



Substance Abuse and Child Welfare: Planning, Implementing and Sustaining a Process for Universal Substance Abuse Screening and Assessment

The Maine Experience

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9/15/2011

Overview

- **Welcome**
- **Agenda**



Agenda

- **Overview of Maine Initiatives**
- **Screening**
 - Planning
 - Implementing
 - Sustaining
- **Assessment/Evaluation**
 - Planning
 - Implementing
 - Sustaining



Agenda

- **Lessons Learned**
- **Wrap-Up**

Maine Initiatives

- **No Safe Haven Conference (2000)**
 - CAAN
- **Substance Abuse Protocols Project (2001)**
 - OSA
 - Muskie School
- **Child Welfare and Substance Abuse Committee**
 - DHHS SA Identification Initiative (UNCOPE)
 - SA Report Writing Guidelines Initiative
 - Network Development Initiative
 - Sustainability

Planning *SCREENING*

- 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 that it requires minimal training.
- Ultimately, the Committee decided to adopt the UNCOPE, a six question tool developed by Norman Hoffman, PHD of Evince Clinical Assessments.
- The instrument, while not having been used extensively in child welfare situations, met the committee's objective of using a tool that was short and easy to administer yet valid and reliable. It is also in the public domain.

Definitions

- **Screening**
Identifying “at-risk” individuals
- **Assessment**
Determining those “at-risk” individuals who would benefit from treatment
- **Evaluation**
Determining the severity of the problem(s) of “at-risk” individuals who would benefit from treatment and developing a plan of action including addressing level-of-care and co-occurring conditions

The UNCOPE: A Substance Abuse Screening Tool

- Six-item screen
- Designed to identify alcohol and/or drug abuse or dependence in a broad range of populations (adults or adolescents as young as 13)
- Based in part on DSM-IV criteria
- Can be administered through a questionnaire or orally by an interviewer
- Time required is less than 5 minutes
- Not copyrighted/no-cost/attribution requested

The UNCOPE: A Substance Abuse Screening Tool

U = Used
N = Neglected
C = Cut Down
O = Objected
P = Preoccupied
E = Emotional Discomfort

DHHS Screening and The UNCOPE

- **Recommend (score of 1 on UNCOPE):** Means suggesting to a client that they take a specific action without the expectation that there will be any follow-up on the part of the DHHS caseworker or any specific consequences regarding a failure to act. It should be documented that a recommendation was made.
- **Referral (score of 2 or more on UNCOPE):** Means to convey to a client that there is an expectation that a particular recommendation will result in appropriate action, assistance will be provided, follow-up will be made, and there may be consequences regarding failure to act. The nature and details of the referral should be documented.

UNCOPE

U = Used I C
Question: "In the past year, have you drank or used drugs more than you meant to?" Or "Have you spent more time drinking or using than you intended to?"

N = Neglected I C
Question: "Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?"

C = Cut Down I C
Question: "Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?"

UNCOPE

O = Objected I C
Question: "Has anyone objected to your drinking or drug use?" Or "Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?"

P = Preoccupied I C
Question: "Have you ever found yourself preoccupied with wanting to use alcohol or drugs?" Or "Have you found yourself thinking a lot about drinking or using?"

E = Emotional Discomfort I C
Question: "Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?"

UNCOPE*

# of Positive responses by Individual being screened:	# of Positive responses indicated by Collateral information:	Total Score (# of positive responses by either Individual or Collateral information/per question):
_____	_____	_____

- *Two or more positive responses indicate abuse or possible dependence; four or more positive responses strongly indicate dependence.
- For an individual with a Total of one positive (Yes) response recommend they seek a substance abuse assessment;
- An individual with a Total Score of two or more positive (Yes) responses should be referred for an assessment/evaluation and possible treatment. Total Score is from self-report and/or collateral information.

Implementing SCREENING

- The Committee developed a plan to field test the UNCOPE screening tool in three counties. The counties were selected based the receptivity of the DHHS staff and geographical considerations related to training and management.
- After reviewing the results of the field test initiative, DHHS made the policy decision to implement universal screening for substance abuse in its child welfare family assessments.

Implementing SCREENING

- Statewide implementation of the UNCOPE screening instrument in child welfare family assessments consisted of the following elements:
 - Developing and implement training for DHHS & 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
 - Developing and issuing a policy statement regarding UNCOPE implementation and procedures
 - Creating a data field in MACWIS (IS) where UNCOPE information will be documented

DHHS TRAINING Screening For Substance Abuse

- I. Overview
- II. Development of the Modern Substance Abuse Treatment System
- III. Key Elements Related To Risk
- IV. Screening/Assessment/Evaluation
- V. Discussion

Implementing SCREENING

- Effective July 1, 2007, Maine had developed and implemented a system for universal screening for substance abuse among its child welfare referrals.
- By design, the goal is for every family touched by the child welfare system to be screened for substance abuse, utilizing the same screening instrument and procedural guidelines.

Planning ASSESSMENT/EVALUATION

- Based on the recommendation to establish a more consistent substance abuse assessment process for cases involving child welfare, the committee developed report guidelines for substance abuse assessment and evaluation.

Substance Abuse & Child Maltreatment Screening and Assessment Report Guidelines

- **Purpose:**
 1. To determine the relationship the individual being assessed has with substances.
 - Nature/Degree of the problem
 - Treatment options
 2. To describe for the individual being assessed implications and recommendations based on the substance abuse assessment.
 3. To keep in mind that the assessment/evaluation focuses on implications related to a persons relationship with substances. It is not an evaluation of an individual's parenting capacity or their overall capabilities as they may relate to the care, protection, and nurturance of her child(ren).

Substance Abuse & Child Maltreatment Screening and Assessment Report Guidelines

- **Guidelines:**
 1. Relationship with substances:
 - Follow Evidenced-Based Practice Standards, which are to include obtaining collateral information regarding the individual's relationship with substances.
 - That the nature/degree of the problem and recommendations for treatment utilize the most recent ASAM criteria.

Substance Abuse & Child Maltreatment Screening and Assessment Report Guidelines

■ **Guidelines:**

2. Implications:

Taking into account the ASAM criteria and the consistency and the reliability of the client's behavior, comment on:

- The client's status regarding their ability, willingness and readiness to address their relationship with substances
- Based on their status, what changes are currently acceptable and attainable by the client
- The client's understanding, acknowledgement, and ability to articulate the impact of their relationship with substances on child(ren)
- Supports available from partners, extended family and the community to provide alternative parenting resources to assist the client in addressing their relationship with substances

Substance Abuse & Child Maltreatment Screening and Assessment Report Guidelines

■ **Guidelines:**

3. Clarification of Focus:

- The substance abuse evaluator provides information regarding the client's relationship with substances that will assist the department/court in making determinations.
- The department/court is ultimately responsible for reviewing a variety of information and determine if the client is able to nurture, protect and parent the child(ren) and, if not, what is the best plan for the child.
- The evaluator should note that the recipient of the information should keep in mind that this is an assessment/evaluation of the implications related to the individual's relationship with substances. It is not an evaluation of their parenting capacity or their overall capabilities as they may relate to the care, protection, and nurturance of their child(ren).

Implementing ASSESSMENT/EVALUATION

- Report writing activities using the guidelines were piloted by small group providers with established relationships with several of the DHHS district offices.
- Parents involved with Maine DHHS- Child Protective Services were referred based on the UNCOPE assessment process.

Implementing ASSESSMENT/EVALUATION

- In 2008, the committee decided to develop statewide network of willing providers to use the guidelines and provide the eight Maine DHHS districts with the specialty substance abuse-child welfare assessment, evaluation, and report.
- In 2009, the committee in conjunction with DHHS established the Families Affected by Substance Abuse (FASA) and established a process for identifying, training, and managing a FASA provider network. This included developing protocols related to referrals to the network, reimbursement, quality assurance, and sustainability.

Practical Matters Memorandum of Understanding

- **Purpose:** to establish a more consistent substance abuse assessment process for cases involving child abuse and neglect.
 - The completion of a high quality substance abuse assessment is essential to appropriate intervention and treatment.
 - The combination of having a uniform screening tool (UNCOPE) and a common assessment process will, hopefully, lead to better outcomes for families.
 - At the same time, the creation of the FASA Network will help define a uniquely collaborative relationship between DHHS and substance abuse providers.

Practical Matters Memorandum of Understanding

- **Agency/Provider Responsibilities:** By signing this MOU and becoming a part of the FASA Network, your agency agrees to:
 - Demonstrate that at least one staff member has attended the clinical supervisors training conducted last year through Ad Care (Along with the submission of the MOU, please provide the Office of Substance Abuse (OSA) with the name of the current staff member(s) who completed the training).
 - Reimbursements for DHHS child welfare assessments will be billed at the MaineCare rate. For MaineCare clients the two hours of allowable evaluation cost will be billed directly to MaineCare with the remaining cost billed to the Office of Child and Family Services (OCFS). If a client is not MaineCare eligible and does not have third party reimbursement, the entire six hours will be billed to OCFS.

Practical Matters Memorandum of Understanding

- **Agency/Provider Responsibilities:** By signing this MOU and becoming a part of the FASA Network, your agency agrees to:
 - A client referred by DHHS will be offered an appointment for services within five (5) business days, if DHHS provides all the necessary authorizations and client information, including a social summary.

Practical Matters Memorandum of Understanding

- **Agency/Provider Responsibilities:** By signing this MOU and becoming a part of the FASA Network, your agency agrees to:
 - Submit a substance abuse assessment to DHHS that:
 - 1) uses the American Society of Addiction Medicine (ASAM) guidelines as specified in the AdCare trainings;
 - 2) is in compliance with MaineCare regulations and;
 - 3) is completed within four weeks of the initial appointment or by a mutually agreed upon date.

Practical Matters Memorandum of Understanding

- **Agency/Provider Responsibilities:** By signing this MOU and becoming a part of the FASA network, your agency agrees to:
 - Assist with tracking a client through the referral process (assisting DHHS in determining if a client makes an initial appointment). Complete at least one follow-up outreach call to no-shows.
 - Notify DHHS if the child welfare trained staff leaves the agency or has reassigned.
 - Directly supervise and monitor the clinical practice.

Practical Matters Memorandum of Understanding

- **Responsibilities of the Department of Health and Human Services:** As a partner in the FASA Network, DHHS will agree to:
 - Make referrals to FASA Network providers for substance abuse assessments in cases involving child abuse and neglect.
 - Reimburse your agency for up to six hours of staff time for the assessment which includes two hours for report writing time.
 - Conduct periodic trainings for FASA Network supervisory and clinical staff on substance abuse assessment in child welfare settings.

Practical Matters Memorandum of Understanding

- **Responsibilities of the Department of Health and Human Services:** As a partner in the FASA Network, DHHS will agree to:
 - Provide a MaineCare reimbursement number and code when referrals are made. Reimbursements will be made upon the submission of a substance abuse assessment using ASAM guidelines.
 - Local OCFS staff will meet at least twice a year with FASA Network providers to discuss billing, referral, and service issues.

Practical Matters Sustainability

Initial Network Members-Clinical Supervisors

- Clinical supervisors completing the initial training will be contacted by the OSA regarding participation in the FASA.
- Once contacted, trained clinical supervisors can submit a request for approval and listing as a provider of this service.
- Approved and listed FASA Network Clinical Supervisor Providers will be provided with support in order to achieve mastery of this process.

Practical Matters Sustainability

Initial Network Members - Clinical Supervisors

- When mastery is documented, the FASA Network Clinical Supervisor Provider will be authorized to identify specific independently licensed clinician(s) within their agencies/practices, whom they will support, and mentor in achieving mastery in this assessment process.
- When an authorized FASA Network Clinical Supervisor Provider determines that an independently licensed clinician has mastered the specialized assessment process, the clinical supervisor can submit a request to the OSA regarding their participation in the FASA.
- Approved independently licensed clinicians will be listed as FASA Network providers and will continue to be provided with support by FASA Network Clinical Supervisor Providers.

Implementation Next Steps

- In 2010, the committee began to address issues related to the abuse of and addiction to prescription medications.
- In addition, the committee instituted an initiative related to understanding the various aspects of Medication Assisted Therapy (M.A.T.), primarily related to methadone and suboxone.

Planning & Implementation Next Steps

- In 2011, the committee is beginning to review the initiatives developed and implemented over the past three years in relation to sustainability.
- This will include establishing areas of responsibility within DHHS regarding managing and maintaining the: UNCOPE Screening and Referral process, FASA Provider Network, and developing a compliance and quality assurance process related to the elements outlined in the "Memo of Understanding."

Lessons Learned

- **Leadership from the Beginning**
 - Legislative support
 - Administrative leadership
 - Research and staff support
- **Selecting a Screening Tool**
 - There is no perfect tool.
 - Don't try to accomplish too much in your screening process;
 - It can lead to needless work.

Lessons Learned

- **Implement a Screening Tool & Field Test**
 - Training is crucial.
 - Instilling a sense of buy-in is essential.
 - If it is seen as meaningless, it will not be done.
 - On-going training and orientation should include the dynamics of addiction as well as the UNCOPE.
 - Include “collateral” information in the screening and assessment process.

Lessons Learned

- **Use Existing &/or Establish Policies and Procedures**
 - Supervision *makes* the difference.
 - UNCOPE screening is incorporated into overall policy on family assessment.
 - Mandatory training for new staff members.
 - Use existing or establish quality assurance program to monitor compliance.
 - Provide periodic in-services to update protocols and receive feedback to inform and improve practices.

Lessons Learned

- **Sustainability**
 - Create a sustainability plan as part of the development process.
 - Implement the sustainability plan concurrently with other aspects of this initiative.
 - Include sustainability in all quality assurance program initiatives.

Conclusion

- Maine has a system for universal substance abuse screening and assessment of families referred to its DHHS- Child Protective Services and Community Intervention Program (CIP) Services.
- The road to developing this system was filled with twists and turns. Successfully navigating through this process requires persistence, tenacity, strategic initiatives, ongoing collaboration, and adequate good fortune.



Wrap-Up

- **Questions**
- **Next Steps**
- **Resources**