Engaging and Retaining Voluntary and Reluctant Clients

PRESENTERS

LAURA PEVETO
PROGRAM MANAGER
TRAVIS COUNTY TEXAS

MARIAN KUBIAK
PROGRAM MANAGER
SACRAMENTO COUNTY DEPARTMENT OF MENTAL HEALTH AND HUMAN SERVICES

ENGAGING AND RETAINING VOLUNTARY OR RELUCTANT CLIENTS

Family Voice and Choice: The Engagement Process

Presenter:
Laura Peveto, Travis County Texas
RPG Parenting in Recovery
The Children’s Continuum
Governor’s Grant
Family Drug Treatment Court
DEFINITIONS OF ENGAGEMENT

- Multiple definitions used in the field

Key elements
- Empowerment
- Partnership
- Respect
- Strengths
- Relationship

SIGNIFICANT FACTORS IN ENGAGEMENT

- Agency level
  - Leadership
  - Culture
  - Policies
  - Training
  - Manage caseloads
  - Identification and resolution of service gaps
  - Access to diverse services

Source: Child Welfare Information Gateway: State Managers Series June 2010
SIGNIFICANT FACTORS IN ENGAGEMENT

- **Casework level**
  - Clear, honest and respectful communication
  - Commitment to family-centered practice
  - Sufficient frequency and length of contact
  - Strengths-based approach
  - Shared decision-making and participatory planning

Source: Child Welfare Information Gateway: State Managers Series June 2010

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SIGNIFICANT FACTORS IN ENGAGEMENT

- **Caseworker level**
  - Broad-based involvement
  - Individualized service plans
  - Concrete services
  - Praise and recognition
  - Validating the participatory role of the family
  - Being aware of one’s own biases and prejudices
  - Consistent and reliable

FAMILY VOICE AND CHOICE

- The **Family Voice** is heard, acknowledged and incorporated into decision-making

- **Family choice** supports individual selection of services and supports based on identified needs and strengths

"Don't speak about us without us."
(African proverb)

Source: Technical Assistance Partnership for Child and Family Mental Health www.tapartnership.org

CHARACTERISTICS OF ENGAGED FAMILIES

- Family resources and kinship connections are maximized.
- The family actively participates in solution and outcome focused planning and decision making that is needs driven and strengths-based.
- Interactions with families are open, transparent, and non-judgmental.
- The relationship between families and professionals is viewed as a partnership.

Source: National Resource Center for Permanency and Family Connections: Family Engagement: A Web-Based Practice Toolkit
**BENEFITS OF FAMILY ENGAGEMENT**

- Reduces the chances that parents will lose custody of their children (Atkinson & Butler, 1996)
- Hastens family reunification (Jivanjee, 1999; Tam & Ho, 1996)
- Increases the likelihood that parents receive the services they need (Jones, 1993)
- Parents visit more with their children and are more likely to be reunited (Davis, Lansverk, Newton, & Granger, 1996; Hess, 1987)
- Results in fewer subsequent reports of child maltreatment (Littell, 2001)

**BENEFITS OF FAMILY ENGAGEMENT**

- Increased empowerment
- Improved care and services
- Improved child or family outcomes
- Improved access to services
- Greater family voice in advocacy

Family Driven Study (2006)
STRATEGIES THAT INCORPORATE FAMILY ENGAGEMENT

- Family group decision-making (FGDM)
- Collaborative strategies
- Parent Partner Programs
- Motivational Interviewing

EFFECTIVE MODEL WITH ENGAGED FAMILIES

- Stages of Change Model
  - Pre-contemplation (Not yet acknowledging that there is a problem behavior that needs to be changed)
  - Contemplation (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
  - Preparation/Determination (Getting ready to change)
  - Action/Willpower (Changing behavior)
  - Maintenance (Maintaining the behavior change) and
  - Relapse (Returning to older behaviors and abandoning the new changes)

Developed by James Prochaska and Carlo DiClemente at the University of Rhode Island
SYSTEM CULTURE AND FAMILY ENGAGEMENT

Child Welfare & Judicial Systems are:
- Perceived As
  - Autocratic
  - Time driven
  - Expert reliant
  - Dictatorial
  - Punitive
  - Child only focused

Child Welfare & Judicial Systems Strive to be:
- Balanced
- Inclusive
- Responsive
- Educated
- Accountable
- Family Centered

REFERENCES: WEBSITES
- Child Welfare Information Gateway  
  www.childwelfare.gov
- National Resource Center for Permanency and Family Connections www.nrcpfc.org
- National Resource Center for Permanency and Family Connections: Family Engagement: A Web-Based Practice Toolkit  
  http://www.hunter.cuny.edu/socwork/nrcfcpp/fewpt/cross_systems_partnerships.htm#3
REFERENCES: STUDIES & RESEARCH

- Yatchmenoff Study (2001)
  http://rsw.sagepub.com/content/15/2/84.short
- Family Engagement: Review of Literature April, 2009 - The FORCE Society for Kids’ Mental Health Nicole Chovil, PhD
- Comprehensive Community Mental Health Services for Children and Their Families Program (Osher, Xu, & Allen, 2006).

LAURA PEVETO
PARENTING IN RECOVERY
THE CHILDREN’S CONTINUUM
GOVERNOR’S GRANT
FAMILY DRUG TREATMENT COURT
AUSTIN, TEXAS
LAURA.PEVETO@CO.TRAVIS.TX.US
512-293-9563
Sacramento County

ENGAGING AND RETAINING VOLUNTARY OR RELUCTANT CLIENTS

SESSION D-3

About Sacramento EIFDC

- Early Intervention Family Drug Court (EIFDC)
- Purpose is to stabilize families, ensure child safety and reduce the need to remove children
- A voluntary program
- Administrative compliance review hearings are conducted
Figure 1. Sacramento Early Intervention Drug Court (EFIDC) Process Chart

Clients Served

<table>
<thead>
<tr>
<th>Year</th>
<th>Parents</th>
<th>Children</th>
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<tbody>
<tr>
<td>Comparison</td>
<td>108</td>
<td>88</td>
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<tr>
<td>EIFDC YR 1</td>
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<tr>
<td>EIFDC YR 4</td>
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</table>
Early intervention and Engagement

- When the parent has agreed to participate in the EIFDC they are assessed for AOD services through a direct referral from the CPS social worker to The STARS Program. A STARS intake coordinator administers a preliminary AOD assessment to parents and based on the results of the assessment, the STARS coordinator makes a referral to the appropriate level of substance abuse treatment. STARS matches each parent in this program to a Recovery Specialist who will provide specialized recovery case management and support the parent through their treatment, and work collaboratively with the CPS Social worker, treatment provider, and the Hearing officer.

Recovery Specialists

- Regular reports (twice per month) regarding drug testing, treatment participation and self-help group attendance are provided at the administrative hearing, and to CPS social workers. Through a supportive relationship based on strategies of motivational interviewing, the Recovery Specialist supports the parent’s adherence to the case plan and treatment plans. The Recovery Specialist is in a unique role to aid a parent by attending EIFDC hearings and acting as liaison with community-based AOD treatment to ensure linkages to treatment recovery and supports. The Recovery Specialist helps the parent integrate learned recovery skills into their daily life. Drug testing is administered on a random basis and collection is observed by the Recovery Specialist.
Linking to services

- The Recovery Specialist also focuses on the family unit and has been trained in Celebrating Families Parenting curriculum to support the parent in incorporating newly learned parenting skills and helping the parent to identify age appropriate behaviors in their children.

- It has been shown that Recovery Specialists are able to link families quickly to the full array of treatment services, including residential, outpatient and community support.

Recovery Resource Specialist (RSS)

- Three Recovery Resource Specialist (RRS) continue to work with the children and parents participating in Children in Focus (CF) linking families to community-based services at Birth & Beyond Family Resource Centers (FRC) for family support services and in-home supportive care for children 0-6. The linkage is provided through a joint visit, a warm hand off, directly introducing the family to the services and staff at the Center. This linkage occurs in the fifth week of the session and allows for a gradual transition for the family to community based, where they can get acclimated and engaged in activities as soon as possible.
Connections

- The RRS regularly visit the eight Family Resource Center sites and continue to identify the resiliency services available for the children and parents while establishing linkages for the families. The RRS developed methods for ongoing communication with the sites and have joined the monthly site meetings to remain up to date on the services available at each site. Through the referrals to the FRCs, families have been connected to a variety of services such as the school readiness program, medical/dental clinics and the car seat safety classes.

More connections......

- RRS are linking CAM children and their families to supportive services at community and faith based organizations at the neighborhood level which include an array referrals for housing, food lockers, furniture, teen services and pre-schools services.
Relationships

- RRS are meeting and engaging with the parents at the first session for the parent’s of their Saturday sessions of the CF! Program classes. This early and consistent engagement at the Saturday sessions has built the foundation for the relationship between the parent and the RRS.

Recent Success Story

- Now, hear about the real stories and the great work!
Questions????

- Comments or questions?
- Please feel free to contact me
  Marian Kubiak (916)874-4075