Penquis Children’s Advocacy Center: Needs Assessment report

Presented by Alison Mitchell, MA, MSW
University of Maine Center on Aging
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Brief overview: CACs in Maine

2013 legislation
• One CAC per public health district in Maine
• Established requirements for Multi-Disciplinary Team (MDT)

Across Maine
• Waterville CAC
• Androscoggin CAC
• Portland CAC
• Aroostook, mid-coast, York, Washington-Hancock, & Penquis are all exploring

Penquis District
• Interested stakeholders began meeting in Sept., 2014
• CAC 101 presentation, Jan., 2015
• MDT training in Feb., 2015
Needs assessment goals:

1. To investigate rates of occurrence of sexual assault or abuse of a child, and/or severe physical abuse of a child.

2. To review strengths and areas for growth in the existing system.

3. To illustrate the typical child’s experience in the current system, from disclosure through final case disposition.
Methods

**Initial preparations**
- Ideal data gathering parameters established
- Needs assessment documents prepared collaboratively
- PCAC TF members assist with introductory email sent to potential participants

**Modifications in response to feedback**
- Quantitative data “best guess estimates” annually
- Narrative portion of the assessment adapted for phone interviews

**Data gathering process**
- UM COA team conducted all follow up data gathering activities
- Data gathering from mid-March through late-May
Agencies and organizations providing data for the Penquis CAC needs assessment

<table>
<thead>
<tr>
<th>Agency Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Bangor Police Department</td>
<td>Brewer Police Department</td>
<td>Charles A. Dean Hospital</td>
</tr>
<tr>
<td>Dover-Foxcroft Police Department</td>
<td>Eastern Maine Medical Center</td>
<td>Lincoln Police Department</td>
</tr>
<tr>
<td>Maine State Police</td>
<td>Millinocket Police Department</td>
<td>Millinocket Regional Hospital</td>
</tr>
<tr>
<td>Old Town Police Department</td>
<td>Orono Police Department</td>
<td>OCFS-Penquis District</td>
</tr>
<tr>
<td>Penobscot County Sherriff</td>
<td>Rape Response Services</td>
<td>Piscataquis County Sherriff</td>
</tr>
<tr>
<td>St. Joseph Hospital</td>
<td>Spruce Run Womancare Alliance</td>
<td>United Cerebral Palsy (UCP) of Maine</td>
</tr>
</tbody>
</table>

N=18 of 30 possible responding organizations (60%)
### Quantitative Data: Child Protective Services (OCFS)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>2013</th>
<th>2014</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penobscot</td>
<td>Piscataquis</td>
<td>Penobscot</td>
<td>Piscataquis</td>
</tr>
<tr>
<td>Allegations of child sexual abuse reported to CPS</td>
<td>145</td>
<td>5</td>
<td>153</td>
<td>30</td>
</tr>
<tr>
<td>Allegations of severe physical abuse reported to CPS</td>
<td>82</td>
<td>3</td>
<td>57</td>
<td>3</td>
</tr>
<tr>
<td>Sexual abuse cases substantiated by CPS</td>
<td>40 (28%)</td>
<td>1 (20%)</td>
<td>31 (20%)</td>
<td>7 (23%)</td>
</tr>
<tr>
<td>Sexual abuse cases indicated by CPS</td>
<td>2 (1%)</td>
<td>0</td>
<td>1 (&gt;1%)</td>
<td>4 (13%)</td>
</tr>
<tr>
<td>Physical abuse cases substantiated by CPS</td>
<td>78 (95%)</td>
<td>3 (100%)</td>
<td>57 (100%)</td>
<td>3 (100%)</td>
</tr>
<tr>
<td>Physical abuse cases indicated by CPS</td>
<td>36 (46%)</td>
<td>1 (33%)</td>
<td>32 (56%)</td>
<td>3 (100%)</td>
</tr>
<tr>
<td>Out-of-home placement due to sexual abuse allegations</td>
<td>23 (58%)</td>
<td>1 (100%)</td>
<td>11 (35%)</td>
<td>3 (43%)</td>
</tr>
<tr>
<td>Out-of-home placements due to severe physical abuse allegations</td>
<td>30 (38%)</td>
<td>2 (66%)</td>
<td>21 (37%)</td>
<td>3 (100%)</td>
</tr>
<tr>
<td>Child sexual abuse reports to law enforcement</td>
<td>70 (48%)</td>
<td>1 (20%)</td>
<td>77 (50%)</td>
<td>17 (57%)</td>
</tr>
<tr>
<td>Child severe physical abuse reports to law enforcement</td>
<td>30 (37%)</td>
<td>0</td>
<td>37 (65%)</td>
<td>3 (100%)</td>
</tr>
</tbody>
</table>
## Quantitative Data: Law Enforcement Jurisdictions

<table>
<thead>
<tr>
<th>Responding agency</th>
<th>Data reported</th>
<th>2013</th>
<th>2014</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penobscot</td>
<td></td>
<td></td>
<td>Penobscot Region</td>
</tr>
<tr>
<td>Bangor Police</td>
<td>Actual # investigated</td>
<td></td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Brewer Police</td>
<td>Best guess annually</td>
<td></td>
<td>~6</td>
<td></td>
</tr>
<tr>
<td>Dover-Foxcroft Police</td>
<td>Best guess annually</td>
<td></td>
<td>~5</td>
<td></td>
</tr>
<tr>
<td>Lincoln Police</td>
<td>Actual # investigated</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Millinocket Police</td>
<td>Best guess annually</td>
<td></td>
<td>~1-2</td>
<td></td>
</tr>
<tr>
<td>Old Town Police</td>
<td>Best guess annually</td>
<td></td>
<td>~25-30</td>
<td></td>
</tr>
<tr>
<td>Orono Police</td>
<td>Best guess annually</td>
<td></td>
<td>~1-2</td>
<td></td>
</tr>
<tr>
<td>Penobscot County Sherriff</td>
<td>Best guess annually</td>
<td></td>
<td>~100</td>
<td></td>
</tr>
<tr>
<td>Piscataquis County Sherriff</td>
<td>Best guess annually</td>
<td></td>
<td>~35</td>
<td></td>
</tr>
<tr>
<td>Maine State Police</td>
<td>Best guess annually</td>
<td></td>
<td></td>
<td>~60</td>
</tr>
<tr>
<td>Law enforcement agencies (aggregate)</td>
<td>How many investigations result in arrests or charges being filed?</td>
<td></td>
<td></td>
<td>10% - 20%</td>
</tr>
</tbody>
</table>
### Quantitative Data: Service Providers

<table>
<thead>
<tr>
<th>Responding agency</th>
<th>Data reported</th>
<th>2013</th>
<th>2014</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles A Dean Hospital</td>
<td>ICD9 codes: 995.83; 995.53; V71.5</td>
<td></td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>Eastern Maine Medical Center</td>
<td>ICD9 codes: 995.83; 995.53; V71.5</td>
<td>49 patients; 51 reports</td>
<td>44 patients; 46 reports</td>
<td></td>
</tr>
<tr>
<td>Millinocket Regional Hospital</td>
<td>ICD9 codes: 995.83; 995.53; V71.5</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>St. Joseph Hospital</td>
<td>ICD9 codes: 995.83; 995.53; V71.5</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Rape Response Services</td>
<td>Sexual assault or abuse if the individual was a child when it happened (may be adult now)</td>
<td></td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>Spruce Run Womancare Alliance</td>
<td>Monthly interactions with CPS caseworkers about families where domestic violence is a factor</td>
<td></td>
<td></td>
<td>60-80</td>
</tr>
<tr>
<td>United Cerebral Palsy (UCP) of Maine</td>
<td>Percent of cases in which child sexual assault or abuse, or severe physical abuse is a factor</td>
<td></td>
<td></td>
<td>~20% of cases</td>
</tr>
</tbody>
</table>
Qualitative Data: Is there an agency currently responsible for coordinating all aspects of the case?

- Respondent 2
  - Not generally. I try to provide such coordination when the victim is [receiving service at my agency], making sure all parties have the same information and are planning concurrently. Most often, this involves the medical, law enforcement, and CPS representatives.

- Respondent 13
  - No. I would like to think the Department [of Health and Human Services] does, but DHHS isn’t always involved. It’s a daunting process for families, especially when it’s still very raw. Families could use stronger support. Seems like there is more support if the Department is involved.

- Respondent 4
  - No. Depends on the case. If just law enforcement is involved, the case investigator coordinates until the case reaches the District Attorney’s office and then they coordinate from there. This region seems to do pretty well between law enforcement and DHHS, but coordination seems to be based a little on personalities involved.
Qualitative Data: Do the agencies involved with these cases share information?

- **Respondent 1**
  - Information is shared both formally through confidentiality rules/laws and informally through working collaboratively to ensure children are safe and perpetrators of abuse and/or neglect are held accountable for their actions and provided opportunities and support for change.

- **Respondent 5**
  - No, because of HIPAA concerns. We share information based on the mandated reporting statute. We get signed consent from adult caregivers to release information to police as needed/appropriate.

- **Respondent 13**
  - With releases, information can be shared. Tends to vary from provider to provider, coordinating services is hard.
Qualitative Data: Do the agencies involved undertake joint case planning and review?

- No, because of HIPAA concerns. (respondent 5)
- Not that we are aware of or involved in (respondent 3)
- Rarely. This mostly occurs through the Child Death and Serious Injury Review Panel. (respondent 1)
- Not in the way that a CAC model would allow for, based on my understanding of the CAC model (respondent 2)
- Because of confidentiality, I can have conversations but no details. Information can’t be shared with organizations outside [mine]. (respondent 8)
Qualitative Data: The Child’s Experience

Typical # interviews:
- Low: 1-2
- High: 10-12
- Consensus: usually 4-6

Interview setting:
- “At whatever agency or institution is conducting the interview” (respondent 3)
- Professional office setting
- Generally, each with a new, unfamiliar adult
1. Unable to report prosecution data
   Systemic limitation related to how data is managed at DA's office
   CAC model can fill this gap

2. Data gathering process: modified
   With current practices, cannot establish firm baseline rates of occurrence.
   CAC model can fill this gap

3. Narrative (qualitative) data: disjointed system
   Responsive to needs of agencies, not necessarily to child/family needs
   CAC model can fill this gap

4. Narrative responses: Expressed desire for more collaboration
   HIPAA, confidentiality, privacy concerns limit current ability to collaborate
   CAC model can fill this gap
Next steps: Food for thought

Feasibility Study:
- Is the next step after a needs assessment
- Needs assessment & feasibility study are necessary for eventual accreditation
- An opportunity to promote further “buy-in” in the region

Stakeholders:
- Inclusive recruitment to build broad & diverse coalition of support
- May help answer questions, prevent barriers from developing
- Continual education about CAC model

Unified data management:
- Explore with National Children’s Alliance (NCA)
- Develop a better tracking system for the region
- Impact on practice, funding, public opinion, and policy formation

Information-sharing:
- Discuss HIPAA, privacy, confidentiality concerns
- Discuss again... and again... and again... 😊
- Addressing at every step may help eliminate barriers
ANY QUESTIONS?

Penquis CAC Task Force contacts:

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Thank you:

Penquis CAC Task Force members Tamar Mathieu, Bobbi Johnson, Troy Gardner, Michele Markie, and Meg Hatch, who spent extra time answering questions and guiding the process.

Penquis, for providing funding, with support from the Maine Coalition Against Sexual Assault (MECASA) and the National Children’s Alliance (NCA).

UMaine Center on Aging needs assessment team members: Dr. Jennifer Middleton, Mary (Catie) Borer, Savanna Powers, and Jennifer Crittenden

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