

Pamela R. Johnson, Deputy Director
Boost for Kids
National Partnership for Reinventing Government
Suite 200, 750 17th Street NW
Washington, D.C. 20006

Dear Ms. Johnson:

The Maine Region III Regional Children's Cabinet (RCC), working with its state and local community collaborators, is interested in being a Boost for Kids performance partner to enhance positive outcomes for children, youth and families. The RCC engages with state-level policy makers and local community leadership groups, such as Local Case Resolution Committees and Communities for Children Leadership Councils, to eliminate systems barriers and to improve the access to and coordination of services, supports and interventions for families.

The Structure (See Appendix A.)

The RCC, appointed by Maine Governor Angus S. King, Jr., includes a family member and representatives of the five child-serving state agencies: Departments of Education (DOE), Corrections (DOC), Public Safety (DPS), Human Services (DHS) and Mental Health/Mental Retardation/Substance Abuse Services (DMHMRSAS). The RCC reports directly to the Children's Cabinet, which includes the Commissioners of the same five state agencies. The RCC's primary goals are:

1. To collaborate actively to share resources and remove barriers;
2. To support collaborative initiatives that prevent health and behavioral issues in children and youth;
3. To conduct long-range planning and policy development leading to a more effective public and private service delivery system;
4. To coordinate the delivery of residential, community-based and in-home children's services among the agencies.

The RCC promotes and assists in the implementation of the Children's Cabinet initiatives, such as Communities for Children, Local Case Resolution Committees, Pooled/Flexible Funding, Integrated Case Management System Pilot, Suicide/Youth Violence Prevention, Regional Resource Development, development of an Electronic Resource Directory with free public access, support for implementation of the Learning Results, establishing a System of Care for Children with Mental Health Needs, and promoting local networking. The RCC also serves as a link between state and local governments and between prevention initiatives and intervention services and programs.

Currently, Region III has 19 Communities for Children partnerships which work to measurably improve the well-being of children in Maine communities and to increase educational attainment and achievement levels of all Maine children. Focusing on asset building as a primary strategy to prevent youth risky behaviors, the CFC partners are implementing and coordinating local efforts to improve opportunities for children and families. (See Appendix B.)

Three Local Case Resolution Committees in Region III are panels of representatives of state agencies, local providers and families who help families navigate the systems, resolve systems barriers and implement wraparound planning involving multiple agencies. The RCC provides each committee \$45,000 of pooled, flexible funds to provide supports that otherwise would be unavailable. Systems issues which cannot be resolved locally are reported to the RCC for regional resolution or for policy change recommendations.

The RCC leads a Bangor pilot for Integrated Case Management System which brings a family and all the agencies working with the family together to develop a comprehensive plan of supports and services for the entire family. Safety, mental and physical health, employability, education, adult and child services are considered in the planning across all life's domains. The staff of agencies involved have recently received cross-disciplinary and wraparound planning training. Through a partnership with the University of Southern Maine Muskie Institute, an extensive evaluation of the pilot is being conducted.

By collecting data from each of these local groups, the RCC identifies state and federal policies which interfere with appropriate services and supports for children and families. The cabinet then develops recommendations for system and policy or procedural changes and submits them to the Children's Cabinet and Governor's staff for consideration.

The Region: Geography and Issues

The Region III service area includes the five northern and "Downeast" counties in Maine, covering almost one-half of the state's geography but only 26.5% of the population. Professional resources to support children and families are scarce and usually centered in a few communities, such as Bangor, Ellsworth, Machias, and Presque Isle. Many families live in remote areas with few employment opportunities and even fewer physical or mental health supports. Many communities in the region have no public safety departments and rely on volunteer services or county/state public safety personnel. However, neighbors and extended families often readily help and Yankee ingenuity abounds.

The rate of children at or below the federal poverty line ranges from Hancock County with a low of 15.3% to Washington County with 31.3%. Over 40% of the Washington County children receive Medicaid and almost half receive subsidized school lunches. The median household income is less in all five counties than the state average of \$33,883--usually between \$8,000-\$10,000 less. Similarly, the unemployment rate in each county is higher than the state average. Inpatient in-state and out-of-state psychiatric hospital admissions for Medicaid children ages 0-17, use of respite services, and residential/group treatment admissions are significantly higher for children in four of the counties compared to the rest of the state. Child suicide rates are much higher than the state average except in Penobscot County. During the past year, several small

school systems had multiple incidents of youth suicides or attempts and of school-based violence. (See Appendix C.)

While the proposed Boost for Kids partnership would focus on the greater Bangor area, the Local Case Resolution Committees and self-selected Communities for Children Leadership Councils from throughout these five counties would participate in identifying systems barriers, developing systems change strategies and implementing community-based programming.

Existence of Community Goals or Report Card

The RCC Boost for Kids partnership would use data from the 1998 and 1999 Maine Kids Count publications (Appendix C), the Yearly Student Behavioral Risk Survey, Office of Substance Abuse Services survey data and Communities for Children community profiles as baseline data. Since these are ongoing studies, they will continue to serve as measurements in the long-term evaluation of progress in the Boost for Kids partnership. Additionally, the Muskie Institute for Public Policy evaluation of the ICMS will give data regarding the impact changes in the system have on family satisfaction, efficiency and effectiveness of resource use and overall effectiveness of services/ICMS strategy. The RCC is also working with two universities in the area to create GIS mapping of indicators of risks, resources and assets. These visuals can become important tools for policy recommendations and changes.

Readiness and Commitment

Through a partnership with the local leadership committees, the RCC and the Children's Cabinet, this proposed Boost for Kids partnership has a strong commitment, experience and long-term opportunity for creating significant systemic changes that will improve the system of support and care for families in Northern Maine. This innovative structure has a history of making significant system changes during the past two years. While exploring reasons children were leaving the state for mental health hospitalizations and residential treatment, the RCC heard from many local groups and families that a prominent problem was the lack of funding for room and board in instate residential placements that were noneducational or for children not in state custody. The RCC worked with the Children's Cabinet and Department executives to develop a temporary funding alternative to pay for instate residential room and board costs. A permanent funding solution is currently being considered in the state legislative process. As part of the gate-keeping process for the funds, representatives of the Departments of Correction, Human Services and MHMRSAS meet regularly with clinical directors of the psychiatric hospital in the region for integrated discharge planning. As a result, more children have been served instate, alternatives to residential placement are explored, and fewer children have been placed in voluntary custody of DHS.

A similar success occurred when the Communities for Children initiative was introduced two years ago. Previously, local prevention projects tended to be fragmented efforts with little interaction. Municipalities had no official commitment to assessing the status of children and families in the communities or to coordinating the various initiatives. Within two years of being introduced, almost half of the municipalities have voluntarily joined as CFC partners committed to assessing risk factors and community assets, building and coordinating prevention efforts based on extensive data, and evaluating results of the efforts. As these local leadership councils discover

barriers, they can contact either the state CFC Executive Coordinator or the RCC to prompt necessary system changes.

Other major demonstrations of the long-term commitment to changing systems include the current multi-departmental work to develop a new comprehensive system of children's mental health care and to implement Integrated Case Management System pilots. As the departments worked together on these projects, various state policies---from licensing to state Medicaid to pooled resource ventures---have been implemented to support the efforts. Much of this work paved the way for Integrated Case Management pilots. Over 40 Bangor-area agencies came together to work on complex issues such as information sharing, diverse missions and mandates, common assessment and planning tools, technology supports, cross training and evaluation. After working together for a year on these issues, the ICMS Steering Committee and its contracted facilitators are working with seven families (with an ultimate goal of 10-12 pilot families) to create comprehensive support, service, intervention and crisis wraparound plans. An extensive evaluation of the pilot is giving feedback which is critical as the Bangor Steering Committee works with the State ICMS Committee to implement the ICMS teams as standard practice throughout the state. This work has resulted in strong state legislative support.

Impact

(See Appendix D Desired Outcomes for a list of proposed results and the current operating plan of the RCC.)

Summary

Because of the leadership role the Region III RCC has consistently held in mobilizing state and local system change, it can be an important Boost for Kids partner in facilitating local, regional, state and federal partnerships in a federal initiative to reinvent government to become more consumer friendly and effective. Northern Maine children, youth and families deserve nothing less.

Sincerely,

Becky Hayes Boober, Chair
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**Appendix A:
Children's Cabinet
and Regional
Children's Cabinet
Structure**

Appendix B: Communities for Children

Appendix C: The Region

Appendix D: Results and Plan of Work