



The Collaborative Practice Model for Family Recovery, Safety and Stability



**Children and
Family Futures**



The *Collaborative Practice Model for Family Recovery, Safety and Stability* was developed by Children and Family Futures, a California-based policy research organization whose mission is to improve the lives of children and families, particularly those affected by substance use disorders. Children and Family Futures is the contractor to the Federal government operating the National Center on Substance Abuse and Child Welfare (NCSACW) and that experience is reflected in this document. The National Center on Substance Abuse and Child Welfare is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

Recommended Citation: Children and Family Futures (2011). *The Collaborative Practice Model for Family Recovery, Safety and Stability*. Irvine, CA: Author.



Children and Family Futures
4940 Irvine Boulevard, Suite 202, Irvine, CA 92620
(714) 505-3525 (714) 505-3626 fax
www.cffutures.org contact_us@cffutures.org

Table of Contents

Introduction	1
The Elements of System Linkages in Brief	3
Mission, Underlying Values, and Principles of Collaboration	5
Screening and Assessment	7
Engagement and Retention in Care	9
Services to Children of Parents with Substance Use Disorders	11
Working with the Community and Supporting Families	13
Efficient Communication and Sharing Information Systems	15
Budgeting and Program Sustainability	17
Training and Staff Development	19
Working with Related Agencies	21
Joint Accountability and Shared Outcomes	23
Resources and Tools for the Elements of System Linkages	25
Citations and References	37
Matrix of Progress: The Collaborative Practice Model for Family Recovery, Safety and Stability	39

Introduction

The need for collaborative practice and policies for families with substance use disorders in child welfare was established by the Department of Health and Human Services' in their 1999 Report to Congress, *Blending Perspectives and Building Common Ground*.¹ They specified five national goals:

- Building Collaborative Working Relationships
- Assuring Timely Access to Comprehensive Substance Abuse Treatment Services
- Improving Our Ability to Engage and Retain Clients in Care and to Support Ongoing Recovery
- Enhancing Children's Services
- Filling Information Gaps.

In the ensuing dozen years, Children and Family Futures, a nonprofit policy research and technical assistance organization, developed² and refined a collaborative practice model for families involved in the child welfare system, most of whom include at least one member with a substance use disorder.³ The collaborative practice model is drawn from the experiences of communities who have implemented practice and policy changes to accomplish the five national goals. These innovators, drawing upon their in-depth understanding of the needs of the families who are the focus of their efforts, emphasize collaboration beyond the child welfare arena. The model calls for collaboration among child welfare, family treatment, and dependency courts, agencies, and providers.

In this document, we discuss ten system linkage elements that child welfare, substance abuse treatment, and juvenile court dependency systems, as well as other agencies and providers working with these systems, should use to collaborate with one another. We define "collaborative practice" as the use of these ten system linkage elements by two or more systems, agencies, or providers to improve child and family outcomes. The purpose of this document is to define and provide examples of collaborative practice in each of the ten system linkage elements. State and community collaborative groups can use this information to guide their own efforts to implement collaborative practice in their own communities.

To achieve its mission of child safety, permanent care giving relationships and improved child well-being, child welfare agencies require a collaborative approach. While families may face many challenges, substance use disorders are one of several co-occurring conditions that affect most families in the child welfare system, particularly when child removal is warranted. Thus, collaborative practice with substance abuse treatment agencies is necessary. The model also calls for collaborations with the court system, mental health providers, and several other agencies whose resources can help achieve child welfare outcomes. Important among those other agencies are primary health, education, child development, domestic violence, and housing.

Collaboration is not a useful add-on in child welfare; it is the critical link to resources that the system needs for success.

Collaborative Practice in Child Welfare Settings

Another reason why collaboration is so important to child welfare is that the system needs to supplement its overall resources with financial support from outside its control to meet families' needs. Child and family serving agencies require both public agency and community supports to fulfill their mission. Partner agencies often include law enforcement agencies, early childhood agencies, courts, and schools. But the system also needs non-financial support from families and other social networks including religious and community groups.

Collaborative Practice in Substance Abuse Treatment Settings

A “wider circle” of resources beyond the realm of treatment agencies is also critical to treatment success and continuing recovery for parents with a substance use or mental disorder.⁴ Parents of young children with substance use and co-occurring mental disorders and children affected by trauma often require treatment for longer periods than many agencies can provide alone. In addition, many substance abuse treatment programs cannot offer the aftercare, longer-term case management, peer support, and community-based supportive services that these families need. Here too, collaborative practice can mobilize resources that are critical to achieving levels of interagency success that no single agency can achieve on its own.

Collaborative Practice in Juvenile Dependency Court Settings

The majority of children and adolescents in juvenile dependency courts have family members with a substance use disorder. Courts might require these family members to obtain treatment when children are placed in protective custody and decisions are made about terminating parental rights or reunifying families. Court officials sometimes seek to coordinate resources from multiple systems (including child welfare and substance treatment agencies) on behalf of the families they serve, and judges may offer incentives or impose sanctions that affect families needing coordinated services from more than one agency. Judicial leaders can play important roles to create cooperative relationships and accountability reviews of what agencies working together have accomplished for families under the court’s jurisdiction.

Fiscal Context

Fiscal reality is a critical factor in collaborative practice. Interagency work can be very resource intensive at first, regardless of its eventual cost savings due to increased efficiency and effectiveness. It is clear however that knowing the costs and savings in collaborative practice is critical.⁵ A fiscal climate of budget cuts and spending freezes can make collaboration seem like a luxury, even when shared resources from several agencies have become critical to sustaining important programs. Agency consolidations can also impose barriers to interagency work because adjusting to these changes sometimes takes priority over working across agencies.

Yet, fiscal strain can also create a new urgency for collaborative efforts as agencies recognize the mutual advantages of sharing scarce resources to improve results. Agencies with a record of improving results through collaboration can sometimes make a better case for preventing cutbacks to their programs. These agencies are also better positioned to create coalitions of supporters to expand their activities than agencies working alone through the documentation of the short- and longer-range cost savings of the collaboration.

Framework for Collaborative Practice: The System Linkage Elements

We have identified ten elements of collaborative practice based on our work with more than 150 States and communities since 1996. We provide a brief description of each of the ten elements in the next section. Subsequent sections describe each of the elements in detail and include examples from some of the many States and communities that have demonstrated progress in each element.

At the end of the document, we provide a list of resources and tools that are available to systems, agencies, and providers to advance their collaborative practice and policies for improving child safety, permanency, and well-being and family recovery. We also provide a matrix that describes the potential characteristics and practices of systems, agencies, and providers that adopt a collaborative practice model approach.

The System Linkage Elements in Brief

1. Mission, Underlying Values, and Principles of Collaboration

Each partner enters the collaboration with its own perspective on and assumptions about the mission and mandates of the other partners. Unless the partners identify and address these differences, they might have difficulty reaching agreement about practice or systems issues. Values and definitions, such as who the primary client is, often affect the ways in which staff work across agency boundaries. The partners need to develop a joint mission for their activities based on common principles that govern how the agencies and their staff will work together to improve the outcomes for the families they serve.

2. Screening and Assessment

During their first contacts with a family member, agencies must begin determining what kind of substance use or mental disorder, if any, the child or adult has; what mode of treatment would be the best response to the problem; what information the partners need to communicate with other agencies; and, the risks and needs of the children of parents entering substance abuse treatment.

3. Engagement and Retention in Care

Along their path to recovery, parents need to learn new coping skills. During the early part of this process, agencies need to adopt engagement and retention strategies that will help the parents stay in treatment long enough to benefit from the program and to meet their recovery goals. Critical in this process is addressing the trauma histories of most adults, particularly women, who develop a substance use disorder. In addition to addressing the parents' needs, the developmental needs of children and the timelines of the Adoption and Safe Families Act require engagement efforts. Each partner and its staff must encourage parents to enter and stay in a recovery program and transition to communities that support their continuing recovery.

4. Services to Children of Substance Abusers

Substance use disorders in parents can have a major impact on children. Partners need to address all family members in substance abuse treatment, providing the interventions that children may need. Child welfare agencies, substance abuse treatment programs, and courts must work together to ensure that children of parents with a substance use disorder receive specialized prevention and early intervention services. These services should address remediation of effects of prenatal substance exposure as well as the trauma of living in environments affected by parental substance use.

5. Working with the Community and Supporting Families

A community's first responders, community-based organizations, and family support systems are important resources for families involved in child welfare and substance abuse treatment. These entities should serve as a front line of child protective services, advocate for child abuse and substance abuse prevention and early intervention, and provide critical support after formal services have ended.

6. Efficient Communication and Information Systems

Sharing information from the child abuse, substance abuse treatment, and juvenile dependency court systems is a prerequisite for joint accountability. This shared information forms the basis for communicating across systems and is necessary to track progress toward common goals. Without sharing information effectively at the client, program, and systems levels, the partnership will lack information for critical decisions about families or guideposts to measure its programs' effectiveness. Without efficient communication protocols, the systems may duplicate scarce resources for case processing and families will need to retell their story to multiple providers.

7. Budgeting and Program Sustainability

The only way to develop long-term stability for innovative approaches is to tap into the full range of funding resources from multiple agencies that are available to a State or community. Systems, agencies, and providers that have successfully sustained their collaborative efforts have leveraged cross-system resources and expanded their funding sources.

8. Training and Staff Development

Cross-training for personnel at all levels—policy makers, program managers, line-level clinical staff, and administrative support staff—is necessary to bridge divisions between systems. Agencies should deliver training in joint multidisciplinary sessions. Without such training, the continuation of conventional practice reinforces barriers caused by agency and court practice silos.

9. Working with Related Agencies

Most families affected by substance use disorders require assistance from multiple agencies to address their complex issues. In particular, these families often need child and adult mental health, child development, domestic violence, advocacy, primary health care, housing, and employment-related services. Family members may also be involved with the criminal justice system requiring collaborative approaches.

10. Joint Accountability and Shared Outcomes

Jointly developed outcomes should guide the partners' work and demonstrate their agreement on the desired results. Without agreement on shared outcomes, each partner is likely to measure its progress based on its own internally defined outcomes. Partners need to pay particular attention to the outcomes for the whole family—parents' recovery as well as children's safety and permanency—to appropriately reflect a family-centered approach to monitoring the collaborative's effectiveness.

1. Mission, Underlying Values, and Principles of Collaboration

All ten system linkage elements offer methods of collaborating across systems, but this first element provides the foundation for collaboration and the targets that the other elements are designed to achieve. The cross-system partners must create effective relationships with one another. They also need to develop a consensus on the values that underlie their collaboration as a basis for agreeing on critical issues faced by the collaborative. Addressing these cross-system values is the cornerstone of a collaborative relationship with a mission statement that specifies the goals of the partnership, based on values and principles of collaboration that all partners share.

This element and the tenth element—shared outcomes—are closely linked. A clear mission statement emphasizes the ultimate client-specific outcomes of innovative collaborative approaches and the systems changes that are necessary to sustain that impact. A statement of agreed-upon principles with ethical content ensures that each family's or individual's outcomes are more important than any one agency's activities and that the partners will monitor outcomes to assess whether the lives of children and families have improved.

The attention given to establishing collaborative values and establishing a joint mission can determine whether the resulting practice model can serve as a tool for increasing accountability in improving the lives of children and families or is simply a list of disconnected, abstract principles. If a practice model merely expresses the partners' hopes that they will coordinate their activities without establishing any means to ensure that this coordination is happening, the model may have no practical impact on the organizations' activities.

Partners need to distinguish between two different components of a mission statement, client-related goals and system-related goals. Practice changes among collaborative partners frequently take the form of a project. Yet small-scale projects, however innovative, do not by definition affect many clients; and, they often do not change the system in which they operate.

An organization's values include its willingness and ability to determine whether it is achieving its mission.

Achieving momentum in project-level changes is difficult in today's challenging fiscal times, and having a wider impact on systems and substantial numbers of families is even more challenging. Although a small-scale project may improve outcomes for a group of children and families and generate lessons from the new practice, it is rare that a pilot project leads to system-wide changes in policy or practice. The project may also be viewed by front-line staff and policy leaders in the larger system as a marginal exception to normal ways of doing business. Having a clear mission statement that addresses the scale of the innovative project is critical for longer-term sustainability of effective collaborative approaches.

In developing their joint mission statement, the partners should answer these questions:

- Who is the client? What is the relative importance of parents and their children?
- How big is the problem and how will our joint efforts change the baselines of current prevalence of the problem and outcomes for families?
- Whose resources should we use for joint efforts? What is a fair way to allocate resources to different systems for shared responsibilities?
- What are parents' responsibilities? What is the system's responsibility to provide parents and children with timely and effective services?
- Which children and parents will be our priority populations to receive help? How long will we provide this help?

A good case can be made to make mission statements general as a way of building consensus. But a better case can be made to use the process of creating a more specific mission statement as an opportunity to identify differences in values and perspectives. Raising these issues will not resolve them, but doing so can help the partners recognize that the differences matter and will not go away just because members of a collaborative group are working together on a given project.

Federal law affects child welfare agencies and their partners in numerous ways that can have an impact on collaborative missions. Partners that address how to meet these Federal requirements in their community can often better understand cross-system values and create local initiatives to overcome barriers. Some of the Federal requirements that partners should consider in creating their mission statements include:

- The timetables required by the Adoption and Safe Families Act (ASFA) of 1997 for court reviews orders and child permanency, which may not be in sync with the timing of Temporary Assistance for Needy Families (TANF) benefits, treatment and recovery, and a child's developmental needs.
- The Child Abuse and Prevention Treatment Act (CAPTA) reauthorization in 2010, added to provisions for addressing the needs of infants identified as being affected by illicit substance exposure for infants with Fetal Alcohol Spectrum Disorder. Provisions include appropriate referrals to child protection and other services such as early intervention for young children.

Examples of Organizations and Statewide Systems that Have Developed an Effective Joint Mission Statement

• National Organizations

Several national organizations representing child welfare, treatment agencies, and family courts (American Public Human Services Association, Children and Family Futures, Child Welfare League of America, National Association of State Alcohol/Drug Abuse Directors, National Council of Juvenile and Family Court Judges, and National Indian Child Welfare Association) developed a joint mission statement that embodies the principles that these groups have agreed to use for their joint activities. This joint statement addresses the ten elements of system linkages and provides a model that States and communities can use to develop joint mission statements that reflect their own community values and priorities.

http://www.ncsacw.samhsa.gov/files/Synthesis_Cross_System_Values.pdf

• Massachusetts

The Massachusetts Governor's office and the State's Administrative Office of the Courts participated in NCSACW's in-depth technical assistance program creating a strategic plan for improving interagency services and outcomes. The State-level planning group, called the Family Recovery Collaborative, developed a statement of shared values and principles that reflects the partners' priorities by stating that child safety and permanency are the birthright of every child in their communities and that family members with a substance use disorder should have a "fair shot" at recovery with timely and comprehensive treatment within their community.

http://www.ncsacw.samhsa.gov/files/MA_StatementOfSharedValues.pdf

• Arizona

One of the clearest examples of a policy change embodied in a shared mission statement is the 2008 Arizona governor's executive order that stated that child welfare families would receive priority access to substance abuse treatment services.⁶ The annual report that the 2008 order required was a model of a collaborative mission statement with accountability for results. The percentage of women admitted to treatment in Arizona is one of the highest in the nation, indicating that the executive order (and prior efforts to earmark TANF funds for treatment) has had a significant impact. <http://www.azgovernor.gov/dms/upload/EO%202008-01.pdf>

2. Screening and Assessment

Screening children and parents in families involved in the child welfare system for effects of substance use and for past and present victimization and trauma is an essential part of determining risk and safety. Collaboration and communication across the systems responsible for helping families are necessary to provide the child welfare, substance abuse treatment, and court systems with timely access to the screening and assessment results they need to make informed decisions.

Screening refers to the use of tools and procedures designed to determine the risk or probability that an individual has a given condition or disorder. Screening tools should be brief, easy to administer orally or in writing, inexpensive, and capable of detecting a problem or condition when it exists. A screening tool should balance sensitivity and specificity, so that it detects problems when they do exist and rules out problems when they do not.

Assessment generally begins when the screening process has determined that staff members need more information on a child or parent is needed. Assessment involves collecting information that allow staff members to determine whether a person's condition meets diagnostic criteria for a given disorder and to identify appropriate responses if the assessment results are positive. Assessment in both child welfare and substance abuse treatment systems involves gathering information from several sources, including standardized tools, other service providers, and family members. A key component of screening and assessment is helping family members find the hope they need to take part in this opportunity to change their lives and successfully care for their children.

Screening and assessment processes are critical for children receiving child welfare services and for children of parents in substance abuse treatment. Child welfare agencies play a special role when an infant is referred to them and should screen and assess for the neuro-developmental effects of prenatal substance exposure among infants and young children as well as throughout the child's early years and adolescence.

A basic tenet in collaborative practice is drawing on the strengths of the partners and disciplines in an effective team—it is the team not the tool that underlies effective screening and assessment.

Child welfare and substance abuse treatment agencies and systems typically use screening and assessment to answer similar questions at various stages of their work with the family. The work of the collaborative is to understand these processes in the other systems and ensure that effective communication of this information is occurring at the line, management, and

administrative levels of the agencies and systems. The following key questions help determine what services a family may need:

- Does a family have a substance use or child abuse or neglect issue? If so, how urgent is the issue?
- What is the extent and immediacy of the substance use or child abuse or neglect issues?
- How do the systems need to respond to the substance use or child abuse or neglect issue? Is the family ready to make a transition in the case plan and what does the family need after discharge from treatment and during reunification?

Additional assessment questions that partners might ask after members of the collaborative have provided services include:

- Did the intervention produce demonstrable changes in the child, parent, or family?
- Did the intervention work?

Collaborators need to understand the current practices and policies of each partner that are relevant to addressing these questions, implementing needed improvements, and ensuring effective and timely communication of key information across systems and with families.

Examples of Organizations and Statewide Systems that Have Developed Effective Joint Screening and Assessment Procedures

• **Statewide Implementation of the UNCOPE Universal Screen**

A group of dedicated policy makers, administrators, and professionals in Maine developed and implemented a system of screening policies and procedures that use the UNCOPE⁷ screening tool for identifying substance abuse issues as part of the State's child welfare family assessments. Contract agencies that provide alternative response services to low-to-moderate at-risk families also use the UNCOPE. As a result, this uniform screening tool is part of the safety assessment that child welfare agencies complete for every case that they investigate or refer for alternative response. Instituting standardized screening resulted in the State experiencing almost a 100% increase in the number of families identified as needing further substance abuse assessment.

Oklahoma's agencies use the UNCOPE as a universal screening instrument to help identify families with members at high risk of substance use disorders in the context of the child welfare system. Oklahoma's revised child welfare practice model requires all State agencies to use a new family functional assessment, which integrates the UNCOPE.

http://www.evinceassessment.com/UNCOPE_for_web.pdf

• **Statewide Screening for Co-Occurring Disorders**

In 2007, Washington State mandated its Children's Administration to implement the Global Appraisal of Individual Needs (GAIN)⁸ short screen for substance abuse and mental health screening for child welfare families. The State's agencies now use this assessment process to identify co-occurring disorders and integrate treatment for these disorders to achieve more successful outcomes and recovery.

http://www.uncg.edu/csr/asatp/pdf_pages/EBP%20pdf/GAIN.pdf

The Florida Department of Children and Families uses contracted family intervention specialists (substance abuse professionals) to conduct assessments of families in the child welfare system with substance use disorders. The family intervention specialists are typically co-located in child welfare offices. The State has required these specialists to screen parents involved in the child welfare system for co-occurring mental disorders since 2004. The Department of Children and Families developed a screening instrument and guidelines for the family intervention specialists, who may use a different screening tool for co-occurring disorders with departmental approval.

<http://www.cffutures.org/files/publications/FISScreen.pdf>

<http://www.cffutures.org/files/publications/GuidelinesFISScreen2004.pdf>

• **New Jersey Child Protection Substance Abuse Initiative**

In 1995, New Jersey's Division of Youth and Family Services initiated the Child Protection Substance Abuse Initiative. The initiative provides certified alcohol and drug counselors and paraprofessional counselor aides to local child welfare offices. Workers refer parents to a certified alcohol and drug counselor for assessment and treatment service case management. This assessment, referral, and case management service identifies the level of risk to children based on the severity of the parents' or caregivers' substance use disorder. These counselors often act as consultants on substance abuse issues to division workers for specific cases. In 1996, the Division of Youth and Family Services signed a memorandum of agreement with the State's Division of Addiction Services to jointly expand the bed capacity for women diagnosed with a substance use disorder and granted priority access to these beds to mothers of children under Division of Youth and Family Services supervision. http://www.cffutures.org/docs/TAP_description.pdf

3. Engagement and Retention

Low motivation, denial, and resistance are common characteristics of persons with a substance use disorder. As a result, families in the child welfare system, who often include a member impaired by substance use, often require active efforts to ensure their engagement in a change process.⁹ Research indicates that most persons with a substance use disorder need at least 90 days in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.¹⁰ Therefore, collaborative practices should ensure that child welfare, court, and alcohol and drug treatment staff share the responsibility for helping families engage in child welfare and treatment services.

The primary purpose of engagement activities is to improve access to and retention in substance abuse treatment and other community services for families in the child welfare system.

ASFA requires child welfare agencies to reunify children removed from their home or to implement an alternate permanent plan within 12 months of the child's removal. Consequently, when family members with a substance use disorder do not engage in treatment after receiving a referral or do not stay in treatment, child welfare agencies and courts cannot meet timelines for permanency. In collaborative practice models, the treatment system, child welfare services, and court professionals all share responsibility and accountability for improving their capacity to engage families and help them maintain their progress in treatment and recovery.

Partners can help ensure treatment and recovery success by:

- Understanding, changing, and measuring the cross-system processes for referrals, engagement, and retention in treatment.
- Recruiting and training staff who specialize in outreach and motivational approaches and who monitor processes of recovery and aftercare.
- Jointly monitoring family progress through a combination of case management, counseling, testing, and family support programs.

Enhanced engagement and retention efforts have had positive impacts on family member treatment outcomes, including increased lengths of stay in treatment, graduation rates, and family reunification rates.¹¹ For example, in a family drug court, parents who graduated after 180 days of continuous compliance were significantly more likely to be reunified with their children at 12, 18, and 36 months than parents who only completed 90 days of continuous compliance or parents who did not reach a minimum of 90 days. In addition, parents who did not comply with family drug court requirements to receive substance abuse treatment within the first 30 days were 26% less likely to graduate from family drug court than parents who did comply in that timeframe. Engaging parents and ensuring their compliance in the first month is critical to family reunification.¹²

Examples of Organizations and Statewide Systems that Have Developed Effective Joint Engagement and Retention Interventions

- **Parent Partner Programs**

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) helps families with substance abuse achieve permanency for children, family reunification, and self-sufficiency by providing substance abuse services in a collaborative model. The program offers immediate (within 24 hours) outreach and engagement to parents, as well as concrete supportive, transportation, housing, and aftercare services to prevent relapses. Families F.I.R.S.T. services are tailored to family and community needs and include culturally responsive services, gender-specific treatment, services for children, and strategies to motivate and assist the entire family in its recovery. <https://www.azdes.gov/common.aspx?menu=678&menuc=160&id=7892>

Parent Partner Program of Upper Des Moines Opportunity pairs parents from families in which the Department of Human Services has removed a child, primarily due to drug and alcohol abuse, with a mentor who has had personal experience with the child welfare system. The program provides one-on-one mentoring, encouragement, outreach, and support. The program also provides support to parents by teaching them advocacy skills, inviting them to become board members of local and statewide committees who develop practice and policy procedures for child welfare, and providing them with advocacy training opportunities. <http://www.udmo.com/parentpartner/about.htm>

- **The Sacramento County, California, Specialized Treatment and Recovery Services (STARS)**

The STARS program provides immediate access to substance abuse assessment and engagement strategies. STARS workers offer motivational enhancement therapy and intensive management for the substance abuse recovery components of child welfare case plans. STARS workers also link parents to substance abuse treatment resources and maintain a supportive relationship with parents while emphasizing engagement and retention in treatment. Other STARS activities include monitoring drug testing, substance abuse treatment participation, and self-help group attendance and providing regular compliance reports to courts, social workers, and minor's counsel. [http://www.cffutures.org/files/presentations/Training%20Institute Nashville 07162008.pdf](http://www.cffutures.org/files/presentations/Training%20Institute%20Nashville%2007162008.pdf)

- **Engaging Moms Program, Family Drug Court, Miami, Florida**

The Miami, Florida, family drug court's Engaging Moms Program, an evidence-based family intervention program, supports mothers in their quest to remain drug free, cultivate effective parenting skills, and navigate the court system. Specially trained case workers employed by the court provide intensive case management and therapeutic services to mothers and their family members. The program focuses on enrolling and retaining mothers in substance abuse treatment and the model has been integrated into the dependency drug court. Both components were more effective than standard and intensive case management services in two randomized clinical trials.^{13,14} Outcomes include higher rates of drug court completion and family reunification than traditional case management services.

http://womenandchildren.treatment.org/documents/conference/Cohen_20ten_PPT.pdf

4. Services to Children of Parents with Substance Use Disorders

Research has shown that children of parents with substance use disorders are at higher risk of poor developmental outcomes and developing their own substance use disorder.¹⁵ Understanding the type of exposure that the child experienced is critical to meet the child's safety, prevention, intervention, or treatment needs. Exposure can include prenatal exposure to alcohol or other drugs; family environments that are not nurturing or safe as a result of addiction; or communities in which drug cultivation, manufacturing, or sales are pervasive.

Partners must also base their responses on the child's individual strengths and challenges and address the full range of potential physiological, developmental, social-emotional, and behavioral effects of the child's exposure to substance use disorders and child abuse or neglect. In addition to being multidisciplinary, the services must target the full spectrum of children's developmental stages.

Services that children may need have been specified in the *Women's Comprehensive Treatment Model*¹⁶ which emphasizes that collaborative partners should ensure children receive:

- *Comprehensive assessment and care coordination*—Medical, developmental, educational, psychological, social-emotional, and trauma history should be assessed for all children of parents with substance use disorders in child welfare services. Particular attention should be paid at intake to issues that require immediate attention, such as methamphetamine lab or other drug exposure.
- *Medical care and services*—Primary health care is required with attention to the possibility of organic changes resulting from in utero or early childhood exposure to substances or violence as well as neonatal and perinatal care, pediatric care, emergency and hospital care, and testing, treatment, and counseling for pediatric HIV/AIDS.
- *Mental health and trauma services*—Children living in the care of adults with substance abuse problems can experience psychological distress resulting from the experience of neglect as well as emotional, physical, or sexual abuse. These children often witness parental addiction and domestic violence. They often benefit from psychological counseling and therapy and addressing their own trauma issues through individual and group modalities.
- *Therapeutic child care*—Children born to mothers who use substances are at high risk for medical complications, including alcohol- and drug-related neuro-developmental effects and outcomes from pre-term delivery. Children with medical and mental health challenges may need specialized child care and educational approaches provided by professionals with advanced training, and in a setting where accommodations can be made to the physical environment to be responsive to these needs.
- *Substance abuse education and prevention*—Children whose parents have substance use disorders need substance abuse education and prevention support at an early age.
- *Developmental services*—Children who have been exposed to alcohol or drugs *in utero* may experience physical and cognitive developmental delays. Physical, occupational, and speech therapy may be needed. Children experiencing neuro-developmental effects may also require behavior modification support, tutoring, and medication management. If the child is under the age of 3, CAPTA requires a referral for early intervention services.

Providing these services requires interagency collaboration at the case and systems levels because no one public or private funding source or provider typically has all of these services within their agency or control. The collaborative practice model requires each agency to understand the needs of its children and their families and to ensure that services are available in an effective referral and engagement process across multiple providers.

Examples of Organizations and Statewide Systems that Have Developed Effective Services to Children of Parents with Substance Use Disorders

• Early Screening and Intervention for Children with Prenatal Exposure

Project FEAT (Family Early Advocacy and Treatment), based in Lane County, Oregon, has developed policies and procedures for identifying and serving families with children exposed to alcohol and illegal drugs before birth. The program includes prenatal screening, hospital risk assessment, toxicology testing, and notification of child welfare, followed up with family advocate services, treatment services, and community support. <http://eip.uoregon.edu/projects/feat>

Washington State has developed a comprehensive network of services and supports to prevent fetal alcohol spectrum disorders and to identify and treat children with these disorders. The Fetal Alcohol Syndrome Interagency Work Group is a collaborative effort of State and community-based agencies and programs to coordinate and enhance fetal alcohol syndrome disorder diagnostic, prevention, intervention, and educational services <http://depts.washington.edu/fasdpn>

The 4Ps-Plus Screen for Substance Use in Pregnancy[®] is a validated instrument that many programs and agencies have used to screen pregnant women for alcohol, tobacco, illicit drug use, and violence. When agencies use the 4Ps-Plus screen, the number of women who have received brief treatment interventions increases and substance use decreases or ceases. <http://ntiupstream.com>. For example, thirty California counties have expanded their screening efforts to reach more than 100,000 pregnant women. Prenatal clinics and private practitioners have been trained to administer prenatal screening and make referrals to brief intervention or more intensive treatment when needed. The results of the screening in 16 of these counties include a prevalence rate of 19.2% of women screened using drugs or alcohol at the time of their first prenatal screening, which dropped to 8.6% once they knew of their pregnancy. <http://www.adp.ca.gov/alcohol/pdf/PerinatalSubstanceUseSR.pdf>

• Services for Families of Young Children

The Linda Ray Intervention Center at the University of Miami College of Arts and Sciences serves Miami's at-risk children, from newborns to age 3 years, and their families who have experienced parental substance abuse, trauma, involvement with the child welfare system, developmental delays, or the lack of access to high-quality early-childhood programs. The center has a long history of providing services to children with prenatal substance exposure and offers specialized intervention programs in a one-stop shopping environment for children and their families. www.lindaraycenter.miami.edu

• Services for Families of Older Children

Celebrating Families is a program developed in the Santa Clara County, California Dependency Drug Court. The Celebrating Families curriculum is an evidence-based cognitive behavioral support group model for families affected by parental substance abuse. Working with every family member, from ages 3 through adult, the program emphasizes resiliency factors while incorporating addiction recovery concepts with healthy family living skills. Several agencies across the country are now using the Celebrating Families curriculum. www.celebratingfamilies.net

Several family-serving treatment agencies have developed links with local Head Start agencies and school districts that enroll children affected by parental substance use and trauma in high-quality child-development programs to meet their health, educational, and social-emotional needs. For example, Prototypes and Shields in Southern California offer interventions across the developmental spectrum, from early childhood through adolescence. www.shieldsforfamilies.org and www.prototypes.org

5. Working with the Community and Supporting Families

Family and community support service providers can offer care for alcohol and drug use and mental disorders that extends beyond formal treatment services to help parents achieve the goal of recovery. The types of services offered by family and community support service providers include:

- Recovery management and recovery community services such as self-help, recreational activities, and drop-in supportive centers
- Mutual aid and peer supports
- Family strengthening through neighborhood-based parenting supports
- Child care including temporary respite care
- Faith-based organization support

Effective collaboration between multiple systems to support families requires the mobilization of community-based organizations and family support systems to meet families' long-term recovery needs.

These supportive services ensure that parents with an alcohol or other substance use or mental disorder fully re-engage with family members, friends, and community members, while preventing child abuse and substance abuse in the long term. The aftercare and longer-term services of family and community providers can ensure a seamless continuum of services. They provide important supports for families affected by substance use and co-occurring mental disorders to prevent relapse and recurrence of abuse or neglect.

Family and community support services can help families involved with substance abuse and child welfare systems reduce risk in their lives and achieve self-sufficiency by offering these families a continuum of services that have the following characteristics:

- *Comprehensive:* These services should address all aspects of family well-being and be available across the lifespan of each family member addressing co-occurring disorders. These services typically include self-help, peer- and faith-based support, and other informal supportive networks that the family identifies.
- *Family-centered:* Substance use disorders are family diseases because family members can transmit them across generations in ways that affect the family unit and its members. Family-centered practice promotes the delivery of recovery supports that can help these families become healthy functioning units that can effectively communicate, nurture children, reach their economic goals, and support the well-being of all members. These services should involve parents and, where appropriate, children as active participants, not passive recipients.
- *Community-based:* Human service and legal systems have a responsibility to strengthen families' natural and informal networks within their own communities and to reduce these families' reliance on professional systems. While the supportive services are not clinical treatment, they may be provided by professionals, peers, volunteers, or other community partners. Community-based support includes providing linkages to faith-based organizations and peer-led mutual aid groups including 12-step and other models of recovery groups.

Examples of Organizations and Statewide Systems that Offer Community and Supportive Services to Families Involved in the Child Welfare System

- ***Kentucky Sobriety Treatment and Recovery Teams (START) Model***

The Kentucky START program supports recovering families, raises community awareness about addiction and recovery, and spreads the word that recovery is possible. The program's activities include peer-based outreach to parents in child welfare; self-help meetings; a faith-based self-help group; a chapter of People Advocating Recovery (a recovery advocacy organization); and annual community-based activities to celebrate National Recovery Month, including a recovery walk and motorcycle ride.

<http://www.womenhiv.org/wp-content/uploads/2010/03/TheSourceSpring2010.pdf>

- ***Parent Partner Network***

The Parent Partner Network of Minnesota consists of parents who have successfully recovered from past involvement with the child welfare, juvenile court, and alcohol and other drug treatment systems. They created a handbook to assist parents in developing their own community recovery supports. Network members model healthy and responsible parenting. These members also encourage parents to help other parents by sharing their experiences and knowledge and by giving hope to parents involved in child protective services cases.

http://www.ncsacw.samhsa.gov/files/MN_ParentPartnerHandbook.pdf

- ***Family Involvement Team (FIT) for Recovery***

The FIT for Recovery program in Multnomah County, Oregon, includes a family recovery support center for parents of children involved in the child welfare system who have completed treatment for substance use disorders. The center offers meals, self-help meetings, and child care for parents during self-help meetings or appointments with staff members. The center's family therapists work with individual parents, couples, and children. A resource specialist helps families obtain support from various community resources. The center also offers a welcoming and comfortable environment for parent and child visitations.

<http://www.voar.org/Learn-About-our-Services/Public-Safety-Programs/Fit-For-Recovery>

- ***Riverside County United Methodist Women***

The Riverside County, California, United Methodist Women's group works with the Riverside Family Preservation Court to support the needs of families in recovery while fulfilling the church's mission of service and ministry within the community. The group helps families obtain basic supplies and services, including clothes, food, blankets, car repair, and child care. The group also opens church space for family preservation court groups, drug testing, and other activities.

<http://ncsacw.samhsa.gov/technical/cam-riverside.aspx>

6. Efficient Communication and Information Systems

To communicate effectively about case practice and administrative issues, partners must identify the content, methods, roles, and responsibilities in cross-system communication protocols. The specific information that the partners need to communicate at each stage of families' progress through the systems must be clarified. Partners also need to identify the communication methods (e.g., email, telephone, fax, or in-person meetings) that they will use and when they need to share information. Each staff members' roles and responsibilities to effectively communicate require specification and training.

At the practice level, partners need to share and integrate information from substance abuse, child welfare, mental health, domestic violence service providers, and others. Specifically, these partners should share screening and assessment results, case plans, and treatment plans. Sharing this information strengthens each system's capacity to identify children's safety needs, the services

Providing the structure for communication, such as regular case staffings on complex clinical issues, as well as sufficient staff time to communicate across systems is critical.

that families require, how to best engage and retain families in services, how families are progressing, and how systems can determine whether families have succeeded in meeting their goals. The ability to integrate this information becomes one of the strengths of the collaborative as its members define who needs to know what and when they need to know it, in an effort to streamline communication and informed decision making. Partners can ensure efficient communication by identifying specialized units to manage cases or assigning liaisons to facilitate the cross-agency

approach.

At the administrative level, the partners need to create a method that links their administrative information system databases so that they can track progress of children and their parents to determine whether families have achieved their goals. The most commonly used methods to match data on families served by different systems and share administrative information include:

- Using existing identifiers and developing a logical syntax to match records across databases.
- Developing common identifiers in multiple databases and merging data files or conducting statistical analyses of data from different datasets to create cross-system management reports.

Establishing clear communication and information-sharing protocols will allow practice-level staff to share client information while adhering to each system's confidentiality requirements.

Confidentiality exceptions in Federal regulations allow providers and systems to share de-identified administrative information for program management.

Citing confidentiality barriers to sharing information can at times reveal that a collaborative has not yet established trust and effective working relationships based on what each partner understands about the uses of data about its clients with other agencies. Both aggregate, de-identified data and client-specific data must be shared, with careful observation of privacy and confidentiality regulations as well as awareness of what interagency partners need to know to help children and families get the services they need.¹⁷

Examples of Organizations and Statewide Systems that Have Developed Collaborative Communication and Information Systems

- ***The Kentucky Sobriety Treatment and Recovery Teams (START) Program***

The START Program has created a direct link between child welfare data and substance abuse treatment data for families that they serve. Each individual provides informed consent to permit child welfare and substance abuse treatment agencies to share client-specific data. Each month, START staff members upload data on all new referrals for substance abuse treatment into START's substance abuse treatment provider system. The uploaded data include child welfare case and individual identification numbers so that START can link, compare, and evaluate data on child welfare and substance abuse treatment strategies and outcomes. In addition to standard treatment admission and discharge data, the substance abuse provider includes information on the speed of access to treatment, retention, all treatment modalities that the parent or child receives, the monetary value of this treatment, the number of treatment sessions that the parent attends, and reasons for any no-shows. Each quarter, the two agencies share and discuss evaluation results. The agencies also generate monthly comparative reports that they use to discuss the strategies they have used to achieve certain outcomes or maintain fidelity to the START treatment model. <http://www.womenhiv.org/wp-content/uploads/2010/03/TheSourceSpring2010.pdf>

- ***Sacramento County Dependency Drug Court***

The Sacramento, California, Dependency Drug Court oversees compliance with court orders pertaining to parents' alcohol and drug treatment participation and recovery using twice-monthly progress reports. These reports record each parent's compliance with drug testing, attendance at required substance abuse treatment program activities, treatment plan compliance, and appearances at compliance and court hearings. The reports also document parental cooperation with alcohol and drug treatment program staff, children's protective services social worker, or Specialized Treatment and Recovery Services (STARS) recovery specialist workers. Two times a month STARS workers generate the compliance reports and deliver them to the child welfare case worker, the parents' attorneys, and the court. The automation of this reporting system has greatly increased the efficiency of communication regarding the parents' progress in treatment and improved timely decision making by the court.

In addition, Sacramento County assigns a unique identifier to parents served by the county's child welfare and treatment agencies. Staff use these identifiers to access data and evaluate the dependency drug court. Each client identifier links data from the STARS database, Child Welfare Services/Case Management System, and the Treatment Episode Data system allowing the evaluators to accurately link data from the child welfare automated systems on children and from the substance abuse treatment data system on parents receiving services. The automation has allowed the County to monitor family outcomes and develop reports covering five years of family outcomes.

<http://www.cffutures.org/files/publications/Year%207%20Summary%20Report%20Final.pdf>

7. Budgeting and Program Sustainability

A program or collaborative initiative can be sustained if it receives continued funding, is replicated or expanded, or becomes fully institutionalized and has a much broader impact. Tapping the full range of funding resources available to a State or community for comprehensive services to families is the only way to develop multi-year stability for innovative cross-system approaches. Sustainability planning needs to include multiple strategies because agencies and systems can institutionalize their policy and practice changes through legislation, administrative rules, operating procedures, or services contracts.

Partners whose programs are established with support from grants must develop sustainability strategies at the practice and administrative levels to ensure that their innovations or improvements continue after the grant funding ends. The collaborative strategies partners should use to conduct sustainability planning include developing and maintaining steering or leadership committees, holding regular cross-system meetings to identify and problem solve funding challenges and methods, and sharing and reporting case-specific information to ensure case-level information is available for sharing with key policymakers.

At the practice level, sustainability involves implementing policy and practice changes that institutionalize innovative and effective practices. Sustainability also requires ongoing training and staff development activities, and establishing documentation and supervision requirements that reinforce collaborative approaches.

When planning for sustainability, remember that results drive resources.

At the management level, sustainability requires cross-system advocacy for sufficient resources for each system. Strategies to obtain ongoing support include obtaining new funding, redirecting existing funding, and sharing funding across agencies. For example, State general funds in one agency may be “matchable” funds in another agency’s maintenance of effort requirements. State general fund allocations to treatment agencies may be used as the local “match” for grant dollars or for assessments to create case plans for the child welfare agency. A prerequisite to sustainability planning however is to identify existing funding streams that partners can augment through joint approaches, including maximizing reimbursements from third-party payers for their services. Partners also need to determine when they need blended or pooled funds to support their joint activities. Budget office staff members need to understand the collaborative practice that the partners are institutionalizing so they can support this cross-agency work.

To adopt a comprehensive approach to sustainability, partners need to consider:

- The effectiveness of what the partners want to sustain. For example, the partners need to be able to show potential funders that an innovation achieved certain outcomes.
- The creation of a marketing plan to raise the innovation’s visibility to potential funders.
- The total resources that the partners need to sustain the innovation and what can be leveraged from other sources.
- The political and community resources that the partners need to sustain the innovation, proving that it has support in the community that extends beyond the sponsoring agencies.
- The innovation’s institutionalization throughout the organization(s).

Examples of Organizations and Statewide Systems that Have Sustained their Innovations

- **Denver EFFECT—Entire Family-Focused Effective Comprehensive Treatment**

The Denver EFFECT program is a successful collaborative, family-centered substance abuse treatment program that serves Denver families involved in child welfare services. The program has sustained almost all of its activities after its 3-year grant ended in October 2010. Denver EFFECT demonstrated to potential funders that it had effectively served families in the child welfare system resulting in higher family preservation rates and caseworker satisfaction. Denver EFFECT found innovative ways to communicate these outcomes to the agency administrators who control the Denver human services budgets.

<http://www.ucdenver.edu/about/newsroom/newsreleases/Pages/WhiteHouseDrugCzarDenverEFFECT.aspx>

- **Project Connect**

Project Connect of Children's Friend and Services in Providence, Rhode Island, helps keep children safe and keep families together. This family preservation and support program provides comprehensive wraparound support to strengthen families by helping parent to achieve a substance-free lifestyle. Project Connect staff are specially trained in substance abuse and child welfare risk assessment. The program is intensive, home-based, and provides services for approximately one year. Project Connect produced a video describing its services from the perspectives of families, staff members, and other stakeholders. The stories and testimonials addressed the issues facing families affected by substance use disorders. The messages included information about outcomes that Project Connect achieved and money the program saved by providing comprehensive, family-focused services. The video successfully made the case for continued support and funding. <http://www.cfsri.org/projectconnect.html>

- **Northwest Professional Consortium Research**

NPC Research completed process, outcome, and cost evaluation studies on two family drug courts in Oregon. The studies compared the outcomes and costs of families served by the family drug courts with those of a comparison group. The analyses demonstrated that the two family drug courts saved money by increased reunification rates.

http://www.npcresearch.com/publications_drug_treatment_courts.php

- **Kentucky Department for Community-Based Services (DCBS)**

In 2006, Kentucky DCBS began improving its system of care for families with co-occurring child maltreatment and substance use disorders. DCBS evaluated the initiative's child welfare outcomes by documenting the number of families served, the children's rates of entry into out-of-home care, recurrence of child abuse and neglect, and estimated costs using a variety of data sources, primarily the State's administrative data. The DCBS conducted additional analyses to understand the amount of money saved by preventing out-of-home placements as a result of the interventions. DCBS used the analysis results to make the case for sustaining the Kentucky START program because of its demonstrated ability to improve child welfare outcomes and save money.

http://waysandmeans.house.gov/UploadedFiles/Patricia_R._Wilson_Testimony.pdf

8. Training and Staff Development

Training and staff development across systems is crucial for developing, implementing, and sustaining cross-system initiatives over the long term. Child welfare, substance abuse, and court practitioners need to understand how substance use and mental disorders affect child safety and family well-being and how each system works and interacts with the other systems to serve this population. These should be the goals of cross-training programs.

Unfortunately, most undergraduate and graduate school programs do not sufficiently address the role of substance use and mental disorder services in child welfare and juvenile court practice. Effective training initiatives help staff understand substance use and mental disorders, as well as treatment and recovery, child safety, child welfare laws, State and county procedures, court timelines, and each system's roles and practices. Partners should try to fill these gaps in basic education at State universities and training institutes as a long-term goal to ensure that new workers receive the information they need to work collaboratively with one another and with families who have multiple challenges.

In addition to inadequate training for their staff members, the high staff turnover rates that are typical in child welfare agencies, substance treatment programs, and juvenile dependency courts can contribute to the poor preparation of these agencies' staff members to meet families' diverse and complex needs. Most health and human service organizations have staff retention challenges, particularly those serving families in public child welfare systems and substance abuse treatment agencies. Juvenile courts, for example, may need to assign attorneys to child welfare cases who have little experience in working with parents with substance use disorders. Thus, staff development initiatives must ensure that workers have appropriate support and on-going learning opportunities regarding families with co-occurring disorders.

Each of the key agencies involved in collaborative child welfare practice has its own staff training and development system. For example, SAMHSA provides training resources to the substance abuse field through its Addiction Technology Transfer Centers and the Administration on Children, Youth and Families (ACYF) provides training through its Training and Technical Assistance Network and the Court Improvement Program.¹⁸ In addition, many States' administrative office of the courts conduct annual training for the juvenile justice system. Therefore, a starting point for every cross-system initiative is to develop an inventory of existing training opportunities and to seek opportunities to provide joint training by, for example, co-locating annual conferences and other educational events.

Training reforms are necessary but not sufficient to achieve lasting change in cross-systems activities.

However, training by itself, without policy changes to reinforce the content of the training, simply gives front-line staff more skills and, possibly, different attitudes. Without incentives or supervision to use what they have learned, front-line staff members revert to their previous single-system approaches

without tapping the expertise available through the collaborative. After partners reinforce training reforms through policy changes, they must maintain the resulting practice changes through booster sessions for the staff members of all participating agencies.

Examples of Organizations and Statewide Systems that Have Offered Effective Training and Staff Development Programs

- ***Fit for Recovery***

The Multnomah County, Oregon, Mental Health and Addiction Services Division and eleven State, county, and non-profit organization partners developed an interactive training initiative for child welfare and addictions treatment agency staff members. The training program, a component of their collaborative initiative to provide recovery resources to families in child welfare, uses interactive technology, such as short, Web-based training videos, and local news headlines to ensure that the training content is easily accessible and relevant to staff members. Four web-based videos are currently available free of charge: Methadone Parts 1 and 2; Collaboration of Child Welfare and Substance Abuse Treatment; and, Dads Substance Abuse and Child Welfare. The in-person training program also incorporates an interactive survey of knowledge, beliefs, and values in which trainees can submit, view, and discuss responses immediately.

<http://fitforrecovery.com/index-1.html>

- ***NCSACW Online Tutorials***

There are three online training programs available at no cost through the NCSACW:

1. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals;
2. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals; and,
3. Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Legal Professionals.

As of June 2011, more than 35,000 child welfare, treatment agency, and court staff members have used the tutorials. <http://www.ncsacw.samhsa.gov/training>

The following are examples of how States have utilized the tutorials:

- The Colorado Alcohol and Drug Abuse Division created a new licensing program for substance abuse treatment providers who want to work with families involved in the child welfare system. To earn this license, counselors must complete a NCSACW online tutorial.
- In at least seven States (New Jersey, Indiana, Georgia, Michigan, Oklahoma, Texas, and Utah), new child welfare workers must complete the NCSACW tutorial for child welfare workers.

9. Working with Related Agencies

Child maltreatment and substance use disorders occur in the context of other social and economic factors. As a result, parental substance use disorders may be only one of many factors that require intervention and partnerships with community agencies to enhance child and family well-being and recovery. Substance abuse treatment providers have long recognized that providing core treatment services without recovery supports, such as employment services, can result in less than optimal long-term outcomes for children and families.

Partners need to develop integrated screening and assessment protocols or case plan reviews that identify the need for domestic violence, mental health, and other key services to identify related agencies that might provide the additional services that families need. How partners refer families to these services and ensure that families have timely access to these services is critical for successfully engaging families in these services. A key strategy is determining how often referrals across agencies occur and succeed in securing services.

The phrase “authentically connected” describes an integrated network in which agencies function as equal partners with each other and with families. The purpose of an authentically connected partnership is to identify and address the complex interplay of needs that are common in families with substance use disorders in the child welfare system. Whereas a traditional referral is unidirectional (i.e., the agency refers the family member to an outside agency for services), an authentically connected referral network is multidirectional and incorporates the

To begin determining which agencies the partners need to connect with to provide additional services, the partners should review the most common needs of families in current caseloads.

ideals of collaborative relationships, accountability, cultural competence, client-centered services, and holistic assessment.¹⁹

The steps to create authentically connected collaborative services are:

- Develop an inventory of the services that are available in the local area and plot these resources on a map.
- Identify the needs of the families that the partners are serving.
- Talk to potential collaborators about such issues as the benefits of collaboration, staff cross-training, and how the other agencies conduct business to uncover any potential conflicts.
- Develop working agreements or memoranda of understanding among partners that describe plans to share information and each collaborator’s role.
- Determine each collaborating agency's criteria for accepting clients.
- Establish an agreement regarding the flow of information and feedback between the agencies to ensure provider accountability (see Element 4 for more details on this process).

Examples of Organizations and Statewide Systems that Have Developed Effective Relationships with Related Agencies

- ***OnTrack, Inc.***

OnTrack in Jackson County, Oregon, provides core treatment and ancillary services aimed at developing healthy and functional families through parent-child residential treatment, family-centered outpatient treatment, affordable housing units, and supervised emergency housing for families undergoing a child's protection hearing in the juvenile court. Through partnerships with local housing agencies and community services, a network of safe housing, treatment, education, employment and child-focused services including a visitation center have been developed. The network of housing is provided in a continuum from emergency response through treatment and aftercare. All of the housing is made available to all members of the family to ensure access to a broad array of clinical and supporting services in a supervised environment preventing children from being placed in foster care. <http://www.ontrackrecovery.org/index.shtml>

- ***Center Point, Inc. FamilyLink Program***

Center Point, Inc., a comprehensive family-centered treatment agency in Marin County, California, and Marin Head Start have collaboratively provided comprehensive child-care, early-education, and preschool services for the mothers and children that both agencies serve for almost 20 years. The partnership has resulted in an expanded therapeutic day-care and Head Start classroom and nursery located at FamilyLink, a family-centered residential treatment program. Head Start also offers priority placement in classrooms throughout the community for FamilyLink children. Finally, Head Start has helped FamilyLink provide the families the agency serves with parenting leadership opportunities, access to health and dental care, expanded access to child developmental assessments and intervention, access to family advocates, nutrition education, and prenatal counseling for pregnant women. <http://www.cpinc.org>

- ***One Hope United***

One Hope United in Jefferson City, Missouri, is a human service organization that works to improve the permanency outcomes for children affected by methamphetamine or other substance abuse. Through a Regional Partnership Grant awarded by the Children's Bureau, One Hope United partnered with the Missouri Alliance for Drug Endangered Children and the Missouri Departments of Social Services, Mental Health, Alcohol and Drug Abuse, Juvenile Justice Association and Institute of Mental Health. The collaboration resulted in State-wide protocols to protect children through their promotion of effective services, creating public awareness opportunities, providing education opportunities to community partners and by advocating for better policies. <https://www.onehopeunited.org>

- ***Safe4Kids***

The services for parents or caregivers and their children provided by the Safe4Kids program of the Houston, Texas, Council on Alcoholism and Drug Abuse, Inc., include substance abuse and mental health screening and assessment, brief interventions, residential and outpatient treatment, parenting, trauma-informed education, individual and family counseling, home-based case management, medical services, and referrals. These activities are designed to strengthen the safety, permanency, and well-being of children aged 0-4 years who are involved with the local child protective services agency. The Safe4Kids program works with family members receiving family-based safety services when child safety is at risk due to maternal substance abuse. http://council-houston.org/Public/Index.asp?0=0&page_ID=474

10. Joint Accountability and Shared Outcomes

The establishment of joint accountability and shared outcomes among collaborative partners is essential to the collaboration's success. Without agreement on shared outcomes, each partner is likely to measure only its own progress from its own perspective. Partners need to create ways that the substance abuse system can measure treatment outcomes for families in the child welfare system. The child welfare system can measure outcomes for families with substance use disorders. Mental health outcomes can be measured for parents and children who receive these services. Integrating these capacities will result in measuring the child welfare outcomes for families who are affected by substance use or mental disorders separately from the population as a whole.

The partners need to develop joint accountability and shared outcomes using a collaborative process. These shared standards will guide the partners' work by providing a performance- and measurement-driven framework for working with children and families. Shared performance indicators or benchmarks will allow the partners to measure the partners' *joint* impact on their systems, and to determine how much a single project may be affecting outcomes across an entire system, i.e., "whether the needle moves." Developing these standards will also strengthen the partners' commitment to achieving comprehensive family outcomes, such as permanency for children *and* recovery for parents.

The outcomes the partners develop together guide the collaborative's work and demonstrate that the collaborative has achieved interagency agreement on desired results.

The partners need to monitor their joint outcomes to hold themselves accountable for improving results across agencies. Establishing these outcomes conveys a commitment from the partners' leaders that the collaborative work is important enough to measure its progress and impact on improving outcomes. Agreement on joint accountability and shared outcomes will also drive the

partners to develop methods to share information, understand how each system collects data, and, ultimately, measure cross-agency outcomes.

Some of the joint outcomes that partners have measured are:

- *Substance abuse outcomes for parents involved in the child welfare system:* access to treatment, retention in treatment, positive discharge from treatment, reduction in substance use, change in employment, and change in arrests.
- *Child welfare outcomes for parents with a substance use disorder:* children remaining at home, occurrence of maltreatment, length of stay in foster care, re-entries into foster care, and timeliness of reunification or permanency.
- *Other important outcomes for families affected by substance use disorders:* child well-being, adult mental health status including reduction in trauma symptoms, school attendance, parenting skills, family functioning, risk or protective factors, and children and parents connected to supportive or ancillary services.

Examples of Organizations and Statewide Systems that Have Developed Effective Joint Accountability Standards and Shared Outcomes

- **Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)**

The Arizona Department of Economic Security and Department of Health Services jointly administer a substance abuse treatment fund that provides treatment services to parents with substance use disorders. Families F.I.R.S.T. promotes collaboration and requires the partners to work toward improving the safety, permanency, and well-being of children and families. Families F.I.R.S.T. provider contracts include outcome measures that the program uses to evaluate community programs. <https://www.azdes.gov/common.aspx?menu=678&menuc=160&id=7892>

- **New Jersey**

Under the Child Protection and Substance Abuse Initiative, New Jersey's Division of Addiction Services (Department of Health Services) and Division of Youth and Family Services (Department of Children and Families) collected data across both systems and used a "drop-off analysis methodology" to understand which families drop out of the systems at each point in the linkages between agencies. For example, they analyzed who were the parents referred for an assessment who did not complete the assessment. They analyzed which families were referred for treatment services but did not complete treatment. The drop-off analysis allowed the State agencies—child welfare, substance abuse and the administrative office of the courts—to assess the initiative's effectiveness. Working collaboratively with community treatment providers, agency leaders identified critical barriers to receiving current services. The partners then developed shared outcomes for the three agencies, providing the project with a mechanism to monitor contracts with service agencies. Drop-off analysis methods are described in the resources section.

<http://www.njcpac.org/admin.asp?uri=2081&action=15&di=395&ext=pdf&view=yes>

- **Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse termed the Regional Partnership Grants (RPGs)**

Grants funded under this Children's Bureau program support regional partnerships in establishing or enhancing a collaborative infrastructure to build the region's capacity to meet a broad range of needs for families involved with substance abuse treatment and the child welfare system. Each of the 53 grantees has established a method to collect data from its local child welfare and substance abuse treatment systems to measure these outcomes for the families receiving services supported by the grant. Project evaluators worked with information system staff members from the partner systems to determine how to collect similar client-level outcomes data elements from each system and submit these data to Federal reporting systems. The Kentucky Department of Community Based Services, one of the Regional Partnership grantees, has developed a sophisticated tracking system that it uses to report on joint child welfare and substance abuse treatment outcomes for all families served by its grant program.

<http://www.womenhiv.org/wp-content/uploads/2010/03/TheSourceSpring2010.pdf> (page 7)

- **Sacramento Dependency Drug Court**

Sacramento County, California, has developed a collaborative effort among the county agencies responsible for child welfare, treatment services, and the dependency court. The child welfare and treatment service agencies track the outcomes of parents in the child welfare system who have entered treatment by combining data from both agencies using a unique identifier for all family members. Outcomes of the initiative are tracked for five years.

<http://www.cffutures.org/files/publications/SAC%20DDC%20article%20Child%20Maltreatment%20Final.pdf>

Resources and Tools for the Elements of System Linkages

The resources and tools that follow are organized by the ten elements of system linkages. These resources and tools can be used by agencies and providers to advance collaborative practice and policies for improving child safety, permanency, and well-being and family recovery. Children and Family Futures does not endorse any one particular resource or tool, and this is not intended to be an exhaustive list of all available resources on these topics. These examples, however, have been used by a wide variety of collaborative groups to strengthen their capacity to work together effectively.

Any collaborative tool should be assessed based on its ability to achieve at least three things:

- To help collaborative groups understand their challenges in working together, and to provide them with approaches and methods that address those challenges.
- To frame the choices that face collaborative groups in selecting their mission and monitoring whether they are achieving it for the children and families that need support.
- To communicate clearly, both within the collaborative and with the wider community, what the collaborative does and why its efforts are significant.

The best tools are those that are put to use by a team that has worked together enough to be willing and able to use the tool across agency boundaries, rather than within a single agency. No one tool can solve a collaborative team's problems; using these tools together, however, staff in agencies and across systems can understand those problems in greater depth and develop shared solutions.

The resources in this listing include organizations that have worked in the field of collaborative services and policy and have developed strategies and methods to achieve lasting improvement in child welfare and family recovery. Each listing has been chosen based on the work the organizations have done in one or more of the system elements which are the focus of this practice model.

Resources and Tools for Collaborative Practice

Collaborative members can use the **Collaborative Values Inventory (CVI)**, developed by Children and Family Futures, to uncover the underlying values and beliefs that each partner brings to the group. This free online survey instrument is available by requesting technical assistance. Respondents use this tool to rank their level of agreement with a series of statements about values and beliefs. Children and Family Futures provides the survey results to the group in PowerPoint format with analyses of the levels of agreement and disagreement for each statement and includes subgroup analyses, such as results by discipline. Groups use the CVI to identify differences that could block the group's progress unless the partners discuss their differences and decide how to address them as well as areas of agreement that can form the basis of developing written principles to guide their work.

<http://www.cffutures.org/files/cvi.pdf>

The **Collaborative Capacity Instrument (CCI)** is another free online self-assessment survey from Children and Family Futures. Members of State, Tribal, or local collaboratives can use this tool to rate the group's progress in each of the ten system linkage elements. Partners can use the results in an assessment of needs, to set priorities for their collaborative work, monitor their progress over time, and provide information to stakeholders and policymakers on how well the key systems collaborate. There is a second CCI that partners can use to assess their collaborative capacity to address domestic violence, mental health, and primary health care.

http://www.cffutures.org/files/publications/Collaborative_Capacity_Instrument.pdf

<http://www.cffutures.org/files/CCI%20for%20MH%20AOD%20CWS%20and%20Courts.pdf>

The Children and Family Futures **Matrix of Progress** describes the characteristics of sites that have made collaborative progress toward achieving better outcomes for children and families in each of the ten system linkage elements. The Matrix of Progress briefly describes collaborative activities of fundamental practice, good practice, and best practice in communities. The Matrix of Progress is available electronically as well as on the back fold at the end of this document.

http://www.cffutures.org/files/Matrix%20of%20Progress%20in%20Collaborative%20Practice%207-25-11_0.pdf

The **Cross-System Primer** provides basic information on the child welfare, substance abuse treatment, and juvenile dependency court systems to support cross-system communication and coordination within State, county, and Tribal jurisdictions. The primer identifies operational characteristics of each system which promote and develop cross-system connections designed to improve outcomes for families and children at the intersection of all three systems.

<http://www.cffutures.org/files/publications/FCSC%20draft%206%2024%2011.pdf>

Navigating the Pathways is a monograph published in 2002 that describes the ten system linkage elements and provides case studies from seven sites from around the country that made early efforts to improve outcomes for children and families through collaborative practice. The case studies include two family drug courts sites (Miami and San Diego), three sites that out-stationed substance abuse specialists in their child welfare offices (New Jersey, Connecticut, and Jacksonville, Florida), a comprehensive training initiative (Sacramento, California), and a recovery support program working with families with a substance-exposed newborn (in Cuyahoga County, Ohio).

<http://www.cffutures.org/files/publications/Navigating%20the%20Pathways-Tap%2027.pdf>

Resources and Tools for Screening, Assessment, Engagement, and Retention

The Substance Abuse and Mental Health Services Administration (SAMHSA) published the **Screening and Assessment for Family Engagement, Retention, and Recovery** guidebook in 2007 to help public and private agency staff members serve families affected by substance use disorders. This guidebook is based on the premise that when parents misuse substances and maltreat their children, the only way for staff to make sound decisions for these families is to work collaboratively and draw from the talents, skills and resources of the child welfare, alcohol and drug treatment, and court systems. This guidebook provides guidance and tools for developing a comprehensive screening and assessment program to improve engagement in services. <http://www.ncsacw.samhsa.gov/files/SAFERR.pdf>

SAMHSA published **Drug Testing in Child Welfare: Practice and Policy Considerations** in 2011 to guide child welfare agency policymakers in developing practice and policy protocols regarding drug testing in child welfare practice. <http://www.ncsacw.samhsa.gov/files/DrugTestinginChildWelfare.pdf>

Review of the Florida Department of Children and Families' Substance Abuse, Mental Health and Child Welfare Screening and Assessment Tools provides substance abuse and mental health screening and assessment guidelines for families in the child welfare system. The National Center on Substance Abuse and Child Welfare (NCSACW) reviewed several instruments and tools (such as an initial in-home safety assessment and a unified home study) that Florida's child welfare system utilizes. The document includes recommendations for integrating substance abuse and mental health screening and assessment content within each of these instruments. http://www.cffutures.org/files/publications/FL%20Screening-Assessment%20Recs%20FINAL_0.pdf

Drop-off Analysis is a method to assess the linkages among child welfare, treatment agencies, and the courts by identifying connections that families need to make between systems to obtain services and achieve their child welfare case goals. At each stage of the families' "hand offs" between the systems, agencies using drop-off analysis collect data to determine how many families *drop out* of the systems. For example, agencies might use this approach to identify parents who received an emergency response and were subsequently screened for a substance use disorder, the number of parents referred for an assessment after the screening results were available, and how many of these parents completed the assessment. Several agencies and systems have used drop-off analysis to focus their attention on the parents that were not moving on to the next stages of assessment, treatment, and recovery and to understand the reasons for these drop-offs. <http://www.cffutures.org/files/publications/Drop-off%20Analysis.pdf>

SAMHSA's **Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts** describes a commonly used collaborative model that involves placing substance abuse specialists in child welfare offices or dependency courts. These specialists help ensure that parents are assessed as quickly as possible, improve parent engagement and retention in treatment, streamline entry into treatment, and provide consultation to child welfare and dependency court workers. This monograph describes several sites that have used this strategy and the similarities and differences in their approaches. <http://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf>

Cross-System Process Improvement is a method that uses virtual walk-throughs, process flowcharts, group consensus techniques, and Plan-Do-Study-Act (PDSA) cycles to create change across multiple systems. Virtual walk-throughs help users understand families' experiences of interacting with multiple agencies. Process flowcharts describe the process from initial child welfare service intake through referral and engagement in the substance abuse treatment system. Agencies and systems can use this perspective to brainstorm improvements that they can test and

implement in PDSA cycles. Collaboratives can then assess the effectiveness of their activities and implement effective approaches more broadly in their systems. These process improvement strategies are adapted from the Network for the Improvement of Addiction Treatment. http://www.ncsacw.samhsa.gov/files/Communication_Templates.pdf

Contingency Management is an evidence-based cognitive-behavioral treatment used in the substance abuse field. Contingency management practitioners provide incentives to engage and retain family members in treatment.²⁰ Research has demonstrated that contingency management is effective for reinforcing goal setting and ensuring early engagement and retention, leading to more successful treatment outcomes.^{21,22} Drug court professionals have adapted contingency management for use in family drug court settings and an explanation of its application in this setting is available in a webinar: <http://www.cffutures.org/node/536>.

Resources and Tools for Services to Children of Parents with Substance Use Disorders

SAMHSA published the ***Substance-Exposed Infants: States Responses to the Problem*** monograph in 2009 to help local, State, and Tribal governments gain a better understanding of current policy and practice in place at the State level that address substance-exposed infants; and identify opportunities for strengthening interagency efforts in this area. This monograph utilizes a framework to describe collaborative practice at five intervention timeframes: pre-pregnancy, prenatal, birth, infants and toddlers aged 0-2 years, and children and youth aged 3-18 years. An inventory of existing services can help partners assess their capacity to collaborate with other agencies and identify the baseline outcomes that these agencies are currently achieving.

<http://www.ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx>
<http://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf>

Children and Family Futures developed a Substance Exposed Infants (SEI) version of the CCI. The SEI CCI is a free online self-assessment survey designed to elicit discussion among and within the agencies whose cooperation is essential for collaborative efforts to address the needs of SEIs and their families. The SEI CCI includes questions on the group's capacity to screen for prenatal substance use, engage parents in treatment services, identify infants affected by prenatal substance exposure and refer infants to services.

<http://www.cffutures.org/files/publications/CCI%20for%20SEI.pdf>

A version of the CVI is also available to assess collaborative values pertaining to SEIs and their families. The SEI CVI includes questions on agency values and beliefs about prenatal substance use, screening for prenatal substance use, identification of infants affected by prenatal substance exposure and referral of infants to services.

<http://www.cffutures.org/files/publications/SEN%20CVI.pdf>

There are eight Fetal Alcohol Spectrum Disorders Centers for Excellence, funded by SAMHSA, which have developed ***Screening Approaches for Fetal Alcohol Spectrum Disorders (FASD)***. These Centers screen and diagnose children for FASD and provide services and interventions to FASD children in a range of local, State, and juvenile court programs. The Centers target children aged 0-5 years, based on research showing that early diagnosis and treatment of FASD can make a significant difference in children's lives.²³

<http://www.fasdcenter.samhsa.gov/assessmentprevention/diagnosisintervention.cfm>

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the NCSACW developed the ***Therapeutic Services for Children: A Review of the Responses to the SAPT Block Grant Application***. The Substance Abuse Prevention and Treatment (SAPT) Block Grant requires that States allocate a percentage of their block grant dollars to fund services for pregnant women and women with dependent children. Services must include "therapeutic interventions for children in custody of women in treatment which may among other things address their developmental needs and their issues of sexual abuse, physical abuse, and neglect." This report is a first step in learning more about how States ensure that children receive therapeutic services as part of their parent's treatment program and how States define therapeutic services for children.

<http://www.cffutures.org/files/publications/NASADAD%20Child%20Therapeutic%20Svcs%2009%20Block%20Grant%20Applications%20SA%20edits%20rev.pdf>

There are a variety of ***Parent Education Programs*** that focus on specific risk and protective factors, such as alcohol and other drug abuse, delinquency and child maltreatment. A selection of evidence-based and evidence-informed programs are listed through the Child Welfare Information Gateway. http://www.childwelfare.gov/pubs/issue_briefs/parented/programs.cfm

The **Maternal, Infant, and Early Childhood Home Visiting Program** is one of several important prevention initiatives signed into law as a component of The Patient Protection and Affordable Care Act of 2010, which will help improve the lives of expectant families and those with young children through voluntary home visitation services. States must use funds to support evidence-based home visiting models and give priority to serving certain “high-risk” children and families, including families with a history of substance abuse.

<http://www.childrensdefense.org/child-research-data-publications/data/new-investments-to-help-children-early-childhood-home-visiting-program.pdf>

The **National Association for Children of Alcoholics Celebrating Families!** curriculum is an evidence-based cognitive-behavioral support group model for families in which one or both parents have a serious alcohol or other drug problem and a high risk of domestic violence, child abuse, or neglect. The curriculum calls on agencies and systems to work with every member of the family, including children starting at age 3 years through adults, to strengthen recovery from alcohol, other drugs, or both; break the cycle of addiction; and increase the likelihood of successful family reunification. This approach fosters the development of safe, healthy, fulfilled, and addiction-free families by increasing resiliency factors and decreasing risk factors, while incorporating addiction recovery concepts with healthy family living skills. <http://www.celebratingfamilies.net/>

The **Strengthening Families Program** is an internationally recognized parenting and family strengthening program for families. This program helps parents strengthen bonds with their children and learn more effective parenting skills, leading to decreased child maltreatment rates. This evidence-based training program can significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and improve social competencies and school performance.

<http://www.strengtheningfamiliesprogram.org/>

The **National Conference of State Legislatures** provides information on State laws affecting child welfare, substance abuse treatment, and child dependency court outcomes. This organization can help State child welfare systems develop ways to safely reduce the number of children in foster care through:

- Presentations, informal briefings, and testimony before committees and hearings.
 - Written research and analyses.
 - Informal telephone conference calls with State child welfare administrators, legislators, and legislative staff in other States to discuss their experiences with child welfare reform.
- <http://www.ncsl.org/default.aspx?TabId=22460>

Resources and Tools for Working with the Community and Supporting Families

The Center for Substance Abuse Treatment published ***Family-Centered Treatment for Women with Substance Use Disorders—History, Key Elements and Challenges*** to introduce, define, and discuss the concepts and implementation challenges of an evolving family-centered treatment approach to comprehensive treatment for women with substance use disorders.²⁴ A companion document, *Funding Family-Centered Treatment for Women with Substance Use Disorders*²⁵, describes Federal resources available to treatment providers and State substance abuse agencies to fund comprehensive family-centered substance abuse treatment.

[http://womenandchildren.treatment.org/documents/Family Treatment Paper508V.pdf](http://womenandchildren.treatment.org/documents/Family_Treatment_Paper508V.pdf)

Fostering and developing ***Recovery-Oriented Systems of Care*** is a SAMHSA priority. Recovery-oriented systems of care are designed to support individuals seeking to overcome substance use disorders across the lifespan. These systems of care are comprehensive, flexible, outcomes-driven and uniquely individualized menu of services and supports that maximize choice at every point in the recovery process. <http://www.pfr.samhsa.gov/rosc.html>

The Texas Partnership for Family Recovery published ***Integrating Child Welfare, Substance Abuse, Judicial and Legal Services to Support Families: A Guide Integration and Inclusion of Community Supports in Continuum of Services***. The Texas partnership is an interagency initiative of the Texas Office of Court Administration, Department of Family and Protective Services, Department of State Health Services, Court Appointed Special Advocates, and Court Improvement Program. This guide is designed to help communities integrate child welfare, substance abuse treatment, and judicial systems.

<http://www.ncsacw.samhsa.gov/files/Texas-Integrated-Services-Guide.pdf>

The New York Partnership for Family Recovery developed the ***Gearing Up to Improve Outcomes for Families: New York State Collaborative Practice Guide for Managers and Supervisors in Child Welfare, Chemical Dependency Services, and Court Systems*** with technical assistance from NCSACW. The premise for this document is that when parents have substance use disorders, the chemical dependency, child welfare, and family court systems must work jointly with families to achieve child safety, sustained parental recovery, and family well-being. Staff members can use this tool to maximize their effectiveness in working with families and across systems.

<http://www.ocfs.state.ny.us/main/publications/Pub5073.pdf>

Alcoholics Anonymous provides opportunities for adults with alcoholism to share their experience, strength, and hope with each other to solve their common problem and help others recover from alcoholism. The program follows the “Big Book”, a guide to Twelve Steps of personal inventory and spiritual growth to recover from addiction. Communities can access information about these peer-run groups in which public and private agencies frequently make their buildings available for groups to hold meetings. <http://www.aa.org/lang/en/subpage.cfm?page=1>

Resources and Tools for Efficient Communication and Sharing Information Systems

SAMHSA's ***Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts*** provides information on the primary data-reporting systems utilized by the child welfare, substance abuse treatment and court systems. The document describes 15 data-reporting systems, including eight child welfare systems, five substance abuse treatment systems, two national data court reporting systems, and one enterprise health information system for American Indian and Alaska Native families. <http://store.samhsa.gov/product/Introduction-to-Cross-System-Data-Sources-in-Child-Welfare-Alcohol-and-Other-Drug-Services-and-Courts/SMA11-4630>

The Administration on Children, Youth and Families (ACYF) created the ***Connecting the Dots: How States and Counties Have Used Existing Data Systems to Create Cross System Data Linkages*** webinar to help agencies link and integrate child welfare and substance abuse treatment data. A panel of representatives from Sacramento County, California, and State agencies in Washington, California, and Arizona discuss strategies they developed and implemented. <http://www.cffutures.org/webinars/connecting-dots-how-states-and-counties-have-used-existing-data-systems-create-cross-system>

A two-part ***Propensity Score Matching Strategies for Evaluating Substance Abuse Services for Child Welfare Clients Webinar***, by Dr. Shenyang Guo, Director of the Applied Statistical Working Group at the University of North Carolina, provides an introduction to propensity score matching—a statistical method of determining the likelihood of a relationship between data in more than one data set—and its use to measure program effects without using randomized control groups. The webinar describe the rationale and history of propensity score matching, its use to estimate the causal effects of child welfare and parental substance abuse on child maltreatment, and the effectiveness of interventions to improve child and family outcomes. <http://www.cffutures.org/webinars/webinar-overview-propensity-score-matching>
<http://www.cffutures.org/webinars/webinar-optimal-propensity-score-matching>

Sample ***Memorandums of Understanding on Information Systems and Data Sharing*** between collaborating State agencies in States describe the role of each party in joint efforts to share aggregate and client level data. These agreements can be useful in specifying the details and parameters of information and data sharing, communicating, resolving problems, and allocating resources for collecting data and exchanging information. <http://www.ncsacw.samhsa.gov/resources/resources-policy-tools.aspx>

The ***Pathways of Communication Templates*** in SAMHSA's *Screening and Assessment for Family Engagement, Retention and Recovery* monograph illustrate a recommended communication flow between community agencies, substance abuse treatment, child welfare service, and dependency court systems during all stages of child welfare cases. Partners can use the templates to identify information needed to communicate with one another at various points throughout the life of a child welfare case. http://www.ncsacw.samhsa.gov/files/Communication_Templates.pdf

Agencies and systems can use the ***Substance Abuse/Child Welfare Systems Data Profile Worksheet*** when they start working collaboratively to determine the prevalence of families with substance use disorders in the child welfare system and the effect of parental substance abuse on child welfare outcomes. This worksheet can assist partners in identifying the extent to which families with substance use disorders in the child welfare system are receiving referrals and treatment services. The process of seeking these data can often reveal critical information about the extent of collaborative practice in the jurisdiction. <http://www.cffutures.org/files/publications/Substance%20Abuse%20Child%20Welfare%20Systems%20Data%20%20Profile%20Worksheet.pdf>

Resources and Tools for Budgeting and Program Sustainability

NCSACW developed the ***Discussion Guide and Matrix for the Sustainability of Programs for Children and Families*** for ACYF's Regional Partnership Program. This guide is broadly applicable to sustaining collaborative initiatives through a seven-step process for developing effective sustainability strategies and plans. The discussion guide describes the four critical elements of sustainability and builds on the premise that results drive resources. An accompanying "Sustainability Matrix" allows jurisdictions to organize and manage tasks that are necessary for the successful development and implementation of their sustainability strategies.

<http://www.cffutures.org/files/publications/Sustainability%20Discussion%20Guide.pdf>

The ***Cost Rationale and Framework for Initial Cost Analysis Discussion Guide***, a companion to the *Discussion Guide for Sustainability of Programs for Children and Families*, provides guidelines and models that assist partners answer questions that potential funders are likely to ask, such as how much the program costs, how to expand the program, what components of the program are supported by other funders, and what data are available to demonstrate outcomes and cost offsets. This guide presents three types of cost analysis and basic instructions on completing a cost analysis. Included is a Cost Analysis Template which identifies some requisite elements necessary to build a cost analysis for a program.

<http://www.cffutures.org/files/publications/Cost%20Rationale%20Discussion%20Guide.pdf>

The ***Funding Source Template*** from Santa Clara, California can assist sites in creating an inventory of funding resources from the child welfare, substance abuse, and court systems that can be utilized to support families. Creating a funding inventory is an essential early step in sustainability planning. This template identifies resources that partners can use to assess funding resources and identify service gaps to bolster the rationale for sustaining their collaborative project.

<http://www.cffutures.org/files/publications/Santa%20Clara%20sustainability%20matrix.pdf>

The ***Marketing Your Program: Creating the Sales Document*** discussion guide outlines the critical elements of effective marketing approaches. This guide presents a series of questions that marketing documents should address and suggests language that collaboratives can use in making effective presentations to potential funders.

<http://www.cffutures.org/files/publications/Marketing%20discussion%20guide%20101909.pdf>

http://www.cffutures.org/files/publications/CDC%20success_story_workbook.pdf

The ***Funding Family-Centered Treatment for Women with Substance Use Disorders*** monograph is a companion to the *Comprehensive Treatment Model* document. This monograph provides a context for funding family-centered, identifies and discusses potential funding sources for comprehensive family-centered treatment and suggests ways that States and substance abuse treatment providers can strengthen their financing strategies.

http://womenandchildren.treatment.org/documents/FINAL_Funding_Paper_508V.pdf

Resources and Tools for Training and Staff Development

NCSACW has developed three **Online Training Tutorials** to promote cross-system partnerships and to assist staff members from the child welfare, substance abuse, and court systems learn more about each other's practice and policies. Each tutorial is targeted to staff in one of the three systems and describes the practices and procedures of the others. Staff members complete each tutorial at their own pace and can receive continuing education units or continuing legal education units for completing the tutorials. At least seven States (New Jersey, Indiana, Georgia, Michigan, Oklahoma, Texas and Utah) require new or existing child welfare workers and two States (Colorado and New Jersey) require substance abuse treatment providers seeking specialized certification to complete the tutorials. The training tutorials are available at no charge.
<http://www.ncsacw.samhsa.gov/training/default.aspx>

The Utah Division of Child and Family Services created **Companion Resources for NCSACW Online Trainings** featuring questions and exercises to supplement the training content. These resources include participant and facilitator workbooks for the substance abuse treatment professionals and child welfare professionals.

Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers is a desk guide to help child welfare professionals recognize alcohol or drug abuse in their cases. This guide describes the relationship between alcohol and drugs to families in the child welfare system, provides information on the biological, psychological, and social processes of alcohol and drug addiction, helps staff recognize when substance abuse is a risk factor in the child welfare case, describes strategies to facilitate and support alcohol and drug treatment and recovery, and explains the benefits of partnering with substance abuse treatment and dependency court systems.

<http://www.ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf>

The **Helping Child Welfare Professionals Support Families with Substance Use, Mental and Co-Occurring Disorders Toolkit** provides child welfare professionals with basic information on substance and mental disorders and interventions, techniques for motivating and facilitating cross-system work, and strategies for incorporating cultural awareness and facilitating cultural competency in child welfare practice. The toolkit includes six modules, each takes approximately 2-3 hours to complete. Agencies can deliver these modules over several weeks or in a 1-2 day training program. Each module contains an agenda, training plan, training script, PowerPoint presentation, case vignettes, handouts, and reading materials.

<http://www.ncsacw.samhsa.gov/training/toolkit/>

A Cross-System Training Plan is a tool to assess, identify, and prioritize training needs across multiple systems in a way that helps the systems develop a mutual understanding of each other and increase collaboration across systems. The training plan includes information on creating an inventory of existing training topics and resources, identifying training gaps and needs, developing new and enhanced training strategies, and prioritizing strategies for implementation.

<http://www.cffutures.org/files/publications/Training%20Plan%20Example%202011.pdf>

The **Family Drug Court Learning Academy Series** of web-based training sessions assists family drug court staff members plan, implement, and enhance their programs. The first training session, the Planning Community, covers the principles of collaborative practice. The second session, the Early Implementation Community, applies the guiding principles, policies, and procedures in a consistent manner to achieve improved outcomes for children and families. In the final session, the Enhanced Community, participants learn about scale and scope issues affecting family drug courts in relation to the larger population needing specialized services and how to develop sustainability plans. <http://www.cffutures.org/projects/family-drug-courts>

Resources and Tools for Working with Related Agencies

The **National Center for Housing and Child Welfare** offers housing information and resources to child welfare agencies to improve family functioning, prevent family homelessness, and reduce the need for out-of-home placement. This center also focuses on youth permanency and independent living to ensure that older youth in foster care have a connection to a permanent family and a plan for stable housing and services to help them succeed as adults. The center works at local, regional, and national levels to create cross-agency partnerships that enable communities to respond appropriately to homeless families and youth involved in the child welfare system. <http://www.nchcw.org/home.aspx>

Futures without Violence is a nonprofit agency dedicated to preventing domestic violence. This agency challenges lawmakers on domestic violence, educates judges about protecting victims of abuse and advocates for laws to assist battered immigrant women. This agency collaborates with health care providers and employers to identify and aid victims of abuse, helps communities support children from violent homes, and disseminates information on how to help end domestic violence. <http://www.futureswithoutviolence.org/>

With SAMHSA's support, the **National Association of State Alcohol and Drug Abuse Directors and National Association of State Mental Health Program Directors** convened a Joint Task Force on Co-Occurring Substance Use and Mental Disorders. This joint task force published a report and strategic action plan in 2006 that provides Federal, state, and local policy guidance and a model for serving families with co-occurring disorders. http://www.nasmhpd.org/general_files/CoOccurringVFinalReport.pdf

NCSACW's **Housing: Solutions and Strategies to Support Family Stability** provides guidance and national resources for developing strategic approaches to access or develop housing options for families. http://www.cffutures.org/files/publications/Housing%20Resources%205_14%20edits.pdf

The **NCSACW and Children and Family Futures** have created a number of presentations on housing for families involved in the child welfare system who have substance abuse disorders or domestic violence include. In particular, there is a presentations entitled *Developing and Implementing Stable Housing to Support Family Stability and Recovery*, presented by Angela Casimere, Senior Director of Housing, St. Patrick Center, St. Louis Missouri, and Jeanne Ortega, Senior Research Specialist, Public Policy Research Center, University of Missouri–St. Louis, at the 2010 Missouri Department of Mental Health's Spring Training Institute, Osage Beach, Missouri, May 2010 http://www.cffutures.org/files/presentations/Housing_FamilyStability_05222010.pdf

Resources and Tools for Joint Accountability and Shared Outcomes

The **Regional Partnership Grantees Data Analysis Logic Model** illustrates how successful cross-systems practice and services can have a positive effect on child, adult, family relationship, and family functioning outcomes. Logic models can be used by collaborative to guide their work and depict the relationships and connections between the inputs (e.g., initial program activities and cross-system collaborations), outputs (e.g., program services and activities for children, adults, families, and the larger community), and short- and long-term performance measures and outcomes. <http://www.cffutures.org/files/presentations/RPG%20Logic%20Model%20PDF.pdf>

The **Regional Partnership Grantee Performance Measurement and Data System Data Dictionary** can be utilized to facilitate data collection and reporting on a set of cross-system indicators. The data dictionary includes recommendations for child and adult performance indicator definitions and data elements needed to operationalize each indicator. State and local agencies can use the information provided in the data dictionary to develop their own logic model for monitoring cross-system outcomes using data from existing information systems. http://www.cffutures.org/files/publications/RPG%20Data%20Dictionary_FINAL%20REVISED%20on%20CPM%209%202%2008.pdf

References and Notes

- 1 U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground. A Report to Congress on Substance Abuse and Child Protection*. Washington, D.C.: U.S. Government Printing Office.
- 2 Young N.K. & Gardner, S.L. (2002). *Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare, 2002*. SAMHSA Publication No. SMA-02-3 639. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- 3 Wulczyn, F., Ernst, M. & Fisher, P. (2011). *Who Are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot*. Chapin Hall at the University of Chicago.
- 4 Werner, D., Young, N.K., Dennis, K, & Amatetti, S. (2007). *Family-centered treatment for women with substance use disorders - history, key elements and challenges*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 5 Young, N.K. and Gardner, S. (2010) *ASFA Twelve Years Later: The Issue of Substance Abuse in Notkin, S., Weber, K., Golden, O. & Macomber, J. (2010) Intentions and Results: A Look Back at the Adoption and Safe Families Act*. Washington, D.C.: the Center for the Study of Social Policy and Urban Institute. pp. 93-101. http://www.urban.org/uploadedpdf/1001351_safe_families_act.pdf
- 6 Napolitano, J. (2008). Executive Order 2008-01: Enhanced availability of substance abuse treatment services for families involved with Child Protective Services. Retrieved from <http://www.azgovernor.gov/dms/upload/EO%202008-01.pdf>.
- 7 Hoffmann, N.G., Hunt, D.E., Rhodes, W.M. & Riley, K.J. (2003). UNCOPE: A Brief Substance Dependence Screen for Use with Arrestees. *Journal of Drug Issues*, 33 (1), 29-44.
- 8 Dennis, M.L., Chan, Y.F., & Funk, R. (2006). Development and validation of the GAIN Short Screener (GSS) for psychopathology and crime/violence among adolescents and adults. *American Journal on Addictions*, 15, 80-91.
- 9 Miller, W.R. (1999). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. DHHS Publication No. (SMA) 99-3354. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 10 National Institute on Drug Abuse. (1999). *Principles of drug addiction treatment: A research-based guide*. Washington, DC: Author.
- 11 Ryan, J.P. (2006). *Illinois alcohol and other drug abuse (AODA) waiver demonstration: Final evaluation report*. Champaign, IL: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign; and,
Boles, S.M., Young, N.K., Moore, T. & DiPirro-Beard, S. (2007). *The Sacramento Dependency Drug Court: Development and Outcomes*. *Child Maltreatment*. May 2007 12(2): 161-171.
- 12 Boles, S.M., Young, N.K. & Pogue, J. (2010). *Harnessing the power of experiential knowledge: Specialized Treatment and Recovery Services (STARS)*. *The Source*, 20(1):11-14.
- 13 Dakof, G.A., Quille, T.J., Tejada, M.J., Alberga, L.R., Bandstra, E. & Szapocznik, J. (2003). *Enrolling and retaining mothers of substance-exposed infants in drug abuse treatment*. *Journal of Consulting and Clinical Psychology*. 71(4): 764-772
- 14 Dakof, G.A., Cohen, J.B., Henderson, C.E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E. & Hawes, S. *A randomized pilot study of the Engaging Moms Program for family drug court*. *Journal of Substance Abuse Treatment*, 2010. 38(3): 263-274
- 15 Substance Abuse and Mental Health Services Administration. (2005). *Substance abuse treatment and family therapy*. Treatment Improvement Protocol (TIP) Series 39. DHHS Publication No. (SMA) 04-3957. Rockville, MD: Author;

- Price, A., & Simmel, C. (2002). Partners' influence on women's addiction and recovery: The connection between substance abuse, trauma and intimate relationships. Berkeley, CA: National Abandoned Infants Assistance Resource Center, University of California at Berkeley;
- Young, N.K., Gardner, S.L. & Dennis, K. (1998). Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy. Washington, DC: Child Welfare League of America; and, Substance Abuse and Mental Health Services Administration. (2004). Substance abuse treatment for persons with child abuse and neglect issues. Treatment Improvement Protocol (TIP) Series 36; DHHS Publication No. (SMA) 04-3923. Rockville, MD: Author.
- 16 Center for Substance Abuse Treatment, (2009). Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No. (SMA) 09-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 17 Legal Action Center (2006). Confidentiality and Communication: A Guide to Federal Drug and Alcohol Confidentiality Law and HIPAA. New York: Legal Action Center.
- 18 SAMHSA Addiction Technology Transfer Centers
<http://www.attcnetwork.org/index.asp>);
 ACYF Training and Technical Assistance Network (<http://www.acf.hhs.gov/programs/cb/tta/cbttan.pdf>);
 and,
 Court Improvement Program
http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ct_imprv.htm)
- 19 Young, N.K. (2000). Integrating substance abuse treatment and vocational services. Treatment Improvement Protocol (TIP) Series 38. DHHS Publication No. (SMA) 00-3470. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 20 SAMHSA's National Registry of Evidence-based Programs and Practices website provides examples of evidence-based contingency management programs
[http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=contingency management](http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=contingency+management)
- 21 Iguchi, M.Y., Belding, M.A., Morral, A.R., Lamb, R.J., & Husband, S.D. (1997). Reinforcing operants other than abstinence in drug abuse treatment: An effective alternative for reducing drug use. *Journal of Consulting and Clinical Psychology*, 65: 421-428.
- 22 Schumacher, J.E., Milby, J.B., Wallace, D., Meehan, D.C., Kertesz, S., Vuchinich, R., Dunning, J., & Usdan, S. (2007). Meta-analysis of day treatment and contingency-management dismantling research: Birmingham Homeless Cocaine Studies (1990–2006). *Journal of Consulting and Clinical Psychology*, 7 (5): 823–828.
- 23 Streissguth, A.P., Bookstein, F.L., Barr, H.M., Sampson, P.D., O'Malley, K., Young, J.K. (2004). Risk Factors for Adverse Life Outcomes in Fetal Alcohol Syndrome and Fetal Alcohol Effects. *Journal of Developmental and Behavioral Pediatrics*, 25(4), 228-238.
- 24 Werner, D., Young, N.K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders—History, key elements and challenges. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 25 Dennis, K., Young, N. K., & Gardner, S. G. (2008). Funding family-centered treatment for women with substance use disorders. Irvine, CA: Children and Family Futures, Inc.

Collaborative Practice Model for Family Recovery, Safety and Stability

Progress Matrix Introduction

The following pages show a brief summary of characteristics of progress in each of *The System Linkage Elements*. The matrix is divided into three categories of more advanced collaborative practice. The characteristics are intended to be a brief description of actions a collaborative will have undertaken to move their service agencies toward ensuring better outcomes for children and their families in child welfare systems who are affected by substance use and mental health disorders. The categories are:

- Fundamentals for Improved Practice—communities at this level are at beginning stages of collaborative work and have clarified system language differences and shared basic information about their systems
- Good Practice—indicates that the partners have identified and addressed key barriers to cross-system practice
- Best Practice—suggests characteristics that communities may strive for, recognizing that at this point, few collaborative groups have yet advanced to this level of practice and policy.

Collaboratives tend to move through developmental phases, from their basic beginnings to more advanced stages of collaborative efforts. These phases usually begin with *information exchange*—a level of collaboration in which the primary goal is to understand the operations and resources of another system that might be able to help your clients. This phase then evolves to *joint projects*, with external funding used to launch a project in which two or more agencies work together to achieve some shared purpose, usually for clients who need services from more than one agency.

The difficulties of operating and sustaining a project often result in collaboratives getting “stuck” at the project level, unable to move on to the higher and more important stages of changing the rules and ultimately the outcomes for families in a collaborative of agencies working together. *System change*, the final stage of collaborative development, comes when agencies have collaborated in depth, understanding each other’s values and operating methods well enough to begin to change how existing funding is used, how resources are shared across agencies, and how shared outcomes are tracked in a collaborative “scorecard” assessing the results of collaboration in improved outcomes. At this stage, new levels of interagency and interpersonal trust and experience provide the foundation for a collaborative to accept accountability for the shared outcomes that are achieved.

Matrix of Progress: The Collaborative Practice Model for Family Recovery, Safety, and Stability

Fundamentals for Improved Practice

Good Practice

Best Practice

Collaboration Mission, Underlying Values, and Principles

The key partners—substance abuse, child welfare and courts—have begun values clarification using the CVI or other tools.

The partners have agreed on individual and joint goals to serve whole families as their primary clients.

The partners have identified barriers to collaboration based on differences in underlying values, including values related to relapse and recovery, children’s needs, and laws such as time limits for reunification and required referrals.

The partners have begun discussions concerning the priority for treatment of families in the child welfare system.

The partners have negotiated and endorsed a formal joint statement of principles. The statement covers (1) responses to children of parents in the treatment agencies, particularly those involved in child welfare services, and (2) responses to parents with substance abuse problems in the child welfare system.

The partners have identified priorities among different kinds of families and are identifying the resources needed to respond to these groups.

Other critical agencies have joined the collaborative’s governance bodies, including mental health, child development, domestic violence, and housing agencies.

The partners have negotiated policy priorities for treating parents of children in child welfare and children of parents in treatment programs, and the partners conduct an annual review of the effects of the priorities on outcomes that all of the systems measure.

The partners have extended shared goals for project-level operations to address system-wide changes needed for success in policies and practices across all the agencies.

Screening and Assessment

The partners have a joint policy on roles and responsibilities regarding screening and assessment and appropriately addresses culture, language, and gender.

The partners have jointly developed and implemented a risk and strengths assessment protocol that includes children’s substance abuse prevention and treatments.

Substance abuse staff members are out-stationed in child welfare court settings to provide screening and assessment.

Workers of all systems have received training in screening children of substance-abusing parents for developmental concerns.

The partners have developed culture-, language-, and gender-appropriate joint case assessments and plans.

The partners have reviewed and adapted multi-purpose assessment tools for family members with co-occurring mental health problems.

The partners have jointly developed and implemented quality assurance mechanisms for interpreting assessment information across multiple agencies.

Engagement and Retention

Staff members have received training in motivational interviewing or other methods of engaging and retaining parents in treatment.

Systems have agreed on procedures for cultural-language, and gender-specific approaches to reaching out to parents who miss appointments.

The partners have identified relapse as a major area needing clarification, and discussions are underway to develop a consensus on shared outcomes that reflects child safety and recovery goals.

Systems have begun “drop-off analysis” of the points at which parents are not responding to referrals and not complying with treatment requirements.

Specialized outreach efforts to improve family participation and completion rates are implemented.

Staff members understand and respond to potential conflicts between substance abuse issues and treatment requirements and child welfare and court requirements.

Judicial officers and attorneys monitor compliance with court orders for treatment and case plans.

Family member relapse typically leads to a collaborative intervention to re-engage the family member in treatment and to re-assess the children’s safety.

Staff members monitor the effects of compliance with case plans and requirements on behavior changes and respond as needed with appropriate incentives and changes in treatment structure.

The partners have agreed on how to implement and monitor the results of aftercare.

Services to Children of Parents with Substance Use Disorders

Each partner assesses children and youth for the effects of parental substance use as well as their own substance use and focuses on both child safety and family recovery.

Each partner uses a developmental perspective to address the needs of children of substance abusers, from prenatal exposure through late adolescence.

Staff members in each partner agency have been trained to understand the impact of trauma, parental substance use, and mental health disorders on child development.

Programs and services respond to children's language, cultural, and family values and are gender and developmentally appropriate.

Each partner has developed and implemented early identification and intervention policies and protocols for children affected by parental substance abuse.

Each partner links children and families to family treatment programs, and children of substance abusers receive prevention and intervention services.

Each partner's staff members understand and carry out their roles in ensuring child safety and permanency.

Independent-living programs include substance abuse prevention and intervention programs for youth.

The partners have integrated assessment, intervention, and treatment service planning across all of their child-serving programs. All children involved in child welfare are receiving appropriate interventions to address the impact of trauma and parental substance use and mental health disorders.

The partners provide services using a family-centered approach and demonstrate an understanding of children's behavior within a developmental, historical, and cultural context.

The partners consistently monitor and report referrals and services received by all children with prenatal and/or environmental exposure to parental substance abuse.

Working with the Community and Supporting Families

The planning and developmental process includes community members and families who are part of the team, the partners share information with these families, and the families make decisions jointly with the partners.

Each partner engages in proactive substance abuse and child abuse prevention activities with community members and family support systems.

Civic groups and faith-based communities are part of a collaborative system of community education about substance abuse, child abuse and neglect, and trauma.

Mutual aid and recovery networks for families are in place.

Environmental data collection, such as mapping liquor outlets or tracking driving-under-the-influence arrests, supports community education.

The partners have geo-mapped family resource centers and other community assets.

Programs use consumers, families, graduates, or some combination of these individuals to help provide services.

A formal mechanism solicits the support of a community advisory group that includes consumers.

Community supports sustain sober-living communities and other recovery support services, such as employment, educational, or vocational services, and drop-in centers.

Sober-living and transitional-housing programs are linked to institutionalized sources of recovery support.

Community-wide accountability systems (report cards) are in place and the partners use this information to redirect resources toward the highest priority areas and most effective programs.

Community partnerships in child welfare recognize the critical nature of substance abuse among families in the child welfare system and have shown their willingness to provide active family support with substance-abusing parents who are in recovery.

Efficient Communication and Sharing Information Systems

At intake, substance abuse assessment captures and utilizes data about child needs and child welfare assessment captures data about substance abuse issues.

Data on the overlap between child welfare families and the caseloads of other systems are available to partners.

The partners have documented the gaps in their current client information systems and are addressing these gaps.

An interagency process has identified the confidentiality regulations that affect links among partners and developed ways to share information while following these regulations.

The partners use interagency communication protocols to share information throughout the life of each case (e.g., protective investigations through discharge from treatment to case closure). Partner agencies use standardized referral and progress reporting forms.

The partners have developed information systems that track referrals, prior episodes, progress in treatment, and family outcomes for families served by partners.

The partners have fully integrated their reports on screening, assessments, case plans, and treatment plans. Staff members regularly share case information and participate in case staffing or family team conferencing.

The partners are using information systems to track parents through all three systems. The partners monitor family and treatment outcomes using data to re-allocate resources to family and community needs and to the most effective programs.

Budgeting and Program Sustainability	
<p>The partners have begun to develop an inventory of all funds available for substance abuse treatment and children's services in the state or community.</p> <p>The partners have begun to identify the outcomes of innovative practices that merit sustained funding.</p> <p>Institutional barriers to sustaining effective programs have been identified and institutional changes to reduce those barriers have been tested.</p>	<p>The partners use Temporary Assistance to Needy Families, Medicaid, and other major funding sources regularly to fund substance abuse services (screening, assessment, case management, and treatment) for child welfare families.</p> <p>Community partners are providing priority access to services needed by families with substance use disorders in the child welfare system.</p> <p>Agencies and collaboratives have begun reviewing the impact of the Affordable Care Act, parity regulations and other health policy changes on their future funding streams for family treatment and children's services.</p>
Training and Staff Development	
<p>The partners have made commitments to provide development opportunities to staff in each system.</p> <p>The partners have begun to train all staff members using a curriculum that devotes adequate depth of knowledge to substance abuse, child welfare, and court issues. The partners plan to update this curriculum on a regular basis.</p> <p>Training for parents, guardians, and foster parents has begun to address the unique needs of children of parents with substance abuse and co-occurring disorders.</p>	<p>The partners have institutionalized training in each system using a curriculum that devotes adequate time to substance abuse and child welfare issues.</p> <p>The partners provide staff members with multi-disciplinary training, tapping ongoing funding sources.</p> <p>Training for parents and foster parents addresses substance abuse issues. This training draws on parents' experience and lessons from services and prevention efforts for children of substance abusers and parents with co-occurring disorders.</p>
Working with Other Agencies	
<p>The collaborative has identified the basic set of partners who need to belong to the group, based on children and family needs and an inventory of available services.</p> <p>Housing, family income support, employment, education, child and youth development, health, and mental health agencies have been made aware of the collaborative's needs for services from these and other agencies.</p>	<p>New agencies and groups not part of the original collaborative have been welcomed into the network based on their understanding of what they can offer and what they can get from working more closely with the collaborative.</p> <p>Interagency memoranda of understanding and protocols have been developed to address children and family needs during aftercare and continuing recovery.</p>
Joint Accountability and Shared Outcomes	
<p>Each partner has its own outcome measures and the capacity to measure outcomes within its system for families involved in the child welfare or court systems.</p> <p>The partners have agreed on some shared outcomes but each partner has primary accountability for its own measures of success.</p>	<p>The child welfare agency has accepted shared accountability for recovery outcomes and the treatment agency has accepted shared accountability for the children of the parents it serves.</p> <p>All partners have accountability for safety, permanency, and well-being outcomes for children and families.</p> <p>The partners use summaries of outcome data from all three systems and other agencies that work with children and parents to inform policy leaders and the community about progress made in improving results.</p>



Children and Family Futures
4940 Irvine Boulevard, Suite 202
Irvine, CA 92620
(714) 505-3525
(714) 505-3626 fax
contact_us@cffutures.org
www.cffutures.org