

# A Community in Support of Children and Families

## Operationalizing Portland, Maine's Community Partnership for Protecting Children

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CCPCW: Center for Community Partnerships in Child Welfare

CPPC: Community Partnership for Protecting Children

CPS: Child Protective Services

CSSP: Center for the Study of Social Policy

DHHS: Department of Health and Human Services

High Fidelity Wraparound: A process for “communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is needs rather than services driven.”<sup>1</sup>

“It” Group: A committee tasked with defining the kind of work the community partnership will perform and how clients can access CPPC.

MACWIS: Maine Child Welfare Information System

Neighborhood Team: A group of neighborhood-based workers in Bayside and Parkside from various organizations and agencies, including CPS, Community Policing, Family Crisis Services, Casey Family Services, Youth Alternatives, and the neighborhood associations, that meets on a weekly basis for administrative updates, case discussion, and problem solving.

OCFS: Office of Child and Family Services

PAE: Policy Analysis Exercise

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<sup>1</sup> John VanDenBerg. “Moving from Collaboration to Integration: Using System of Care-Based High Fidelity Wraparound to Improve the Lives of Children and Youth with Complex Emotional and Behavioral Needs, and Their Families.” (Paper presented at the Wraparound Maine Community Orientation, Portland, Maine, January 24, 2007.)

## Acknowledgements

I would like to express my sincere gratitude to the members of Portland's Community Partnership for Protecting Children, who accepted me with open arms as I peaked into their fascinating and inspiring effort to build strong communities that support families and promote the safety and well-being of children. They welcomed me professionally in meetings, conversations, phone calls, and brainstorming sessions, but they also extended to me their friendship and support. It was truly a pleasure to embrace their challenges hand in hand, and I learned a great deal from individuals at all levels of the effort: neighborhood parents, front-line workers, planning committee members, and official leadership.

While space constraints prevent me from listing everyone's name, I would like to specifically thank Frances Ryan, CPPC's Coordinator and my guide in this PAE. Frances included me at every possible point, spent countless hours sharing her knowledge and experience with me, helped me grapple with tough questions, accepted phone calls at every hour, and served as my own personal "mapquest" in navigating the streets of Portland, Maine.

I would like to thank the Fitzgerald Gubernatorial Fund for Maine for their generous grant which enabled me to spend the time in Portland necessary to truly engage with CPPC and conduct research for this project.

Finally, my advisor, Professor Julie Wilson, has been a source of guidance and support during the PAE process, and I would like to thank her for her mentorship throughout my time here at the Kennedy School.

## EXECUTIVE SUMMARY

The Community Partnership for Protecting Children (CPPC) in Portland, Maine proclaims in its mission statement, “Keeping children safe in their families, neighborhoods, and communities is everyone’s business.” Built on the model of the Center for the Study of Social Policy’s national CPPC initiative, the partnership sets forth a new approach to child welfare that emphasizes family-centered practice; child protective services policy, practice, and culture change; neighborhood networks of support; and shared decision-making. The approach is built upon a recognition of the shortcomings of the traditional single-agency, enforcement-oriented approach to child welfare, and espouses instead an approach that aims to prevent child abuse and neglect by engaging multiple organizations and individuals to serve and support families before there is a need for child protective intervention.

Accomplishing the vision of supporting families and keeping children safe, however, is much easier said than done, especially given the complexity of the problems families and neighborhoods face, the challenges of the current child welfare system, and the vast number of people and organizations with potential for involvement in the lives of children and families. Thus, this Policy Analysis Exercise asks: what steps should Portland’s CPPC take in order to operationalize its mission? Or, in other words, how can CPPC practically achieve the goal of keeping children safe?

### Findings

**Needs and Gaps:** Although every family has its own set of assets, many families in Portland also face a comprehensive set of needs ranging from information about available services and supports and an advocate to help navigate complex systems to furniture and food. Further gaps include activities for children under age seven, reliable day care, and transportation. There is also a critical need to develop social capital among neighborhood families and build informal supports.

**Community and Stakeholder Buy-In:** The buy-in of neighborhood residents and families is critical to the success of CPPC, as they are not only potential beneficiaries of the partnership, but also potential contributors. Focus groups served as a starting point for parent engagement, but further steps are necessary to gain the trust and active involvement of residents. While a fair number of organizations are actively involved in CPPC, many others are inactive or not at all engaged in the partnership. Strategically enlisting the support and involvement of those agencies that are not currently engaged will enhance the partnership’s ability to provide a comprehensive set of services and supports. Challenges in recruitment relate, in part, to the presence of negative perceptions of Child Protective Services, the Department of Health and Human Services, and some city government agencies.

**Capacity of Stakeholder Organizations:** Bayside and Parkside are both organized neighborhoods with active neighborhood associations. The two neighborhoods are small enough to enable the development of a strong sense of community. Parkside also benefits from the presence of a large community center. Cumberland County Child Protective Services has achieved significant practice improvement over the last several years, but still faces challenges regarding the impact of practices that are not yet entirely family-centered.

**Operational Design and Implementation:** Potential clients of CPPC fall into the categories of families in need of a single support, those needing multiple supports, families with CPS involvement, and families with very high needs who will receive Wraparound – extremely comprehensive services. Clients access CPPC through any stakeholder or resident who serves as the “door” to the partnership. The neighborhood team works with the client to develop an ideal set of services and supports. Operational agreements with stakeholders will facilitate the delivery of services and supports, but special efforts including agency leadership discussions, memorandums of understanding, and cross training are vital in ensuring effective collaboration of stakeholders. A mechanism for oversight to ensure that the partnership is working properly will promote effective operation.

**Sustainability:** Leadership, community ownership, and financial resources are all crucial for the partnership’s long-term viability. CPPC has several strong leaders, both in decision-making roles and on the ground, but there is less visibility of local leadership from some of the public agencies. Funding may be available from new sources, such as Medicaid, and the existing resources of stakeholder organizations can be leveraged for the benefit of the partnership, children and families, and the organizations themselves.

**Limitations in Fulfilling the CPPC Framework:** Various issues present risks in fulfilling the CPPC framework. CPS family team meetings that are not currently family-driven threaten the achievement of family-centered practice. Child protective services policy and practice change requires that local leadership prioritize CPPC and provide direction to CPS staff. Other leaders must work to enlist enhanced CPS stewardship. Enhancing community buy-in is critical in building neighborhood support networks. Strong neighborhood representation and CPS willingness to listen and respond to feedback are critical for shared decision-making.

## Recommendations

### Community Buy-in

- Conduct community outreach events to gain resident buy-in.
- Begin engaging interested parents in the partnership through a parent advisory group, as family support partners, as informal supports, and by providing needed support.
- Engage inactive stakeholders like churches, faith-based organizations, and immigrant/refugee cultural groups.
- Use the network survey to develop a strategic sequence for reaching agreements with stakeholders.
- Draw in missing service providers and stakeholders.

### Organizational Capacity

- Ensure that CPS hiring policies are conducive to the long-term development of family-centered and family-driven processes. Conduct re-trainings with caseworkers to orient them toward family-driven processes.
- CPS should track a wider set of data within MACWIS.
- Promote front-line practice within public agencies that strengthens families and does not derail them.

### Operational Design and Implementation

- Increase access to information about resources.
- Develop a parent advocate training program in order to decrease difficulties of navigating multiple systems.

- Use parent advocates to ensure that family team meetings are family-driven.
- Create a website that includes a list of needs, list of resources, and a needs/time bank.
- Develop an oversight committee, responsible for a feedback loop for complaints.
- Create a CPPC checklist, resident cards, and stakeholder certificates.
- Reduce the focus placed on the operation of Wraparound and on the community-based caseworker as THE primary elements of CPPC.
- Conduct meetings with agency leadership to develop clarity on a common mandate and decide upon ways to coordinate in order to reach collective goals.
- Provide mechanisms for cross training of workers.
- Develop memorandums of understanding.
- Conduct quarterly case conferences with front-line workers and senior leadership of stakeholder agencies.
- Reconcile disparate missions, approaches, and philosophies.

#### Sustainability

- Identify an individual to take Frances Ryan's place as CPPC Coordinator upon her full-time return to DHHS.
- Encourage agencies to shift existing resources to Bayside and Parkside.
- Identify long-term funding sources.

## CHAPTER 1: INTRODUCTION AND CENTRAL QUESTIONS

After a highly visible tragedy in 2001, the state of Maine and the Department of Health and Human Services' Office of Child and Family Services were primed for a change. On January 31, 2001, Logan Marr, a 5-year-old girl from Chelsea, Maine, died of asphyxiation after being bound with duct tape in her foster mother's basement. Her foster mother was a former DHS case worker.<sup>2</sup> Cases such as this one, as well as less egregious cases of unfair and ineffective practice, were for many years not atypical throughout the United States. As a result of negative publicity, litigation, and recognition of the brokenness of the traditional approach, state child welfare agencies and local communities began searching for new ways to prevent child abuse and neglect while supporting families and keeping them together.

Community Partnerships for Protecting Children (CPPC) is a locally driven national initiative sponsored by the Center for Community Partnerships in Child Welfare (CCPCW) of the Center for the Study of Social Policy (CSSP). While the partnership was initially implemented in four cities (Louisville, Kentucky; Jacksonville, Florida; St. Louis, Missouri; and Cedar Rapids, Iowa), other cities have also embraced CPPC as a valuable new approach in community-based child welfare.

As CCPCW explains, "The guiding premise of the Community Partnership approach is that keeping children safe from abuse and neglect should not be – and, from a practical view, cannot be – the sole responsibility of public child welfare agencies."<sup>3</sup> Or, as Portland CPPC explains in its mission statement, "Keeping children safe in their families, neighborhoods, and communities is everyone's business."<sup>4</sup> The associated theory of change includes four critical elements: 1) family-centered practice; 2) child protective services policy, practice, and culture change; 3) neighborhood networks; and 4) shared decision-making.<sup>5</sup> Under accepted community partnership practice, each of these elements is an important piece of work necessary to prevent child abuse and neglect, support families and neighborhoods, and keep children safe in their own neighborhoods.

The community partnership approach differs substantially from the existing approach to child welfare and child protective work. Louise Boisvert, current Program Administrator for Cumberland County Child Protective Services (CPS) cited the tragedy as a critical moment, as it led the Department to "embark on policy changes and philosophical shifts, moving to more family-centered practice."<sup>6</sup>

### Current Approach to Child Welfare

The traditional child protective approach focuses, as the name implies, on protecting children from abuse and neglect, rather than on preventing abuse and neglect from occurring in the first

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<sup>2</sup> Rachel Dretzin and Barak Goodman. "Failure to Protect: The Taking of Logan Marr," *Frontline*, January 29, 2003. Retrieved online: <http://www.pbs.org/wgbh/pages/frontlin/shows/fostercare/etc/credits.html>.

<sup>3</sup> Center for the Study of Social Policy "Community Partnerships for Protecting Children. Lessons, Opportunities, and Challenges: A Report to the Field." December 2005, 4.

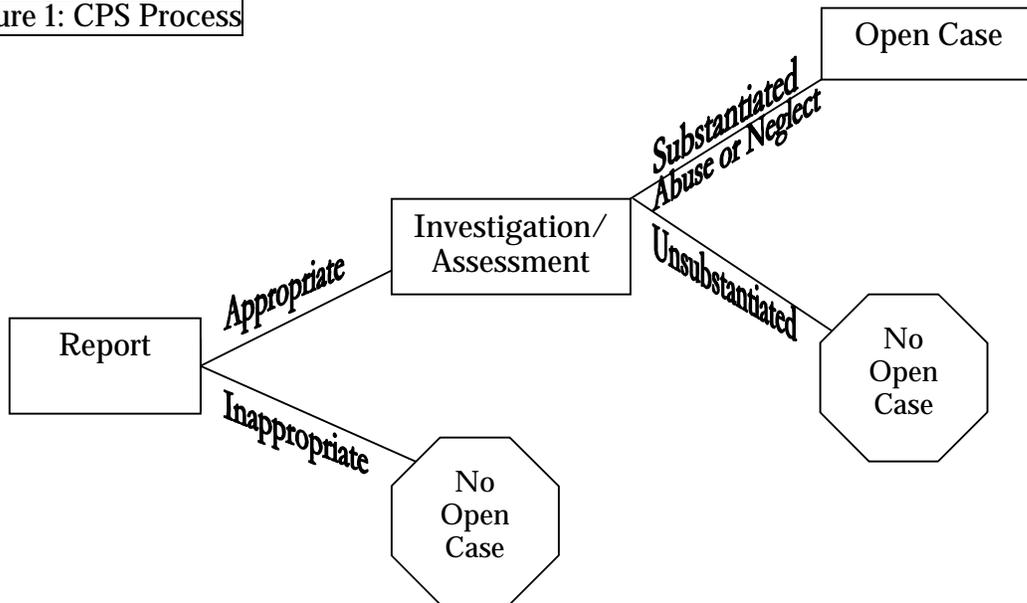
<sup>4</sup> Portland CPPC, Mission Statement, CPPC Informational Material, Received October 6, 2006.

<sup>5</sup> CSSP, "Lessons, Opportunities, and Challenges," 8-9.

<sup>6</sup> Louise Boisvert, Personal Interview, October 27, 2007.

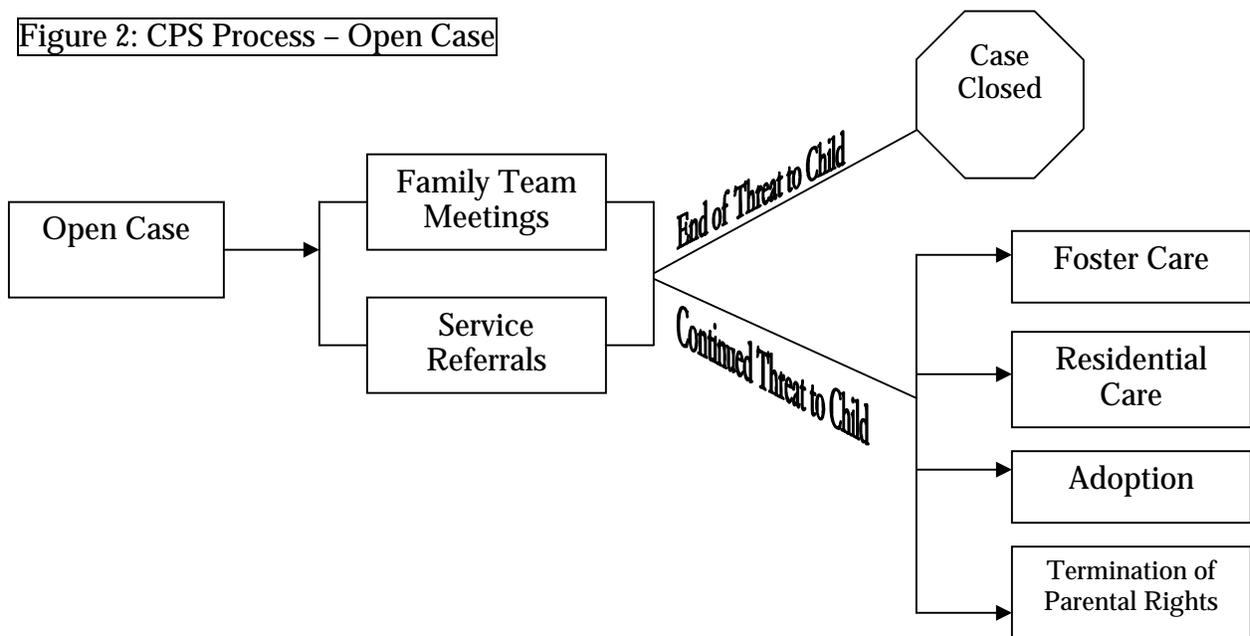
place. The following diagrams show the traditional process for a family’s interaction with Child Protective Services.

Figure 1: CPS Process



In general, a child and family enter the system through a report made by someone who suspects an incidence of child abuse or neglect. The report, if deemed “appropriate” by the intake unit, is investigated or assessed by a caseworker, and if the report is substantiated, CPS opens the case. The caseworker develops a plan to end abuse and neglect in conjunction with the family. If it appears that there is continued threat of harm to the child, the child may be removed from the home and placed in foster care or an institutional setting. If the parents meet the goals set forth in the plan within the allotted timeframe, the child remains at home or is reunified with his or her family. If not, the State may attempt to terminate parental rights, thereby opening the door for adoption or another permanent placement. (See appendix for a detailed description.)

Figure 2: CPS Process – Open Case



### Challenges of the Traditional Approach

The traditional practice of child welfare poses several problems. It is a reactive approach in which the Department comes in contact with a family after abuse and neglect have taken place or been alleged, and when it may be too late for a family to make the changes necessary to ensure a child's safety and well being. Moreover, the intervention often comes at a point when parents cannot "clean up" within a sufficient amount of time to retain custody of their children. The children themselves may have also undergone significant damage as a result of the child abuse and neglect. In short, the approach protects children from abuse or neglect after it has been reported, but does not altogether prevent the initial incidence of abuse or neglect.

Once CPS gets involved, caseworkers implement family team meetings, although there are questions about the extent to which these are actually family-driven.<sup>7</sup> Caseworkers make referrals to some services, but these are not tracked in MACWIS (Maine Child Welfare Information System), so it is difficult to determine if a family is utilizing services and if the set of referrals is comprehensive. Finally, if children are placed in foster care, there is no guarantee that they will be placed in their own neighborhood, with siblings, with relatives or other existing supports, or within a family with a shared cultural background and experience. Children may move to multiple foster homes or remain in residential care for long time periods, suffering from a lack of permanency and a lack of social ties or supports to be drawn upon after aging out of the system. The child welfare system is often not coordinated with other agencies, such that families face competing demands that may ultimately limit their ability to fulfill requirements for family reunification.

The challenges of this system serve to explain, in part, the motivation for developing a new approach to child welfare.

### Creating the Community Partnership

In response to the challenges of the traditional approach to child welfare and using the concepts enumerated by CSSP as a guide, Portland's Community Partnership for Protecting Children began engaging stakeholders and developing a plan for CPPC in 2005. The process has been gaining momentum and evolving since that time. The last six months, in particular, have been a period of tremendous growth, with numerous committees – including a planning committee, assessment committee, evaluation committee, "it" group, parent engagement committee, and several others – engaging in frequent communication and deliberation to develop and roll out a community partnership that caters to Portland's unique assets, needs, and character.

### Defining the Problem

In designing and rolling out the community partnership, CPPC faces a central challenge. The leadership of CPPC and the group's broad stakeholder contingent have decided that "keeping kids safe in their families, neighborhoods, and communities is everyone's business."<sup>8</sup> It follows, then, that their vision of success is a community where kids are safe and "everyone" is involved in making that happen.

Keeping children safe, however, is much easier said than done, especially given the complexity of the problems Portland's families and neighborhoods face, the challenges of the current child welfare system, and the vast number of people and organizations with potential for involvement in the lives of children and families. Thus, the central question of this PAE is:

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<sup>7</sup> Karen Small, Personal Interview, January 22, 2007.

<sup>8</sup> Internal Client Document: CPPC Mission Statement, CPPC Informational Material, Received October 6, 2006.

What steps should Portland's CPPC take in order to operationalize its mission? Or, in other words, how can CPPC practically achieve the goal of keeping children safe?

Subsidiary questions examine the following areas:

- Assets and needs of the communities and families
- Existing services and gaps
- Elements necessary for operationalizing the mission including buy-in, individual organizational capacity, clear operational design and implementation, and sustainability
- Limitations in fulfilling the four elements of the CPPC framework

This Policy Analysis Exercise has involved consistent engagement with both the drivers of this process and those individuals who may benefit from it. Through this engagement, I have gained an understanding of the circumstances and players in the initiative, allowing me to conduct research, interact with multiple parties, advise key players, and develop the recommendations that follow from my findings.

## CHAPTER 2: METHODOLOGY

The methodology for this PAE involved the following elements:

- Community assets and needs assessment
  - Interviews of CPPC stakeholders and child welfare experts
  - Participant observation in committee meetings, family team meetings, and community meetings
  - Focus groups conducted with parents, interpreters, school personnel, and youth
  - Network survey of active stakeholders
  - Review of OCFS and other community agencies' policies and reports
  - Review of other community partnerships
  - Literature review in the fields of child welfare, community partnerships, domestic violence, collaboratives, and management
- (See appendix for a complete description of the methodology and bibliography.)

The depth of engagement with CPPC stakeholders facilitated a nuanced understanding of the strengths and challenges of Portland's community partnership. Throughout the period of engagement (October 6, 2006 – April 11, 2007), I consulted to and advised CPPC's leadership team, providing them deliverables and assistance in tackling tough challenges along the way. (See appendix for list of meetings attended and see appendix for all products delivered to client.)

### Limitations of this Methodology

**Internal Validity:** The methodology uses qualitative research and analytic methods, and although some statistical information was gathered, this PAE does not include presentation and analysis of quantitative data. Possible quantitative research would examine data on families currently involved in the child welfare system and in various community-based organizations, looking at demographic characteristics, characteristics of involvement with the agencies, and outcome variables. (See appendix for detailed list of data requested.)

**External Validity:** While these findings may be reliable for the Portland, they may not be applicable to other areas.

**Hawthorne Effects:** During the course of this PAE, I spent 14 days on-site with the client, and many more hours engaged in committee meetings by phone, phone conversations, and consultation.

As a result, it is possible that my presence had an impact on the clients and their work on the partnership, beyond the effect of my direct recommendations and consultation.

### CHAPTER 3: BACKGROUND

#### Portland, Maine

The city of Portland covers a land area of 21 square miles and had a population in 2003 of approximately 63,635.<sup>9</sup> Portland’s population is primarily white (91.3%), although this proportion is much smaller than that in all of Maine. The proportion of foreign-born persons in Portland is more than double the rate in the entire state, explained in part by the city’s substantial refugee and immigrant presence as a federal refugee resettlement site.

Table 1: Race, Ethnicity and National Origin in Portland and Maine in 2000

	City of Portland	Maine
White	91.3%	96.9%
Black or African American	2.6%	0.5%
American Indian and Alaska Native	0.5%	0.6%
Asian	3.1%	0.7%
Hispanic or Latino	1.5%	0.7%
Foreign born persons	7.6%	2.9%
Language other than English spoken at home	9.9%	7.8%

The city is governed under the council-manager form of local government.<sup>10</sup> (See appendix for additional description and Portland, Maine organizational chart.)

#### CPPC Neighborhoods

With key people in place to steer the effort, the group began to mobilize support from key organizational stakeholders. Although Portland is a relatively small city, CPPC leadership decided to initially target the effort to a specific area. Using data on domestic violence and criminal activity from the Portland Police Department and data on open child welfare cases and removals from DHHS, CPPC aimed to identify a target neighborhood in which to begin the initiative.

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<sup>9</sup> U.S. Census Bureau, Portland (city), Maine QuickFacts from the US Census Bureau. Retrieved On-line: <http://quickfacts.census.gov/qfd/states/23/2360545.html>. Data reflect the most recent year available for the city of Portland.

<sup>10</sup> Portland, Maine City Manager’s Office Website. <http://www.portlandmaine.gov/citymanagers/default.asp>.

Table 2: 2005 Neighborhood Data<sup>11</sup>

	Parkside	Bayside	Munjoy Hill	Portland Total
Child Protective Reports	99 appropriate reports 14 substantiated assessments 10 removals	66 appropriate reports 15 substantiated assessments 2 removals	61 appropriate reports 9 substantiated assessments 2 removals	381 appropriate reports 54 substantiated assessments 26 removals
Domestic Violence Reports	291 Reports	191 Reports	310 Reports	1,990 Reports
Free and Reduced Lunch Eligibility	59.96% at King Middle School 89.01% at Reiche Community School	46.22% at Portland High School	77.78% at Adams School	Not Applicable

Bayside and Parkside are both fairly organized neighborhoods, each with a neighborhood association (Bayside Neighborhood Association and Parkside Neighborhood Association) and a building to use as a center. Upon being approached, both neighborhood associations expressed willingness to be involved in the initiative. CPPC was also interested in operating in the neighborhood of Munjoy Hill, but decided to postpone work in this neighborhood, since neighborhood leadership was less receptive to the project.

The decision to begin work in Bayside and Parkside rather than in Munjoy Hill has potential positive implications for the success of the initiative. Specifically, community buy-in, elaborated upon below, is a critical factor in successful roll-out of this collaborative effort. Starting in the communities where buy-in was more easily secured increases the chances of success and subsequent interest by neighborhoods with some initial skepticism.

Parkside has a population of 5,500 residents, 2,240 households, and 495 families.<sup>12</sup> Bayside has a population of approximately 1,400 residents. Although a large number of low-income families live in both Bayside and Parkside, both neighborhoods are fairly heterogeneous with regard to income level and housing quality. As Zoe Miller, Director of the Parkside Neighborhood Center, notes, the neighborhood has “lots of owner-occupied multi-units,” and “on the same street as buildings with absentee landlords renting to people dealing crack are condos.”<sup>13</sup> Incidence of several types of crimes increased drastically in Parkside between 2005 and 2006. According to a Parkside Community Policing report tracking two six-month periods (August 2005 – January 2006 and August 2006 – January 2007), the number of incidents of illegal drug possession rose

<sup>11</sup> Community Partnerships for Protecting Children Data collected from Maine Office of Child and Family Services, MACWIS Summary Reports and Portland Police Department, 2006. School data from: [http://portalx.bisoex.state.me.us/pls/doi\\_sfsr/edder/EDS34.EDS34\\_report](http://portalx.bisoex.state.me.us/pls/doi_sfsr/edder/EDS34.EDS34_report).

<sup>12</sup> U.S. Census Bureau, Portland (city), Maine QuickFacts from the US Census Bureau. Retrieved On-line: <http://quickfacts.census.gov/qfd/states/23/2360545.html>, and Analysis by Zoe Miller. Miller determined the exact population number by applying neighborhood street names to the Census tracts. The population estimate for Bayside was provided by Dory Waxman and was also cited in the following New York Times article. Keith Schneider, “National Perspectives; A Portland Community Forges a New Identity,” The New York Times, March 4, 2007.

<sup>13</sup> Zoe Miller, Personal Interview, January 16, 2007.

from 12 in 2005 to 76 in 2006.<sup>14</sup> Incidence of assaults, criminal mischief, criminal trespass, and robbery also increased.

With these two neighborhoods on board, the process of identifying the work, engaging a wider group of stakeholders, and actually beginning the work could start. While planning was initiated by the Children’s Advocacy Council, DHHS Child Welfare and Children’s Behavioral Health Services, United Way, and Casey Family Services, the planning group now includes a wide base of stakeholders including the above organizations, City of Portland Health and Human Services and Refugee Services, Community Counseling Center, Family Crisis Services, the Portland Police Department, Portland Public Schools, and the neighborhood associations.

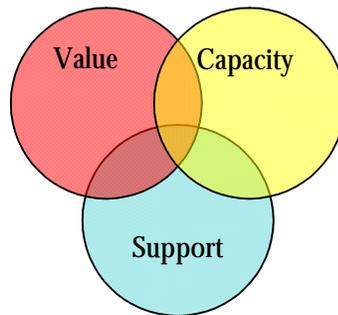
## CHAPTER 4: FINDINGS

### Analytic Frameworks

Two frameworks have proven valuable in organizing my findings on Portland’s community partnership: the strategic triangle and a framework for operationalizing a partnership based on the tenets of the strategic triangle.

Under the strategic triangle framework, an organization, program, or strategy’s performance (or potential performance) can be considered on the basis of three measures: value or mission, capacity, and legitimacy and support.<sup>15</sup>

Figure 3: Strategic Triangle



Value encompasses what the program offers in terms of the mission and vision it achieves and the needs to which it responds. Capacity “addresses whether the organization has adequate numbers of appropriately skilled people, amounts of money, and the knowledge, skills, data, systems, and processes to accomplish the program’s objectives.”<sup>16</sup> Support and legitimacy considers “whether a program receives necessary resources and approval from funding and authorizing groups.”<sup>17</sup> When a program falls into all three of these circles, it is situated in the overlapping area (or triangle) of all three circles. The strategic triangle serves as an explanatory framework for the following one. I developed the second framework in order to provide more detail on the specific elements of value, capacity, and support that are important in developing a community partnership.

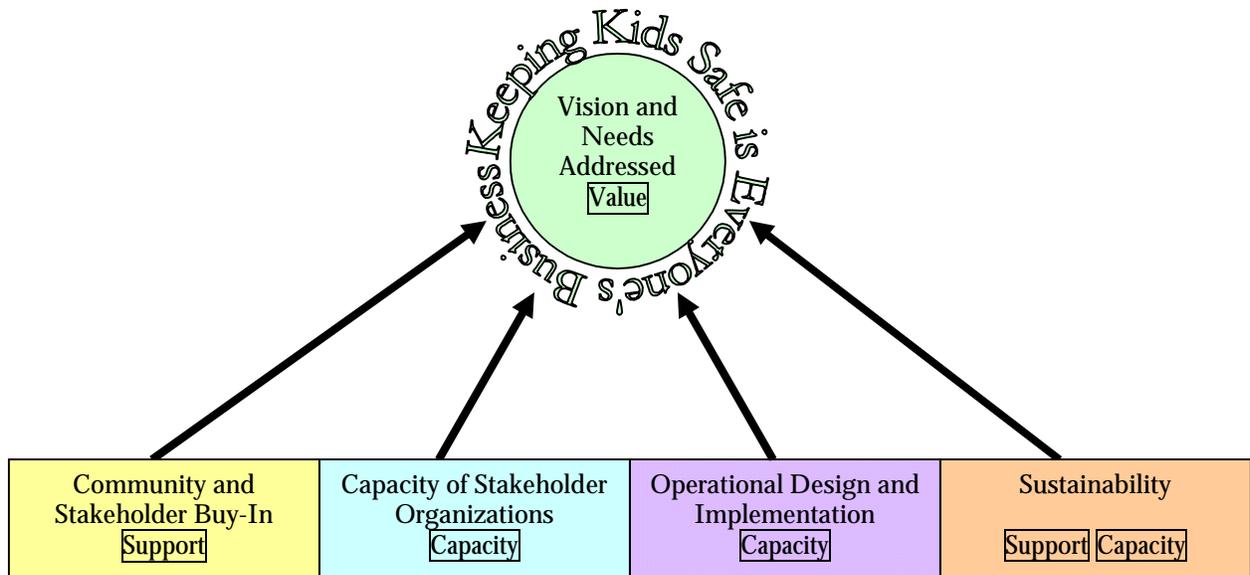
<sup>14</sup> Internal Client Document: Michelle Lauture, Parkside Community Policing, Parkside Reported Incidents 8/1/05-1/31/06 and Parkside Reported Incidents 8/1/06-1/31/07.

<sup>15</sup> Mark H. Moore. “The Public Value Scorecard: A Rejoinder and an Alternative to ‘Strategic Performance Measurement and Management in Non-Profit Organizations’ by Robert Kaplan.” Hauser Center for Nonprofit Organization, Kennedy School of Government, Working Paper #18, May 2003.

<sup>16</sup> Robert S. Kaplan and Herman B. Leonard. “Aligning Mission, Support and Capacity in Public Sector Programs,” February 2005.

<sup>17</sup> Kaplan and Leonard, 3.

Figure 4: Partnership Operational Framework



Each of the four boxes encompasses an area of capacity and/or support that is necessary to support the value of the partnership.

Defining CPPC

Who is CPPC?

Portland's Community Partnership for Protecting Children is composed of a broad range of stakeholder organizations. The organizational affiliations of the individuals in the stakeholder group can be categorized as follows:

Table 3: Stakeholder Organization Categories

Government-Affiliated Agencies

City Government Agencies	State Government Agencies	Public Safety	Schools	Legal
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Service-Oriented Organizations

Social Services	Clinical Services	Substance Abuse	Counseling	Domestic Violence
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Families/Foster Care	Health	Arts	Youth Services/Support
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Resident Support

Neighborhood	Refugee/Immigrant	Support	Faith-Based	Elderly	Residents
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Community and Economic Development

Housing	Community Development
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Support (Financial and Research) and Advocacy

Foundation	Academic	Elective Politics	Advocacy
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Certain categories have much higher concentrations of representation than others. Specifically, social service agencies and state and local government agencies are well represented. Other categories like substance abuse, clinical services, counseling, domestic violence, and health are represented in much smaller numbers. While a fair number of churches are on the stakeholder list, there does not appear to be any active church or faith-based representation. Enlisting active church involvement could be beneficial to the partnership. The subject of stakeholder buy-in, accompanied by a more detailed table, is discussed in more detail below.

Other categories are completely absent. These include business, employment, economic development, legal services, and real estate. In a survey of active stakeholders, respondents were asked to suggest organizations or individuals who they thought were missing from the stakeholder group. (See appendix for survey.) Responses included:

- Business: Model Foods, Portland Business District, Lado Laddoka, and local furniture companies
- Child Care: Community Connections, St. Elizabeth's, and neighborhood daycare centers
- Criminal Justice: Individual police officers, adult and juvenile drug court
- Schools: Portland High School, Project Impact, school social workers and counselors, assistant superintendent
- Employment: YBA/Portland West
- Health: Local family and pediatrics practices, Portland Public Health, and MMC Family Practice
- Legal: Pine Tree Legal, Guardians Ad Litem, Ned Chester, Assistant Attorney Generals
- Other: Local landlords, Dinka community, Preble Street Teen Center

The stakeholder group represents the broad authorizing body of CPPC. The effort itself is steered by the planning committee and the leadership group (see appendix for membership lists). The leadership group (including Doug Gardner, City of Portland; Andrea Paul, Children's Advocacy Council; Louise Boisvert, CPS; and Frances Ryan, OCFS) has high visibility as the "face" of CPPC. Frances Ryan, a member of both groups, currently serves as the coordinator of CPPC, although she will soon return to her full-time position as Director of Special Projects for OCFS.

Other planning group and stakeholder group members have high visibility through their active CPPC work within the community. This includes the community organizers in Bayside and Parkside (Dory Waxman and Zoe Miller) and the CPS community-based caseworker (Mary Ellen Welch).

A major contingent that appears to be missing from both the stakeholders and leadership of CPPC are the parents and community residents who would themselves have potential to benefit from CPPC's work. Efforts are being made to solicit their active involvement.

### What is CPPC's Vision?

CPPC's mission statement, "keeping children safe in their families, neighborhoods, and communities is everyone's business," suggests a vision of a community where children and their families are safe and supported by everyone around them. Such a vision would entail preventing abuse and neglect by ensuring that families receive the support and services they need before anyone ever has cause to refer them to Child Protective Services. A large number of organizations and individuals have signed on to be a part of providing support and an individualized, integrated set of services for families. While the overarching vision is clear, individual prioritization of the component pieces necessary to make that vision happen differ

somewhat. Thus, although there does not appear to be inconsistency in terms of the ultimate goal, there is some inconsistency regarding what needs to happen to bring about the ultimate goal. In addition, the individual missions of their organizations likely also color the vision they have for the success of CPPC.

Planning group members provided a range of responses when asked about their vision of success for CPPC. Again, their individual conceptions of success were not in conflict, but did emphasize different elements of the CPPC model: neighborhood networks of support, family-centered practice, child protective policy and practice change, and shared decision-making. Not surprisingly, individuals whose work is within the neighborhood discussed neighborhood networks, and individuals whose work is within CPS mentioned practice change. However, there was substantial crossover, with individuals working in one area highlighting the importance of other elements to CPPC's ultimate success. For example, both Louise Boisvert and Karen Small of CPS highlighted the importance of various neighborhood network components in keeping families safe and supported. Individuals external to CPS, including Andrea Paul (Children's Advocacy Council) and Jen White (Family Crisis Services) highlighted the necessity of child welfare practice change. Most interviewed planning group members discussed one or two elements of the model but not all, although several, including Mark Millar, highlighted all four elements.

#### What Does Success Look Like?

To understand what achieving success for CPPC would mean, the goals set forth in the evaluation plan are instructive. Several of the key elements include the following:

- Reduction in child abuse and neglect
- Increased accessibility of services and supports
- Improved service quality and tailored services for families
- Adequate service capacity
- Decreased duplication and increased collaboration
- Active resident role in decision making and supporting neighbors.<sup>18</sup>

The evaluation plan includes specific indicators and outcome measures such as reduced numbers of reports, tracking of support provided external to an open CPS case, reports from parents on factors such as stress levels, and reports from service providers on factors such as network efficiency. (See appendix for evaluation plan overview.) The indicators and outcome measures noted in this plan provide a means for qualifying and quantifying the factors necessary for "everyone's" involvement in "keeping kids safe."

#### Currently Active Elements of CPPC

Since October 2006, when I began working with CPPC, the group has taken a number of steps to solidify understanding of the new approach and begin its implementation. These include the following:

- Out-stationing of caseworker in communities. Capacity constraints (no laptop) have prevented the caseworker from actually co-locating in the neighborhood center yet, but she is taking all cases in Bayside and Parkside.
- Formation of various internal committees to address concerns, including "It" Group, Evaluation Committee, Assessment Committee, Parent Engagement Committee

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<sup>18</sup> Internal Client Document: Julia Riley, Community Partnership for Protecting Children, Procedure for Evaluation Project for the Community Partnership for Protecting Children, March 2007.

- Development and weekly meeting of Neighborhood Team, including Mary-Ellen Welch, Zoe Miller, Dory Waxman, Michelle Lauture, Rebecca Smith, Florence Young, Susan Simpson, and Jen White
- Development of evaluation plan
- Training and coordination meetings to prepare for facilitation of High-Fidelity Wraparound, a service contracted to Youth Alternatives to provide intensive services and team meetings to children with very complex needs and their families.

Community Assets and Needs

Front-line workers, service providers, and parents in the two neighborhoods weighed in on the needs they perceived for families within Bayside and Parkside. These individuals, in both personal interviews and focus groups, produced a very detailed and extensive set of answers to the question of what parents, children, and families in Bayside and Parkside need in terms of services and support. Their responses can be grouped into four primary groups of needs: support, services, information, and community.

Family Perspective

The chart below categorizes the needs enumerated by neighborhood parents and residents in the focus groups.

Table 4: Needs as Described by Parents

Support	Services	Information	Community
<ul style="list-style-type: none"> <li>▪ Advocate to help navigate the system</li> <li>▪ Lack of food and groceries</li> <li>▪ Housing</li> <li>▪ Furniture</li> <li>▪ Mommy Center</li> </ul>	<ul style="list-style-type: none"> <li>▪ Outreach/services for people with HIV/AIDS</li> <li>▪ Activities for children under age 7</li> <li>▪ Long-term treatment facilities</li> <li>▪ Safe, reliable daycare</li> </ul>	<ul style="list-style-type: none"> <li>▪ Better and more reliable information about services and supports that are available</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community center</li> <li>▪ Place to hang out</li> </ul>

The list cited by the parents is particularly helpful in gaining an understanding of some of the basic needs that families often go without. While parents cite a lack of information about what is available, many of the needs they mention are not needs that result from a lack of awareness of services and supports, but from a lack of existence of these services and supports.

Service Provider Perspective

The chart below categorizes the needs enumerated by the service providers.

Table 5: Needs as Described by Neighborhood Workers and Service Providers<sup>19</sup>

Support	Services	Information	Community
<ul style="list-style-type: none"> <li>▪ Money</li> <li>▪ Safe housing</li> <li>▪ Poverty relief</li> <li>▪ Food</li> <li>▪ Accessible food pantry</li> <li>▪ Toilet paper, paper towels, trash bags</li> <li>▪ Heat</li> <li>▪ Furniture</li> <li>▪ Phone</li> <li>▪ Time for rehabilitation</li> <li>▪ Help coping with loss</li> <li>▪ Help with home care</li> <li>▪ Support groups</li> <li>▪ Cultural understanding of immigrant groups and their languages</li> <li>▪ Natural supports</li> <li>▪ Support network</li> <li>▪ Decreased isolation</li> <li>▪ Concrete support following shelter stays</li> </ul>	<ul style="list-style-type: none"> <li>▪ Substance abuse treatment</li> <li>▪ Domestic violence support and treatment</li> <li>▪ Access to behavioral health care</li> <li>▪ Rehabilitation</li> <li>▪ Mentoring</li> <li>▪ After-school programs</li> <li>▪ Drop-in day care</li> <li>▪ Employment</li> <li>▪ Parenting skills</li> <li>▪ Reliable transportation</li> <li>▪ Safe day care</li> <li>▪ Targeted case management</li> <li>▪ Translators/ interpreters</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health care</li> <li>▪ Resources for medical care</li> <li>▪ Sex education</li> <li>▪ Dental care</li> <li>▪ More education about available resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community space</li> <li>▪ Sense of community</li> <li>▪ Addressing drug dealing problem and associated crime</li> <li>▪ Traffic/ speed of cars</li> <li>▪ Public drunkenness</li> <li>▪ Supervision for kids</li> <li>▪ Community meals</li> </ul>

Interestingly, the service providers have a more complex conceptualization of the needs that parents and families face than the parents themselves do. This may result in part from the fact that parents may have applied the lens of their own needs while service providers may have been thinking both more generally and hypothetically about the needs a family could have. What the two groups provide, however, is a clear categorization of the needs a family has. In short, if when approaching a family, a service provider can ask whether that family has the support, services, and information they need, as well as a safe and functioning community, they will likely be covering the broad range of categories of needs the family faces. It is important to note, of course, that this is only a starting point, as each family has unique needs and assets and also may not be thinking of their needs in terms of these categories. Therefore, when a partner works with a family to assess their needs, specific questions and examples will be more helpful than broad categories. Finally, while the charts neatly bucket and separate needs, one challenge the partnership faces is ensuring that any person “operating the door to CPPC” is prepared to view

<sup>19</sup> These responses were collected from front-line workers and service providers in contact with children and families from the neighborhoods, through personal interviews. The needs listed were gathered from interviews with: Karen Small, Louise Boisvert, Barbara Fowler, Mary Ellen Welch, Michelle Lauture, Dory Waxman, Zoe Miller, Rebecca Smith, and Melania Turgelsky between November 3, 2006 and January 25, 2007. In addition, some responses came from a focus group with interpreters held at the Parkside Neighborhood Center on January 25, 2007 and from a focus group for school personnel facilitated by Michael Clifford and Karen Small at the Nathan Clifford School on February 15, 2007.

each particular family not from a siloed perspective, but as a whole family with a holistic set of needs and strengths.

What Gaps Exist?

With the long list of needs identified above, we must ask the critical question of whether the physical, human, social, and financial resources necessary to meet these needs are available. For many of the needs listed above, actively involved CPPC stakeholders could potentially be tapped to provide for them in Bayside and Parkside. Other needs do not appear to have an active provider or source within the partnership.

Table 6: Gaps in Services and Supports

Needs with No Current Stakeholder Provider or Source	Needs with No Active Stakeholder Provider or Source
<ul style="list-style-type: none"> <li>▪ Non-food items</li> <li>▪ Furniture</li> <li>▪ Transportation</li> <li>▪ Activities for children under 7</li> <li>▪ Day care</li> <li>▪ Mentoring</li> <li>▪ Long-term treatment/rehabilitation</li> <li>▪ Natural supports</li> </ul>	<ul style="list-style-type: none"> <li>▪ Primary medical health care</li> <li>▪ Sex education</li> <li>▪ Dental care</li> <li>▪ Substance abuse</li> <li>▪ Churches/faith-based groups</li> <li>▪ Family Shelter</li> </ul>

CPPC leadership should consider drawing into the partnership the organizations and individuals who can respond to these needs.

Informal Supports/Social Capital

During focus groups, several participants described being turned away from formal sources of support, such as General Assistance, TANF, and Aspire, or simply having difficulty solving problems such as lack of heat or food. Those focus group participants from immigrant or refugee groups described turning to “someone from the same country with the same cultural beliefs” for help with problems.<sup>20</sup> Overall, many of the participants discussed having at least one person to turn to, although some described having no informal sources of support.

Social capital is critical both for gaining support and for gaining information or knowledge. In focus groups, participants expressed frustration over the lack of information they have about various resources and processes, and even shared information with one another during the focus group. One participant noted, “Most of the stuff I’ve learned is through other people.”<sup>21</sup> Those participants with a trusted friend or relative often relied on this experienced person for help in navigating systems or obtaining resources. Developing a system, such as a website, for making transparent “who knows what?” and “who knows who knows what?”<sup>22</sup> can be useful in enhancing knowledge networks, and thereby enhancing individuals’ capacities for managing their own challenges.

<sup>20</sup> Parkside Focus Group, Parkside Neighborhood Center, Facilitated by Zoe Miller and Suzanne Patt, January 25, 2007.

<sup>21</sup> Anonymous Participant, Focus Group, January 22, 2007.

<sup>22</sup> Harold Rheingold. *The Virtual Community: Homesteading on the Electronic Frontier*. New York: Harper Collins, 1993, 13.

The importance of social networks in building social capital and coping with stress is well documented in the literature.<sup>23</sup> In particular, Audrey Jordan points out the value of social networks in strengthening families, by providing resources for “getting by,” such as informal child care and emotional support, and resources for “getting ahead,” such as information about jobs or educational opportunities.<sup>24</sup> The philosophy of High-Fidelity Wraparound also draws heavily on natural supports, calling for 75% of any given team to be composed of natural supports.<sup>25</sup> While CPPC’s stakeholder list contains a large number of agencies, residents who could be members of a neighborhood family’s informal social network are absent. These individuals are, perhaps, the most crucial target for CPPC involvement, as they are the key to enabling families to support one another before they have any need to turn to an agency or have an agency target them for intervention. Several stakeholders and planning group members have voiced the necessity to engage informal supports.<sup>26</sup> Additionally, some have emphasized the importance of education of natural supports to promote appropriate responses that do not minimize a person’s problems or concerns.<sup>27</sup>

### Operationalizing the Mission to Create Value

As noted above, successfully operationalizing the Portland community partnership’s mission requires four elements of capacity and support: buy-in, individual organizational capacity, clear operational design and implementation, and sustainability.

### COMMUNITY AND STAKEHOLDER BUY-IN

Eliciting the support, engagement, and commitment of community members, stakeholder organizations, and authorizing government agencies is essential in developing and maintaining a successful partnership. Portland’s CPPC appears to have substantial buy-in from a large number of the stakeholder organizations, as well as from the state. Community buy-in and parent engagement have been lagging until now. This results in part from the fact that few efforts have been made as of yet to fully engage neighborhood residents and from the fact that CPPC faces an uphill battle because of the existing perceptions of several of its key drivers.

### Community Buy-In and Parent Engagement

Gaining community buy-in has been a significant challenge for CPPC. Even with the participation of a relatively broad group of stakeholders, it would be both inappropriate and unwise to turn to two neighborhoods with a solution for their families without having consulted the families in developing the solutions. Moreover, after years of negative encounters with child welfare and other service or enforcement agencies, it is hard to convince families that this initiative is really going to be the one that is different.

Interestingly, the focus groups held in the neighborhoods served as opportunities to gain not only information, but also buy-in. In Bayside, the first focus group was transitioned into a monthly meeting of Bayside moms. The ultimate goal is to have some of these parents become active members of the partnership’s Parent Advisory Group once it is formed.

<sup>23</sup> See for example: Donald G. Unger and Douglas R. Powell. “Supporting Families Under Stress: The Role of Social Networks.” *Family Relations*, Vol. 29, No. 4, (Oct., 1980), 566-574; Audrey Jordan, *Tapping the Power of Social Networks: Number One*. Annie E. Casey Foundation, 2006.

<sup>24</sup> Jordan, 2006.

<sup>25</sup> John Vandenberg, *Wraparound Training*. Portland, Maine. January 24, 2007.

<sup>26</sup> Stakeholder Meeting, March 1, 2007; Planning Group Meeting, March 12, 2007.

<sup>27</sup> Jen White, Personal Interview, November 1, 2006.

Other CPPC sites have struggled with gaining community buy-in and fully engaging residents. In Jacksonville, Florida,

The Partnership's strategy for building up the communities' social networks and internal resourcefulness has been multi-faceted. It includes identifying and consolidating central leadership among the residents; reaching out broadly to neighborhood people through picnics, carnivals, celebrations, youth programs, and informational events; and catalyzing important changes for individual families who need help.... The Partnership's reputation has been gained by sparking meaningful improvements in people's lives.<sup>28</sup>

School staff participating in the Nathan Clifford School focus group noted the difficulty of "being available to uplift neighbors" when "you are in crisis mode or survival mode due to the challenges of overarching poverty."<sup>29</sup> They noted that children's affect and behavior are affected by their parents' struggles with poverty, as well as by substance abuse and direct child abuse. In looking for leadership from within the community, Jacksonville's Partnership makes sure that a family is able to take care of their own immediate needs. Portland is taking a similar step with one family by engaging one of the active members in the Bayside Mom's group in a family team meeting to develop a support network, before there is any need for CPS involvement. Such a family team meeting could also serve as an engagement strategy for other residents, by involving any neighborhood-based natural supports in this particular meeting.<sup>30</sup> In Cedar Rapids, Iowa, the local initiative hired residents to "reach out to their neighbors, tell them about services available in the neighborhood, and encourage them to seek assistance and support at the neighborhood center."<sup>31</sup>

One current mechanism for engaging parents in Bayside is a parenting class. However, while there certainly may be a need for this service, it is questionable whether this is truly a parent engagement mechanism. The class fee, at \$50, is quite high for local residents. Furthermore, the implicit message in a course on parenting is "you are not parenting your child properly." Again, although this may be true in certain cases, parents may respond better to opportunities to voice their concerns, catalyze the changes they see as necessary in their neighborhoods, and support each other, than to direct parenting lessons.

### Stakeholder Buy-In

At present, it appears that the level of commitment or buy-in from stakeholder organizations varies widely, from the high level of active involvement in the planning committee to simply agreeing to be on the stakeholder e-mail list. While there are 27 types of organizations on the stakeholder list and 72 total organizations with representation, only 30 organizations were represented at the most recent stakeholder meeting on March 1, 2007. These organizations covered a wide range of stakeholder categories, although there was no representation of the following areas: legal, clinical services, faith-based, support, elderly, community development, foundations, or elective politics. This list does not include, of course, the various categories that are not represented at all among the CPPC stakeholders. A total of 11 organizations are represented on the planning group, covering 11 different organizational categories.

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<sup>28</sup> Andrew White. "Community Partnerships for Protecting Children – Jacksonville, Florida: Citizen Power for Stronger Families." Edna McConnell Clark Foundation, 11.

<sup>29</sup> Nathan Clifford School Focus Group, Facilitated by Karen Small and Mike Clifford, February 15, 2007.

<sup>30</sup> Julie Boatright Wilson. "What If...? Innovations in Child Welfare Practice." (Presented at Harvard University, John F. Kennedy School of Government Executive Session on Child Welfare, Cambridge Massachusetts October 30-31, 2006), 4.

<sup>31</sup> Wilson, 3.

Table 7: Stakeholder Organizations

Government-Affiliated Agencies

City Government Agencies**	State Government Agencies**	Public Safety**
<ul style="list-style-type: none"> <li>▪ Health and Human Services*</li> <li>▪ Refugee Services*</li> <li>▪ Social Services</li> <li>▪ Public Health</li> <li>▪ Parks and Recreation</li> </ul>	<ul style="list-style-type: none"> <li>▪ DHHS Systems Integration</li> <li>▪ DHHS Children’s Behavioral Health</li> <li>▪ DHHS Office of Child &amp; Family Services*</li> <li>▪ Department of Labor</li> <li>▪ Office of Integrated Access And Support*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Department of Corrections</li> <li>▪ Portland Police Department*</li> <li>▪ Cumberland County Sheriff’s Office</li> </ul>

Schools**	Legal
<ul style="list-style-type: none"> <li>▪ Portland Public Schools*</li> <li>▪ Portland West</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assistant Attorney General</li> <li>▪ Maine District Court</li> </ul>

Service-Oriented Organizations

Social Services**	Youth Services/Support**
<ul style="list-style-type: none"> <li>▪ Catholic Charities, Refugee and Immigrant Services</li> <li>▪ Ingraham</li> <li>▪ Kiwanis Club of Portland</li> <li>▪ Planned Parenthood</li> <li>▪ Preble Street</li> <li>▪ PROP</li> <li>▪ Refugee Services Program</li> <li>▪ Salvation Army</li> <li>▪ United Way*</li> <li>▪ Cumberland County YMCA</li> <li>▪ Portland Boys and Girls Club</li> </ul>	<ul style="list-style-type: none"> <li>▪ YLAT</li> <li>▪ Youth Alternatives*</li> <li>▪ USM, Youth Development Projects</li> </ul>

Clinical Services	Substance Abuse**	Domestic Violence**	Health**
<ul style="list-style-type: none"> <li>▪ Spurwink</li> <li>▪ Sweetser</li> </ul>	<ul style="list-style-type: none"> <li>▪ Crossroads for Women, Inc.</li> <li>▪ Day One</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family Crisis Services*</li> <li>▪ Sexual Assault Response Services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Center for Disease Control</li> <li>▪ Maine Medical Center/Barbara Bush Children’s Hospital</li> <li>▪ Maine Medical Center/Spring Harbor Behavioral Health Network*</li> </ul>

Families/Foster Care**	Arts**	Counseling**
<ul style="list-style-type: none"> <li>▪ Casey Family Services*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spiral Arts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Counseling Center*</li> </ul>

## Resident Support

Neighborhood**	Refugee/Immigrant**	Faith-Based
<ul style="list-style-type: none"> <li>▪ Bayside Neighborhood Association*</li> <li>▪ Munjoy Hill Neighborhood Association</li> <li>▪ Parkside Neighborhood Association</li> <li>▪ Parkside Neighborhood Center*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Acholi Sudanese Community</li> <li>▪ African Culture and Learning Center</li> <li>▪ ASERELA</li> <li>▪ Azande Sudanese Community</li> <li>▪ Kalila Oon</li> <li>▪ Somali Health &amp; Cultural Education Program</li> <li>▪ Southern Sudanese Nuer Community</li> <li>▪ Sudanese Community Association</li> </ul>	<ul style="list-style-type: none"> <li>▪ Church of the Holy Spirit</li> <li>▪ Maine Council of Churches</li> <li>▪ Root Cellar</li> <li>▪ Southern Sudanese Missionary Church</li> <li>▪ Tengo Voz</li> </ul>

Support	Elderly
<ul style="list-style-type: none"> <li>▪ Big Brothers Southern Maine</li> <li>▪ Kids First Center</li> </ul>	<ul style="list-style-type: none"> <li>▪ Southern Maine Agency on Aging</li> </ul>

## Community and Economic Development

Housing**	Community Development
<ul style="list-style-type: none"> <li>▪ Maine State Housing Authority</li> <li>▪ Portland Housing Authority</li> </ul>	<ul style="list-style-type: none"> <li>▪ Portland Downtown District</li> </ul>

## Support (Financial and Research) and Advocacy

Foundation	Academic**	Elective Politics	Advocacy**
<ul style="list-style-type: none"> <li>▪ Four Square Foundation</li> </ul>	<ul style="list-style-type: none"> <li>▪ University of Southern Maine</li> </ul>	<ul style="list-style-type: none"> <li>▪ Portland City Council</li> <li>▪ State Representative</li> </ul>	<ul style="list-style-type: none"> <li>▪ Children's Advocacy Council*</li> <li>▪ Maine LULAC Council 31000</li> <li>▪ NAACP</li> </ul>

\*Agency has representation on Planning Group.

\*\*Category represented at March 1, 2007 Stakeholder Meeting.

While active committee membership is an important element of engagement with the partnership and likely predicts some degree of future engagement, true buy-in will entail a deeper level of commitment on the part of organizations. This commitment may be affirmed through memorandums of understanding or operational agreements, which will be discussed in further detail in the sustainability section below. It would be beneficial for these agreements to include both the common ideas about what being a “partner” entails and specific organizational commitments. Certain organizations, including Family Crisis Services and Community Counseling Center have publicly committed specific resources to CPPC. Other organizations, such as the Parkside Neighborhood Center, OCFS, and Community Policing, have committed resources through active involvement in CPPC work.

A body of literature in negotiations theory considers the benefit of sequencing for building coalitions.<sup>32</sup> The research suggests that operating in a strategic order to recruit coalition members

<sup>32</sup> See for example: James Sebenius. “Sequencing to Build Coalitions: With Whom Should I Talk First?” Chapter 18, *Wise Choices, Decisions, Games and Negotiations*, Harvard Business School Press, 1996, pp. 324-348.

helps to build momentum. Enlisting support from certain prominent members early on may facilitate the engagement of more challenging recruits later. Until now, Portland's CPPC has not devoted much strategic thinking to considering a good sequence for building stakeholder buy-in. However, developing a sequence for securing commitments that builds momentum for the partnership and draws in additional partners would be useful. For example, the high commitment of OCFS and the neighborhood associations could be used to leverage commitment from some harder to reach community agencies. Securing full buy-in from Portland Public Schools and the Portland Police Department may be challenging, but if commitment from the Department of Corrections is an easier feat, it may serve as a catalyst for enlisting full police support.

### Perceptions of CPS and DHHS

In general, perceptions of CPS and many of the offices within DHHS are negative. People know the building on 161 Marginal Way, and they want to stay away from it. The examples abound. In a focus group with interpreters at Parkside, one participant stated the common fear among immigrants and refugees that if one gets involved with CPS, "they will take away your children forever."<sup>33</sup> In another focus group, participants immediately and collectively responded with "I hate that place" when DHHS was mentioned. At one family team meeting, the mother reported keeping her daughter out of school and sending her to an undisclosed location because she feared that CPS would take her daughter away while she herself attended the family team meeting.<sup>34</sup> While there is no concrete information on the perceptions that other agencies have of CPS, it may be important to question whether or not they have reservations about being directly associated with CPS.

Focus group participants voiced negative perceptions regarding the wider services available at DHHS, including TANF, ASPIRE, food stamps, and heating and electricity assistance, particularly regarding challenges with individual workers.<sup>35</sup> One particular challenge raised related to interactions with individual workers. Specifically, they highlighted issues such as lack of respect from workers, lack of trust in workers and concerns about broken confidentiality, a lack of communication between workers from different programs, and insufficient help from DHHS in connecting people with resources. As one participant stated, "so much depends on the worker."<sup>36</sup> These concerns and complaints also related to specific General Assistance workers based in the City of Portland's Office of Health and Human Services. Bayside focus group participants also discussed feeling discriminated against by General Assistance workers for speaking only Spanish.

Members of CPPC are certainly aware of the necessity to change both the perception, and more importantly, the actual practice of CPS in order to gain community buy-in into CPPC. As noted above, Louise Boisvert sees the correct worker as a critical step to bringing about this change. Others within the partnership believe that there must be a champion for change from within the local leadership of CPS and OCFS. Lisa Paine-Wells explains, "If you don't change the agency that is tasked with child safety, how are you going to convince to community to join in? The local leader...has to develop a vision that she can translate to her staff."<sup>37</sup> Internally, similar conversations and frustrations have been voiced, leading to a meeting with Jim Beougher, the state Director of OCFS, and acknowledgement of the need to identify a visible champion of this

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<sup>33</sup> Focus Group-Interpreters, Parkside Neighborhood Center, January 25, 2007.

<sup>34</sup> Suzanne Patt, Observation of Family Team Meeting, January 25, 2007.

<sup>35</sup> Bayside Focus Group, January 22, 2007; Parkside Focus Group; January 25, 2007.

<sup>36</sup> Focus Group with Bayside Mothers, Unity Village, January 22, 2007.

<sup>37</sup> Lisa Paine Wells, Personal Interview, January 19, 2007.

initiative within CPS. In Louisville, Kentucky, the Partnership has worked to translate the vision for new practice into reality by training caseworkers “to reorient...toward partnering with their clients in search for solutions and away from the traditional method of dictating rules, ordering services, and monitoring compliance.”<sup>38</sup>

On a final positive note, it appears that Mary Ellen Welch’s work in the community and her coordination with the neighborhood leadership team is starting to change perceptions of CPS within the Bayside and Parkside neighborhoods.

CAPACITY OF STAKEHOLDER ORGANIZATIONS
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Recognizing the internal capacity and limitations of key stakeholder organizations provides useful information in determining the resources that can be drawn upon for the overall operation of the partnership. In particular, applying this assessment to CPS, DHHS, the neighborhoods of Bayside and Parkside, and offices within the City of Portland proves helpful.

The Neighborhoods: Bayside and Parkside

The Bayside Neighborhood Association (BNA) is an active group with various neighborhood committees and subcommittees, including a steering committee, social service work group, neighborhood watch, and various others. Unity Village, an affordable housing complex in Bayside, offers its community room as a center for BNA activities. Mike, the property manager, also serves as a source of support for local residents. BNA has two part-time staff members, Dory Waxman, the community organizer, and Cindy Adams, the social worker. Cindy runs a children’s arts program and a girls’ group, and after-school snack provided by Wild Oats is available in the community room every day.

In terms of limitations, Bayside has several issues. The neighborhood has historically had problems with drugs and prostitution, both of which reached a high point in the summer of 2006.<sup>39</sup> Bayside houses numerous social service agencies, including multiple shelters for single adults, families, and teens. Neighborhood parents raised concerns about the impact of drugs, sex, and the lack of supervision in and around the shelter, which is run by the City of Portland, on the rest of the neighborhood. Finally, although the small community room in Unity Village currently provides space for a neighborhood hub, its small size makes it less than ideal.

Parkside is better equipped with regard to community space. The Parkside Neighborhood Center is a two-story building, connected to an affordable housing complex run by PROP. The Center has multiple meeting rooms and offices, including that of Zoe Miller (Center Director), Michelle Lauture (Community Policing Coordinator), Mary Ellen Welch (CPS Caseworker, who has not yet moved in), and a USM nurses program. There is a Head Start pre-school program in the Center, after-school programs, and various classes including ESL, yoga, and dance. In Zoe Miller’s words, “People in the community have come to know this as a safe place where they can bring their kids.”<sup>40</sup> One limitation of the Center, however, is that it is widely perceived as being targeted to immigrant and refugee families, and therefore has limited attendance of white and African-American families. Parkside also has an active Neighborhood Association.

Bayside and Parkside are both quite small, in terms of literal size and in terms of connections between people. In one day, four different community workers referred to the same

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<sup>38</sup> Andrew White. “Community Partnerships for Protecting Children – Louisville, Kentucky: Collaboration Demands Respect: Making Decisions in Common.” Edna McConnell Clark Foundation, 17.

<sup>39</sup> Rebecca Smith, Personal Interview, January 25, 2007.

<sup>40</sup> Zoe Miller, Personal Interview, January 17, 2007.

(identifiable) family by its lack of furniture. The relatively small size of the neighborhood could be highly beneficial in developing a sense of community among neighbors, as well as visibility for CPPC.

### Cumberland County Child Protective Services

Recent changes at CPS have improved the department's capacity for value creation. Since 2002, there has been a major reduction in the number of children in foster care and residential care in the state of Maine. As of November 2006, there were 2,276 children in care in the state of Maine, of whom 383 were from Portland. Nine children in Portland entered care in the month of November. Of the 383 children in care in Portland, 104 (27.2%) were living with relatives and 60 (15.7%) were in residential placements. On October 31, 2006, there were 107 open cases in Portland (42 open assessment cases and 65 open protective cases). The Portland office reported holding 148 Family Team Meetings in November.<sup>41</sup>

These data reflect a wider commitment on the part of Maine's Office of Child and Family Services, spearheaded by the director, Jim Beougher. Beougher and his team accomplished the feat of bringing all of Maine's children in out-of-state residential placements "back home." Beougher is now committed to reforming Maine's child welfare system with such initiatives as CPPC and Wraparound. With regard to the community partnership, Frances Ryan characterizes Jim's approach as an "expectation that everybody will take on whatever it will take to make this work."<sup>42</sup> Concrete representations of the agency-wide commitment to practice change include the new "Child and Family Services Practice Model," effective April 2005, which rests upon five tenets:

- "Child safety, first and foremost"
- "Parent's have the right and responsibility to raise their own children"
- "Children are entitled to live in a safe and nurturing family"
- "All children deserve a permanent family"
- "How we do our work is as important as the work we do."<sup>43</sup>

CPS also faces some capacity limitations. For example, MACWIS, the information system used by the child welfare department, does not track services referred to and used by families or reasons for the opening of a case. Future tracking of this information may prove valuable. Furthermore, beyond the positive intentions being promoted from the top, there are questions about the agency's capacity to bring these intentions to fruition on the ground, such that families truly are treated differently and achieve better outcomes.

### Impact of CPS Practice on Families: Individual Workers

In a personal interview, Louise Boisvert shared her impressions of practice change at CPS. She stated that "families know when they're treated well," noting the distinction between some workers who are respectful, caring, and not punitive and others, who are "more into power and control."<sup>44</sup> Referring to the practice model, she suggests that certain workers are more inclined to follow the new model than others. Louise highlighted the impact of individual workers, noting, "the perception of DHHS can be changed by the right worker presenting an open, flexible, and caring presentation."<sup>45</sup> The impact of the individual caseworker, both in CPS and in other offices

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<sup>41</sup> OCFS Monthly Management Report, November 2006.

<sup>42</sup> Frances Ryan, March 6, 2007.

<sup>43</sup> Maine Child and Family Services Practice Model, Effective April 2005, Internal Document and available on website: <http://www.maine.gov/dhhs/bcfs/policy/policy.htm>.

<sup>44</sup> Louise Boisvert, Personal Interview, October 27, 2006.

<sup>45</sup> Louise Boisvert, Personal Interview, October 27, 2006.

of DHHS, was noted by parents and school staff in focus groups, as well. School staff specifically made note that “who the worker is, how the worker is trained, and the level of professional development were all...factors that have much to do with positive outcomes for children and families.”<sup>46</sup>

### Impact of CPS Practice on Families: Family Team Meetings

Family team meetings (FTMs) are implemented for all CPS-involved families. Traditionally, both families and OCFS bring relevant supports to the meetings, including family members, friends, school nurses and social workers, counselors or therapists, and if there is court involvement, lawyers and guardians ad litem. The practice of family team meetings was initiated to facilitate more family-driven child welfare processes, in keeping with the slogan, “Nothing about us without us.”

In FTMs, all decisions regarding the children and family are made collectively, with the parents, caseworker, and all other invited parties. The consistency of carrying out family team meetings depends on each individual caseworker. This will, at first, have minimal impact on CPPC, as Mary Ellen, who is comfortable running FTMs, is supposed to handle all cases assessed and opened in Bayside and Parkside. As CPPC eventually expands to other neighborhoods, however, it will be important to ensure that all caseworkers have the training and attitude necessary to facilitate family-centered and family-driven child welfare practice.

However, even in cases where family team meetings are conducted regularly, caseworkers and supervisors question the extent to which their meetings are actually family-driven.<sup>47</sup> In January 2006, I observed two family team meetings, one for a case that had been open for more than a year, and one for a new case. For the year-old case, all four children had been in state custody for more than seven months, and were split up between a kinship placement with the grandmother and residential care. In attendance at the meeting were a range of individuals including the caseworker, supervisor, children’s attorneys, the school nurse, the school social worker, the children’s grandmother, the guardian ad litem, and the parents’ therapists from Casey Family Services. The parents, both former substance abusers, arrived late to the meeting, and were peripherally, if at all, engaged. The meeting was quite adversarial, and in discussing the children’s needs, the father’s final statement was “You guys [CPS] ripping apart our family isn’t helping them.”<sup>48</sup>

The second FTM was held at the Parkside Neighborhood Center rather than at DHHS. In attendance were the caseworker (Mary Ellen), the supervisor (Karen), the parents, and the school social worker. In this meeting, there was a concerted effort to highlight the parents’ strengths, in accordance with the standard for developing a family plan. The group brainstormed solutions to several practical challenges regarding the children, and both the caseworker and the school social worker offered to support the parents in several concrete ways. While the parents definitely showed distrust of CPS at the beginning of the meeting, the father stated at the end, “This is the first time you guys have shown some interest in us in 12 years.”<sup>49</sup> Despite this change in feeling, their case will be going to court in April.

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<sup>46</sup> Nathan Clifford School Focus Group, February 15, 2007.

<sup>47</sup> Karen Small, Personal Interview, January 22, 2007.

<sup>48</sup> Family Team Meeting, DHHS-Portland, January 2007.

<sup>49</sup> Family Team Meeting, Portland, January 2007.

Although no scientific conclusions can be drawn from these two observed meetings, they do call into question the family-driven nature of the FTMs and suggest the need for a mechanism to address this issue.

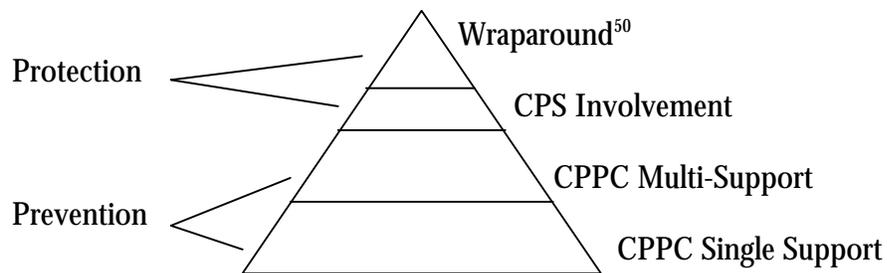
#### OPERATIONAL DESIGN AND IMPLEMENTATION

With a sense of how to get people involved in the partnership and individual organizational capacity, we can shift our focus to a critical area in operationalizing the mission: a clear design and implementation.

#### Constituency

In a broad sense, all residents of Bayside and Parkside are potential beneficiaries of the community partnership. More specifically, however, we can segment the constituency into four groups, as in the following diagram.

**Figure 5: Constituency Segmented by Subgroup**



If Portland's partnership is able to successfully change the status quo, then the bulk of CPPC involvement will focus on the bottom two tiers of the triangle. These tiers represent families living in the two neighborhoods that are in need of some additional support. The "CPPC Single Support" tier reflects those families that need help with only one issue. "Multi-Support" families have a set of needs to address. These may include help securing and maintaining general assistance or TANF, day care for young children, furniture, and/or sufficient food throughout the month.

Work conducted with these two tiers is almost strictly preventive, as these families do not necessarily have any direct child abuse or neglect issues. Rather, these families have problems that, if not addressed, could ultimately create a situation in which a child is at risk. Thus, the primary points of access for such families are CPPC stakeholders, other residents, or members of the neighborhood team. An additional point of access would be inappropriate child protective reports funneled back to the CPPC neighborhood team. Further detail on access is included below.

The second tier of the triangle represents families within the neighborhood that, after assessment and substantiation by the community-based caseworker, have an open CPS case. The involvement of CPS puts these families in a protective category, although at least the same degree of support provided to "prevention" families will be offered to these families. In this tier, family team meetings are required. When at all possible, children will remain with their parents and receive ongoing support from their family teams. If removal is necessary, then substantial effort will be made to ensure that children remain within their own neighborhoods.

<sup>50</sup> John VanDenBerg referred to Wraparound clients as the top 5% of the triangle. His conceptualization led me to conceive of CPPC's response continuum and constituency in this format.

The top tier of the triangle represents the 5 percent of families with the highest needs and with co-occurring disorders (co-morbidity), including such issues as substance abuse, trauma, physical or emotional abuse, sexual abuse, depression, and others. Under High-Fidelity Wraparound, families would engage in weekly, family-driven team meetings, composed of both natural and service-related supports. The Wraparound team provides “wrap around” support, maintaining consistent awareness of all issues, but prioritizing the issues in a way that is conducive to a successful outcome.<sup>51</sup> At present, the only way a family can be directed into Wraparound is through a CPS report. Upon analysis of the case, the caseworker and supervisor may then make a referral to the FIS Worker and Wraparound. In Cumberland County, Youth Alternatives, Inc. holds the contract for High Fidelity Wraparound.

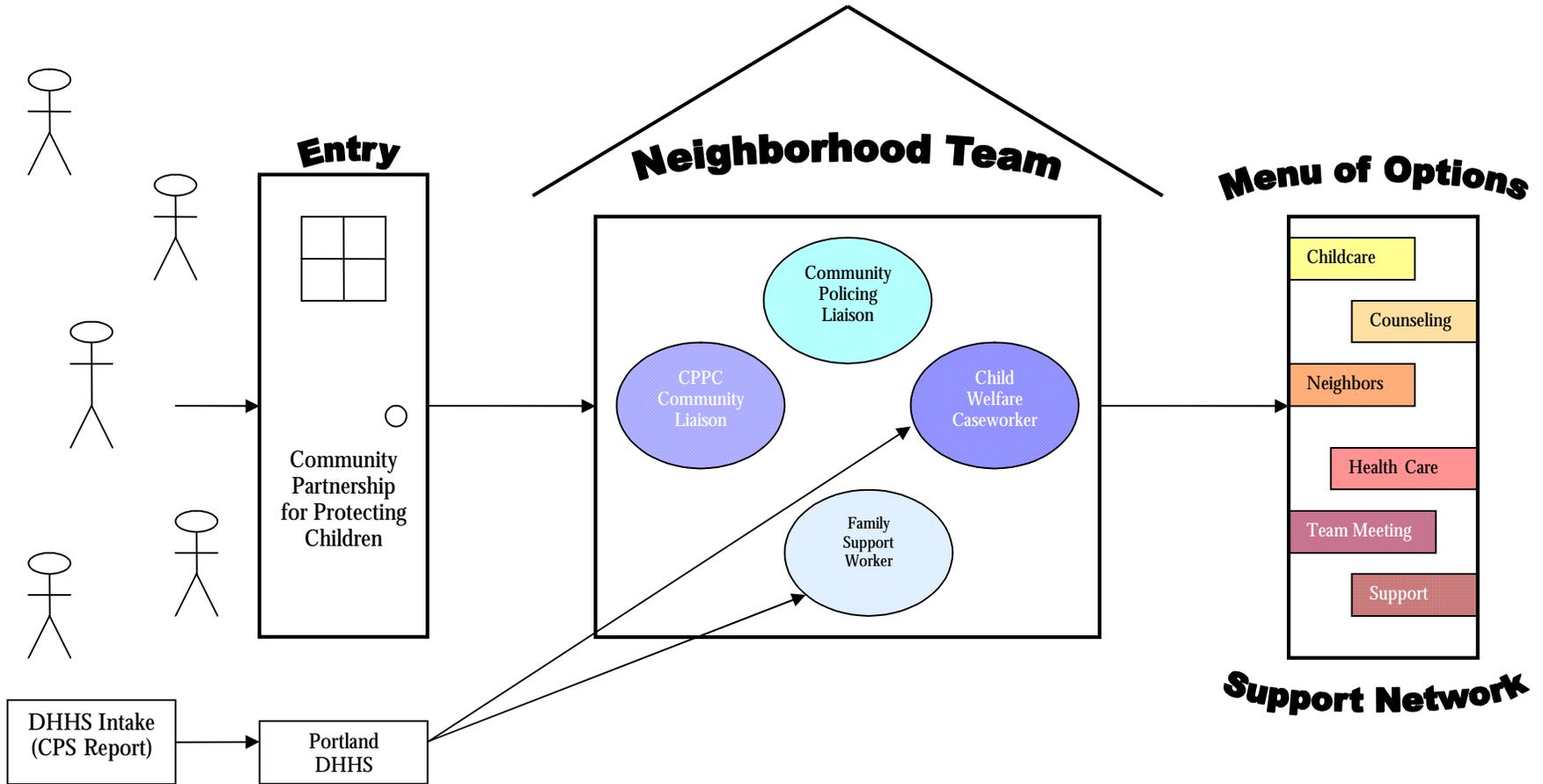
#### Access to CPPC

The following diagram visualizes the points of access to CPPC that correspond to the preventive tiers and protective tiers noted above. CPPC single and multi-support families enter through the “door” of any CPPC partner, through a resident who refers them to the neighborhood team, or by turning directly to a member of the neighborhood team. Families with a CPS report access the neighborhood team, but directly through the community-based caseworker. The neighborhood team and CPPC stakeholders offer families a menu of options from which to choose. Ideally, certain services would be specialized for neighborhood residents as a result of CPPC stakeholder agreements or memorandums of understanding.

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<sup>51</sup> Wraparound Training Day, January 24, 2007, John Vandenburg, Portland, Maine.

Figure 6: Access to CPPC Diagram



## Identifying Clients

Involvement in traditional agencies typically begins when a client first steps through the agency's door, either of his own volition or as a result of agency contact. With multiple doors for entry and no uniform process for each client, there is a risk that potential clients could slip through the cracks. It is important, then, to have clarity about the starting point for clients and the chain of communication necessary to support any given client. To get the process started, someone must first be identified as a client, and second, be availed of the opportunity to receive a comprehensive set of services and supports that go beyond the particular "door" the client entered. Other CPPC sites have implemented the use of a checklist to be completed any time a client comes through a "CPPC" door. Such a checklist would be valuable in helping partners and families determine whether families would benefit from comprehensive services and supports.

Once the partner completes the checklist with the family, there should be some clarity as to what services the client needs. However, the critical piece of CPPC is that the partner must then have a single "address" to turn to, rather than giving the family a laundry list of services to which they could turn directly and individually. This "address" is the community partnership, but more specifically, the community liaisons (Dory Waxman in Bayside and Zoe Miller in Parkside) and the CPPC Coordinator (Frances Ryan, until June 1, 2007). If these individuals hold ultimate responsibility for ensuring that a family is connected to the identified comprehensive set of services, then the risk of a client "falling through the cracks" of the partnership can be avoided.

Determining when CPPC's work with a family starts has broader implications for tracking data and evaluating the initiative, as well. Julia Riley developed an evaluation protocol for CPPC. The evaluation process includes a contact documentation form to be "completed at anytime a new client/family requests any information from the Community Partnerships for Protecting Children within the identified neighborhoods," quarterly family surveys, and a quarterly neighborhood team survey.<sup>52</sup>

## Operational Agreements

Successful operation of CPPC involves coordination between agencies with disparate missions, approaches, philosophies, and funding. Although this project does not demand an actual integration of these different systems, it does require that they talk to each other in a way that enhances support systems for families. Agencies like the police department and CPS, while perhaps desiring the same outcome, hold two very different mandates: public safety and child safety. They might agree that with safe, supported families, both the streets and children would be safer. However, they hold quite different philosophies about how to get their work done. Even organizations with similar missions and approaches could have conflict on issues such as which counseling agency should be able to bill MaineCare for a family team meeting or on the right service plan for a child.

Devising a mechanism for coordination among agencies with differing mandates should involve two components: 1) a philosophical commitment to collaborate, and 2) practical tools for generating understanding and effective collaboration.

## Agency Leadership Discussions

In certain cases, conflicts can be addressed through good teaming practice (see below). Often, however, it may be necessary for decision-makers of stakeholder organizations to discuss

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<sup>52</sup>Internal Client Document: Julia Riley. Community Partnership for Protecting Children. "Procedure for Evaluation Project for the Community Partnership for Protecting Children," March 2007.

potential conflicts before front-line workers face them in the field. As Lisa Paine-Wells, Casey Technical Assistant for Portland CPPC, notes, “it has to be kicked up higher.” She highlighted the importance of asking, “What are common joint values? What are common goals? What can they agree to?” as well as predicting possible points of disagreement and developing processes for their resolution.<sup>53</sup> Agency leadership must be engaged in discussions to reach such agreements before these issues run the risk of jeopardizing the sustainability of the community partnership. The discussions should facilitate common understandings of problem definition and promote the use of complementary approaches to problem solving.

#### Memorandums of Understanding

In the multi-site conference call coordinated by Lisa Paine-Wells on February 26, 2007, Tena Thompson, St. Louis’s City Child Welfare Director and Nelson Knight, Jefferson County (Louisville), Kentucky’s Deputy Child Welfare Director shared thoughts and practices related to this issue, among others. St. Louis took several steps in working with partners, including cross training and education on partners’ roles within the community, reaching agreement on values, and defining commitments.<sup>54</sup> Ultimately, the partnership developed memorandums of understanding (MOU) with many partners. Portland’s leadership is currently in the process of developing a sample MOU, with a statement of common values and a template for agency commitment of resources.

#### Cross Training

Cross training can be a valuable precursor to signed agreements between agencies. Successful CPS-related cross training was carried out through a partnership between Boston Medical Center’s Child Witness to Violence Project and the Boston Police Department.<sup>55</sup> In this project, social workers rode with police officers on domestic violence cases in order to train police officers in interacting with children affected by violence. Cross training can endow participants with an enhanced understanding of the mission and approach of different agency workers. Cross training, however, should be seen as a complement to agency leadership discussions.

The Annie E. Casey Foundation’s Family to Family Initiative made recommendations for enhancing coordination between child welfare agencies and corrections that included both practical and philosophical elements. These included recommendations to “foster and support an interagency commitment to work together” through cross-agency meetings, collection of information on overlap in constituencies, and case conferencing.<sup>56</sup>

#### Differing Time Horizons

Agencies tend to have quite different time frames for instating and systematizing changes. One planning group participant advised that in his organization (the school system), it takes at least three years for a new initiative to be internalized.<sup>57</sup> With disparate items on the top of their agendas, agencies also likely have differing senses of urgency regarding this particular project. While OCFS may hold this practice change as a top priority, the school system or police department may see it as just one more well-intentioned initiative. Understanding this and having reasonable expectations of the time, resources, and effort that agencies will devote to implementing this change is crucial. Again, a key tool may be carefully choosing the sequencing

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<sup>53</sup> Lisa Paine-Wells, Personal Interview, February 2, 2007.

<sup>54</sup> Lisa Paine-Wells, Summary of Multi-Site Conference Call, February 26, 2007.

<sup>55</sup> Child Witness to Violence Project, “Child Witness to Violence: About,” <http://www.childwitnessstoviolence.org/about.html>.

<sup>56</sup> Family to Family. Tools for Rebuilding Foster Care: Partnerships Between Corrections and Child Welfare. Annie E. Casey Foundation, March 2002.

<sup>57</sup> Planning Group Meeting, March 12, 2007.

of which agencies to get on board first, as full buy-in and commitment from one agency may be the impetus for another organization's involvement.

### Neighborhood Team

Teams are a vital component of CPPC, both through family team meetings, discussed above, and through the work of the neighborhood team.<sup>58</sup> The neighborhood team meets on a weekly basis to discuss neighborhood issues and to brainstorm solutions to particular cases. The neighborhood team includes:

- Zoe Miller (Parkside Neighborhood Center Director and CPPC Liaison)
- Dory Waxman (Bayside Community Organizer and CPPC Liaison)
- Mary Ellen Welch (CPS Community Caseworker)
- Jen White (Family Crisis Services – Domestic Violence)
- Michelle Lauture (Parkside Community Policing)
- Rebecca Smith (Midtown/Bayside Community Policing)
- Susan Simpson (Youth Alternatives Family Support Worker, Wraparound)
- Florence Young (Casey Family Services, as facilitator)

### Co-Location

Co-location of team members and other CPPC stakeholders carries several benefits. First, by working in the same space, team members have an opportunity to better understand the work of their teammates. In addition, co-location benefits community members and families by enabling them to find multiple people, support, and services at one site. At present, Zoe Miller and Michelle Lauture are co-located in the Parkside Neighborhood Center. Mary Ellen Welch and Susan Simpson both have space allotted for them at the Parkside Neighborhood Center. Although Mary Ellen was supposed to start using space at the Center in January, delays in getting a laptop from CPS have prevented her from making the move. Melania Turgelsky, of Community Counseling, is also interested in having space at the Center.

### Lessons on Teaming

Because team members, in both cases, come from a range of organizations, the act of teaming can be challenging. As such, it is valuable to consider strategies undertaken in other teaming initiatives. In the Massachusetts Department of Social Services Teaming Initiative, unit teams include workers with a variety of specialties, including mental health, substance abuse, or domestic violence.<sup>59</sup> Families receive business cards with names and contact information for the entire team so that they have multiple available contacts. The research on the initiative cited a range of benefits, including decreased stress and isolation for workers and families; more opportunities to understand a case because of more workers involved; more opportunities to develop a larger network of services, family support, and community support; greater worker confidence in decision-making; and earlier closure of cases resulting from more rapid arrangement of supportive services.<sup>60</sup>

Even with the benefits that accrue from the work of teams, the practical act of teaming does not operate automatically or flawlessly. Adapting from the literature on cross-functional teams in the

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<sup>58</sup> Portions of this section appeared in or are adapted from the following paper: Suzanne Patt. "Ensuring Effective Cross-Agency Teams in Service Integration." Final Paper for HLE-111 at the Kennedy School of Government. May 15, 2006.

<sup>59</sup> Joanne Edgar. "The Power of Teaming in Child Welfare: Case Studies of Lynn and Attleboro Area Office, Massachusetts Department of Social Services." Prepared in consultancy to the Marguerite Case Foundation and Casey Family Programs. August 2005.

<sup>60</sup> Edgar, 4.

business world, we can consider several critical elements to promote effective cross-agency teams. These include:

- **Mission and Vision:** Both must be clearly stated and agreed upon by all team members and their sponsoring agencies, while also highlighting the value that is added for the families, workers, and agencies as a result of the cross-agency team approach.
- **Team Structure:** Clarity in terms of team leadership, team member responsibilities, supervision, agenda-setting, and meeting format are all vital considerations. The presence of multiple bosses or supervisors can be detrimental to team cooperation, and a mechanism for unified supervision should be considered.
- **Performance Measurement:** Clear and agreed upon goals and milestones for both teams and families must be laid out from the start. Teams must know what they are trying to achieve and should have approximate timeframes for achievement.
- **Time and Flexibility:** Effective operation as a team will require initial time allotted for team design and building, as well as time consistently allotted to team learning. A mechanism for revisiting team design and adapting based on lessons learned is also critical.

### Oversight

Because the partnership has many stakeholders, information can be drawn from many sources. It is a challenge, however, to ensure that valuable feedback gets delivered to and addressed by those people who can make any necessary changes. For example, both the Family Shelter and the General Assistance office were the subjects of complaints by focus group members. Once the information is available, it is useful to have a mechanism for ensuring that the feedback is shared with the proper individuals and that an adequate response is crafted. The attached diagram (see appendix) depicts a system for oversight.

### Coordination of Wraparound

Although High Fidelity Wraparound is only a small part of CPPC, it has commanded substantial attention lately, due to the challenges of understanding how it fits into CPPC and how CPPC fits into it. The attached diagram (see appendix) provides a mechanism for conceptualizing Wraparound's place within the partnership. While Wraparound is certainly an important piece of the overall puzzle, there is a risk that the tension associated with it because of agency politics, interpersonal politics, and the fact that it comes with some funding will propel it into a larger part of the limelight than it deserves.

SUSTAINABILITY
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Of the respondents to the stakeholder network survey distributed electronically on March 13, 2007, 45% cite "sustainability" as one of their primary concerns about CPPC. (See appendix for copy of survey.) Several key areas should come under consideration regarding the partnership's sustainability including leadership, community ownership, and funding.

### Leadership

CPPC's leadership is charged with guiding and driving the work of the partnership. At present, Frances Ryan, whose "on-loan" period from OCFS is nearing its close, plays a critical role in coordinating, organizing, delegating, and doing much of the partnership's daily work. Once she is no longer able to maintain full-time involvement with CPPC, who will take responsibility for driving the day-to-day work of the partnership? The leadership group will have to decide whether this role will be undertaken by the collaborative or assigned to a professional coordinator, which would also require identification of a reliable funding source.

A number of highly-qualified individuals have either taken on leadership roles within the partnership or have been pinpointed for leadership. In the network survey, Andrea Paul, Frances Ryan, Mark Millar, Doug Gardner, and Louise Boisvert were each cited by anywhere from 65% to 100% of respondents as being “influential in driving this forward.” At the same time, there has been conflict regarding the extent of involvement and leadership each of these individuals should assume. This conflict is elevated by the fact that each leader represents not only his or herself, but also his or her agency. In particular, there is concern that if leadership from within DHHS and OCFS is not “louder,” these agencies could fall out of the partnership, seriously compromising its efficacy and viability.

### Community Ownership

Even with a fully committed leadership team, the sustainability of the initiative requires that neighborhood residents and leadership embrace the initiative, as well. This relates, in part, to the issue of community buy-in noted above. It also requires the ongoing commitment and front-line leadership of the neighborhood team and other highly visible community partners.

### Building Financial Resources

Obtaining funding for CPPC’s continued operation is also a crucial sustainability matter, both in terms of maintaining cooperation among stakeholders and in maintaining the operation of the initiative.

Both Andrea Paul and Lisa Paine-Wells have highlighted the importance of getting agencies involved in CPPC without the promise of money. With the long list of stakeholders engaged in Portland’s CPPC, however, it is inevitable that certain agencies partnering in this process are also in competition for the scarce resources available to fund their agencies. For example, both Community Counseling and Youth Alternatives provide counseling services to families. If one agency becomes the “go-to” agency for CPPC-related counseling, or if only one agency receives funding for family team meetings, will the other agency be driven out of business? Further, will a lack of funding hinder cooperation in Partnership activities, such as family team meetings?

In Louisville, the Partnership established a request for proposal process, such that every awarded contract is based on a fair and formal procedure. In Portland, it appears that various organizations are shifting existing resources to target CPPC neighborhoods. For example, Community Counseling recently announced that they will begin providing counseling to Bayside and Parkside residents, either in their own homes or at the Parkside Neighborhood Center.<sup>61</sup> They already have funding for this counseling; they have just decided to target the services in the CPPC neighborhoods. Family Crisis has funding available to conduct domestic violence support groups and education, and they have offered to also provide these within the CPPC neighborhoods.<sup>62</sup> The strategy of parlaying general resources into specific activities is an ideal one for making CPPC work in these two neighborhoods.

A further option involves considering which outside resources could be funneled into CPPC. Research has been published by various parties on the use of Medicaid to support both physical and mental health services for youth. Specifically, “the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) child health component of Medicaid, creates a clear avenue for states to finance services that meet the needs of young children who are at risk for poor mental

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<sup>61</sup> Planning Group Meeting, March 12, 2007.

<sup>62</sup> Stakeholder Meeting, March 1, 2007.

development.”<sup>63</sup> OCFS is investigating this tack with regard to funding Wraparound meetings. Several agencies and formal partnerships of agencies in Missouri, New York, and California, among others, have used Medicaid to fund partnership activities.<sup>64</sup> CPPC should similarly investigate the possibility of using Medicaid funding for FTMs that are not directly related to Wraparound or CPS. Other categorical streams of support can be applied to CPPC inasmuch as CPPC fulfills requirements of the funding.

#### LIMITATIONS IN FULFILLING THE CPPC FRAMEWORK

Above, we have applied an framework for operationalizing the CPPC model in Portland. We must also question the extent to which Portland’s CPPC, as currently constituted, is capable of actualizing all elements of the CPPC model. Several slight concerns are outstanding in the following areas:

- **Family-Centered Practice:** As noted above, the degree to which family team meetings are truly family-driven remains in question. Recommendations that follow will suggest mechanisms for increasing the family-driven nature of the partnership.
- **Child Protective Services Policy and Practice Change:** While there is unquestionably strong commitment to CPPC from Jim Beougher, the state director of OCFS, and from the local neighborhood caseworker (Mary Ellen Welch) and supervisor (Karen Small), the commitment of local leadership is less certain. This can be seen in the prioritizing of other obligations over CPPC and, perhaps, in the extensive (over 4 months) wait time in getting a laptop, which has prevented Mary Ellen from full out-stationing, a key operational component of the partnership. Other CPPC leaders need to convince CPS leadership of how vital their stewardship is. Moreover, for practice changes like family-driven family team meetings to truly take hold, caseworkers need the direction and commitment of visible, local leadership.
- **Neighborhood Networks:** As noted above, community buy-in is critical in building successful neighborhood networks of support, as community residents themselves are the ones who must be active and available to support one another.
- **Shared Decision-Making:** The stakeholder group and the planning committee serve as the key decision-making bodies of CPPC. At present, neither has strong representation from neighborhood parents or residents, even though the CPPC model calls for their involvement in local decision-making. Furthermore, shared decision-making requires a certain flexibility and willingness on the part of CPS to respond to local feedback and make changes accordingly. Portland’s CPPC should consider addressing both issues to enhance the partnership’s shared decision-making.

### CHAPTER 5: RECOMMENDATIONS

#### Community and Stakeholder Buy-In

##### *Short-Term Recommendations (3-6 Months)*

Conduct community outreach events to gain resident buy-in. Engage residents and stakeholders in community events such as picnics, street fairs, parties, and educational activities. The community partnership is about the community, and it should be brought into the

<sup>63</sup> Kay Johnson and Neva Kaye. Using Medicaid to Support Young Children’s Healthy Mental Development. The Commonwealth Fund, September 2003.

<sup>64</sup> Andrew L. Bundy and Victoria Wegener. Maximizing Medicaid Funding to Support Health and Mental Health Services for School-Age Children and Youth. Volume 1, Number 5. The Finance Project, October 2000.

community as soon as possible. These events will also promote the creation of social capital and the development of relationships among neighborhood residents, serving to enhance the building of neighborhood networks. They will also give CPPC a much-needed presence within the neighborhoods. One component of this should involve educating residents on who the Parkside Neighborhood Center is for (everyone), so it is not continually perceived as only a center for immigrants and refugees.

Begin engaging interested parents in the partnership through a parent advisory group, as family support partners, informal supports and/or by providing needed support. Through focus groups, parents have expressed interest in involvement with CPPC. They should be engaged in the partnership as soon as possible, in order to build on the momentum created through the focus groups. The Parent Advisory Group should meet regularly and serve as one of the committees of the stakeholder group. (See appendix for partnership chart.) The idea to “spark meaningful improvements in people’s lives,” as noted in St. Louis, will serve as a critical piece in engaging residents.

Engage inactive stakeholders like churches, faith-based organizations and immigrant/refugee cultural groups. Churches, spiritual groups, and cultural groups are often the bearers of significant trust from community members. Reaching out to these groups through personal contact and encouraging them to become active in the partnership could have positive implications for engaging community residents, building trust, and increasing the capacity of the partnership.

#### *Medium-Term Recommendations (6-9 Months)*

Use network survey to develop a strategic sequence for reaching agreements with stakeholders. A network diagram of the CPPC stakeholders will be provided by the end of May 2007. This diagram will be useful in assessing the ties among stakeholders and the influence of particular stakeholders, and can be a useful tool in deciding upon a sequence for securing long-term commitments and buy-in.

Draw in missing service providers and stakeholders. As noted in the findings, this group includes businesses, physicians, legal personnel, and locally-based corporations. In addition, it would be useful to engage furniture stores and develop agreements that would allow them to donate the “replaced” furniture their customers ask them to dispose of to the community partnership.

Capacity of Stakeholder Organizations
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#### *Medium-Term Recommendations (6-9 Months)*

Ensure that CPS hiring policies are conducive to the long-term development of family-centered and family-driven processes. Conduct re-trainings with caseworkers to orient them toward family driven processes. Specifically, guidelines for CPS staff hiring should ensure that new hires are capable of understanding the complexity of the conditions that may lead to child abuse and neglect and that they are oriented toward engaging families in team processes, services, and supports that will keep families together and produce better outcomes for children. CPS should conduct continued training for workers in family team processes.

CPS should track a wider set of data within MACWIS. This includes data on: primary reasons for opening a case; service referrals; service usage (where confirmed by family and service provider); involvement of CPPC with a family; whether or not the referral to CPS was made by

CPPC; whether or not foster care placements were made within the neighborhood; number of family team meetings held; and background of FTM participants (natural support, counseling, school, OCFS, CPPC, etc.).

### *Long-Term Recommendation*

Promote front-line practice that strengthens families and does not derail them. Conduct trainings for front-line workers in TANF, General Assistance, Aspire, shelters, and other sites on the strengths-based, family-centered, and network-oriented approach of CPPC. Discussions with the leadership of these agencies should address these issues, such that a top-down message about the importance of treating families well is promoted.

## Operational Design and Implementation

### *Short-Term Recommendations (3-6 Months)*

Increase access to information about resources. Develop an exhaustive list and map of neighborhood resources. This may include a calendar of services available each day of the week (for example, food pantry at Bayside Soup Kitchen on Thursdays and distribution of non-food items at Church on Tuesdays).

Develop a parent advocate training program in order to decrease difficulties of navigating multiple systems. CPPC should train parent advocate to provide support for families navigating CPS and other systems. High Fidelity Wraparound employs Family Support Partners (FSPs) to serve as advisors to families as they navigate the child welfare system, as well as other systems. Often, FSPs are individuals who have successfully navigated the Wraparound process. While families with co-occurring disorders and the highest level of needs (top 5% of families) will likely be referred for Wraparound services and benefit from the support of FSPs, advocates may also be employed (either officially or on a volunteer basis) to provide support for CPPC families. While family support partners can initially work on a volunteer basis, funding should be identified over time to hire these individuals. Training sessions for family support partners will be vital. Vandenberg has materials on training of FSPs, and there are several published job descriptions for FSPs.<sup>65</sup>

Use parent advocates to ensure that family team meetings are family driven. Require the presence of the family support partner or parent advocate at all family team meetings. The FSP's responsibility at the meetings is to ensure that the parents' voices are heard and to promote a family-driven team meeting.

Create a website that includes list of needs, list of resources, and needs/time bank. A website can serve as a knowledge network for residents with internet access, service providers, CPPC stakeholders, and CPPC liaisons. The website should contain a wide array of information that includes an identification of needs and of people who could potentially respond to those needs. It should also contain the map of neighborhood resources. The knowledge network can then be shared through social networks with those people who do not have access to the internet.

Develop an oversight committee, responsible for a feedback loop for complaints. There should be a process for responding to complaints that will invariably arise as the Partnership comes into contact with more and more residents. The oversight committee should hear

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<sup>65</sup>EMQ-Sacramento Wraparound Program. "Family Partner Practice Standards," April 16, 2004. Retrieved online: [www.rtc.pdx.edu/nwi/tools/job\\_pdfs/EMQFamPartnerPracticeStds04-16-04.pdf](http://www.rtc.pdx.edu/nwi/tools/job_pdfs/EMQFamPartnerPracticeStds04-16-04.pdf).

complaints and engage the agencies about whom the complaint is lodged in determining possible courses of action to correct complaints. One of the most important pieces of this is the sharing of information between a community resident and agency leadership. This kind of direct feedback does not usually happen, and it can be extremely powerful. The opportunity for a manager to hear directly from the client about his/her experience with the agency can enable the manager to make a decision to alter processes as needed. (See appendix for diagram of the oversight feedback loop.)

Create a CPPC checklist, resident cards, and stakeholder certificates. In order to ensure that families' holistic needs are addressed, a checklist can be a valuable tool to assess what other needs exist and which other services or informal supports should be drawn upon. Because it may be hard to determine who is a client, the use of resident cards and stakeholder certificates could be valuable. Residents of Bayside and Parkside can receive resident cards that demonstrate their entitlement to "CPPC caliber" service, meaning that any particular service provider will screen the resident not only for the particular service they provide, but also for the range of services and supports available through CPPC. Thus, when a resident visits a primary care physician who is involved in CPPC, the doctor should use the checklist to assess what other needs exist and then make a referral to the CPPC liaison for follow-up. CPPC stakeholder certificates posted on the walls of service provider offices will provide residents a mechanism for recognizing where they should be receiving CPPC caliber treatment.

Reduce the focus placed on the operation of Wraparound and on the community-based caseworker as THE primary elements of CPPC. While each of these elements is important, other components of the partnership like parent engagement, community buy-in, agency coordination, and the development of neighborhood networks should also be promoted as critical to the success of CPPC.

#### *Medium-Term Recommendations (6-9 Months)*

Conduct meetings with agency leadership to develop clarity on a common mandate and decide upon ways to coordinate in order to reach collective goals. This requires engaging top decision-makers at various agencies, ranging from the police department to Portland Public Schools to the public assistance offices.

Provide mechanisms for cross training of workers. Specifically, cross training of police and caseworkers, and of TANF and general assistance workers with caseworkers and community organizers, would be valuable.

Develop memorandums of understanding. Create memorandums of understanding that contain the general agreement, as well as a template for specifying specific organizational commitments. These should also include agreements on confidentiality and information sharing.

#### *Long-Term Recommendations*

Conduct quarterly case conferences with front-line workers and senior leadership of stakeholder agencies. Such conferences will facilitate understanding of differing mandates and philosophies, while promoting a gradually consolidated common approach toward providing families with coordinated support.

Reconciling disparate missions, approaches, and philosophies. Develop an engagement plan for all current and potential players (and all potential spoilers) for CPPC. This entails designing and carrying out a strategy for reconciling the conflicting missions, approaches, and philosophies of potential stakeholders, figuring out what their interests are in the partnership and

what their limitations are, and determining what kind of agreement would enable them to be involved.

Perhaps a key challenge here is that people are reluctant to be associated with CPS as they currently understand it and its work; sequencing may have to involve demonstration of CPS desire to change its practice, and the efforts it has made to change its practice, followed by agreement of multiple parties to sign on to this effort and be associated with it.

## Sustainability

### *Short-Term Recommendations (3-6 Months)*

Identify an individual to take Frances Ryan's place as CPPC Coordinator upon her full-time return to DHHS. Continuity of the CPPC Coordinator position will be crucial to the sustainability of the partnership. At this point, it does not appear that operations are sufficiently solidified to shift Frances' responsibilities to the leadership or planning group. If at all possible, a full-time employee experienced with the partnership should be recruited to take on this position.

### *Medium-Term Recommendation (6-9 Months)*

Encourage agencies to shift existing resources to Bayside and Parkside. Acquiring new funding for the partnership will pose a continual challenge. CPPC and stakeholder agencies should leverage their existing resources by collectively investing them in Bayside and Parkside. Turning these neighborhoods into high-resource neighborhoods where families have comprehensive services and support will ultimately enhance the outcomes of each individual stakeholder agency, as well as the outcomes of the partnership.

### *Long-Term Recommendation*

Identify long-term funding sources. Investigate the possibility of using Medicaid funding for family team meetings. Look into using categorical funding to finance specific components of the partnership.

## Summary of Recommendations

### *Short-Term Recommendations (3-6 Months)*

#### Community Buy-in

- Conduct community outreach events to gain resident buy-in.
- Begin engaging interested parents in the partnership through a parent advisory group, as family support partners, informal supports and/or by providing needed support.
- Engage inactive stakeholders like churches, faith-based organizations and immigrant/refugee cultural groups.

#### Operational Design and Implementation

- Increase access to information about resources.
- Develop a parent advocate training program in order to decrease difficulties of navigating multiple systems.
- Use parent advocates to ensure that family team meetings are family driven.
- Create a website that includes list of needs, list of resources, and needs/time bank.
- Develop an oversight committee, responsible for a feedback loop for complaints.
- Create a CPPC checklist, resident cards, and stakeholder certificates.

- Reduce the focus placed on the operation of Wraparound and on the community-based caseworker as THE primary elements of CPPC.

#### Sustainability

- Identify an individual to take Frances Ryan's place as CPPC Coordinator upon her full-time return to DHHS.

### *Medium-Term Recommendations (Next 6-9 Months)*

#### Community Buy-In

- Use network survey to develop a strategic sequence for reaching agreements with stakeholders.
- Draw in missing service providers and stakeholders.

#### Organizational Capacity

- Ensure that CPS hiring policies are conducive to the long-term development of family-centered and family-driven processes. Conduct re-trainings with caseworkers to orient them toward family driven processes.
- CPS should track a wider set of data within MACWIS.

#### Operational Design and Implementation

- Conduct meetings with agency leadership to develop clarity on a common mandate and decide upon ways to coordinate in order to reach collective goals.
- Provide mechanisms for cross training of workers.
- Develop memorandums of understanding.

#### Sustainability

- Encourage agencies to shift existing resources to Bayside and Parkside.

### *Long-Term Recommendations*

#### Organizational Capacity

- Promote front-line practice that strengthens families and does not derail them.

#### Operational Design and Implementation

- Conduct quarterly case conferences with front-line workers and senior leadership of stakeholder agencies.
- Reconcile disparate missions, approaches, and philosophies.

#### Sustainability

- Identify long-term funding sources.

## CONCLUSION

Portland's Community Partnership for Protecting Children is clearly positioned to achieve its mission of keeping children safe through the collaborative efforts of a great number of stakeholders. In working toward this mission, CPPC can have a strong positive impact on the prevention and reduction of child abuse and neglect in Bayside and Parkside, as well as on the

lives of community residents and families, in general. Successfully fulfilling CPPC's mission, however, requires strategic design of the partnership's operation and concerted efforts to build the capacity of CPPC and to build support for it. Focusing on the areas of community and stakeholder buy-in, organizational capacity, operational design and implementation, and sustainability will enable CPPC to operationalize its mission and realize its vision of neighborhoods where children and families are safe and supported, as a result of the coordinated efforts of stakeholder organizations and supports.

## **Appendices**

Appendix 1: Traditional Child Welfare – Detailed Narrative

Appendix 2: Additional Detail on Focus Groups

Appendix 3: Focus Group Questions

Appendix 4: Focus Group Handouts

Appendix 5: Facilitator Feedback Form

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Appendix 9: Additional Description – Portland, Maine

Appendix 10: Network Survey

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Appendix 12: Membership Lists – Leadership Group and Planning Committee

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## Appendix 1: Traditional Child Welfare – Detailed Narrative

Involvement in the child welfare system involves various processes and several key decision points. The first encounter with the child welfare system takes place when a report of child abuse or neglect is made to the 24-hour Child Protective Intake Unit. Abuse or neglect is defined as “a threat to a child’s health or welfare by physical or mental injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the child.”<sup>66</sup> Various categories of individuals are “mandated reporters” and are therefore required to “report, or cause a report to be made if you know or have reasonable cause to suspect that a child has been or is likely to be abused or neglected.”<sup>67</sup> The list of mandated reporters is quite long and includes such categories as school, social services, law enforcement, medical, mental health, and child care personnel.<sup>68</sup>

**Reporting:** Once the report is made, the intake unit determines whether or not it is appropriate. An appropriate report “meets the statutory definition of child abuse and/or neglect and meets the Bureau’s Appropriate to Accept for Assessment Criteria.” These include reports of sexual abuse, physical abuse, neglect, or emotional maltreatment. The Intake Unit must transfer appropriate reports to the District Office within 24 hours, and the assigned caseworker must make a first contact and home visit within 120 hours (5 days) of the report.<sup>69</sup>

**Assessment:** As stated in Maine’s Child and Family Policy, the assessment policy “focuses on strengths as well as needs...[and] focuses on assessing the signs of safety, risk and danger and their impact on child safety as well as assessing for child abuse and neglect types.”<sup>70</sup> Assessment includes, among many other areas, exploration of family history, history of agency involvement, criminal background check, signs of risk, referral needs of both children and parents, substance abuse, domestic violence, and family strengths.

**Decision Points:** At various points in the process, the caseworker and supervisor make critical decisions about each child’s case. Maine’s Child and Family Policy highlights the following decision points:<sup>71</sup>

- 1) Preliminary Safety Decision: The worker assesses signs of safety, risk and danger, and determines whether or not a safety plan is needed. The safety plan is created in consultation with the parent/caregiver. If the assessment worker ascertains that the child is safe, the assessment may be closed at this point.
- 2) “Decision about whether this is a family in need of Child Protective Services:” Criteria for making this determination include (among others) “history of repeated abuse and neglect,” lack of parent willingness or capacity to change behaviors compromising the child’s safety, and failure of the safety plan. If the caseworker determines that the

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<sup>66</sup> Maine Bureau of Child and Family Services. Child and Family Policy, Introduction. Effective February 15, 2000 and updated November 2002. Retrieved online: <http://www.maine.gov/dhhs/bcfs/policy/policy.htm>.

<sup>67</sup> Department of Health and Human Services Office of Child and Family Services. Mandated Reporter Training, Unit 1. <http://www.maine.gov/dhhs/bcfs/cps/cpsunit1c.htm>, 2004.

<sup>68</sup> Child and Family Services and Child Protection Act, Chapter 1071, Subchapter 2: Reporting of Abuse and Neglect. Retrieved on-line: <http://janus.state.me.us/legis/statutes/22/title22sec4011-A.html>.

<sup>69</sup> Maine Bureau of Child and Family Services. Child and Family Policy, Section IV.C. “Intake Screening and Assignment.” Effective February 15, 2000 and updated November 2002. Retrieved online: <http://www.maine.gov/dhhs/bcfs/policy/policy.htm>.

<sup>70</sup> Maine Bureau of Child and Family Services. Child and Family Policy, Section IV.D. “Child Protection Assessment.” Effective February 15, 2000 and updated November 2002. Retrieved online: <http://www.maine.gov/dhhs/bcfs/policy/policy.htm>.

<sup>71</sup> All quotes and information on decision points taken from Child and Family Policy: IV.D. Child Protection Assessment, August 3, 2006.

family is not in need of Child Protective Services, the case is deemed “unsubstantiated” and closed, although it could be referred to a community intervention program.

- 3) Child Protection Assessment Decision: “This decision is reached after critical case member interviews, collateral contacts, home visits, and a Family Team Meeting.” The caseworker assesses safety of the child, strengths and needs in terms of “developmental and well being aspects of these children,” caregiver’s strengths and needs, permanency, stability, and support systems.

At this point, a Family Plan is created together with the family through a family team meeting.

If the family is unable to make changes to ensure child safety and well being in accordance with the family plan, the child may be removed and placed in a foster home or residential care, depending on the needs of the child. Once a child is removed, “the worker will offer to provide, arrange, or coordinate services and kindly and firmly advise the parents, from the first moment, that lack of rehabilitation on their part could result in the termination of their parental rights.” The birth parents remain in contact with the child through supervised visits, and the parents may work toward family reunification and rehabilitation in accordance with their own “Court Rehabilitation and Reunification Plan.” The case is reviewed within three months, and subsequently, every three months. A final assessment of the case must be made within one year. If a determination is made that reunification will be detrimental to the child’s safety, parental rights may be terminated, and the child may be adopted or placed in residential care.

The mandating of family team meetings for every family with an open case is a relatively progressive practice. This represents a major step forward on the part of the department in terms of developing both individualized courses of action for families and involving families in their own decision-making. Prior to implementation of this practice, decisions about a child were often made without consultation of the parents. At times, caseworkers would arrive at a home to remove a child unannounced.

## Appendix 2: Additional Detail on Focus Groups

### Focus Groups

During the week of January 21-January 26, three focus groups were held in the Bayside and Parkside neighborhoods. All three were intended to be parent focus groups, although one focus group had only interpreters, but no parents in attendance. Each focus group had two facilitators – one whose primary responsibility was to facilitate discussion and the second, who took notes and added questions and comments, as necessary. At each focus group, parents received refreshments and a \$50 gift card to Hannaford, a local supermarket. Participants were informed in advance that their responses would be kept confidential unless there was an indication of a threat to the safety of a child. While this caveat had the potential to compromise the honesty of participant responses, we wanted to ensure that they remained aware of the limitations of confidentiality. The questions were agreed upon in advance, after some deliberation, by the Assessment Sub-Committee, although facilitators did deviate at times from the script to accommodate the flow of conversation. Below are specific details about each focus group.

The first focus group was advertised as a “Mom’s Group” in Unity Village/Bayside’s Neighborhood Center. Dory Waxman, the community organizer for Bayside, personally invited local residents and also posted fliers in the neighborhood. Of the six total participants, two attended as a result of personal invitations, two heard about it by word of mouth, and two came because of posted fliers. The focus group took place from 9:15 to 11:30 on Monday morning, January 22, 2007. Dory Waxman and Suzanne Patt facilitated. For the first 45 minutes, there was only one person there. Subsequently, two additional participants came, and finally an additional three participants arrived.

Although participants did not immediately begin talking or sharing stories, they spoke quite openly after a few minutes had passed. Interestingly, the focus group served as a support group, as a forum for the participants to share useful information with one another, and as a method for developing community support for the initiative. Several participants expressed interest in being involved in the Community Partnership, either in a professional capacity or in a decision-making role. They often corroborated one another’s opinions about needs and challenges. The experiences participants shared made clear that, in several cases, the mothers could benefit from some extra support. Findings from all three focus groups are enumerated below.

The second focus group was held on Thursday morning, January 25, 2007 in the context of an ESL class for parents of children enrolled in the Head Start program at the Parkside Neighborhood Center. Seven female participants were in attendance, in addition to four interpreters for Spanish, Persian, Acholi, and Sudanese. It is important to note two key facts about the interpreters: first, that two were male, a fact that may have resulted in less forthcoming responses from the female participants, and second, that the translators at times added their own responses to the questions before translating questions. It also appeared that some interpreters were carrying on conversations with participants without translating the entire conversation. That being said, important information was gathered from the participants. The focus group took place from 9:30 to 11:00am and was facilitated by Zoe Miller, Director of the Parkside Neighborhood Center, and Suzanne Patt.

The third focus group took place at 6pm on Thursday evening, January 25, 2007. The focus group was publicized through fliers posted in five languages (English, Spanish, Acholi, Arabic, and Khmer) in the two neighborhoods and minimal word-of-mouth publicity. Unfortunately, it turned out that this was not an effective way to recruit participants in these two neighborhoods. A greater emphasis on word-of-mouth publicity would probably have been more effective.

Although the intended audience did not arrive, four interpreters were there to translate Spanish, Acholi, Sudanese, and Khmer. Thus, we held a “service provider” focus group for these four interpreters, two male and two female. While none of them lives in the neighborhood in question, they do frequently encounter the immigrant and refugee population.

Other members of the assessment committee held focus groups with school personnel at the Nathan Clifford School on February 15, 2007 and with teens at the Preble Street Teen Center on February 16, 2007.

## Appendix 3: Focus Group Questions

### Recommended Parent Questions

A group of people and organizations have started thinking about ways to improve the safety and health of kids and families in Bayside and Parkside. The Community Partnerships for Protecting Children is hoping to work with community residents to do this by making sure the right kinds of services and supports are available in the neighborhoods and are accessed before a time of crisis. We believe that identifying and using strengths to address current needs of the residents and neighborhoods will help people build stronger support networks and will in turn improve family and neighborhood safety. We want to hear from you today about a range of issues including what is working in Bayside/Parkside, what isn't working, what should ideally be put into place, and what you think is possible.

*Overall Tone: you know the neighborhood best – what are the neighborhood's (and residents') strengths and needs?*

1. Sense of Community Safety
  - Have you or your children ever felt unsafe in your neighborhood, at home, in your child's school, or anywhere else?
  - Where did you or your children feel unsafe? When?
  - Are there times and/or places in your neighborhood where you do feel safe?
  - Where and when?
  
2. Knowledge of, access to and use of services/ supports and gaps to fill (This is the note card/poster board exercise.)
  - Have any situations or problems caused you stress in the last week? In the last month? In the last few months? (Let's write these on the note cards.)
  - Can you think of any other problems, not yet listed here, that might cause stress to you or people you know in the neighborhood?
  - How small or big is each of these problems - rank 1 (smallest) to 5 (largest)?
  - How frequently or infrequently does each of these problems occur?
  - Who do you go to for help or support for each of these problems?
  - How likely would you be to actually go to this person or use these resources – rank 1 (not likely) to 5 (very likely)?
  - Are there any other resources that you use or people you go to for support?
  - What about DHHS? Would you be likely or unlikely to reach out to DHHS for support? Do you know anyone who's had experience with DHHS? What did you hear from them?

\* Use provided scale, poster board, and note cards.
  
3. What resources can people in the community offer/share with one another?
  - What kind of contact do you have with your neighbors – do you know them, would you like to, what do you need to know to feel more comfortable?
  - What kinds of resource or support have you offered to your neighbors?
  - What kinds of resources or support have your neighbors offered you (and what have you used)?
  - What would entice you to become involved?

4. How can the community/neighborhood offer support to parents?
  - Show the participants draft diagram of potential CPPC model, providing an explanation.
  - Do you think this would work in your neighborhood?
  - Does it make sense?
  - Are there any pieces that are confusing or hard to picture?
  - Are there any suggestions you could make in order to make it better /more likely to be used?
  
5. Process questions (Participant Questionnaire)

### Used Parent Questions

Community Partnerships for Protecting Children is a way of keeping children safe in their families, neighborhoods and communities. It is an approach where the child welfare agency (DHHS) works in partnership with community members and local organizations to make sure the right kind of services and supports are available for children and families and are used before a time of crisis. It is based on the following beliefs:

- Children’s safety depends on strong families and strong families depend on supportive connections with a broad range of people, organizations, and community institutions.
- Children should live with families (birth parents, relatives or foster families), not in institutions, whenever possible.
- Youth, birth parents, kin, community members and foster parents should be involved in decisions about children.

The Community Partnerships for Protecting Children approach consists of four core elements:

1. Strengths based services and supports (supports are based on individual needs)
2. Child Protective Services policy, practice and culture change (more open- more community involvement and more family friendly)
3. Neighborhood support networks (Making sure the right supports are available and work together)
4. Shared decision making among neighborhood residents and community members (Neighborhood Leadership Group- listening on a regular basis to what residents and community members have to say about what is or is not working and what is needed for change)

A group of people and organizations have been talking about how to develop Community Partnerships for Protecting Children in Portland, starting with the Bayside and Parkside neighborhoods. The people working on this are:

- PROP- Parkside Neighborhood Center – Zoe Miller
- Bayside Neighborhood Association- Dory Waxman
- Portland DHHS Child Welfare Services – Louise Boisvert, Karen Small, Mary Ellen Welch, Frances Ryan
- Children’s Advocacy Council – Andrea Paul
- City of Portland Health and Human Services – Doug Gardner
- Portland DHHS Office of Integrated Access and Support (Maine care, TANF) Don Comeau

- Portland School System- Mike Clifford
- Midtown and Parkside Community Policing – Michelle Lauture and Rebecca Smith
- City of Portland Refugee Services – Regina Phillips
- Casey Family Services – Mark Millar, Florence Young
- Community Counseling Center –Melania Turgelsky
- Family Crisis Center – Jen White
- Maine Medical Center/Spring Harbor Hospital- Barbara Fowler
- United Way- John Shoos

We want to hear from you today about some important areas related to child and family safety. This information will help to determine how Portland's Community Partnership develops and how people living in Bayside/Parkside can best get the support they may need to make sure children are safe in their homes, neighborhoods and communities. We believe that using strengths to address current needs of residents and neighborhoods will help people build stronger support networks and will improve family and neighborhood safety.

1. What strengths and resources can people in Bayside/Parkside share with one another?
  - What kind of contact do neighbors have with each other- do people in the neighborhood know one another? What might help people feel more comfortable interacting with their neighbors?
  - What kinds of resources or supports have you offered your neighbors or have they offered you (and what have you used)?
  
2. What are the biggest problems/stressors currently facing families and children who live in Bayside/Parkside?
  
3. Where do people living in Bayside/Parkside go for help and support? Who do they go to?
  
4. What about DHHS? Are people likely or unlikely to reach out to DHHS for support? Are there things that DHHS could do differently to be more accessible/open and supportive to children and families?
  
5. We are trying to figure out how families can best get assistance and support from the Community Partnership – We have started to develop a draft diagram to show what this might look like- (Show diagram and explain)
  - Do you think this would work in Bayside/Parkside?
  - Are there any suggestions you could make in order to make it better /more likely to be used?

Thank you for your input and your time!

Please complete the participant questionnaire before leaving.

We are interested in increasing community member involvement, so please let us know if you would like to be involved or help in any way (sign up sheet).

Please make note of any questions/concerns that were raised and still need answers/response. People should be directed to contact CPPC Coordinator Frances Ryan @ 822-2316 or [frances.ryan@maine.gov](mailto:frances.ryan@maine.gov) (or just take their name and I will be in contact).

### Adapted Parent Questions

Do you know your neighbors?  
Have you ever turned to neighbors for help?  
Have your neighbors ever turned to you for help?

Have any situations or problems caused you or people you know stress within the last month?  
Please tell us about them- What was the problem? What did you do to deal with it? Did it work or is it still a problem?

Where do you and people you know in your neighborhood go for help and support with problems like these?

What do you do when you have problems with your kids? Who do you turn to for help?

What about DHHS- would you or people you know think of reaching out to DHHS for support?

What do you or people you know think about Child Protective Services?

We're working with a lot of different agencies to change the approach to working with children and families so that everyone is working together and that people really get the kind of support that they need. What do you think is important to make that happen?  
How do you think this kind of model would work?

## Appendix 4: Focus Group Handouts

# Community Partnerships for Protecting Children

Do you feel that your children and family are safe in your community?

Do you feel connected to the people in your neighborhood?

Do you ever feel like you need some extra support? Do you know where to go when you need it?

If these are questions you think about sometimes, you should know that there are other people who are thinking about them, too.

Why?

Because keeping children healthy and safe is not a one-person job, and making sure that kids are safe is everyone's business.

Who are we?

We are a group of community members getting together to figure out how we can make sure that children and families in Bayside and Parkside are safe and healthy. We are already a diverse group of people, from different organizations and backgrounds, but we're looking for even more people to join us so that we can together develop the best possible plan for keeping families supported and keeping kids safe.

What do we hope to achieve?

We are working on ways to help families keep their children safe and healthy at home and in their neighborhoods - through forming neighborhood networks of people who look out for each other and help each other, all for the simple purpose of keeping kids safe.

How can you join us?

We are holding focus group meetings in January to find out what is working in our neighborhoods, what needs work, and what could help.

If you or anyone you know is interested in joining this effort, please contact:  
Bayside: Dory Waxman, Bayside Neighborhood Association 415-0769  
Parkside: Zoe Miller, Parkside Neighborhood Center 874-1023  
Planning Committee: Frances Ryan, CPPC Coordinator 822-2316  
Appendix 5: Facilitator Feedback Form

Community Partnerships for Protecting Children  
Community Assets and Needs Assessment Focus Groups

### Facilitator Feedback

Facilitator/Recorder Names: \_\_\_\_\_

Date and Location of Meeting: \_\_\_\_\_

Focus Group Type: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

How did the focus group go in general?

Were there questions that caused confusion/needed clarification?

Were there any questions that generated more discussion than others?

Do you have recommendations to make for future focus groups – questions to adjust, clarify, ask differently etc.?

Is there any follow up needed as a result of the meeting discussion?  
If so, with whom?

Please attach focus group notes to this form and return to:  
Frances Ryan @ 161 Marginal Way Portland, ME 04101 or  
[frances.ryan@maine.gov](mailto:frances.ryan@maine.gov)

Appendix 6: Participant Questionnaire

Date of Meeting: \_\_\_\_\_ Facilitator(s): \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Ethnicity (Optional): \_\_\_\_\_

Primary Language: \_\_\_\_\_

\*\*\*\*\*

- 1) If you are a Parent:  
 a. Number of children \_\_\_\_\_ and Ages \_\_\_\_\_  
 b. Do they live with you? (circle) YES NO  
 c. If you have school age children, where do they attend school?

- 2) a. Do you work in Bayside or Parkside? (circle)  
 YES NO  
 If yes, what neighborhood (circle)?: Bayside Parkside
- b. Do you live in Bayside or Parkside?  
 YES NO  
 If yes, what neighborhood (circle)?: Bayside Parkside
- c. For how long?

WORKING	LIVING
_____ Less than 1 month	_____ Less than 1 month
_____ 1 to 6 months	_____ 1 to 6 months
_____ 6 months to 1 year	_____ 6 months to 1 year
_____ 1 to 3 years	_____ 1 to 3 years
_____ 3 or more years	_____ 3 or more years

- 3) Did the facilitators ask the right kinds of questions?
- 4) Were there any questions that were left out? If so, what were they?
- 5) Should we do anything differently for future focus groups?
- 6) What is the most important thing to know about people's lives in Bayside and Parkside?

Completion of this form is optional, and your participation is greatly appreciated

## Appendix 7: Interviews and Meetings Attended

### Partner Interviews

Andrea Paul  
Barbara Fowler  
Dory Waxman  
Frances Ryan  
Jen White  
Karen Small  
Louise Boisvert  
Mark Millar  
Mary Ellen Welch  
Melania Turgelsky  
Michelle Lauture  
Mike Wilson  
Rebecca Smith  
Zoe Miller

### Expert Interviews

Judy Meltzer  
Lisa Paine-Wells  
Multi-Site Conference Call:  
    Nelson Knight  
    Tena Thompson  
    Clare Anderson

### Meetings Attended

Assessment Committee  
    October 27, 2006  
    November 3, 2006 (by conference call)  
    November 20, 2006 (by conference call)  
    February 2, 2007 (by conference call)

### Family Team Meetings

    January 2007 (2 meetings; exact dates withheld for confidentiality purposes)

### “It” Group

    December 1, 2006  
    December 6, 2006 (by conference call)

### Leadership Group

    October 6, 2006

### Planning Group

    November 7, 2006 (by conference call)  
    January 8, 2007  
    January 22, 2007  
    February 26, 2007 (by conference call)  
    March 12, 2007 (by conference call)

Parkside Neighborhood Association  
January 11, 2007

Partnership for Homeless Youth  
January 12, 2007

Stakeholder Meeting  
March 1, 2007

Wraparound  
January 24, 2007 (Training)  
January 26, 2007 (Collaborative Board Orientation)

## Appendix 8: Data Request<sup>72</sup>

### Data Request

Suzanne Patt

Community Partnerships for Protecting Children

917-655-6313

[suzanne\\_patt@ksg07.harvard.edu](mailto:suzanne_patt@ksg07.harvard.edu)

In Bayside and Parkside (or if not available, then in District, Cumberland County, or if not available, then statewide):

- 1) Primary reasons for opening case and frequencies of the reasons
- 2) Cases in Bayside and Parkside
  - a. Number of kids coming into care in Bayside and Parkside
  - b. Number placed within neighborhood
  - c. Number placed within city of Portland
  - d. Number placed with relatives
- 3) Reports within Bayside and Parkside
  - a. Number substantiated
  - b. Number unsubstantiated
  - c. Number inappropriate (if you track this?)
  - d. Of unsubstantiated reports, how many are re-reported and substantiated?
  - e. Breakdown of categories of individuals making reports in Bayside and Parkside
- 4) Service referrals and Medical Referrals in Bayside and Parkside
  - a. Range and average number of service referrals per case (for children and parents)
  - b. Total number of service referrals in Bayside and Parkside
  - c. Range and average number of medical referrals per case (for children and parents)
  - d. Total number of medical referrals in Bayside and Parkside
- 5) Family Team Meetings
  - a. Categories of individuals involved in meetings and frequency for each category
  - b. Total number of cases with family team meetings used
- 6) Conformance with national standards on data indicators, outcomes, and systemic factors (following CFSR data)
  - a. Updated CFSR ratings for safety, permanency, and well-being outcomes and for systemic indicators for Parkside and Bayside (if available) or for district

\* If it is possible to derive from MACWIS case by case data that includes these and/or other variables, I would definitely benefit from seeing the raw data.

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<sup>72</sup> Due to capacity constraints and turnover within DHHS, we were unable to acquire the data in time for this paper.

## Appendix 9: Additional Description – Portland, Maine

### Refugee and Immigrant Services

Portland's Health and Human Services Department Social Services Division operates a Refugee Services program serving both refugees coming directly from their countries of origin and "secondary migrant refugees" coming from other places in the U.S. In 2005, Refugee Services served 385 unduplicated individuals in Portland. Almost half (190) were from Somalia, and over a quarter (120) were from Sudan. Smaller numbers originated from Congo, Zaire, Afghanistan, Cambodia, Vietnam, and other countries.<sup>73</sup>

### City Governance

The city operates under the "council-manager form of local government, led by a Mayor (Nicholas Mavodones, Jr.) and City Council, with representation from district and at-large council members and a City Manager (Joseph E. Gray).<sup>74</sup> The City Manager oversees a variety of offices including the city's office of Health and Human Services, which houses both the Public Health and Social Services divisions. The local Department of Health and Human Services and its Office of Child and Family Services are county offices, with jurisdiction over Cumberland County, the county that includes Portland.

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<sup>73</sup> City of Portland Health and Human Services Department Social Services Division Refugee Services Program, Refugee Services Program Year End Report FY 2005, 2-7. Retrieved on-line:

<http://www.ci.portland.me.us/hhs/hhsreports.asp>.

<sup>74</sup> Portland, Maine City Manager's Office Website. <http://www.portlandmaine.gov/citymanagers/default.asp>.

## Appendix 10: Network Survey

### Portland Community Partnership for Protecting Children

Dear CPPC Stakeholders,

This survey is designed to give us insight into the networks that exist within Portland's Community Partnership for Protecting Children. Your responses will be used to gain a better understanding of the design and functioning of the community partnership. The information you share will only be used for planning purposes, and will not be publicized. In order for the results of this survey to be valid, it is vital that every person respond. The survey should take approximately 10-15 minutes to complete. If you have any questions, please feel free to contact me (Suzanne Patt) at 917-655-6313 or by e-mail at [suzanne\\_patt@ksg07.harvard.edu](mailto:suzanne_patt@ksg07.harvard.edu). Thank you very much for your participation.

Suzanne

1. Please enter your name, the name of your organization, and your position.

Name

Organization

Position

2. How long have you lived or worked in the Portland community?

Less than 1 year

1 - 3 years

4 - 7 years

8 - 10 years

11 - 20 years

More than 20 years

Other (please specify)

3. How much of your time is spent on issues or projects related to CPPC?

Less than 1 hour per month

Less than 1 hour per week

1-3 hours per week

4-8 hours per week

2-3 days per week

More than 3 days per week

Other (please specify)

4. Which of the following best characterizes your primary interest in involvement in the partnership?

Support for families

Reduction in child abuse and neglect

Enhanced achievement of organizational goals

Reduction in foster care and residential placements

Neighborhood Improvement

Public Safety  
 Other (please specify)

5. Which of the following best characterizes your primary concern about the community partnership?

- Sustainability
- Interagency coordination
- Leadership challenges
- Problems with cooperation
- Other (please specify)

6. For each of the following people, please check as many boxes as characterize your interactions with them.

	Talk to about work related Issues	Interact with informally	I understand the work he/she does	Communicate with regarding CPPC	Is influential in driving this forward
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Abeir Ibrahim	City of Portland
Andrea Paul	Youth Alternatives
Barbara Fowler	MMC/Spring Harbor Behavioral Health
Bill Preis	Portland Police Department
Christine Grant	Casey Family Services
Connie Ostis	USM School of Social Work and Liaison to DHHS
Deda Dhalal	City of Portland Refugee Services Program
Don Burke	Day One
Don Comeau	DHHS - OIAS
Dory-Anna Waxman	Bayside Neighborhood Association
Douglas Gardner	HHS, City of Portland
Efrem Weldemichael	City of Portland
Florence Young	Casey Family Services
Frances Ryan	CPPC/DHHS
Gloria Melnick	Youth Alternatives
Hussein Derie	City of Portland
Jen White	Family Crisis Services
Jim Beougher	DHHS-OCFS
John Coyne	State of Maine Department of Corrections
John Shoos	United Way
John Yanga	Sudanese Community
Jon Bradley	Preble Street

Julia Riley	Youth Alternatives
Karen Seymour	Portland Parks and Recreation
Karen Small	OCFS
Kimberley Couturier	Cumberland County YMCA
Linda Littlefield	DHHS-OIAS
Louise Boisvert	DHHS-OCFS
Margie MacDonald	Multilingual Office Portland Public Schools
Mark Millar	Casey Family Services
Mary Ellen Welch	DHHS-OCFS
Mary Jean Mork	Spring Harbor/MMC
Melania Turgelsky	Community Counseling Center
Michael Patterson	Parkside Neighborhood Association
Michelle Lauture	Parkside Community Policing
Mike Clifford	Portland Public Schools
Mike Mack	Juvenile Community Corrections
Mike Tarpinian	Youth Alternatives
Mike Wilson	Portland Housing Authority
Pat Konon-Carrol	Family Crisis Services
Priscilla Dreyman	Spiral Arts
Rachel Posner	DHHS-Children's Behavioral Health Services
Rebecca Smith	Midtown Community Policing
Regina Phillips	City of Portland
Renee Leavitt	Spring Harbor/Maine Medical Center Child Psych
Ron Spinella	Bayside Neighborhood Association
Silver Woodward	Family Crisis Services
Simeon Allolding	City of Portland
Susannah Ford	NAACP/OCFS
Virginia Dearani	Kalila Oon
Wendy Dubois	Youth Alternatives FIS
Zoe Miller	PROP Parkside Center

## Appendix 11: Recommendations for Additional Stakeholders from Network Survey Respondents

### Business

- Model Foods
- Portland Business District
- Community Counseling
- Lado Laddoka
- Local furniture companies

### Child Care

- Linda Elias, Community Connections
- List of all neighborhood daycare
- St. Elizabeth's
- PROP

### Criminal Justice

- Christine Thibeau, Assistant District Attorney
- Individual police officers
- Adult and juvenile drug court

### Schools

- Portland High School
- Jeanne Smith, LCYDC, Project Impact
- Jeanne Vickers Whynot, Assistant Superintendent, Portland Public Schools
- Portland Public Schools' social workers/counselors
- Eleanor Mavodones, Chip Cain, Kathryn Hass, Sophie Payson Rand, Kathy Randall, Phil Studwell and other Portland school social workers

### Employment

- All neighborhood work possibilities
- YBA/Portland west

### Health

- Substance abuse representative
- Adult Mental Health and Substance Abuse-Crossroads for Women
- Local Family and Pediatric practices
- Portland Public Health
- MMC Family Practice

### Legal

- Ned Chester
- Pine Tree Legal
- Beth Stickney, ILP
- GAL's , AAG's, Lawyers for clients

### Other

- Dinka Community in Portland
- Catholic Charities
- Landlords in the neighborhoods

## Appendix 12: Membership Lists – Leadership Group and Planning Committee

### Leadership Group

Andrea Paul, Children’s Advocacy Council

Doug Gardner, City of Portland, Health and Human Services

Frances Ryan, DHHS, Office of Child and Family Services

Louise Boisvert, DHHS Child Welfare Services, Program Administrator

### Planning Committee

Chair: Doug Gardner, City of Portland, Health and Human Services

Andrea Paul, Children’s Advocacy Council

Barbara Fowler, MMC/Spring Harbor Behavioral Health Network

Bill Preis, Portland Police Department

Don Comeau, Office of Integrated Access and Support

Dory Waxman, Bayside Neighborhood Association

Florence Young, Casey Family Services

Frances Ryan, DHHS, Office of Child and Family Services

Jen White, Family Crisis Center

John Shoos, United Way

Karen Samll, DHHS, Child Welfare Services, Supervisor

Louise Boisvert, DHHS Child Welfare Services, Program Administrator

Mark Millar, Casey Family Services

Melania Turgelsky, Community Counseling Center

Michael Clifford, Portland School System

Regina Phillips, City of Portland, Refugee Services

Zoe Miller, Parkside Neighborhood Center

## Appendix 13: Evaluation Plan Overview

### *Procedure for Evaluation project for the Community Partnership for Protecting Children*

#### CPPC Contact Documentation

The Contact Documentation Form should be completed at anytime a new client/family requests any information from the Community Partnerships for Protecting Children within the identified neighborhoods. This form can be filled out by anyone associated with the CPPC (stakeholder, neighborhood team member, Department staff). In addition, this form should be completed when any work has been completed for CPPC in any form. Examples include focus groups, agency informational meetings, or neighborhood awareness group. These forms should be submitted to the Community Liaison Workers in the either neighborhood and will be organized in quarterly folders.

#### **SURVEY-Neighborhood Team**

The following questionnaire will be completed on a quarterly basis by one member of the neighborhood team (Community Liaison, Community Policing, Community Child Welfare Worker or the Youth Alternatives FIS Worker) or completed in a team meeting for each client/family. The survey should be completed within the month of *March, June, September, and December*. The survey is then collected by the Community Liaison Worker and organized in quarterly folders.

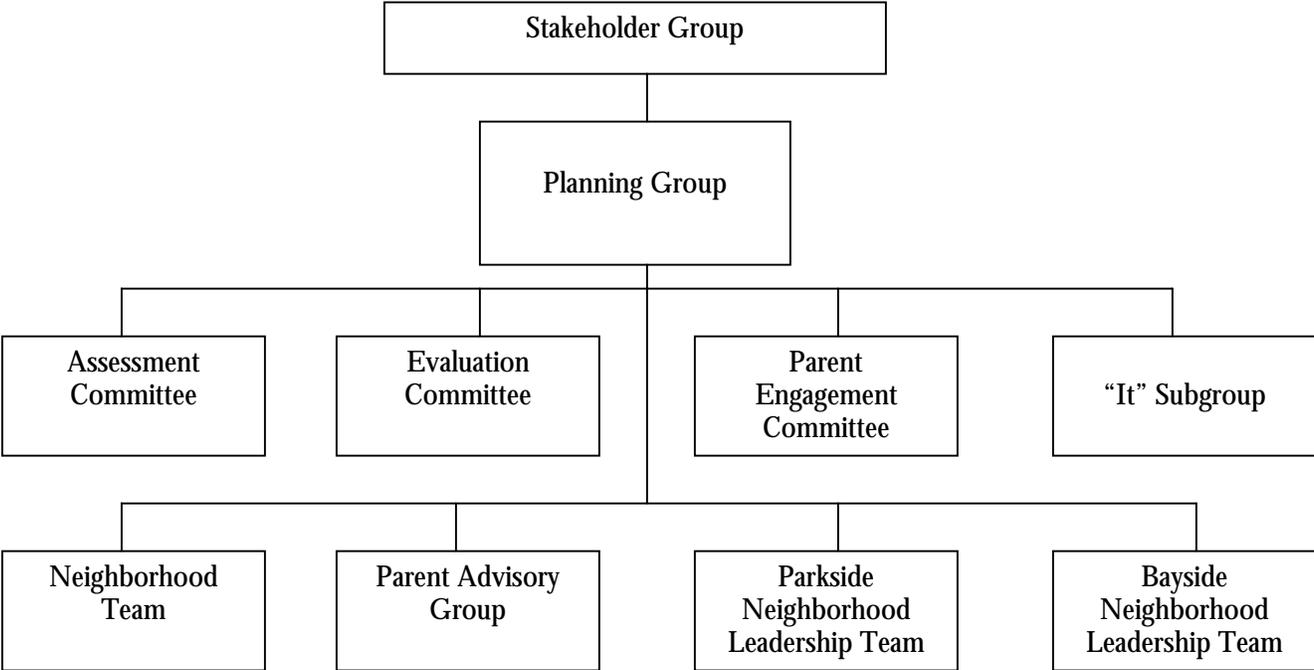
#### **SURVEY-Families**

Please ask the family to complete the survey designed for families on a quarterly basis. The families should complete the survey within the month of *March, June, September, and December*. The family should comment on the first two questions and then complete the remainder of the survey circling 1, 2, or 3 indicating their experience with the partnership. The survey is then collected by the Community Liaison Worker and organized in quarterly folders.

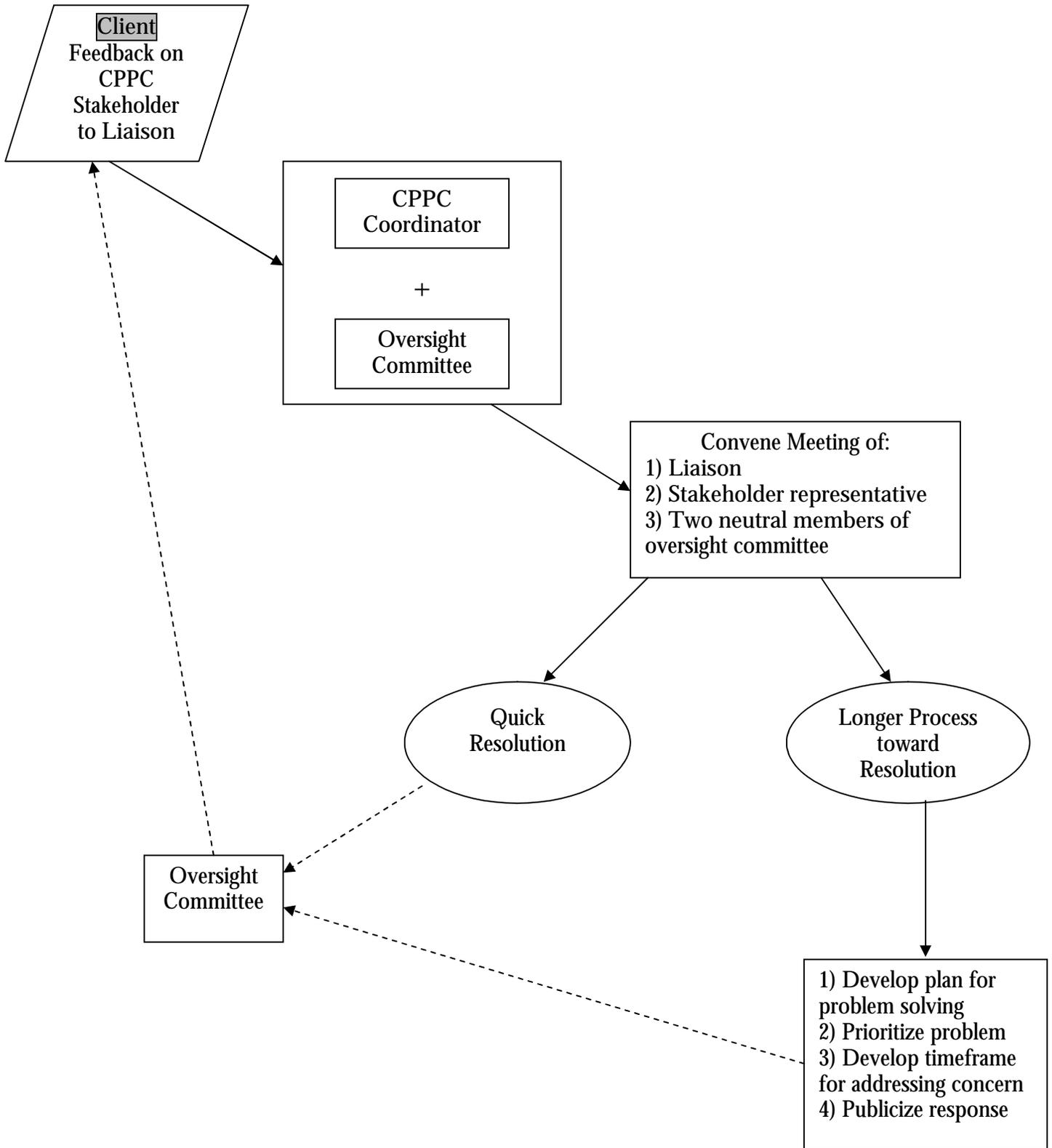
#### **Results**

The individual identified to compile the results from the data collected will obtain the quarterly files from Community Liaison Workers and results regarding protective issues from the Department of Health and Human Services. A report will be presented to the Planning Committee for the CPPC on a quarterly basis (*April, July, October, and January*).

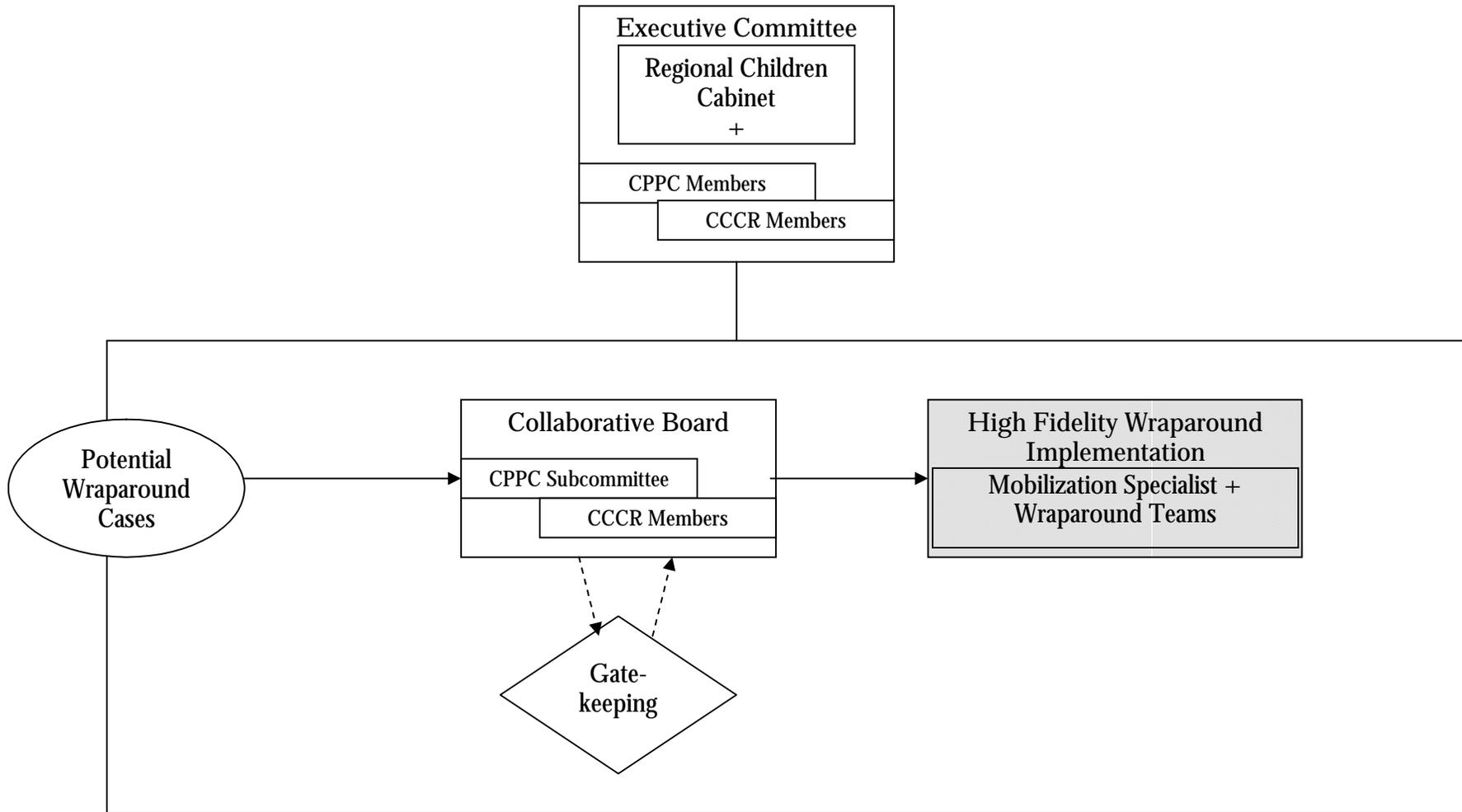
Appendix 14: Partnership Chart (Figure 7)



Appendix 15: Oversight Feedback Loop (Figure 8)



Appendix 16: Wraparound Diagram (Figure 9)



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