

THE STATE OF MAINE



The SAFER Initiative

Screening and Assessment for Family Engagement in Recovery

**A Collaborative Inter-agency Agreement between the
Department of Health and Human Services
and the Maine State District Court**

Effective July 1, 2007

I. Declaration

This Inter-agency Agreement is entered into and effective as of the first day of July 1, 2006 by and between the Maine State Department of Health and Human Services and the Maine State District Court. These entities, hereinafter referred to as the “parties” to this agreement, enter this agreement for the purpose of establishing and implementing collaborative relationships and linkages between their systems as related to serving families involved with the substance abuse, child welfare, and the district courts. This agreement in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.

II. Introduction and Purpose

In recognizing the impact of substance abuse upon families and the role substance abuse plays in issues of child abuse and neglect, the State of Maine seeks to build upon its history of cross-system planning efforts by creating a template for on-going systems linkage and collaboration. The National Center for Substance Abuse and Child Welfare (NCSACW) was established by the federal Substance Abuse and Mental Health Services Administration and the Administration for Children and Families. Its mission is to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, State and tribal agencies. The State of Maine is a participant in the Technical Assistance Program sponsored by NCSACW, and the elements of this agreement are derived from the State of Maine’s participation in NCSACW’s Cross Site Meeting and the state’s subsequent application for technical assistance. The program of technical assistance provided by NCSACW will extend through June 30, 2007.

This agreement was developed as a collaborative effort of the statewide Child Welfare and Substance Abuse Committee, composed of representatives of the child welfare, substance use and district court systems in collaboration with service providers, community organizations, and consumer advocates within the State of Maine. The mission of the SAFER Initiative is to improve outcomes for children and families affected by substance use by enhancing collaboration among child welfare, substance abuse, and district court systems at statewide, regional, and community levels.

The SAFER Initiative is structured upon the administrative authority of the Department of Health and Human Services and the Maine State District Court. This agreement affirms the State agency’s and Court’s commitment to work together on developing and improving the infrastructure to support the collaborative efforts of local agencies and the courts. The purpose of this Inter-agency Agreement is two-fold:

1. To serve as the inter-governmental template for developing collaborative policy and practice among participating systems; and
2. To delineate the roles and responsibilities of the parties, as well as the parameters of initial and on-going planning efforts.

III. Statement of Shared Values and Guiding Principles

The SAFER Initiative uses the following guiding principles to guide its collaborative efforts. Based in part upon the Guiding Principles of the proposed Behavioral Health Managed Care System, these principles are not mutually exclusive nor do they intend to supplant the core values or ethics of the participant systems or professions. They are adopted rather, as guides specific to the needs of families and children who are involved, or at risk of being involved, in the child welfare, substance abuse, and court systems. The SAFER Initiative has developed the following principles to guide system linkage at all levels:

For Children and Families

- Services will be child centered and family-focused based on individual capacity for recovery and resiliency.
- Each individual or family will direct his/her/their services to the extent possible.
- Prevention, early intervention, treatment and services will be based on effectiveness and individual preferences.

For the Child Welfare, Substance Abuse, and District Court Delivery Systems

- Services will be delivered in a culturally responsive and respectful manner in the most appropriate, least restrictive mode (appropriate to their legal status), including home and community-based settings wherever possible.
- Service planning and management will utilize individual and family abilities and strengths and, where appropriate, will be conducted in consultation with the family, caregivers, and other persons critical to an individual's life and well-being.
- Services will be coordinated, accessible, accountable, of high quality that are evidence-based.
- Services will include behavioral health prevention, early intervention, treatment, community support, and activities that further recovery and resiliency.
- Care must focus on increasing children's and families' abilities to successfully manage life challenges, on facilitating recovery, and on building resilience.
- Mechanisms will be in place to ensure continuous quality improvement.

The integrated and linked systems will focus first on the best outcomes for children and families served. Safety and permanency are the birthright of every child in our community. The goals of the child welfare system and its partners are to support safe, nurturing, and permanent families for children within their community – where possible within the biological family and where not possible with another permanent family. While abstinence is an appropriate goal for individuals who are chemically dependent, other measures of client success must be acknowledged and valued. Similarly, abstinence by itself does not automatically result in child safety.

III. Target Populations and Goals of Collaborative Efforts

A. Target Populations

The target populations of the SAFER Initiative are to address the issues confronting children and families who are affected by substance use disorders as follows:

1. Families involved with the child welfare and district court systems who have substance use disorders;
2. Children and families identified by the child welfare system who are not court-involved but who have been identified as high risk for substance use disorders.

B. Goals of the SAFER Initiative

The goals of the SAFER Initiative are to:

1. To develop a comprehensive plan for systems linkage and service integration utilizing the Ten Elements of Systems Linkage as articulated by the National Center for Substance Abuse and Child Welfare.
2. To further develop policy and practice that supports the identification, engagement, treatment, and recovery of families with substance use disorders who children may be at risk due to parental or care taker substance abuse.

IV. Initial Priorities and On-going Planning Efforts

A. Initial Priorities

Initial priorities established in the approved Scope of Work for technical assistance provided by NCSACW include the following products.

1. Mapping the First 30 Days of a Child Welfare Case.

Assessing the access, linkage, and communication gaps during the first 30 days of a child welfare case will address many of the issues of Daily Practice related to screening, assessment, engagement, treatment enrollment, and retention. Assessing the flow of the child welfare cases from the point immediately

following a positive UNCOPE screen will illuminate many of the initial system gaps in family assessment and access to treatment, as well as cross system communication needs.

2. Family Treatment Drug Court.

There is an immediate need to address the loss of funding resulting from the Family Treatment Drug Court grant expiring Sept 30, 2006. As contingency planning occurs, it will be equally important to identify those key elements of Family Treatment Drug Court that may be able to be replicated with existing resources.

B. On-going Planning Efforts

The parties to this agreement will develop a coordinated, interagency strategic plan that focuses technical assistance upon established priorities for the term of the agreement. Utilizing the matrix of Ten Elements of Systems Linkage developed by NCSACW for inter-system planning among substance abuse, child welfare, and the juvenile court systems, all elements of the framework will be included in a strategic plan that is integrated across systems and extends beyond the term of the technical assistance provided by NCSACW.

1. Developing a Plan Utilizing the 10 Elements of System Linkage.

The 10 Elements of Systems Linkage is a tool developed by the National Center for Substance Abuse and Child Welfare to help states and jurisdictions facilitate the development of inter-agency collaborative policy and practice. It will provide the overall framework for a multi-plan for the SAFER Initiative.

2. Collaboration With Other State Planning Efforts and Related Resources.

The Muskie School of Public Service houses the Catherine E. Cutler Institute for Child and Family Policy, the National Child Welfare Resource Center for Organizational Development, and the Institute for Public Sector Innovation. The Muskie School has played a central and key role in the development of the SAFER Initiative and is a primary support structure for child welfare and other public sector systems. As the SAFER Initiative evolves, it is anticipated the State will request further support for these efforts.

The State of Maine held a powerful conference in May 2006 that was attended by 300 individuals that was sponsored by the Maine Lighthouse Corporation, a non-profit community advocacy group, and the Family Treatment Drug Court. Key planners also included the Chief of Maternal Child Health and the Maine Perinatal Planning Advisory Coalition. Building upon the synergy of this event is serendipitous to the TA Request and has the potential for broadening the collaboration within three elements of systems linkage: Services to Children, Building Community Supports, and Working With Related Agencies and Support Systems.

The work plan for developing the products outlined in Section IV is contained as an attachment to this agreement in Exhibit A.

V. Roles and Responsibilities for Implementing Collaborative Practice

A. Lead Agency Designation and Committees

The parties agree to participate and be mutually responsible for the implementation of the provisions of this agreement. In addition, there are specific roles and responsibilities as delineated below:

1. Lead Agencies

For the purposes of the NCSACW In-depth Technical Assistance Program, the Department of Health and Human Services shall serve as lead agency. In this capacity, DHHS shall designate the Office of Children and Family Services (OCFS) and the Office of Substance Abuse (OSA) as the co-lead agencies. As such, the lead agencies are responsible for coordinating the Core and State Team meetings, in addition to coordinating all information and reporting requirements of the project with NCSACW.

2. Oversight

Oversight accountability for the project rests with the Commissioner of Health and Human Services and the Chief Judge of the Maine District Court as signators to this agreement.

3. Executive Team

The Executive Team consists of the Directors of the OCFS and OSA, as well as the Chief Judge of the Maine State District Court. These individuals System shall act in an executive capacity for the SAFER Initiative.

4. SAFER Committee

The SAFER Committee is the main planning body of the SAFER Initiative. It is comprised of state and local system representatives, and includes providers, consumers, community agencies, tribal representatives, and advocacy groups.

5. Work Groups and Sub-Committees

The SAFER Committee shall establish work groups or sub-committees that are composed of SAFER Committee members and other individuals as required to develop and implement specific products outlined in the work plan or as may otherwise be identified.

Support for the SAFER Initiative may be provided through separate agreements among the parties. Support shall be provided through in-kind and direct resources as determined by the Executive Team.

B. Mutual roles and responsibilities between the parties for resource allocation

Nothing in this agreement shall be construed as obligating agencies to expend funds or be involved in any obligation for future payment of money or provision of resources. This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures including those for federal procurement, assistance, and printing. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

The foregoing paragraph notwithstanding, and subject to other federal and/or state provisions, the parties do agree to commit resources that enhance priority access to services by families engaged in the child welfare system, maximize cross system funding opportunities and fund leveraging between the parties, and ensure a commitment to resource sustainability.

VII. General Terms and Conditions of Agreement

A. Term of Agreement

The term of this agreement shall commence on July 1, 2007 and remain in full force and effect unless terminated as provided herein.

B. Termination of Agreement

Either party may terminate this agreement by giving forty-five (45) days written notice to the other parties. The terms of this agreement may be renewed or renegotiated upon written mutual consent of the parties.

C. Amendments

This agreement may be amended by mutual consent of the parties. Amendment within the scope of this collaborative agreement shall be made by formal consent of all parties, by the issuance of a written amendment, signed and dated by the parties.

D. Exhibits

The following exhibits are attached to this agreement and incorporated by reference:

Exhibit A – Initial Work plan

Exhibit B – Comprehensive Multi-Year Workplan

Exhibit C – Roster of the SAFER Initiative participants

B. Meeting and Communications

Meetings and communications among the parties of this agreement shall be conducted in the following manner:

1. The SAFER Initiative shall meet, at a minimum, on a bi-monthly basis or more frequently as required. The purpose for SAFER Initiative meetings is to facilitate on-going inter-agency planning and collaboration, and will be used to identify needs, seek input, and develop strategies for improved policy and practice. The agenda and format for SAFER Initiative meetings shall be developed by the Executive Team or their designees and will be sent to the SAFER Initiative in advance of the meeting. DHHS or designee shall take responsibility for the logistical requirements of these meetings.
2. The Executive Team shall meet at least quarterly or more frequently as required to review the provisions and operations set forth in this agreement. These meetings shall be held either in person or through teleconference, and minutes will be distributed and kept on file by DHHS or designee.
3. Work Groups or Sub-committees shall meet as-needed. Agendas for the work groups shall be developed and sent to work group members in advance of the meeting. Minutes of the work group meetings shall be sent to the SAFER Initiative and kept on file by DHHS or designee.
4. The Commissioner of the Department of Health and Human Services and the Chief Judge of the District Court shall convene at least once annually to receive a report from the Departments and to determine what future actions, if any, may need to be taken.

C. Approvals

This document has been reviewed and approved as to form.

E. Notice

Notice to the parties in connection with this agreement shall be given personally or by regular mail addressed as follows:

Commissioner Brenda Harvey
 State Department of Health and Human Services
 221 State Street
 Augusta, Maine 04333

Honorable John C. Nivison, Chief Judge
 Maine District Court
 163 State House Station
 65 Stone Street
 Augusta, Maine 04330

IX. Signatures

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the day and year first hereinabove written.

BY: _____
 Brenda Harvey, Commissioner
 Department of Health and Human Services

Date

BY: _____
 Hon. John C. Nivison, Chief Judge
 Maine District Court

Date