

# Child Welfare and Substance Abuse Committee Strategic Plan (Draft)

On May 18, 2007, the Child Welfare and Substance Abuse Committee held an all day strategic planning session in Augusta. In addition to Committee members, the meeting was attended by Sid Gardner the Associate Director of the National Center for Substance Abuse. He provided the Committee with an overview of efforts in other states related to building better systems of prevention, intervention and treatment services for families struggling with substance abuse and child abuse and neglect. He noted Maine was ahead of many states in addressing this problem and was the first state to adopt a universal screening tool. The purpose of the planning session was to develop a strategic plan that would guide the Committee's work for the next two years. The plan emphasizes the development of better protocols between DHHS child welfare staff and substance abuse providers as well as identifying substance abuse providers who may have a special expertise in child welfare issues. This is the first draft of the strategic plan and will be considered by the Committee at its next meeting on June 18, 2007.

**Goal:** The State of Maine seeks to enhance family well being and decrease the length of time for establishing permanency for at –risk children by:

- 1) Ensuring that all families identified as having substance abuse issues and who are placing their children at risk have access to timely assessments and treatment access; and
- 2) Ensure that all families whose substance abuse have placed their children at risk are engaged and retained in treatment through inter-system collaboration that includes clear and consistent communication mechanisms.

	<b>Objective</b>	<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Outcomes</b>
<b># 1</b>	To establish protocols between DHHS and substance abuse service providers regarding referral forms, responsibilities, confidentiality release forms and relapse policies.	Establish a subcommittee to develop these protocols utilizing the experience of the juvenile justice network.	July 1, 2007 to December 31, 2007	Michael Brennan, David Lambert and Bruce Campbell	Agreed upon referral forms, release forms and a revised relapse policy	That the child welfare system and substance abuse providers have a clear set of policies and practices related to referrals and information sharing that will result in families and individuals having increased access to care and higher rates of engagement.
<b># 2</b>	Establish a network of substance abuse providers who are specifically trained in child welfare issues as well as family systems practices. The network will also address policies related to billing, communication, canceled appointments, and cross-education.	Reconvene the mentoring project started by Kennebec Valley Mental Health and develop a more formal process for training and "certification." Develop and inventory and training opportunities related to family focused, evidence based practice.	On-going	Michael Brennan	By the end of the contract year, at least 10 substance abuse professionals will be certified,	DHHS staff and substance abuse providers will have a common practice focus resulting in a more unified system of care for families.

	<b>Objective</b>	<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Outcomes</b>
<b># 3</b>	Develop a data collection system that identifies child welfare cases specifically related to substance abuse that have a greater likelihood of family reunification if intensive substance abuse services were offered.	Convene a work group to define the target population and determine a common identifier across systems.	On-going	Michael Brennan, Bruce Campbell	That OSA will have the ability to identify the target population and ensure accesses to services in a timely manner.	By focusing on a defined population of families that need intensive substance abuse services, it is expected that the rate of family reunifications will increase and the time in care will decrease.
<b># 4</b>	Examine the interventions for children related to the number of SEBs, and referrals for developmental assessments.	Analyze the gaps in data related to SEBs and determine the number of children aged 0-2 with substantiated referrals who are in need of developmental assessments.	On-going	Michael Brennan, David Lambert, Bruce Campbell	TBA	TBA
<b># 5</b>	Examine and if appropriate, revise the policy and practice regarding a family's involvement with substance abuse services during the pre-jeopardy hearing phase.	Establish a subcommittee of the relevant stakeholders to examine the policy and make recommendations.	July 1, 2007 and December 31, 2007	Michael Brennan, Bruce Campbell	Recommendations to the Committee, the Maine State Court System and DHHS as to the effectiveness of the policy and potential changes.	Families will engage in substance abuse treatment earlier in the process resulting in better treatment outcomes.
<b># 6</b>	The DHHS and the Maine State Courts will completed a inter-agency agreement which outlines roles and responsibilities related to this initiative.	An agreement will be drafted for review by the Committee and then submitted to DHHS and the Maine Courts for consideration.	July 1, 2007 and September 30, 2007	Michael Brennan and Bruce Campbell	An agreed upon inter-agency agreement.	The clear articulation of roles and responsibilities related to the Committee's strategic plan.
<b># 7</b>	To establish community based, collaborative systems of care for situations involving child abuse/neglect and substance abuse.	During the next year identify three Future Search Communities that would be interested in developing and adopting a community model of intervention involving the child welfare and substance abuse providers.	July 1, 2007 to June 30, 2007	Michael Brennan, David Lambert	By the end of the year three regions/communities will review the Ellsworth the Kennebec Valley and the Family Court models of care and determine if one of those models or another model is appropriate for their community.	The partnerships between substance abuse providers and the child welfare system will result in reduced child abuse and neglect, increased rates of family reunification and better permanency planning due to better treatment outcomes.