Building Powerful Collaborations for Families Affected by Substance Use Disorders: Child Welfare, SUD Treatment and The Courts

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The lack of coordination and collaboration across child welfare, substance use disorder treatment, healthcare, courts and early childhood care systems has hindered their ability to fully support families with SUDs.
Substance use disorders (SUDs) can negatively affect a parent's ability to provide a stable, nurturing home and environment. **Most children** involved in the child welfare system and placed in out of home care have a parent with a SUD (Robin, et al., 2018).

Families affected by parental SUDs have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without SUDs (Robin, et al., 2018).

The **lack of coordination and collaboration** between child welfare agencies, community partners, and substance use disorder treatment **undermines the effectiveness of agencies’ response to families** (Radel et al., 2018).
WORKING TOGETHER DIFFERENTLY

What is it going to take?

To better serve more children and families

Ensure best practices

Systems Change
A permanent shift in doing business that relies on relationships across systems and within the community to secure needed resources to achieve better results and outcomes for all children and families.
Substance use and child maltreatment are often **multi-generational problems** that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)
Meaningful collaboration across systems that includes agreement on common values, enhanced communication and information sharing, blended funding and data collection for share outcomes...

...results in improved outcomes for families including increased engagement and retention of parents in substance use treatment, fewer children removed from parental custody, increased family reunification post-removal and fewer children reentering the child welfare system and foster care.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)
LEVELS OF COLLABORATION

Systemic Collaboration

At the systems level, collaboration can occur between organizations to exchange information, develop joint policies, and develop joint outcomes

Individual Case Collaboration

At the practice level, collaboration can occur between child welfare workers, treatment counselors, and other providers to coordinate client resources and case planning

(Children and Family Futures, 2011)
• **Communication**: People receiving treatment need information, and multiple helpers need to share information

• **Coordination**: Multiple efforts from helping professionals must be coordinated to benefit everyone

• **Consultation**: Helpers with one kind of expertise need input and advice from helpers with other expertise

**Service is more effective when professionals talk**

(Center for Substance Abuse Treatment, 2005)
BARRIERS TO COLLABORATION
Between Child Welfare Agencies, Substance Use Disorder Treatment Programs, and Courts

Data Sharing and Communication
Regulations related to confidentiality
Trust between systems

Clashes with Mission and Vision
Differences of opinion with overall mission and agency priorities and regulations

Client Engagement
Differences in efforts to engage clients in treatment, and client’ mistrust of Child Protective Services
KEY INGREDIENTS

- System of identifying families
- Timely access to assessment and treatment services
- Increased management of recovery services and compliance with treatment
- Improved family-centered services and parent-child relationships
- Systematic response for participants – contingency management
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court

Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation
5Rs

HOW COLLABORATIVE POLICY AND PRACTICES

Recovery
Remain at home
Reunification
Repeat maltreatment
Re-entry
**GOVERNANCE STRUCTURE**

- **The Planning Team** – This team gathers information, develops an operational plan, and evolves to resolve policy and procedure issues that arise once the Family Drug Court becomes operational. Because this team is established to set-up a Family Drug Court, it will eventually disband.

- **Executive Oversight Committee** – This committee is comprised of high-level administrators across agencies who have the authority for their organization to shape practice and policy, and ensure program sustainability.

- **The Steering Committee** – This committee sets major policy directions, identifies and finds solutions to barriers, and secures resources for the Family Drug Court.

- **The Operational Team** – This team works day-to-day in the Family Drug Court with the participants.
THE COLLABORATIVE STRUCTURE FOR LEADING CHANGE

Oversight/Executive Committee
Director Level
Ensure long-term sustainability and final approval of practice and policy changes

Steering Committee
Management Level
Remove barriers to ensure program success and achieve project's goals

Project Team
Front-line staff
Weekly or Bi-Weekly
Staff cases; ensuring client success

Membership
Meets
Primary Functions

Information flow

Information flow

Information flow
Membership
Meets
Primary Functions
Membership

Meets

Primary Functions
FIVE STANDING AGENDA ITEMS FOR STEERING COMMITTEE MEETINGS

1. Data dashboard
2. Systems barriers
3. Funding and sustainability
4. Staff training and knowledge development
5. Outreach efforts
Oversight/Executive Committee

Membership
- Director Level

Meets
- Quarterly or Semi-Annually

Primary Functions
- Ensure long-term sustainability; review and use data reports; give final approval of practice and policy changes
CHILD WELFARE ENGAGEMENT
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Benchmarks of an Active Child Welfare Partnership

• Widespread engagement at all staff levels within child welfare
• Leadership committed to institutionalizing and infusing proven practices
CHILD WELFARE ENGAGEMENT

Strategies to Promote an Active Child Welfare Partnership

• Dedicated staff or unit or agency liaisons

• Regular meetings and ongoing communication and information sharing

• Proactive outreach and responsiveness to child welfare’s needs
SUBSTANCE USE DISORDER TREATMENT
SUBSTANCE USE DISORDER TREATMENT

Strategies to Improve Treatment Access
• Standardized or universal screening and assessment
• Increased information sharing between the court, child welfare and SUD treatment providers
• Communication protocol for information sharing
• Streamlined intake processes
• Co-located or dedicated staff
COURTS
COLLABORATIVE COURT TEAMS

Strategies For Engaging the Court Team

• Recognize and discuss competing priorities, different views on who is the client and diverse mandates
• Clear communication protocols for increased information sharing
• Shared decision making practices
• Cross-training on evidence-based practices
CHILDREN’S SERVICES AND PARENT-CHILD INTERVENTIONS
CHILDREN’S SERVICES AND PARENT-CHILD INTERVENTIONS

Progress in Improving Children’s Services

• Building community capacity by training many providers

• Integrating interventions into the existing service infrastructure

• Leveraging existing community resources
MONITORING OUTCOMES

**Systems Walk-Through**
Assess effectiveness of system in achieving its desired results or outcomes

**Data and Info Walk-Through**
Who collects data, where is it stored, who uses it, who “owns” the data, levels of access
• What needles are you trying to move?
• What outcomes are the most important?
• Is there shared accountability for “moving the needle” in a measurable way?
• Who are we comparing to?
Total number of cases that resulted in investigation and those with a screening

Number and percentage of parents referred for assessment

Number and percentage who received an assessment

Number and percentage referred to treatment

Number and percentage admitted to treatment

Number and percentage in treatment for at least 90 days

Number and percentage completing treatment

Payoff – Number and percentage Reunified / Remained at home
CALL TO ACTION & NEXT STEPS
Use this tool to assess your current collaborative approach and consider how to improve the practices and policies used across systems.

Download [https://ncsacw.samhsa.gov/resources/SAFERR.aspx](https://ncsacw.samhsa.gov/resources/SAFERR.aspx)
CONDUCT AN SYSTEMS WALK-THROUGH

Flow Chart: Child Welfare Involved Families With Substance Use Disorders

- Screening
- Assessment
- Referral
- Monitoring

Contact us ncsacw@cffutures.org
Active collaboration across systems helps ensure parents in need of substance abuse treatment are identified and receive appropriate treatment in a timely manner. This webinar will explore strategies to develop an integrated system of care for families by changing policies, procedures and practices to promote inter-agency collaboration and data sharing among child welfare, the dependency courts and substance use treatment.

Practice and Policy Webinar
This webinar provides an overview of the issues facing child welfare, substance abuse treatment providers and the courts, presents current models of reform, integrates identified priority areas, and discusses common barriers and contextual issues.

Screening and Assessment for Family Engagement and Retention
Active collaboration across systems helps ensure parents in need of substance abuse treatment are identified and receive appropriate treatment in a timely manner. This webinar will explore strategies to develop an integrated system of care for families by changing policies, procedures and practices to promote inter-agency collaboration and data sharing among child welfare, the dependency courts and substance use treatment.

Visit www.cffutures.org
• Connect you with programs that are developing tools and implementing practices and protocols to support their powerful collaborative

• Training and technical assistance to support collaboration and systems change

Contact us ncsacw@cffutures.org
GET ENGAGED IN CURRENT COLLABORATIVE WORK
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Q&A AND DISCUSSION