



Engaging Voluntary Clients

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Children and Family Futures



Introductions

- **Linda Carpenter M.Ed.**
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Purpose

Participants will:

- Review common barriers and challenges experienced by different systems-child welfare, substance abuse treatment provider and the courts, in serving voluntary families
- Gain familiarity with strategies to provide effective interventions to families who voluntarily participate in services

Agenda

I. Overview

II. Lessons Learned from the Field

- Riverside County, CA Pre-File Family Preservation Court

III. Discussion



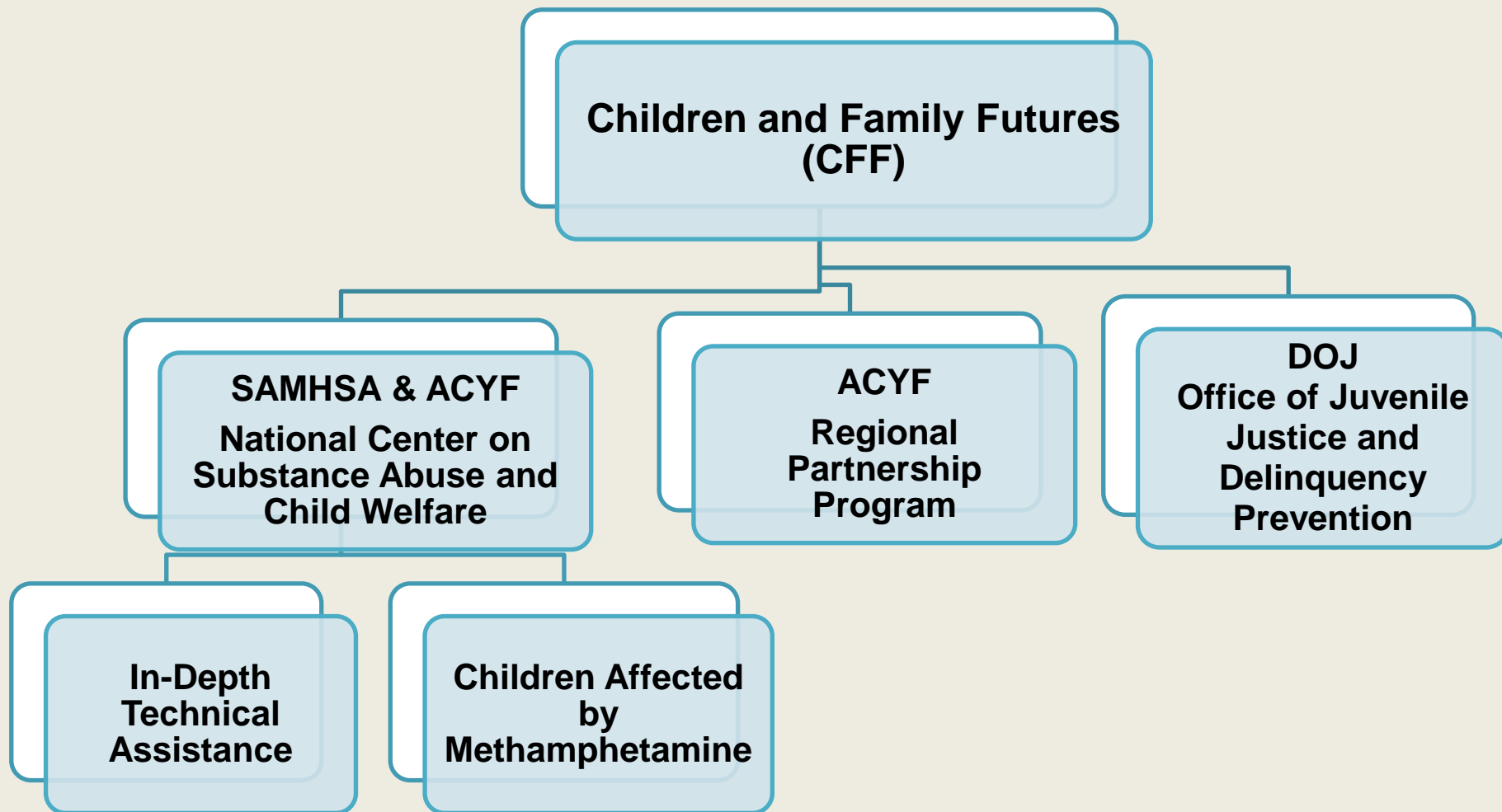


Children and Family Futures

Mission:

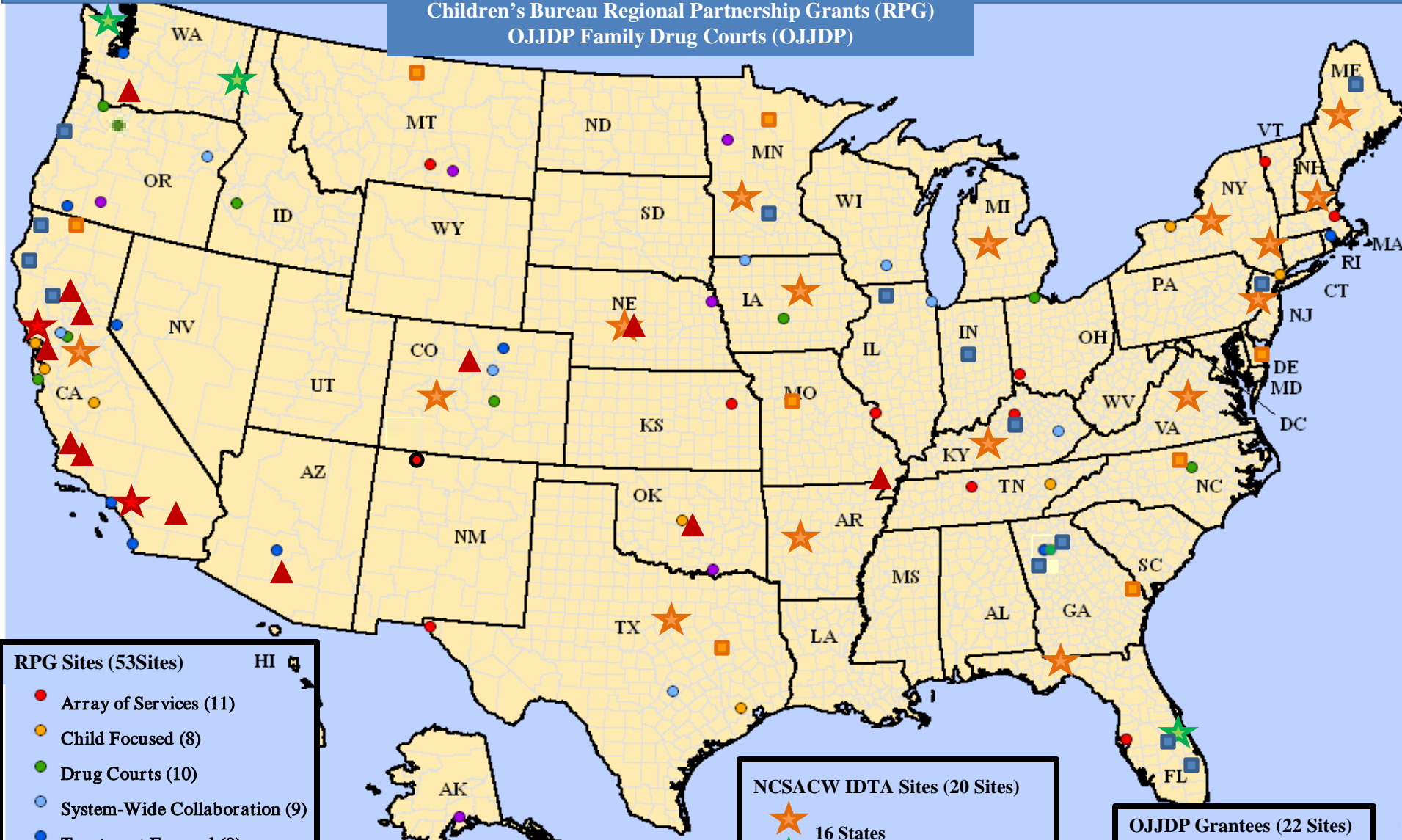
Improve the lives of children and families, particularly those affected by substance use disorders.

CFF Primary Technical Assistance Programs



<http://www.cffutures.org>

NCSACW In-Depth Technical Assistance Sites (IDTA)
Children Affected by Methamphetamine Sites (CAM)
Children's Bureau Regional Partnership Grants (RPG)
OJJDP Family Drug Courts (OJJDP)



RPG Sites (53 Sites)

- Array of Services (11)
- Child Focused (8)
- Drug Courts (10)
- System-Wide Collaboration (9)
- Treatment Focused (9)
- Tribal (6)

Created 3/25/08

NCSACW CAM Sites (12) ▲

NCSACW IDTA Sites (20 Sites)

- ★ 16 States
- ★ 3 Tribal Communities
- ★ 2 Counties

OJJDP Grantees (22 Sites)

- FY 2009 (14)
- FY 20100 (8) Sites

Five National Reports



1. *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy* (Child Welfare League of America, 1998)
2. *Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers* (U.S. General Accounting Office. September 1998)
3. *No Safe Haven: Children of Substance-Abusing Parents* (The National Center on Addiction and Substance Abuse at Columbia University, 1999)
4. *Healing the Whole Family: A Look at Family Care Programs* (Children's Defense Fund, 1998)
5. *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection* (Dept. of Health and Human Services. 1999.)



Why are we here today?

Summary of the Five National Reports

Identified Barriers:

1. Differences in values and perceptions of primary client
2. Timing differences in services systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps

Summary of the Five National Reports



Suggested Strategies

1. Develop principles for working together
2. Create on-going dialogues and efficient communication
3. Develop cross-training opportunities
4. Improve screening, assessment and monitoring practice and protocols
5. Develop funding strategies to improve timely treatment access
6. Expand prevention services to children
7. Develop improved cross-system data collection

Engagement

The primary purpose of engagement activities is to improve access to and retention in substance abuse treatment and other community services.





Engagement Defined

Engagement: The participation necessary to obtain optimal benefits from an intervention

- An ongoing process, beginning at intake and continuing through aftercare
- Responsive to changing needs and situations
- Enhance client motivation
- Joint-responsibility and collaborative effort
- About long-term recovery

Retention Defined

Retention is the result of keeping clients in treatment.

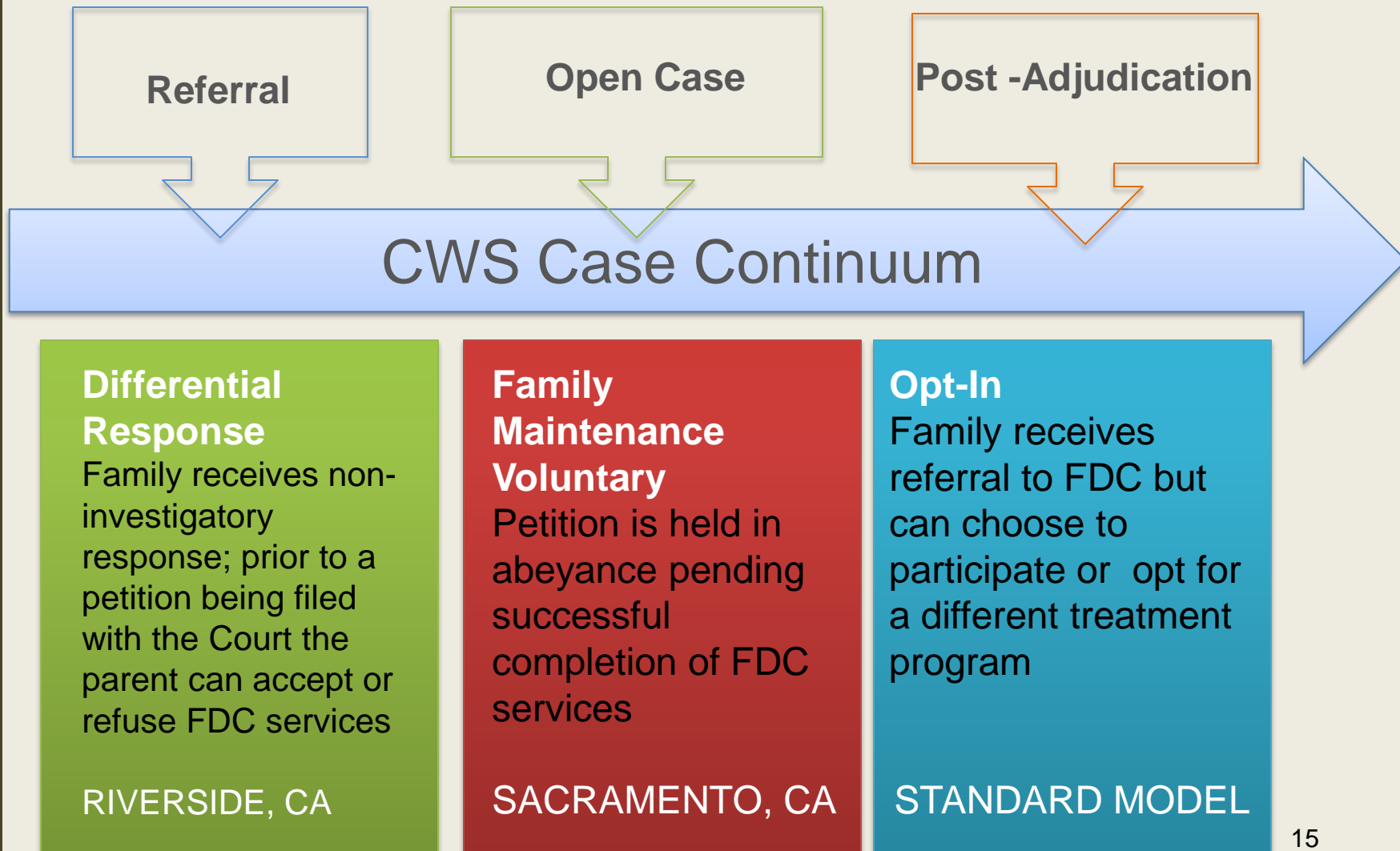
- The goal of engagement is retention
- Retention in treatment is a critical factor in recovery and in the successful completion of the child welfare case plan



Engaging Voluntary Clients

- Alternative Response
- Voluntary Family Maintenance
- Voluntary Family Reunification
- Clients seeking substance abuse treatment on a voluntary basis
- California Supreme Court Ruling: In re Nolan W.
 - “Re-unification services are voluntary and an unwilling parent may not be compelled to participate”
 - In essence, ruled that Family Treatment Drug Courts in California are voluntary

The Range of Voluntary Clients in FDCs



What Does “Voluntary” Mean to Treatment?

• Where is the “hook” with Voluntary CW clients?

Unlike:

- Involuntary commitments,
- Civil commitment statutes,
- Court mandated treatment,
- Workplace policy (e.g., Employee Assistance Programs),
- Ordered through social services
- Coercion through licensure (e.g., health care professionals, teachers, lawyers, etc.),
- Drug monitoring in athletics (e.g., league drug testing)

What Does “Voluntary” Mean?



When attempting to “engage” it is important to understand the consumer’s perception of whether engaging in treatment and services is “voluntary” or “coercion”.



What Does “Voluntary” Really Mean to Participants?

- *Coerced treatment* refers to that which is perceived as an imposition and an infringement on autonomy, regardless of the agent or source.
- Consumers who enter treatment “voluntarily” may also feel informal pressure and lack of control over doing so.
- Stevens and colleagues (2006) found that even when consumers feel pressure to enter treatment, this *does not mean they lack motivation* to doing so.



Barriers to Engagement and Retention



Organizational

- Accessibility
- Duplication
- Availability
- Requirements (multiple, conflicting)
- Quality of services
- Consumer Satisfaction

Interpersonal

- Gender
- Culture, values
- Mental health
- Attitude of workers
- Motivation
- Client-staff relationships
- Involuntary
- Development

Environmental

- Housing
- Employment
- Childcare
- Health
- Legal issues
- Safety, physical environment
- Transportation / Distance
- Isolation, no supports

So What Works?

Strategies and Essential Elements for Engaging Voluntary Participants



Essential Elements to Engagement



- ***Joint Accountability***
- ***Trust***
- ***Communication***
- ***Clearly delineated responsibilities—
Who does What? Why? And When?***
- ***Appropriate Responses to Behavior***
- ***Understanding of and attention to
competing “clocks”—timeframes***



Essential Elements to Engagement



- Agreement and understanding of target population and expected outcomes
- Program expectations, requirements and timelines are clearly explained and written in “understandable” language
- Clear and consistent referral process—preferably *Warm Hand-Off*
- Immediate/timely assessments and entry into treatment

Essential Elements to Engagement and Retention



- Coordinated case planning, information sharing, timely and ongoing communication
- Appropriate Responses to Behavior
- *The Judge/Bench Officer*
- Support from the FDC Team
- Increased monitoring
- Aftercare, Community and Family Supports, Alumni Groups



Joint Responsibility

Partners assume joint responsibility for treatment and recovery success by:

- Understanding, changing and measuring cross-systems processes for referrals, engagement and retention in treatment.
- Recruiting and training staff who specialize in outreach and motivational approaches

Engagement Strategies

What are the strategies that contribute to successful outcomes? Most importantly---

Safety

Permanency

Well-Being

and Recovery!



Effective Models of Collaborative Practice



Paired Counselor and Child Welfare Worker

Counselor Out-Stationed at Child Welfare Office or Court

Parent Mentors and Recovery Specialists

Substance Abuse Specialists

Multidisciplinary Joint Case Planning Teams

Family Treatment Drug Courts

Parent Partner Programs



Mentor/Partner Parents:

- Have successfully completed treatment/remain in recovery
- Have a successfully closed CPS case
- Provide support, encouragement, advocacy, transportation, connection to services
- Help parents to develop leadership and advocacy skills
- Increase level of accountability
- Are team members and support other partners



Outcomes of Engagement

- Improved engagement rates
- Cost Reduction
- Decrease in Out of Home Placements
- Improved Treatment Outcomes





The Family Perspective

“The first time I went to court, two people graduated. I wanted that; I wanted that recognition. I wanted that amount of clean time. It got easier and easier seeing other people do it and I realized that I could do it too.”

“The program is giving me the services that I didn’t even know were available. It gave me my daughter by allowing me to have a chance without a petition being filed. Even though it is voluntary, it is still very formal. It gives me the chance to prove that I can do this with help and it is very encouraging.”



Lessons Learned From the Field:

Riverside County Pre-Filing Family Preservation Court (Dependency Drug Court)

Family Preservation Court (FPC) is:

- Alternative Response Program
- Voluntary Drug Court Program
- Controversial
- For families at risk for children being placed in out of home care due to parental substance use





Pre-Filing FPC Framework:

- An intensified, minimum of one year, court-supervised substance abuse recovery program
- Designed to enhance the sobriety efforts of parents
- Prior to filing a dependency petition
- To enable their children to be safely maintained with their parents



Legal Basis Pre-Filing FPC

CA Welfare & Institutions Code 301(a) and 360(b):

- 301. (a) In any case in which a social worker after investigation of an application for petition or other investigation he or she is authorized to make, determines that a child is within the jurisdiction of the juvenile court or will probably soon be within that jurisdiction, the social worker may, in lieu of filing a petition or subsequent to dismissal of a petition already filed, and with consent of the child's parent or guardian, undertake a program of supervision of the child. If a program of supervision is undertaken, the social worker shall attempt to ameliorate the situation which brings the child within, or creates the probability that the child will be within, the jurisdiction of Section 300 by providing or arranging to contract for all appropriate child welfare services pursuant to Sections 16506 and 16507.3, within the time periods specified in those sections. No further child welfare services shall be provided subsequent to these time limits. If the family has refused to cooperate with the services being provided, the social worker may file a petition with the juvenile court pursuant to Section 332. Nothing in this section shall be construed to prevent the social worker from filing a petition pursuant to Section 332 when otherwise authorized by law.
- 360 (b) If the court finds that the child is a person described by Section 300, it may, without adjudicating the child a dependent child of the court, *order that services be provided to keep the family together and place the child and the child's parent or guardian under the supervision of the social worker for a time period consistent with Section 301.*

Role of the Court

Judicial Officer

- Presides over each drug court session
- Attends Steering Committee

Collaborative Justice Coordinator

- Coordinates efforts from all agencies, writes and monitors grants, community outreach, documents program.


Defense Panel/County Counsel

- Assures clients are informed of their rights
- Assures that the safety of children and the public is maintained

Role of Child Protective Services



- Receives the report or referral of suspected child abuse/neglect
- Investigates the report/Conducts an assessment
- Refers to Family Preservation Court
- Court Officer participates in weekly Team Meetings
- Administrator serves on Steering Committee



Role of Treatment Provider (Mental Health Systems, Inc.)

- Immediate access to treatment
- Parenting and child education
- Relapse prevention/recovery plan for entire family
- Gender specific education
- Bi-lingual services
- Intensified supervision
- Drug testing
- Appropriate responses to client behavior

Community Support from Ancillary Agencies



- Mental Health
- Domestic Violence Education
- Housing
- Welfare to Work
- Public Health
- Law Enforcement
- Education
- Other Community Partners





Need for Pre-Filing FPC

- Large and continuing to skyrocket Child Welfare caseloads
- Children & Family Services Review (CFSR): Reduce FC caseload by 50% by year 2020
- Budget Cuts
- Lack of foster facilities – children housed out of county/state.



Need for Pre-Filing FPC

- Programs are proven to be effective
- “Call me Tuesday” reasonable efforts no longer apply.
 - Pre-Placement Preventative Effort:
Reasonable effort to prevent or eliminate the need for child removal.
[42 USC 671(b)(i), 45 CFR 1356.21(b)
WIC § 319(d)(1) & CRC Rule 5.678(c)(1)]



Pre-filing FPC Provided Both New Challenges and Opportunities:

- No Child Welfare case management
 - Reduced caseloads for child welfare & attorneys
 - No case before the court
 - Keep families together (Medi-cal-Medicaid Funding, Housing Resources, Children Maintained in School)
 - In-home visitation
 - Home visits by Sheriff's Department for Drug Endangered Children



Pre-filing FPC Provide New Challenges For Treatment Provider:

- Case management - parents and children
- Facilitate additional groups for reunification and parenting.
- Training Parent Leaders
- Funding restrictions



Decreased Dependency Caseloads



YEAR (Jan-Dec)	# OF CASES FILED	INCREASE OVER PRECEDING YEAR
2001	3724	
2002	4109	10%
2003	4155	1%
2004	4779	15%
2005	6302	38%
2006	6898	11% (75% increase in 6 years)
2007	6547	-5%
2008	4603	-30%
2009	4022	-13%
2010	3400	-15.5%

Original & Subsequent Petitions

(50% decrease in 4 years)

Riverside CPS Stats From 2006-2009



- The number of children entering foster care decreased by **2,876** from 2006 to 2009.
- Riverside DPSS attributes this to the combined efforts of:
 - Pre-Filing FPC
 - Team Decision Making
 - Differential response working together to keep these families together

STATS* For Pre-Filing FPC

- **865 Graduates**
- 634 post file graduates (8 years)
- 231 Pre-file graduates (5 years)
- Cost per client \$6,000

*As of 07/1/11





STATS* For Pre-Filing FPC

- Post filing has a 47% retention rate
 - 53% fail out (28% fail out in first 30 days)
- Pre filing has a 49% retention rate
 - 45% fail out (31% fail out in first 30 days)
 - 15% go to post file
- **2122** children stayed out of the system

* As of 03/31/10



Total Savings FY 07/08 and 08/09

The cost savings to the County– for social services is averaged out to:

- Decreased CSW Case Load

2122 Children = 53 Social Workers w/Case Load of 40

53 Social Workers x \$80,000 (Yearly Salary) = \$4,240,000.00

- Decreased Foster Care Rates

1 Child Foster Care Costs = \$1,300 per month

\$1,300 x 12 months = \$15,600 per child per year minimal cost

\$15,600 x 2122 Children = \$33,103,200.00

- Total Savings

\$4,240,000.00 (Savings-Decreased CSW Case Load)

+ \$33,103,200.00 (Savings- Decreased Foster Care Costs)

\$37,343,200.00 (Total Savings per year for two years)

Questions?





Technical Assistance and Resources

How do I access technical assistance?

- Visit the Children and Family Futures (CFF) website for resources and products at www.cffutures.org
- Email us at fdc@cffutures.org
- Call us: 1-866-493-2758
- Resource: Recovery Specialist paper



Contact Information

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