

October 2007



USM MUSKIE SCHOOL

CAAN Supports Grant

The Department of Corrections, Juvenile Services has recently submitted a proposal to the Office of Juvenile Justice and Delinquency Prevention related to Juvenile Sex Offender Treatment Program Development and Capacity Building. Funding is designed to provide support and to develop or build capacity of residential programs for juveniles with sexual behavioral problems and in particular enhance reentry of youth into their home communities, while ensuring public safety. Funding awards will be announced in October. The application generated a great deal of public and state agency support and supporters included the following: DHHS, DOE, Judiciary, JJAG, CAAN, MECASA and residential providers. A Steering Committee made up of State agency and community providers would oversee the grant, with DOC having oversight related to administering the grant. The proposal would be implemented in phases, with the initial phase including a baseline assessment (Correctional Program Assessment Inventory) of the residential and DOC facility programs that specifically offer treatment for this population of youth. The second phase would include technical assistance, consultation and training for the programs and interested providers related to evidence based and best practice for assessment and treatment of children and youth with sexual behavior problems. Nationally recog-

nized experts in this field have agreed to provide technical assistance and training including Dr. Sue Righthand, Allison Gray, MS and Dr. Jane Silovsky. Additionally, an existing MST program will be adapted to offer MST-Problem Sexual Behavior treatment and Aggression Replacement Training will be offered to residential providers. The ART training is designed to create an on-going training capacity within the state should other agencies be interested in offering ART in their programs. The final phase includes a reassessment of the programs and dissemination of the data and information related to the project.

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Director of Juvenile Programs
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**Maine's Changing Practice Leading to Better Outcomes for
Families Affected by Substance Abuse**

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Maine has a system for universal screening for substance abuse of families who have been referred to the child welfare system. Considered the first state to implement such universal screening, a group of dedicated policy makers, administrators, and professionals developed and implemented a system of screening policies and procedures that use the UNCOPE screening tool for identifying substance abuse issues in its child welfare family assessments. In addition, contract agencies providing alternative response services to low-to-moderate at-risk families also utilize the UNCOPE. For the first time, a uniform screening tool is part of the safety assessment completed for every case that is investigated or referred for alternative response.

Leadership from the Beginning

In November 2001, the Office of Substance Abuse (OSA) and the Department of the Human Services (DHS) established the Child Welfare and Substance Abuse Committee. The creation of this committee represented a commitment from the top administrators responsible for substance abuse and child welfare to develop a uniform system of screening and assessment. In addition to their support, this initiative was endorsed by the Legislature's Health and Human Services Committee. The commitment of elected officials and top administrators, combined with the participation of leading professionals in substance abuse and child welfare, simultaneously gave the committee credibility and access to decision-makers. Since this Committee was established, DHS and OSA have been merged into one agency called the Department of Health and Human Services (DHHS). Since 2006, Committee membership has expanded to include the Courts, providers, training institutes, and tribal r e p r e s e n t a t i v e s .

Developing Screening Policies and Procedures

Through the course of examining various screening tools and models for systems collaboration, the

Committee undertook various initiatives either directly or indirectly. Making a timely and informed decision when adopting a screening tool can save a significant amount of effort and time.

Maine discovered:

- There is not a perfect tool and that endless analysis can lead to needless work.
- Early on, the Committee established criteria that reflected the necessary components of a screening tool. DHHS staff supported a uniform screening process, but insisted the tool be brief, reliable, and require minimal training.
- The Committee decided to adopt UNCOPE, a six question tool developed by **Norman Hoffman, PhD. Of Evince Clinical Assessments.**

Pilot testing the UNCOPE screening tool occurred at three child welfare offices (Washington, Kennebec, and Somerset Counties). The demonstration project using the UNCOPE as a screening tool revealed:

- Training staff members is crucial to the successful implementation of a screening and assessment system. Along with training, instilling a sense of “buy-in” to the system is essential.
- On-going training and orientation of new staff needs to be built into the system with an emphasis not only on the technical aspects of the tool but also on the dynamics of substance abuse.
- The screening tool should not be the only indicator of a substance abuse problem. Screening was modified to include the use of “collateral” information such as criminal justice reports or previous DHHS reports.



Maine's Changing Practice Continued.....

In April 2005, DHHS made the decision to incorporate screening for substance abuse as a universal element of their Family Assessment.

Implementing Universal Screening in Child Welfare Family Safety Assessments

The Committee commissioned development of a cross-training curriculum for child welfare and substance abuse staff, including training in UNCOPE, substance abuse assessment; and practice standards; child safety risk assessment; motivational interviewing; substance abuse service planning for child welfare clients; parenting skills assessment; and guidelines for report writing. Full implementation of the new policies and procedures for incorporating UNCOPE screening into child welfare substance abuse assessments did occur as scheduled. Six months after the policies were enacted, preliminary quality assurance data indicated that approximately 50% of families assessed were screened positively for substance abuse using the UNCOPE screening tool.

A Gap in Screening Opportunities: Alternative Response Referrals

The State of Maine was invited to attend the Cross Site Meeting sponsored by the National Center on Substance Abuse and Child Welfare held in Sacramento, CA in March 2006. A subsequent request for technical assistance included mapping the first 30 days of a child welfare referral to identify specific linkage points between the child welfare, substance abuse, and court systems. In mapping the flow of families referred to the child welfare system, two significant gaps were revealed:

1. First, of the total number of families deemed appropriate for some level of response, **almost a third (32.9%)¹** were referred directly to Community Intervention Program (CIP) providers, community-based agencies contracted to respond to families at low to moderate risk of child abuse and neglect.
2. Secondly, **almost two-thirds (64%)²** of families with substantiated findings had had prior referrals to CIPs, and often multiple referrals. These data gaps are

shown in the figures below.

The Community Intervention Program providers were not included in the original implementation plan for universal substance abuse screening in child welfare family assessments. The implications for this became obvious. A significant number of families were not being screened. In addition, CIP agencies had an opportunity to work with families over a longer period of time, with an opportunity for greater engagement and motivational enhancements for treatment.

Working with leadership and through the network of CIP providers, the Committee developed a plan to address this missed opportunity. Policy and practice changes were developed and actions required for closing this gap included:

1. Amending DHHS policy to ensure consistency in family assessment guidelines for families referred to CIP providers;
2. Amending CIP contracts to reflect these changes and expectations to become effective July 1, 2007;
3. Develop and implement training for CIP Supervisors that included motivational interviewing, conducting substance abuse screening using the UNCOPE tool, an overview of substance abuse treatment levels of care, and an orientation of local treatment resources.



Maine's Changing Practice Continued.....

Full implementation of the revised screening policies and procedures was targeted for July 1, 2007. By that date, with new contracts in place for FY 07-08, an estimated 75 CIP supervisors and staff would be trained through the delivery of four regional training conducted throughout the state. All training targets were accomplished, and the plan was fully operational on schedule. Maine now has a comprehensive system for universal substance abuse screening of every family that is touched by the child welfare system, either through direct assessment or through an alternative response referral

In July 2007, DHHS, Office of Child and Family Services, the Office of Substance Abuse, and a private provider were asked to present in Washington, DC at the National Center on Substance Abuse and Child Welfare at the In Depth Technical Assistance (IDTA) Leadership Network Meeting. While Maine is not technically an IDTA site, it receives technical assistance from the Center through the Child Welfare/Substance Abuse Committee and consequently was asked to present and was recognized for Maine's collaborative effort in implementing a universal screening tool "UNCOPE". Maine's presentation was very well received as we are the only state currently doing a universal screening for substance abuse issues in all child welfare cases.

Next steps

Maine's Child Welfare/Substance Abuse Committee has narrowed its focus by developing a "shared outcomes" statement that is targeted at improving the length of time it takes to achieve permanency for Maine's at-risk children. Specific data collection efforts will be conducted to determine those families who are experiencing substance abuse issues as a barrier to permanency for their children. With the screening system in place, Maine will focus upon developing a uniform referral and substance abuse assessment system for child welfare clients. A survey of substance abuse providers showed that at least 15 different assessment tools or procedures were used across the state. Many of

the assessments were not child welfare specific and most providers did not have training in child welfare and substance abuse related cases. In addition to the referral, assessment, and communication protocols, Maine will be developing a network of substance abuse treatment providers who can better serve the needs of child welfare-involved families.

Conclusion

Maine's effort in this collaboration is based on the premise that early identification, assessment and treatment of drug and alcohol problems in child abuse and neglect cases will lead to less family disruption, increase reunification, and decrease the length of time required for a child to achieve permanency. While it is too early to offer data to support this assumption, there is reason for optimism. Equally if not more important, though, has been the emergence of a more collaborative child welfare, substance abuse, and court system. Prior to these efforts, there were noticeable differences between child welfare and substance abuse professionals, with each believing the other did not fully appreciate their roles and responsibilities. This project has helped bridge those philosophical differences and increase program coordination.

Submitted by:

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Annual Retreat and the Development of A Citizen Review Panel

The Child Abuse Action Network (CAAN) and the Child Death and Serious Injury Review Panel (CDSIRP) joined together on June 15, 2007 at Maple Hill Farms in Hallowell for the annual retreat. The day proved to be productive. The morning was spent determining the direction of the Child Abuse Action Network for the next three years. There were several presentations followed by a discussion facilitated by Stirling Kendall of the Muskie School. The group decided that many of the presentations fell under the broader category of *Early Identification and Intervention of Serious Risk Factors that contribute to Maltreatment* and chose this category as the focus. Next year's Spring Conference will begin the focus in this area. CAAN's previous three years of focusing on Adverse Childhood Experiences and Resiliency proved to be a successful endeavor. Participants made many lasting connections and the work has been picked up and followed by many groups and agencies. CAAN hopes that the next three years will be as successful. The afternoon was facilitated by Blake Jones, Ph.D., Coordinator of the Citizen Review Panels in Kentucky, University of Kentucky, College of Social Work. Blake led the group through an explanation of Citizen Review Panels and what they can accomplish when working effectively. Currently in Maine, the Child Abuse Action Network and the Child Death & Serious Injury Review panel serve as the Citizen Review Panel, making yearly recommendations to policy and practice in the State of Maine. CAAN and the CDSIRP hope to create a separate Panel with an ability to focus on issues that CAAN or the CDSIRP may not be able to. The Citizen Review Panel will be a group of volunteers representative of the community who will research and make recommendations to the child welfare system. The retreat participants were excited about this possibility and agreed we should begin work on a CRP as soon as possible. Virginia Marriner, DHHS and Vickie Fisher, Muskie has met since the retreat to develop a subcommittee with the charge of creating the Panel. For more information, contact Vickie Fisher, CAAN Coordinator at 626-5256.

Child Death & Serious Injury

The annual Child Death & Serious Injury Review report will be available on line

(www.maineaan.usm.maine.edu)
December 2007.

The CAAN newsletter, in an effort to be environmentally friendly, will not be mailed in paper format, but will continue to be available on the CAAN website.

