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Statement by Dale Hamilton collected by Charlotte Bacon on June 26, 2014

Dale Hamilton

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General Information

Private or Public Statement? Private

Statement Provider: Dale Hamilton

Date: June 26, 2014

Location: Bangor, ME

Previous Statement?

Statement Gatherer: Charlotte Bacon

Support Person: N/A

Additional Individuals Present: Carol Wishcamper

Recording Format: Audio

Length of Recording: 35:10

Recording

CB: Ok, is it workin'? Yup, that seems to be working. Um, I'm very sorry about that, I'm concerned that it's not doing that appropriately. Just going to keep a really close eye on it in terms of ah, making sure it stays on so we don't waste your time with this. But that obviously is recording 'cause the--

DH: It is.

CB: The--the, um, the sensors are, are responding. Um, so, I am Charlotte Bacon of the TRC and I am here with

DH: Dale Hamilton, Executive Director of Community Health and Counseling Services.

CB: Carol Wishcamper, Commissioner will be joining us. The file # is 201406-00053-003. It's June 26th, 2014. We're at All Soul's Church in Bangor, ME and have you Dale, been informed, and understood and signed the consent form?

DH: Yes, I have.

CB: Thank you. And um I have informed you that uh, if there's any information that's

disclosed that reveals imminent bodily harm to or risk of death to a child or to an elder, or to yourself or an identifiable person, um, that I may not be able to protect this information as confidential.

DH: Yes, I understand.

CB: Thank you. Um, we're going to start with the interview and uh, Dale told me that he has worked for 22 years in this field and that he's worked in a variety of roles, both as direct service provision, um, in mental, ah, in a mental health agencies, with group homes, anything else you want to add to that Dale?

DH: No I think, I think that's pretty much, that's-- that's the broad array and perspective that I bring in terms of being a service provider.

CB: Exactly. And, do you have a sense of how many child welfare cases you worked on?

DH: That would be difficult, becau- to say. Um, over the years, ahm, we've had different numbers of, of children in care

CB: Exactly.

DH: ah, both in treatment foster care. So, I, I really would be guessing. But it's, it's a fair number.

CB: I would imagine, over 22 years.

DH: Yeah.

CB: [00:02:10.09] Um, do you know about Maine's Indian Child Welfare Policies and the Indian Child Welfare Act? And if so, when did you learn about them these policies and the Act?

DH: I can say, that I--I'm, I'm aware of the, the act. Um, uh as far as real intimate knowledge about it. I would say that that is not an area that I know a lot about.

CB: Do you remember when it was, that you learned about it?

DH: Ahhh, I would, it was probably, um, late 90's. It was probably 5 years into my work with the organization.

CB: Do you remember if there was any, um, type or amount of training that you received in relation to the work?

DH: No, nothin' real specific. I, I think it was probably ah, goin back, mentioned, but not real specific. And I think in terms of that, that's one of the things, in terms the perspectives I bring is one of the challenges that have existed. Just not enough understanding about what the act is, but more importantly to make sure that, that what is intended in the act really carries forward. I



think that training, we--we've certainly over the years, have attempted to enhance our knowledge about the cultural awareness and um, but the extent to which that has happened is in more of a, a lack-- not a real, planful way, a systemic-- not just our organization, but systemic wide.

CB: And could you describe a situation or situations in which you or your agency, your staff, felt positive about your work with a Wabanaki child or family? Is there anything -- you have to describe in a general way if you don't mind -- so people aren't identified by name? Umm and identities are protected, people have control over that information in this process. And what were those positive outcomes? [00:04:07.29] Um, what, what was your working relationship with the Tribe and did it contribute to positive outcomes in your work? And if so, how?

DH: Uh, the- the- at - s- specifically when one situation that we were able to work with an individual to help with some training and it was a real positive uh, experience in terms of really connecting and providing our staff -- case management staff, and especially some cultural awareness in being able to do that. (*Sound of door opening, CW arriving.*) So, that was something that, that we found very reliable and it was a good relationship. And it was a person that I was familiar with before -- that, that relationship and so it just made that very positive.

CB: [00:04:51.14] Was it with a tribal chi-- child welfare person? That you were working with?

DH: Yes.

CB: Yes. And so did you provide training to them or did they provide training to you?

DH: No, they provided training for us.

CB: I see, I see. So they informed you.

DH: Uh, we were trying to address the cultural gap that, that we had in our system. Um, so that was very positive.

CB: And did that arise out of a specific case that you were working on or was it training that was provided or did the training happen because of the case that was occurring?

DH: As I recall, I, I don't think it was case specific. It was more of a general awareness that we didn't have that cultural perspective. Um, and since we, we, we, know in our system, that we work with youth um, from the tribal um, and we didn't have that experience, we didn't have the cultural piece so we wanted to enhance our knowledge, so we reached out to do that.

CB: That's fantastic, that's really great. And do you feel like it influenced the work going on,

that you...

DH: [00:05:48.12] I think it helped. I think the disconnect, though is that, there's ju- there's just not a, for lack of a better term, the, the momentum behind it from the entire system to really keep it moving forward? And so, as we provided those opportunities for the staff at that moment, um, I think it had probably the impact for individuals who were in the situation could, could benefit from that but, long term, I think it just kinda, it faded away, because there's just that -- both in our system and and others -- where, it, it just didn't carry forward after the extent that it really needs to.

CB: Thank you. Can you describe a situation or situations in which you or your agency or your staff felt less positive about your work with a Wabanaki family or a child and again, in a general way please, to protect identities.

DH: Sure.

CB: And thinking back what do you wish you did different? What was your working relationship with the Tribe in this case? And did this relationship contribute to less positive experiences and if so, how?

DH: Yeah. I-- [00:06:58.20] I can't think of a specific situation, but I think overall, um knowing that we've had youth placed in our foster homes, and so treatment foster care is, is a service and that is contracted with the Department. So the Department have youth who come into their care and custody. Treatment foster care provides treatment supports and children then are placed in foster homes. Those foster parents have relationships, contracts, with providers like us. And so we know over time that, uhm, that children have been placed from Tribes into our programs. What, what has been lacking in, when you look back on it, is just that there was no-- I can't think of a time when there was the opportunity from the very beginning, to sit down and have discussions about culture and about going forward. So I think that's, when you look at it, th-that certainly is a missing piece and is a gap uh, because th-that just wasn't there. Now, in some situations that developed, and I can think of uh some cases where we actually were able to do that. But as a general practice -- and again, looking at the bigger system, not just our organization -- that's really missing, and hasn't been in place. And I think tha- that's probably something that could certainly be improved.

CB: [00:08:23.20] As you think back over your experiences as a service provider, were you provided any instructions or training regarding any special responsibilities in working with Native American-- a Native American child?

DH: No, not outside of what we tried to pull together ourselves in terms of bringing that in. Um, that, that's the extent of it. Again, there's-- there's, that just doesn't exist. I'm not aware of that being a standard practice coming from-- and I think that's, I really see that not just provider to provider, it really needs to be more of a, an expectation, that this is what happens in those situations. I think everybody has a responsibility in that but collectively we haven't, we haven't done that.



CB: [00:09:10.09] Umhm. And did the placing agency encourage you or help you to link services or resources that would help any, a child like this, a Native child with his or her traditional tribal events, spiritual customs, social activities? Um, and you pretty much told us that that did not happen.

DH: No.

CB: Um, and uh, that so there was nothing in place for you to be able to provide those services to kids or that connection to their spiritual lives, to their customs, to their language?

DH: Correct.

CB: And so it wouldn't, this, this question, there's a, it's a very moving question, but it's um, I think you've already answered it in terms of uh, what you've said. What's your understanding of what the child in your care wanted in terms of connection with his or her tribal community? Were you, were you aware of what kids wanted or needed?

DH: No I--I, I think um, the answer, a--a, again as a general statement, um, I would, I would say no. I...if--I don't think you can if you don't have a process like that in place--

CB: Exactly.

DH: Um, you know, a lot of assumptions can be made, information in terms of what's provided at the time from the entity making the placement. Um, and those discussions and then any involvements from that point. And over the, over time, um [00:10:33.08] certainly treatment foster care has evolved and treatment services have evolved, so it's improved a lot. Early on, there was a real disconnect from families in general. Uh, that's improved, so I-- certainly in the early years that would mean that there would be real disconnect.

CB: Right.

DH: Um, I think it's improved over time.

CB: And you're saying it's for Native and non-Native kids. It's just for kids no matter where they're from or what their background happens to be that families were on the outskirts in, in, in the earlier part of your career and then are you seeing a greater integration with families in general now?

DH: Yes. There's much more of a focus in um, in our residential programs we used to see, a- adolescents placed and they would, that's where they would go. The-they'd be placed into a group home at 13 and they would age out in that setting. And a lot of disconnect. So, there's been a lot of improvement in terms of working with family systems but certainly, when you

look back and you see where that, if, if we had that as a general practice you can really see how there would be a disconnect, um, w-with the tribal community.

CW: [00:11:42.27] You may have already answered this but I'm curious about where the referrals come from. Are there foster home agencies, courts, uh hospitals, [inaudible], um?

DH: No, it would just be for treatment foster care, it's just through, um the Department of Human Services they're--

CW: OK. Got it.

DH: --they're the entity that makes those referrals.

CW: So everyone would have to refer through DHHS?

DH: Right, for, for that particular service, because it's a program for youth who are in, uh, the custody of the Department and they're, they're placing children into foster care and the treatment foster care um, is a different level, if you will, of, of the foster care system where there's more, um, mental health supports and resources that are part of that.

CB: Kids who ha-- struggling with an additional set of challenges--

DH: Yes.

CB: --and need that much more supervision and guidance--

DH: Correct.

CB: --and care. *(Pause.)* Um, these are all variations on these questions in terms of contact with Native youth, so they may or may not apply, but I'll go through them to see what else may be teased up out of your memory--

DH: OK, sure.

CB: --or other pieces of your experience that you would like to share. Uh, did or do you experience any challenges in caring for a child who comes under the Indian Child Welfare Act guidelines? Challenges can include working with agencies, the legal system, other service providers, or meeting the needs of the child? And if you have experienced them, would you describe them?

DH: Yeah, I would, I would say no, because we don't-- the, the challenges really, that was something -- I think the department plays that role.

CB: Right. They come in at that segment.

DH: Um, um and so, so they're the ones--

CB: *(Squeak of chair on floor.)* Excuse me.

DH: --that are supposed to be, they handle that connection. Um, the, the challenge really is from um, the-- being able to provide a service that is connected, um to, to family systems and um, and as I talked about, that-- that's the gap.

CB: Right.

DH: So from the Act itself, um, not so much, but--

CB: Right

DH: --from, kinda being a part of that system, of care

CW: It's carried up thr-- in a wave.

DH: Right. Exactly.

CB: And that if it's not addressed at the DHHS level, then you're still experiencing it down the line when the, the children that you're working with are entering in to the, the care that you provide.

DH: Yes.

CB: Right.

DH: Exactly.

CB: Um, and if you have ha-, have you, in any of your roles that you've uh, um, uh, taken on, had contact with tribal child welfare staff? And if so, what were the strengths of those contacts? And what were the challenges?

DH: Um, ye- yes. I think the answer is I have had contact, and most of it's been that outreach of trying to develop a, a better, um, awareness, our competency, cultural competency. Um, and it's, it's always been very positive. In, in terms of those conversations. Um, I can't remember, I don't think I've ever been um, involved directly as a direct uh service provided with a specific child, and working in that context. It's more from that administrative role of establishing relationships and being involved in conversations to bring uh, their resources to us and educate our program.

CB: [00:14:54.08] So would you describe the strengths as being um, helping, providing you with cultural competency, working with Native people? What else, what other strength would you point to, what other factors.

DH: Well I think that, that openness and willingness and I, I think almost, uh, I don't know if this is the right term, but the eagerness to want to provide that and really, you know, it's not, it was never viewed as um, "You should already know this, why don't you?" It was always, "Thank you for asking and we're more than happy to, to do that." And really, trying to meet the needs of the, our staff--

CB: Right. Right.

DH: --around that. So, uh, that, that's always been something that, in those opportunities we've um, provided, we worked collaboratively for a while but we had, and I forget which years it was, we had a clinician that um, we had, in uh, up in Calais that worked as part of their program. And it was an extension. So that was a real learning opportunity for us as well and for that clinician.

CB: Umhm. And what were the challenges would you say, working with tribal child welfare?

DH: I, I-- I think it's probably similar to other situations? Whenever you go in to a different environment, it's understanding that culture. Uh, and we've had clinicians who have worked um from an office based setting mental health program, into a school setting so there's always that cultural difference. The same is true, although, it's magnified in, in this setting--

CB: Exactly.

DH: --where you're really gaining the understanding, because if you're gonna be a provider, and be helpful, you have to understand the culture of the person you're working with and--

CB: Exactly.

DH: --and so I think, that was, probably the greatest challenge is just learning that and, and understanding that.

CB: [00:16:45.20] Yeah. And were there ways the DHHS staff provided support for your work with Native American children? Do you wish something had been more or different for the staff? And I think you've spoken to this--

DH: Yeah. I, I--

CB: --already.

DH: Yeah, I don't, not in a formal way. And as, a general rule, um-- and that's not a, um, an indictment on, on the system. Um, I think it's, you know, the individual workers, had the best intention but, it's just, when you, when you look at, it's, like you said, the way it, if, if it's not being done as a, as a practice a- at the very beginning stage of the system--

CB: The root.

DH: Yeah. If it doesn't start there then it gets further and further disconnected, and, and I, I think that's, that was missing, is how do you go from here, and really make sure that, what do



you need to do? What are the steps that you should take? What should happen? And then carry that forward and if that exists then I think it, it carries down through the process. And, and I think it, it was missing. And probably still is missing to some extent.

CB: Is that your sense, that it is still missing?

DH: I think there's some, I think it's improved. I think the recognition of the family, you can't, you can't have a practice of paying attention to the family without paying attention to all families. So I think there has been improvements over time. Um, i--it's certainly is there. Is it, is it complete? No. And there's probably a lot more work, and um, I think the process that you're going forward with will probably show some of that an,

CB: We are very hopeful! And it's because people like you are brave enough to come and inform us. Again, educate us about what it is that needs to change from their very, very wise and seasoned perspective. Um, it's incredibly valuable, so it makes an enormous difference, Dale. Twenty two years in the system of working with foster care kids um brings a lot of wisdom to this process, and uh, um, very, very useful. Very valuable. Uh, again, I think you've probably already answered this but it's another sort of variation on the question, you know how these things work, you ask it from different perspectives and you see what comes up for people. Um, [00:18:53.17] what state child welfare policies, practices and events influenced your work with Wabanaki children and families? That's asking you really to reflect on uh just child welfare in general? What were, what were the, the dictates out there, what was the mood, what was the culture? Um, in the field that you worked in that may have influenced your work with Wabanaki children and families?

DH: Yeah. I'd, I, again, specifically, um, it's hard to say, I think it's that evolution, um, and it's really the focus of the expectation um, and as those have changed, um, you know the period of really working kinship um, is a good example. As, as that has evolved, that's what I'm talking about in terms of really getting started on the front end. Once that part of the system changes, it really starts to flow through. And that has happened. So I think over time, there's been more emphasis on um, not just looking at the child and wrapping services around the child, it's really about the family, the extended family and making sure that everybody's needs are being met in the process.

CB: And you can't talk about family without talking about culture.

DH: No.

CB: Everybody's version and definition and vision of family is different, depending on what you've lived and where you're from and how you interpret those very basic issues.

DH: And--

CB: Belonging.

DH: And, how you, how you meet those needs.

CB: Exactly.

DH: I think that's probably th-- even in those situations where we've been able to make those connections, how do you get that child connected to the traditions and customs and culture if the child is not in a place where you can immediately access that. And have that relationship, so.

CB: Do you have, do you have experiences or memories of other cases where this was -- where a Wabanaki child was affected in this particular way?

DH: Um, I--

CB: Where there might have been a kid in care who would identify as Wabanaki, and may have had some connection to his or her family and there was desire to connect that child to his or her larger cultural tradition?

DH: Yes. We, we've had um, and again, later on, and we haven't been perfect at this, but I do know of um a, a couple of specific cases where that's what we did immediately, was to reach out and say, "Ok, how do we make this connection? And what can we do?" and the child unfortunately didn't um, didn't stay in our program for a very long time. But while, she was in our program we were able to make that connection um, and provide some of that by working collaboratively. [00:21:37.06] Um, I think one of the challenges early on, before treatment foster care, and I think the foster care system is, and this is uh, the general process of the entire population of the state, children were being taken out of their families, not only of their families, but out of their communities? Because where foster families resided. And so, I think, I think, that created early on, some major challenges that even if there was a desire to form the connection, if the child is 200 miles removed from their community, it's that makes that even more challenging, so.

CB: Right. So you would point to actual even physical distances as being one of the barriers for successfully integrating cultural concerns and family concerns into a child's life.

DH: Absolutely, and tha- tha--

CB: That keeping the kids closer would probably make a difference.

DH: And that's changed over the years too. That's been a focus, to, to try to keep children as close to their communities as possible. And obviously, in this situation, it's critical. And, and I think, that that's probably something that's over the years, has been a problem.

CB: Umhm. And over the course over your work did you or do you see barriers to the successful implementation to Maine's Indian child welfare policies? Again, we've just been

talking about that, the issue of distance of keeping kids far away from communities. What are other barriers to making it work?

DH: I think knowledge.

CB: Yeah.

DH: Um, is, I, I think, that's the single issue that's uh, I think it's pervasive, is how many professionals, whether it's a provider, a caseworker, whatever that might be, really understand what the, what those, why that exists in the first place.

CB: Right.

DH: And then what do they say? And wha- how does that play out--

CB: Right.

DH: --in different, depending on, "What is my role with that? What is your role with that?"

CB: Right.

DH: and not having that knowledge prevents the opportunity to really put it in to place, uh, and I think that, that's probably what is lacking the most.

CB: Umhm. Would you say that's true for kids who are not just Wabanaki? It's true for kids who might be from, I'm just guessing, Somalia or Vietnam, or from countri- other countries where Maine has a strong, there's a strong immigrant population? Do you think that's just as true for kids from cultures--

DH: I think, yah, I think it's challenging, I don't think--

CB: --that are not, that are not classically, typically Maine, American, White, the, the kinds of kids who might grow up in Bangor, grow up in Augusta, grow up in Portland.

DH: I, I think so, I think probably, um, that's a newer issue.

CB: Yeah.

DH: And I think mostly service delivery, um, I think it's a bigger issue because of um, the custody, and, and uh, components tha-that have happened uhm, but, it is for, if you're delivering mental health service or social support that that culture piece is, is something that is a, is, is an issue because we're not as diverse and in Maine as, as other places, so.

CB: Yeah. That's very interesting you've got 3, 4 -- sorry, I wasn't telling the truth.

DH: *(Laughing.)*

CB: There are four more questions. And then you can add anything you would like to add or flesh out any comments and Carol might have some questions that she would like to ask you. *[00:24:56.14]* Um, do you think ICWA does enough to protect the rights of Indian children and tribes?

DH: Um,

CB: From your understanding of ICWA.

DH: I would say, based on my perspective, I would say, it's probably, yes but how it plays out, um, is probably the, the, the question that I would have is, are the laws sufficient? Probably. But are, are they, when you take it from this is what it says, this is what should happen to this is what is happening. It's the implementation

CB: Exactly.

DH: of it, I think is ultimately the, the issue and so, that I think where there's a, there's a issue.

CB: So the letter of the law vs. the practical reality of how the law's interpreted and applied.

DH: Yeah, yeah, yeah, the application of it, I think that's probably where it breaks down and goes back to the knowledge and understanding and if it's not really clear how, how can you expect that it does play itself out the way it's supposed to.

CB: Yeah. And how could the State child welfare system improve in terms of ICWA? What would you recommend?

DH: I think that education, I think it needs to be, almost, a, you know, this is, this is what needs to happen." If we're um, in a situation, and this is your role, this is what you need to think about, do and make sure that happens. If it's not clear, it gets lost and it gets missed, then the day to day work takes over and the opportunity to miss something very important is there. So I, I think there just needs to be real good training, that takes place, um--

CB: So, would you--

DH: --across the system.

CB: --would you say that starts with DHHS? Do you, where does it start? Who's responsible for the training from your perspective?

DH: I, I think it needs to be across the board. I think-- I don't think it's any one place but certainly, if in situations where children are being removed, then obviously, that's, happens



with the department, so they have a role in, in making sure that that process, the minute that happens, what's the next step? What are you doing with the foster family that now you're placing my child with? What happens there and what are the expectations. I think, providers like us need to do our piece of it as well to make sure that when we have a child referred, a family we're working with, what are we doing? [00:27:39.13] Where is our competency coming from?

CB: Exactly.

DH: And what are, what are the questions we're asking and, and, and the staff that we're assigning? Are we taking a moment to say, "Do you understand this? Do you know that?" And if not, what are we doing to support this? So, I, I think it comes from all different places, but collectively, I think we, we probably have, a, a need to enhance that.

CB: Enhance the knowledge and then make sure the knowledge is continually reapplied, it sounds like. That it's sustained, it's not just something that happens once, something that happens over time, so that it changes really the culture of the way staff is taking care of these issues in handling Native kids.

DH: Yeah. Yeah! And, and from that perspective of, you know, we, we operate, I think, we-most programs, and again, this has, this has improved over time, um, I think most programs operate from that understanding that you have to have cultural competency.

CB: Right.

DH: What does that mean though?

CB: Right.

DH: And so, so, I, if you're not exposed to a certain culture, you're not going to be aware of it. BI What you need to be aware of is, "I don't understand this, I don't know." And the, then "So what am I going to do about that?" right from the beginning to address that issue, and we just need to make sure we're, we're doing that collectively. Whatever part of the system we are, otherwise it just, it isn't going to improve.

CB: Right. [00:28:54.28] And it's not a piecemeal approach you're recommending. It's really across the board?

DH: It's across the board. That's it.

CB: Yeah. Um, if you could change anything or make anything happen for Native American kids involved in ICWA, what would you do?

DH: Ah, that's ah—I, I think the, the probably, the most important thing would be, um, that the cultural piece has to be there and the best way for that to happen is to not have children taken out of their culture. And so, to the greatest extent possible is to create services and resources that can be provided in that setting, in that community, not taking children out of the community and trying to piecemeal it. Ahm, I mean, tha- that is the ideal, and that's, that's the way the system is looking for all children.

CB: Right.

DH: So that should happen across the board. And, and I think there's been improvement in that, but I think that that's ultimately what should happen.

CB: Right.

CW: [00:29:56.02] So I missed again the beginning, so you may have talked about this. Do you have treatment foster homes in any of the Native communities with Native foster parents?

DH: We do not. We do not.

CW: Are there barriers to that, or is that something that hopefully will come with time and education and?

DH: Yeah, it's, it's a good question. I don-- I don't know what the barriers are, but, it's no-- it's something that, that I'm not sure there are any treatment foster families in any programs. And I don't know that 100%. It, it'd be a good question to ask of the department. Because they know where all the foster families reside. Um, but I don't, I don't believe that there are, so there, there, obviously some barriers.

CW: How many Native kids would you have in a census of any particular year?

DH; It, it's fairly small. Um--

CW: Well that's good news. (*Laughing.*)

DH: --in treatment foster care, um, I really don't. I'd be making up a number. But, it, it, it's - s, it's, not met.

CW: So often, ya know, kids could be in uh, communities that are, again, removed from their culture.

DH: Yes.

CB: Yeah.

CW: [00:31:09.01] And treatment goal would be to get them, since they're in the custody of DHHS, what would be the treatment goal be to get them in to uh, um, a I don't know what the

language would be but a non treatment foster care, a lower, lower level of care, um, but probably not back to their families, if they're in custody of DHHS?

DH: Well, an, an, now, depending on what period of time you're looking at, um, but I'll talk about now.

CW: Yeah, let's talk about now.

DH: Th, the goal is always to um, for reunification. That, that is the beginning goal for any child who comes into the custody of the department. And that's, um, when a child comes, is referred to our program, we work with that, with that goal. So that's the first, um--

CW: So even if um, some language I'm learning and there are initials for it, *[00:32:01.22]* if the parental rights have been terminated, there's still an effort to get the child reunified with those families? Or once the TPR, or whatever it is they call it, is um, comes through the court -

DH: Then, wh-- if that happens, if the parental rights have been terminated, um, then usually what the department is working towards, um, their next goal, is permanency and permanency um, hopefully will mean, kinship? And in terms of being placed with--

CW: Extended family.

DH: --extended family, um, or adoption. Um, and so, that's usually the next, uh direction. And, *[00:32:43.23]* and over the years, one of the rules that was put into place was to really have, um, a parallel track of being able to work through unification, but also to work towards permanency at the same time because what was happening, is um, if, if the reunification was not going to be possible for, for serious reasons, that is a process that can take several years to develop, and a lot of children were in the system, going through that and then 2 or 3 years later, that TPR right's terminated, and there's no other plan in place. And so now you have a child

who is in the foster care system, not moving towards permanency. And that's not good for any child. So, um, so that's where, you know, positive changes have taken place.

CW: Evolution.

CB: And then one last question: *[00:33:47.01]* what else do you want the TRC to know about your experience as a service provider to children and families in Maine?

DH: Umm, well, uh, a, kind of, the, the theme. What, what I know, our organization would benefit from is a better um, understanding of culture.

And so, out of this process, I know there's lots of recommendations

DH: that you'll be looking at, but if there's a way for that to be formalized in terms of 'this needs to happen', um, to be able to bring those resources together. Um, I'm sure I'm not speaking alone as one organization. I think, most organizations would say, "Yes, we need it." It's always that piece of, how do you get it, and how do you move that forward. So, um, that would be a nice outcome. Because that-- that in and of itself could make a, a big difference for the families.

CB: Umhm. And, Dale, thank you so much. Is there anything else you'd like to add? And Carol, do you have any last questions?

CW: Hmm. No, I'm good. You've been helpful, really helpful.

CB: Very helpful. A very broad, systemic set of experiences that really describes the nature of what can happen to kids who are in care and various levels of care.

DH: Yeah, yeah.

CB: Thank you so much for your time!

DH: Oh, you're welcome!

CB: We very much appreciate it. And we, I now, I think I have to say formally, we are finishing the interview.

CW: *(Laughter.)*

[END OF RECORDING]