to her statewide network of medical center nurse managers. Also represented in much of our work is the Executive Director of the Maine Chapter of the American Academy of Pediatrics and a representative from the Medical Examiner’s office.

We will continue to partner with the largest medical facility in Maine, Maine Medical Center (MMC), on the Cribs for Kids affiliation and crib distribution. MMC applied for and officially holds the Cribs for Kids state charter, and the Trust will continue to function as the affiliate with the hospital. We will also work to establish additional affiliates as we work to expand our distribution network.

**Law Enforcement:** Law enforcement is a key partner in Maine in child abuse prevention. They have been and will continue as a key partner with us for our annual Child Abuse Prevention Awareness Kick-Off event and they hold two seats on our Board of Directors representing the Maine State Troopers and the Maine Chiefs of Police Association. We include them in our leadership teams to reduce abusive head trauma and reduce infant mortality. The Fight Crime Invest in Kids organization is a strong advocate for Home Visitation and other early childhood system programming areas, including early Head Start and quality child care, and their regional executive director also sits on the board of the Trust.

## **F. Constituencies Served**

The constituencies served are made up of the people of Maine. Although Maine Children’s Trust does not provide direct services to families in Maine, we do reach them through contracts with local community agencies to deliver Maine Families Home Visiting Services and CAN Prevention Councils efforts. We provide training and support to service providers in both of those systems and their community partners. We partner with other agencies and organizations to support family strengthening efforts. More broadly, we provide prevention messaging statewide and are about to embark on a new messaging campaign.

We reach out to special populations such as immigrant/refugee/asylum seeking families through translated recruitment videos and materials describing the family support services that we contract for.



## **G. Alternative Delivery Systems**

The community providers that we support deliver services in a variety of ways in order to be accessible to the most families. Maine Families goes to the homes of the enrolled families to overcome barriers such as transportation. The CAN Prevention Councils offer classes and trainings in many different communities. We have supported pilots of online parenting classes and support groups for families who wish to participate that way.

## **H. Emerging Issues**

The impact of substance use on families has been increasingly of concern. The parenting and family support programs overseen by the Trust are also impacted, as is the child welfare system with many very young children coming into care. While this a cross sector issue, we are committed to working together with our public and private partners to address it.

Another emerging issue is the high degree of need in the growing refugee, immigrant and asylum-seeking population. The programs we oversee are working to address the parenting support needs but the overall need for assistance beyond our scope is great.

## **I. Comparison of Federal Laws and Regulations**

Federal rules regarding the MIECHV funding were incorporated by Trust staff into our state's Maine Families Standards of Practice, which are embedded in all home visiting contracts.

## **J. Use of Personal Information**

Our agency has a comprehensive Technology Policy used to ensure compliance with regards to the use of personal information.

Personal information is gathered only for the Maine Families Home Visiting Program. This information/data is collected on a web-based family record system that is confidential, HIPAA compliant and secure. Information is shared only with a signed release or as required by law. Data shared is de-identified and aggregated. Participants are informed of data use and practices and sign a consent to participate.

The Dept. of Health and Human Services did a site review last year to examine adherence to fair information practices and found the Trust in compliance.

#### **K. List of Information Required to be Filed with the Agency**

The general public is not required to file any reports, applications or similar paperwork with the Trust. Reports are required by contractual arrangements with agencies for the delivery of direct services. Reports are also required as a result of granting.

#### **L. List of Reports Required by the Legislature**

MCT Annual Report submitted to the Health and Human Services Committee

#### **M. Provisions that May Require Legislative Review**

None

### **III. Conclusion**

The members of the Board of Directors of the Maine Children's Trust are a strong and diverse group joined in their commitment with the staff of the Trust to the prevention of child abuse and neglect, and strengthening Maine families. We welcome the feedback of the Committee.

#### **Attachments:**

**A. Enabling Law**

**B. Board of Directors**

**C. Organizational Chart**

**D. Child Abuse and Neglect Prevention Councils – Results Report**

**E. Maine Families Annual Summary Report**

**Title 22: HEALTH AND WELFARE**  
**Chapter 1058: MAINE CHILDREN'S TRUST INCORPORATED**

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**Maine Revised Statutes**  
**Title 22: HEALTH AND WELFARE**  
**Chapter 1058: MAINE CHILDREN'S TRUST INCORPORATED**

**§3881. DEFINITIONS**

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [1993, c. 600, Pt. A, §16 (NEW).]

**1. Board.** "Board" means the Board of the Maine Children's Trust Incorporated.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**2. Eligible organization.** "Eligible organization" means a nonprofit organization, local government or public school system.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**3. Fund.** "Fund" means the repository for funds donated to the Maine Children's Trust Incorporated by the taxpayers of the State through an income tax checkoff pursuant to Title 36, section 5285 as well as federal grants and contracts, privately donated funds and in-kind donations for prevention programs, or by any means for the purposes of this chapter.

[ 1995, c. 402, Pt. A, §4 (RPR) .]

**4. Income.** "Income" means annual contributions made to the fund through the income tax checkoff.

[ 1997, c. 149, §1 (AMD) .]

**5. Prevention policies.** "Prevention policies" means laws, rules, policies, procedures and practices, whether in the public or private sector, that have an actual or potential impact on the nature and incidence of child abuse and neglect.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**6. Prevention programs.** "Prevention programs" means programs, plans or training associated with the primary prevention of child abuse and neglect and the promotion of high-quality child care.

[ 1999, c. 529, §1 (AMD) .]

**7. Trust.** "Trust" means the Maine Children's Trust Incorporated.

[ 1995, c. 402, Pt. A, §5 (NEW) .]

**SECTION HISTORY**

1993, c. 600, §A16 (NEW). 1995, c. 402, §§A4,5 (AMD). 1997, c. 149, §1 (AMD). 1999, c. 529, §1 (AMD).

**§3882. ESTABLISHMENT; PURPOSE; NONPROFIT ORGANIZATION**

The Maine Children's Trust Incorporated, referred to in this chapter as the "trust," is established to provide a mechanism for voluntary contributions by individuals and groups for annual and long-term funding of prevention programs. [1995, c. 402, Pt. A, §6 (AMD).]

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The trust is a private nonprofit corporation with a broad public purpose pursuant to this chapter. The exercise by the trust of the powers conferred by this chapter is held to be an essential governmental function. [1995, c. 402, Pt. A, §6 (AMD).]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). 1995, c. 402, §A6 (AMD).

### §3883. BOARD; ESTABLISHMENT

**1. Establishment.** The Board of the Maine Children's Trust Incorporated, referred to in this chapter as the "board," is established.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**2. Membership.** The board consists of at least 17 members, appointed as follows:

A. One Senator, appointed by the President of the Senate for a 2-year term served concurrently with the legislative term; [1993, c. 600, Pt. A, §16 (NEW).]

B. One Representative, appointed by the Speaker of the House of Representatives for a 2-year term served concurrently with the legislative term; [1993, c. 600, Pt. A, §16 (NEW).]

C. Four members of the Maine Child Abuse Prevention Councils, selected by that organization. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and 2 are appointed for 3-year terms. After the initial appointments, appointees are appointed for 3-year terms; [2009, c. 204, §9 (AMD).]

D. Two representatives of the Department of Health and Human Services appointed by the Commissioner of Health and Human Services. One member must be a senior policy-making official and the other must be a line manager with several years of experience in child abuse and neglect. Of the initial appointees, one is appointed for a 2-year term and the other is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms; and [1993, c. 600, Pt. A, §16 (NEW); 2003, c. 689, Pt. B, §§6, 7 (REV).]

E. Nine members of the public and the business community.

(1) Three members must be appointed by the Governor. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and one is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms.

(2) Three leaders from the business community must be appointed by the Maine Chamber of Commerce and Industry. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and one is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms.

(3) At least 3 members must be elected by majority vote of the board. Of the initial appointees, one is appointed for a one-year term, one is appointed for a 2-year term and one is appointed for a 3-year term. After the initial appointments, appointees are appointed for 3-year terms.

The public members may include representatives of the following groups: parents; persons under the age of 21; the business and labor communities; the legal community; the religious community; and providers of child abuse and neglect prevention services. [1997, c. 149, §2 (AMD).]

[ 2009, c. 204, §9 (AMD) .]

**3. Board officers.** The board shall elect annually a chair from among its members to serve for one year. The chair may be reelected. The board shall elect annually a member to serve as a secretary, who

shall maintain the minutes of board meetings, and another member to serve as treasurer, who shall maintain and oversee financial records and issue an annual financial report at the end of each fiscal year. The secretary and treasurer may be reelected. The board may elect from among its members other officers it determines necessary to carry out the board's purposes.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**4. Compensation.** The members are ineligible for per diem compensation, but may be reimbursed for travel expenses and other out-of-pocket expenses associated with board business pursuant to board policy.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**5. Meetings.** The board shall meet at least 4 times annually. A simple majority constitutes a quorum.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**6. Advice and consultation.** The Commissioner of Health and Human Services, the Commissioner of Education, the Commissioner of Corrections and the Commissioner of Public Safety, upon request, shall provide the board with technical information, assistance and advice.

[ 2003, c. 2, §76 (COR) .]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). RR 1995, c. 2, §44 (COR). 1997, c. 149, §2 (AMD). 2001, c. 354, §3 (AMD). RR 2003, c. 2, §76 (COR). 2003, c. 689, §§B6,7 (REV). 2009, c. 204, §9 (AMD).

### §3884. POWERS

*(REPEALED)*

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). 1995, c. 402, §A7 (AMD). 1999, c. 529, §§2-4 (AMD). 2001, c. 11, §1 (RP).

### §3884-A. DUTIES OF BOARD; POWERS OF BOARD

**1. Duties.** The board shall:

A. Develop a biennial working plan for trust activities that sets overall statewide goals and objectives for child abuse prevention activities, establishes priorities for distribution of money in the fund and provides a working plan for the trust for the biennium. In developing the plan, the board may:

- (1) Review and evaluate existing prevention programs, including high-quality child care options;
- (2) Ensure that equal opportunity exists for the establishment of prevention programs and receipt of money from the fund among all geographic areas in the State; and
- (3) Review and evaluate public and private funding sources; [2001, c. 11, §2 (NEW).]

B. Develop, initiate, propose or recommend ideas for innovations in rules, laws, policies and programs concerning child abuse and neglect to the Governor, the Legislature, state executive agencies, the business community and other entities. The board may also assist in the coordination and exchange of information and the maintenance of prevention programs; [2001, c. 11, §2 (NEW).]

C. Publicize criteria and review applications for grants and award those grants to recipients that best address the purposes of this chapter and submit to the Legislature the list of both successful and

unsuccessful applicants who have allowed their names to be placed on the list along with reasons for and against the application; [2001, c. 11, §2 (NEW).]

D. Establish a process for monitoring and review of grants awarded pursuant to this chapter; [2001, c. 11, §2 (NEW).]

E. As a primary prevention activity of the trust, develop and implement a campaign to provide statewide education and public information to enhance public awareness concerning child abuse and neglect; [2001, c. 11, §2 (NEW).]

F. Enter into contracts with public or private agencies and accept gifts or grants from federal, state or private sources to carry out this chapter; [2001, c. 11, §2 (NEW).]

G. Employ staff as the board determines necessary to implement its responsibilities; [2001, c. 11, §2 (NEW).]

H. Cooperate with and avail itself of the services of governmental agencies and the University of Maine System and cooperate with, assist and otherwise encourage local or regional, private or public organizations in the various communities of the State in the prevention of abuse and neglect among children in the community and the State; and [2001, c. 11, §2 (NEW).]

I. Develop plans, with the cooperation of the child abuse and neglect prevention councils established under chapter 1057, to provide a stable base for funding the councils in amounts no lower than the amounts provided in the biennial budget of fiscal years 1999-00 and 2000-01. [2009, c. 204, §10 (AMD).]

[ 2009, c. 204, §10 (AMD) .]

**2. Powers.** The board may:

A. Apply for and receive funds from any private source or governmental entity, whether by way of grant, donation, loan or other means; [2001, c. 11, §2 (NEW).]

B. Create partnerships between the public and private sectors to facilitate the purposes of this chapter and to:

(1) Bridge the gap in knowledge and communication between the public and private sectors regarding prevention programs and prevention policies;

(2) Build the leadership capacity of public and private sector individuals and institutions regarding prevention programs, prevention policies and the importance of high-quality child care in all children's early years; and

(3) Encourage active financial and in-kind participation from the public and private sectors in carrying out the purposes of this chapter; [2001, c. 11, §2 (NEW).]

C. Adopt bylaws, have the general powers accorded corporations under Title 13, chapter 81 and perform other acts necessary or convenient to carry out the lawful purposes of the trust; [2001, c. 11, §2 (NEW).]

D. Sue or be sued in the board's own name; [2001, c. 11, §2 (NEW).]

E. Purchase, receive, hold, lease or acquire by foreclosure, operate, manage, license and sell, convey, transfer, grant or lease real and personal property, together with those rights and privileges that may be incidental and appurtenant to the property and the use of the property, including, but not limited to, real or personal property acquired by the board from time to time in the satisfaction of debts or enforcement of obligations; [2001, c. 11, §2 (NEW).]

F. Make expenditures and incur obligations reasonably required in the exercise of sound business principles to secure possession of, preserve, maintain, insure and improve real and personal property interests acquired by the board; [2001, c. 11, §2 (NEW).]

G. Acquire, subscribe for, own, hold, sell, assign, transfer, mortgage or pledge the stock, shares, bonds, debentures, notes or other securities and evidences of interest in or indebtedness of a person, firm, corporation, joint stock company, partnership, association or trust, and, while the owner or holder of stock, shares, bonds, debentures, notes or other securities, exercise the rights, powers and privileges of ownership, including the right to vote on the stock, shares, bonds, debentures, notes or other securities; [2001, c. 11, §2 (NEW).]

H. Mortgage, pledge or otherwise encumber any property right or thing of value acquired pursuant to the powers contained in paragraph E, F or G as security for the payment of any part of the purchase price of the property right or thing of value; and [2001, c. 11, §2 (NEW).]

I. Expend principal from the endowment fund established in section 3885, subsection 5 only under emergency circumstances by 2/3 vote of the board. [2001, c. 11, §2 (NEW).]

[ 2001, c. 11, §2 (NEW) .]

#### SECTION HISTORY

2001, c. 11, §2 (NEW). 2009, c. 204, §10 (AMD).

### §3885. FUNDS

**1. Control.** The board may accept funds from a public or private source. Revenue to the fund must be managed, deposited, invested and disbursed by the board in a manner that is independent of control by the Department of Administrative and Financial Services.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**2. Grants disbursement.** The board shall establish a procedure and form for applications for grants of fund resources under this chapter. Upon board approval of an application, the board may disburse money from the fund to eligible recipients for the development, operation or awareness of prevention programs and prevention policies under this chapter.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**3. Administrative expenses.** Income must be allocated for the support of administrative expenses as follows.

A. The board may expend, for administrative expenses, no more than 45% in calendar year 1994, 40% in calendar year 1995, 35% in calendar year 1996, 30% in calendar year 1997 and 25% in calendar year 1998 of annual revenues from the state income tax checkoff contributed by individuals. After 1998, the board may expend, for administrative expenses, no more than 20% of annual revenues from the state income tax checkoff contributed by individuals. [1993, c. 600, Pt. A, §16 (NEW).]

B. [1997, c. 149, §3 (RP).]

[ 1997, c. 149, §3 (AMD) .]

**4. Discretion.** The board has sole discretion in the use of resources from sources other than the income tax checkoff by individuals.

[ 1997, c. 149, §4 (AMD) .]

**5. Endowment fund.** An endowment fund is established pursuant to this subsection. A minimum of 10% of tax checkoff revenue received each year from individuals must be set aside for allocation to the



segregated endowment fund. Up to 90% of the checkoff revenue and other income received by the endowment fund may be expended annually by the board in accordance with this chapter.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**6. Income greater than \$200,000.** At least 1/3 of the total annual revenue that exceeds \$200,000 must be allocated to the endowment fund established under subsection 5.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). 1997, c. 149, §§3,4 (AMD).

### **§3886. LIMITATION OF POWERS**

The board, notwithstanding section 3884-A, subsection 1, paragraph F, may not enter into contracts, obligations or commitments of any kind on behalf of the State or its agencies, nor does it have the power of eminent domain or other powers not provided to business corporations generally. Bonds, notes and other evidences of indebtedness of the board are not debts or liabilities of the State and do not constitute a pledge of the faith and credit of the State. [2001, c. 11, §3 (AMD).]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). 2001, c. 11, §3 (AMD).

### **§3887. LIABILITY OF OFFICERS, DIRECTORS AND EMPLOYEES**

Officers, directors, employees and other agents of the board entrusted with the custody of the securities of the fund or authorized to disburse the money of the fund must be bonded, either by a blanket bond or individual bonds, with a surety bond or bonds with a minimum limitation of \$100,000 coverage for each person covered by the bond, conditioned upon the faithful performance of their duties, the premiums for which must be paid out of the assets of the fund. [1993, c. 600, Pt. A, §16 (NEW).]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW).

### **§3888. PROHIBITED INTERESTS OF OFFICERS, DIRECTORS AND EMPLOYEES**

An officer, director or employee of the trust or a spouse or dependent child of an officer, director or employee of the trust may not receive direct personal benefit from the activities of the trust in assisting a private entity. This provision does not prohibit corporations or other entities with which an officer, director or employee is associated by reason of ownership or employment from participating in prevention programs of the trust, if that ownership or employment is made known to the board and the officer, director or employee abstains from voting on matters relating to that participation. This prohibition does not extend to corporators who are not officers, directors or employees of the trust. [1995, c. 402, Pt. A, §8 (AMD).]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). 1995, c. 402, §A8 (AMD).

### **§3889. DONATIONS TO THE STATE**

The State, through the Governor, may accept donations, bequests, devises, grants or other interests of any nature on behalf of the trust and shall transfer those funds, that property or other interests to the fund. [1995, c. 402, Pt. A, §9 (AMD).]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). 1995, c. 402, §A9 (AMD).

### **§3890. ANNUAL REPORT; AUDIT**

By February 15th, the board shall provide an annual report and an annual independent audit of its activities to the Governor, the joint standing committee of the Legislature having jurisdiction over human resources matters and the public. The annual report must provide a summary of the fund for the previous fiscal year according to generally accepted accounting principles. [1993, c. 600, Pt. A, §16 (NEW).]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW).

### **§3890-A. GENERAL CONDITIONS; DISSOLUTION**

The following conditions apply to the operation or dissolution of the fund. [1993, c. 600, Pt. A, §16 (NEW).]

**1. Net earnings of the fund.** A member, officer, director or employee may not benefit from any part of the net earnings of the fund. Net earnings of the fund may be used to pay reasonable compensation for services rendered and to hold, manage and dispose of its property in furtherance of the purposes of the fund.

[ 1993, c. 600, Pt. A, §16 (NEW) .]

**2. Dissolution of fund.** Upon dissolution of the fund, the members shall transfer any unexpended General Fund appropriations to the State and pay or make provisions for the payment of all other liabilities of the fund.

All other principal and accrued interest in the fund must be transferred to the Maine Child Abuse Prevention Councils and restricted to the support of primary prevention of child abuse and neglect in the State.

[ 2009, c. 204, §11 (AMD) .]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW). 2009, c. 204, §11 (AMD).

### **§3890-B. LIBERAL CONSTRUCTION**

This chapter must be construed liberally to effect the interests and purposes of the fund for the prevention of child abuse and neglect in the State and must be broadly interpreted to effect the intent and purposes and may not be interpreted as a limitation of powers. [1993, c. 600, Pt. A, §16 (NEW).]

#### SECTION HISTORY

1993, c. 600, §A16 (NEW).

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Jeff Johnson  
The Children's Center

Renee Whitley  
Franklin County Children's Task Force

The Honorable Joyce Maker  
Community Volunteer

The Honorable Margaret Craven  
House of Representatives

James R. Martin  
Sweetser

The Honorable Marianne Moore  
Maine Senate



## ORGANIZATIONAL CHART

**Pam LaHaye,**  
Executive Director/  
Maine Families Statewide Coordinator (1/FTE)

**Heidi Aakjer,**  
Assistant Director  
& Prevention  
Coordinator  
(1/FTE)

**Kara Parks,**  
Finance Director  
(1/FTE)

**Diane Stuart,**  
Office Manager  
(1/.5FTE)

**Sheri Smith,**  
Training  
Coordinator  
(1/FTE)

**Gillian Roy,**  
Quality Assurance  
& Technical  
Asst. Coordinator  
(1/FTE)

**Erin Whitham,**  
Performance  
Management  
Coordinator  
(1/FTE)

**Denise Trafton,**  
Prevention Support  
Specialist  
(1/FTE)

**Celine Richards,**  
Data Collection  
Support  
(Contracted)

**Brandy Rogers,**  
Clinical  
Consultant  
(Contracted)

9/25/19



# Child Abuse and Neglect Prevention Councils: Overview & Outcomes

## What We Know from Maine Data:

Every year, thousands of Maine children ages 0-17 are victims of neglect, emotional abuse, physical abuse, and sexual abuse. During the **2018** calendar year, **4,113 Maine children** were found to be **victims of one or more types of abuse**.

- **2,506 children** were found to be victims of **neglect**
- **1,449 children** were found to be victims of **emotional abuse**
- **1,216 children** were found to be victims of **physical abuse**
- **301 children** were found to be victims of **sexual abuse**



Maine **babies under 1 year old** are, by far, the age group most often found to be victims of child maltreatment. In 2018, **503 Maine babies, ages 0-11 months old**, were found to be **victims of substantiated or indicated neglect and/or abuse**. \*

## Central Coordination

On July 1, 2015, Maine Children’s Trust and the Maine Department of Human Services executed a 3-year agreement to partner to reduce child abuse and neglect in Maine by utilizing the Trust as it is statutorily intended, to coordinate and lead statewide efforts to prevent child abuse and neglect before it occurs. This agreement, which was renewed for 2018-2020, enables the Trust to strengthen the Child Abuse and Neglect Prevention Councils (Prevention Councils) so they can fulfill their statutory role as the **county-level coordinating entity and lead in the delivery of child abuse prevention information and services**. The Prevention Council statute guides the Trust to support the Prevention Councils efforts by:

- (1) Providing **coordinated leadership and central, statewide support** to guide the project
- (2) **Strengthening and expansion of the network of** Prevention Councils
- (3) **Supporting** ongoing delivery of child abuse and neglect **prevention programming** throughout Maine



The Trust has built a strong foundation for the utilization of **consistent evidence-based strategies, program delivery and evaluation** through a strengthened Prevention Council network. Utilizing dedicated Trust staff, the Prevention Councils' activities are now tracked and aggregated using a **data system** developed by the Trust. This system captures all statewide activity to allow for measurements of outreach efforts and outcomes. Toolkits have been developed to guide data evaluation, integrate data with community feedback and develop prevention plans and priorities. The Trust actively sought out and negotiated agreements

resulting in Prevention Council coverage **in all 16 counties** of Maine and designed core programming and oversight of a wide range of evidence-based services.



# Child Abuse and Neglect Prevention Councils: Overview & Outcomes

## Evidence-Based and Informed Services to Families

The Prevention Councils utilize **child maltreatment data** provided by the Office of Child and Family Services, an **annual needs assessment** which analyzes gaps, **community input** and an **advisory board** to select from a menu of **over 30 approved evidence-based parent education, supports and strategies**. These **targeted and individualized prevention plans** focus on programs and activities that will lead to the most substantial advancements in preventing child abuse in each county.

## Special Populations



Prevention Councils serve special populations identified through prevention planning by offering programming for fathers, **substance-affected families, co-parenting/separated families, prenatal families, and offer child sexual abuse prevention** for children and school staff.

Prevention Councils also provide **training to family-serving professionals** in every county in the following: **Infant Safe Sleep, Protective Factors, Mandated Reporting, and Period of PURPLE Crying**.

## FY2018-19 Child Abuse and Neglect Prevention Councils Outcomes

In parent education, **272 evidenced-based parent education activities** reached **1,777 parents and caregivers**. Additionally, using a nationally recognized evaluation tool, parent education evaluations **showed statistically significant improvements** were reported in **all five protective factor domains**.



For the **professional trainings**, the Councils held **382 trainings** statewide and reached **over 5,088 participants**. There was also a **high response rate at 60%** on professional training evaluations.

In **other parent support** provided, **610 activities** reached **103,568 participants** and **1,183 outreach activities** reach **135,123 individuals**. Over **100,000 educational materials** were also distributed across the state.

Additionally, Prevention Councils built **partnerships and collaborations** with traditional and untraditional partners to reach and serve families, which include: schools, libraries, restaurants, laundry mats and other small businesses, housing, transportation, non-profits, substance recovery and treatment facilities, etc.

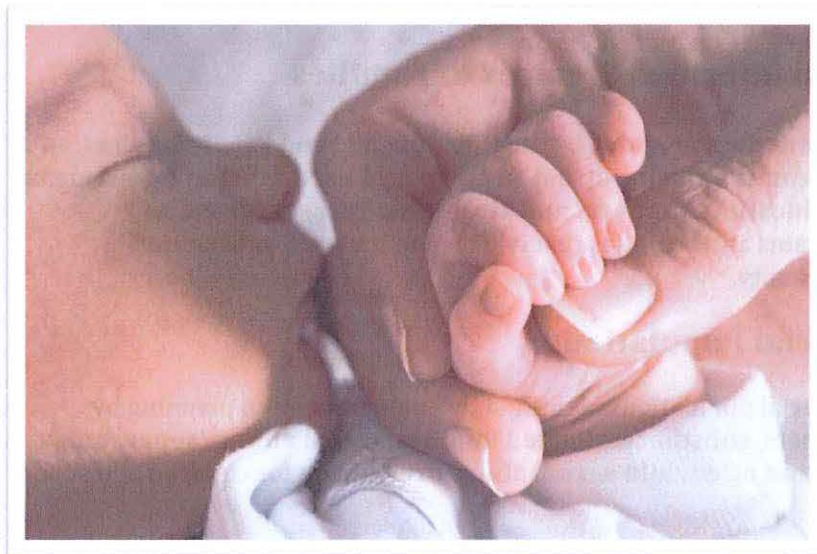
*\*Data Source: Information Services Unit, Office of Child and Family Services, Maine Department of Health and Human Services, Report to Maine Children's Trust, May 31, 2019.*



## 2018 Maine Home Visiting Summary Report

Maine Department of Health and Human Services

*Ensuring a Strong Start for Maine's Infants and Toddlers*



Nineteen years ago, Maine was one of the first states in the nation to invest in the health and well-being of its youngest citizens by establishing a statewide home visiting program for new parents.

**The *Maine Families Home Visiting* program remains one of the state's most critical cost-saving investments for improving childhood health and learning outcomes, preventing child abuse and neglect, enhancing future productivity, and reducing future demand on tax-supported services.**

Offered in every county of the state through a well-established and rigorously accountable system of performance-based contracts with **local agencies**, *Maine*

*Families Home Visiting* is a **voluntary** program available for pregnant women, expectant couples, and parents or primary caregivers of children from birth to age three.

As affiliates of the international Parents as Teachers (PAT) evidence-based model, services are delivered by **highly trained specialists** to ensure safe home environments, promote healthy growth and development for babies and toddlers, and provide key connections to needed services. Family visitors use a non-judgmental and compassionate approach that empowers parents with skills, tools, and confidence to nurture the healthy growth of their baby.

The intensity and length of service is matched to family needs in response to an individualized needs assessment. This allows for **careful optimization of resources**, in which highest-need families receive more frequent visits over a longer period of time. Priority is given to adolescent parents, families living in poverty, and families struggling with substance use, mental health, co-occurring, or family violence issues. Due to the **high quality, accountability, and demonstrated results** of the *Maine Families Home Visiting* program, Maine has received continued funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. This federal grant, together with critical funding from the state, allows *Maine Families* to continue serving vulnerable families in every county of our state.

With a baseline operating budget of about \$8 million for direct service, the statewide network of 12 local *Maine Families Home Visiting* sites employed over 110 extensively trained and certified professionals serving more than 2,000 families annually. The program's performance-based contracting structure, together with its commitment to evaluation and quality assurance, has demonstrated an exceptionally high level of accountability, as well as consistently positive outcomes for participating children and their families.

**In 2017, all *Maine Families Home Visiting* sites underwent Parents As Teachers (PAT) Quality Endorsement, a comprehensive external review of each site's results plus demonstration that all model requirements were being met. Maine was the first state in the nation to earn Blue Ribbon Affiliate status for ALL sites and maintained that status in 2018!**



Parents as Teachers.  
Model Affiliate





## Ensuring a Strong Start for Maine's Infants and Toddlers

# Quick Facts FY2018

All *Maine Families Home Visiting* local implementing agencies share a single web-based Electronic Records and Information Network that allows for statewide evaluation and continuous quality improvement. All available data listed has been generated by this system for the reporting period October 1, 2017 to September 30, 2018 unless noted otherwise. Comparative data indicated by \* is from the 2017 *Maine KIDS COUNT Data Book*.

### SERVICE DELIVERY STATISTICS

- 2,058 families with 2,087 children were served
- 2,062 females and 565 males were enrolled
- 21,314 home visits were conducted
- 19.6 months was the average length of participation per family

### PARTICIPANT DEMOGRAPHICS

#### Age and Marital Status

- 19% of female participants were 21 or younger
- 4% of female participants were under 18
- 42% of primary caregivers were married
- About 20% of participants were parenting alone

#### Education level

- 10% of primary caregivers had not completed high school (53% without a diploma continued their education while participating)
- 50% of participants had not completed any education or training beyond high school

#### Household income

- 54% of families had an annual income of less than 100% of the Federal Poverty Level
- Most participants (83%) had an annual income of less than 200% of the Federal Poverty Level

### CHILD AND FAMILY OUTCOMES

#### Protecting Children from Violence, Abuse and Neglect

In FY2018, Maine Families served increasing numbers of families involved with Child Protective Services (CPS). Of the 160 families involved with CPS at enrollment, 145 had no further reports for child abuse or neglect during their participation with Maine Families. Family visitors prevent child abuse and neglect by helping families to build skills and confidence for managing the stresses of parenting. Family visitors provide tools for understanding child behavior and addressing behavior challenges.

#### Postpartum Care

- 89% of mothers received a postpartum care visit with a healthcare provider within 8 weeks of birth, increasing the opportunity to take measures to plan their next pregnancy.

### Caregiver Screening

- 87% of caregivers were screened for depression/substance use
- 96% of primary caregivers were screened for intimate partner violence (IPV)
- 73% of those screened positive for intimate partner violence accepted a referral to IPV resources

### Child Health

- 92% of children 19-35 months had up to date immunizations (\*71.8% statewide)
- 99.9% of children had an identified Primary Care Provider (\*Statewide 63.4% had a medical home – 2015 Kids Count)
- 98% of children had health insurance (\*94.5% statewide)
- 73% of children were covered by MaineCare (\*53.7% statewide)
- 72% of children were up to date with well-child check-ups
- 85% of breastfed newborns were still being breastfed at 6 months of age

### Secondhand Smoke

Family visitors provide ongoing support for tobacco cessation and eliminating child exposure to second-hand smoke. In FY2018, 89% of participating children were not exposed to second-hand smoke.

### Developmental Support, Screening and Intervention

As a result of screening by trained family visitors, 198 children were identified with possible developmental delays and 93% of those were provided supports to help address those delays early—before more costly remediation is needed in school. Maine Families encourages early literacy activities and over 95% of children had a family member who reported reading, singing or telling stories with the child daily.

### Home Safety

Family visitors help families to prevent child injuries and trips to the emergency department by providing regular home safety education/assessments and assisting with safety improvements.

- .04% of enrolled children had injury-related visits to the ER
- 64% of families reported that they always placed their babies on their backs, without bed-sharing or soft bedding.

### Increasing Family Self-Sufficiency

Maine Families staff linked 1738 families to at least one community resource (\*\*Parents As Teachers APR 2017-2018). Over 12% of participating women were in educational or training program.



