

Office of Child and Family Services

Governor's Office Opioid Response Seminar Series

Dr. Todd A. Landry
Director

Bobbi Johnson, LMSW
Associate Director of Child Welfare Services



Child Welfare Services Practice Model

CHILD WELFARE SERVICES PRACTICE MODEL APRIL 2005

Child and Family Services joins with families and the community to promote long-term safety, well-being, and permanent families for children. This practice model guides our work with children and their families.

CHILD SAFETY, FIRST AND FOREMOST

- Making children and families safe is a collaborative effort. We create a team for each family, consisting of family, staff, and community members to find safe solutions for children.
- In our response to child safety concerns, we reach factually supported conclusions in a timely and thorough manner. Input from parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We engage families with honesty and open minds. By exploring and listening, we help families use their strengths to meet safety needs of children.
- We value family perspectives, goals, and plans as critical to creating and maintaining child safety.
- We separate dangerous caregivers from children in need of protection. When court action is necessary to make a child safe, we will use our authority with sensitivity and respect.
- When children are placed in foster care, we ensure ongoing safety through frequent, meaningful contact with children and their caregivers. We welcome foster parents as a vital part of the family team.
- In our work to place children in adoption, safety is the first priority.

PARENTS HAVE THE RIGHT AND RESPONSIBILITY TO RAISE THEIR OWN CHILDREN

- We recognize that family members know the most about their own families. It is our responsibility to understand children and families within the context of their own family rules, traditions, history, and culture.
- Parents' voices are valued and considered in decisions regarding the safety, permanency, and well-being of their children and family.
- We believe that people can change. Their past does not necessarily define their potential.
- Family teams develop and implement creative, individualized solutions that build on the strengths of families to meet their needs.

CHILDREN ARE ENTITLED TO LIVE IN A SAFE AND NURTURING FAMILY

- As family team leaders, we share responsibility with the family and community to help families protect and nurture their children.
- We support caregivers in protecting children in their own homes whenever possible.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- We believe that children's needs are best served in a family that is committed to the child. We support placements that promote family, sibling and community connections, and encourage healthy social development.
- We listen to children. Their voices are heard, valued, and considered in decisions regarding their safety, well-being, and permanency.

ALL CHILDREN DESERVE A PERMANENT FAMILY

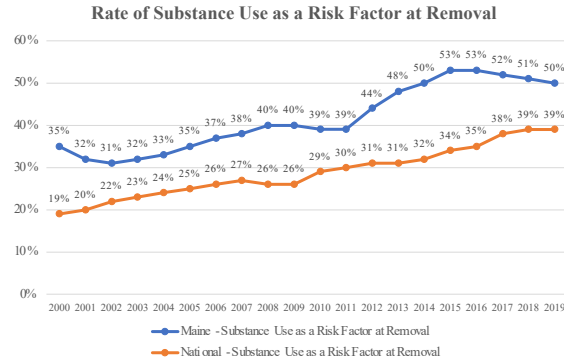
- Permanency planning for children begins at first contact with Child and Family Services. We proceed with a sense of urgency until permanency is achieved.
- All planning for children focuses on the goal of preserving their family, reunifying their family, or achieving permanent placement in another family.
- Permanency is best achieved through a legal relationship such as parental custody, guardianship, or adoption. Stability is not permanency.
- Lifelong family connections are critical for children. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.

HOW WE DO OUR WORK IS AS IMPORTANT AS THE WORK WE DO

- Our organization is focused on providing high quality, timely, efficient, and effective services.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open communication and accountability at all levels.
- As we work with children, families, and their teams, we clearly share our purpose, role, concerns, decisions, and responsibility.
- Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.
- Our staff is our most important asset. Children and families deserve trained, skillful staff to engage and assist families.

Substance Use and Child Welfare

In 2020, 52% of all removals in Maine had parental substance use as a risk factor, in 2021 the rate was 53%, consistent with the past several years



Maine Department of Health and Human Services

3

3

Child Welfare Trainings

Foundations Training Curriculum for new caseworkers
(USM / OCFS)

Overview of SUD/Engaging with Individuals with SUD
(Dr. Judith Josiah-Martin)

Drug Recognition Training
(Maine Drug Enforcement Agency – MDEA)

Ingestions Data and Q & A
(Northern New England Poison Center)

Maine Department of Health and Human Services

4

4

Clinical Supports

Co-located Substance Use Disorder Specialists

<p>Case consultation, training, and coaching support</p>	<p>Participate in Family Team Meetings</p>	<p>Help guide case planning for individuals with SUD</p>
--	--	--

Maine Department of Health and Human Services

5

Engaging Individuals with Lived Experience

Recovery Coaches – Peer Supports

<p>Support families in navigating child welfare involvement</p>	<p>Piloting in the Family Recovery Courts (Bangor, Augusta, Lewiston)</p>	<p>Community-based Referrals</p>
---	---	----------------------------------

Maine Department of Health and Human Services

6

Complimentary Efforts

Reviewing Child Welfare Training and Screening Tools

- Structured Decision Making (SDM) Tools
- UNCOPE Brief Screening Tool

Expert Consultation

- National scans requested from Casey Family Programs and the Capacity Building Center
- Peer to Peer Calls with other New England states
- OCFS leadership participates in a national Child Welfare Leaders workgroup

Safe Storage

- Procuring additional safe storage lockbox/bags for distribution to district offices
- Developing a plan to provide training and distribute Narcan to child welfare staff

Family Recovery Courts


- Bangor, Augusta, Lewiston

7


Maine Department of Health and Human Services

7


Collaboration with Other State Agency Partners In Prevention, Treatment and Recovery




\$1.9 million to expand treatment in rural areas




Increasing MaineCare rate for residential treatment by an average of 37.5% since November of 2021




Medicaid SUD 1115 Waiver, expanding services for MaineCare enrolled parents with SUD who are at-risk of or already involved with Child Protective Services



MaineMOM program improving care for pregnant and postpartum Mainers with SUD and their infants



Improving access to adolescent treatment supports



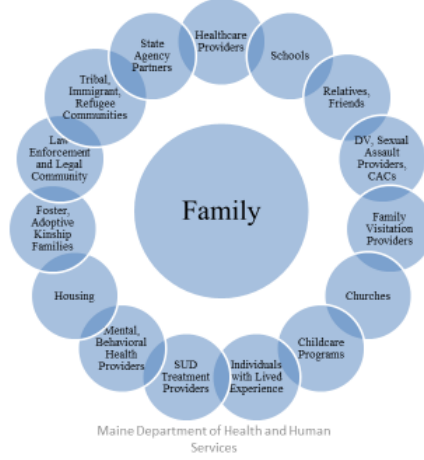
8

Maine Department of Health and Human Services

8

Collaboration

Collaborations within OCFS, with families and across state and community partners is critical to ensuring the safety, permanency and well-being of children.



8

9