Strategies to Engage Child Welfare Families Affected by Substance Use Disorders

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Located in Northeast Ohio

- Akron is county seat
- Considered a 'metro county' with a population of over 540,000
- Recent population change (US Census Quick Facts) is negligible (-0.1% between 2010 – 2012)
- Median household income $49,227 & 14.8% of population living in poverty (US Census Quick Facts)
- A little over 90% of adult (age 25+) county residents hold a high school degree
- Nearly 30% (age 25+) hold a bachelor degree or higher
- About 22% of county residents are children
Summit County Children Services

- Public Child Welfare Agency serving Summit County's abused, neglected and/or dependent children

- In 2013:
  - Monthly average of 163 new traditional Intake cases
  - Monthly average of 47 new Alternative Response (Differential Response) Intake cases
  - Monthly average of 527 open Protective/Ongoing cases
  - Monthly average of 100 open cases in Permanency Planning Department (long-term custodies)
Summit County's Need for Enhanced AoD Services/Attention

- Meth Labs: 85 identified sites during 2013 (Akron Beacon Journal, Jan. 1, 2014)
  - During 2013, Summit County Children Services removed children from approximately 10% of the identified Meth Lab cases
- Over 900 Meth Labs identified since 2001 (Akron Beacon Journal, Jan. 1, 2014)
  - Since internal meth-related case tracking began in 2008, Summit County Children Services has removed children from approximately 50 families connected to Meth Labs
- Summit County ADM Board: Since 2007, there have been more accidental deaths in Ohio caused by unintended drug overdose than caused by car crashes (www.admboard.org)
- Summit County ADM Board: Opiate epidemic is a Public Health Problem (www.admboard.org)
Utilization Reviews (2011) showed that approximately 30% of families on open cases had an AoD need identified

- When told about this statistics, caseworkers said: "That's too low!" Most said more than half their cases had AoD service needs
- Studies find that not all Child Welfare agencies record AoD; Young, Boles & Otero (2007), for example, site the issue of lack of documentation*
- "Studies examining the prevalence of substance abuse among caregivers who have maltreated their children have found rates ranging from 19 percent to 79 percent or higher." Richard Barth cited in Casey Practice Digest (2013)**

Utilization Reviews (2011) showed that more than half (51%) of parents offered or recommended to have an AoD assessment refused it

- Few access barriers to assessments were identified
- More than 90% of refusals were client non-compliance/refusal of recommended treatment

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**Casey Practice Digest: Substance Use Disorders in the Families with Young Children (2013). November 2013 (5).
AoD services had the Highest Refusal Rates among all services

Client Need and Service Use: Utilization Review data for 2011

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<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
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<tbody>
<tr>
<td>Parental non-compliance for AoD assessment services</td>
<td>49% (n=96)</td>
<td>53% (n=47)</td>
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<tr>
<td>AoD outpatient services not used as planned</td>
<td>46% (n=78)</td>
<td>45% (n=35)</td>
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<tr>
<td>Parental non-use of AoD inpatient services</td>
<td>24% (n=5)</td>
<td>30% (n=3)</td>
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Addressing Identified Needs

- At the request of the County Executive, Russ Pry, Summit County public & private partners formed a collaborative to address Substance Abuse among Child Welfare families & responded with an RPG application in 2012

- The result was a program designed to:
  - Improve the identification of Substance Abuse services needs
  - Reduce refusals of AoD services
  - Address trauma needs of children
The Summit County Collaborative On Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families
STARS Funding

- Funded by a Regional Partnership Grant through the U.S. Department Of Health & Human Services: Administration for Children & Families

Approximately $500,000 annually for five years (2012 – 2017)
STARS Program Key Community Partners

- Summit County Children Services
- Human Services Research Institute
- County of Summit ADM Board
- Akron Children's Hospital
- Summit County Juvenile Court
- Summit Family & Children First Council
- Akron UMADAOP
- NEOBH Northeast Ohio Behavioral Health, LTD.
What is STARS?

- A multi-system collaborative with a STARS Coordinator housed at Summit County Public Health, Family & Children First Council
- STARS uses a heightened collaborative approach that brings enhanced services for randomly-selected, eligible families
  - Eligible families have a positive result on an AoD assessment
  - Eligible families are court-involved (children in custody or court-ordered protective supervision)
- A research project using 'random selection' to assign families to either the STARS treatment group or a 'services-as-usual' control group
Court-involved cases (custody or court-ordered protective supervision)

Court filing triggers an in-home AoD assessment performed by licensed AoD assessors. *(When appropriate, an alternate setting that is convenient for the family may be selected for the AoD assessment. SCCS will make the referral for the in-home AoD assessment.*

A positive result on the AoD assessment makes a court-involved SCCS family STARS-eligible; all eligible families are randomly assigned to treatment (STARS) or control group for Random Control Trial research design

Court involvement also triggers an automatic eligibility for referral for a trauma assessment at Akron Children's Hospital CARE Center or Northeast Ohio Behavioral Health, Inc.
All SCCS Court-Involved Children are Eligible for:

- A trauma assessment*
- As indicated, ongoing trauma treatment*
- Trauma assessment/treatment is for children 3 - 18 years old
- Trauma assessment and treatment services provided by Akron Children's Hospital CARE Center & Northeast Ohio Behavioral Health, Inc.

*Children in both the STARS treatment group and children in the control group are eligible for the assessment and ongoing treatment as needed
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- TF-CBT* is an evidence-based therapy proven to reduce the intensity and/or eradicate trauma symptoms which interfere with a child's normal functioning. These symptoms may cause long-lasting physical, behavioral, emotional and psychological problems if not addressed.

- TF-CBT involves both the client and the caregiver/parent.

- Number of session is individual but on the average about 12 – 18.

*TF-CBT is for children 3 – 18 years. Children must have verbal ability to complete the trauma assessment and engage in treatment.
Strengthening Families Program

- Evidence-based program designed to work with Child-Welfare-System-involved families where substance abuse issues exist
- Parents and children engage in 14 weeks of group sessions
- Parents and children also receive a six-month and 12-month Strengthening Families booster session
A STARS Coordinator, employed by the Summit Family & Children First Council, working out of Summit County Public Health, will coordinate enhanced services for STARS families

- The STARS Coordinator works with STARS families throughout the process – providing service coordination for STARS and other supportive services
- The STARS Coordinator works closely with the SCCS Caseworker and STARS Partner service providers

A STARS Outreach worker, employed by Summit County Public Health, provides ongoing phone contact with STARS families and will also assist with service coordination
Recovery Coaches

- STARS parents will be offered a recovery coach
- SCCS clears coaches through background checks & verifies Recovery Coach training
- Recovery Coaches also must have SCCS/STARS training on identifying and reporting child abuse/neglect
- The STARS Coordinator matches families and coaches
The STARS Program is Part of a National Research Project

- As part of the Regional Partnership Grant, STARS is one of 17 sites across the country receiving funding to serve Child-Welfare-Involved families with substance abuse issues in innovative ways.
- STARS families will be randomly selected from the pool of all eligible SCCS court-involved families.
- Random assignment to Control (services-as-usual group) or Treatment (STARS enhanced services) group.
Human Services Research Institute (HSRI)

- HSRI's Oregon office specializes in child and family services evaluation
- HSRI's Massachusetts office has participated in numerous national studies/research projects in the area of substance abuse treatment and associated client outcomes
- HSRI was the evaluator for Ohio's Six-County Alternative Response (Differential Response) project
STARS Program: Case Flow Diagram

1. Screened-In C/AN Report
   - Sex Abuse and/or Abuse/Neglect too Severe for Study Inclusion
2. Safety Assessment
3. Court Involve
   - No: Ineligible for Study Inclusion
   - Yes: Child Trauma Assessment and Services
4. In-Home AOD Assessment
   - Negative AOD Assessment: Ineligible for Study Inclusion
   - Positive AOD Assessment: RANDOMIZATION
      1. Comparison: Investigation and Services as Usual
      2. Intervention: Referral to STARS Coordinator
         - Strengthening Families Program
         - Recovery Coaches
         - Supportive Services (e.g., AOD tx, health outreach, youth mentoring, tutoring)
What Do We Need to Know from STARS?

- Client Outcome Research Questions:
  - Do STARS children experience better well-being outcomes?
  - Do STARS children experience permanency sooner?
  - Do STARS children experience increased safety?
  - Do STARS families experience increased stability?
  - What child and family characteristics influence outcomes?
What Do We Need to Know from STARS?

- System & Service-Level Research Questions:
  - Does the STARS program help to increase both the amount and accessibility of services?
  - Has the STARS collaborative strengthened the relationships among STARS partners?
  - What is the type and amount of services received by STARS families compared to families in the control group?
  - What is the effect of:
    - Strengthening Families services
    - TF-CBT
Family Reunification Through Recovery Court

- Add-on to STARS services & Research
Flow Chart for Summit County STARS & Proposed Family Drug Court

1. Screened-in CAN Report
   - Sex Abuse and/or Abuse/Neglect requiring hospital attention
2. Safety Assessment
3. Court Involved
   - Yes
     - Child Trauma Assessment and Services
     - Ongoing Trauma Treatment as needed
   - No
     - Indigent for Study Inclusion (i.e. A, voluntary in-home)
4. In-home AOD Assessment
   - Positive AOD Assessment: RANDOMIZATION
     - Comparison: Investigation and Services as Usual
   - Negative AOD Assessment: Indigent for Study Inclusion
     - Intervention: Referral to STARS, Coordinated 2nd RANDOMIZATION
5. STARS + Family Drug Court
   - Drug Court
   - Strengthening Families Program
   - Recovery Coach
   - Supportive Services
   - Now back with OJJDP grant funding
6. STARS
   - Strengthening Families Program
   - Recovery Coach
   - Supportive Services
What Do We Need to Know from FRRC?

- STARS only families will be compared to STARS + FRRC families
- Same outcome research questions will be used to test the effect of FRRC as an add-on to STARS enhanced services
  - Do enhanced services plus drug court affect outcomes?
Where are We in the process of implementation? Early results?
STARS as of 2/28/2014
(11 months of pilot testing)

- Of 81 eligible families assessed for AoD, 64 (79%) had a positive AoD diagnosis
- There were 134 families offered the in-home AoD assessment; of these families, 53 families (40%) refused the AoD assessment
  - Interpret these early results with caution:
    - Several families (not included above) were in a 'pending' assessment status & may still refuse
    - Need to conduct more analysis on families who refuse and families who agree to AoD assessments
    - Comments from staff indicate uncooperative/unwilling families (may be related to stages of change and/or workers' ability to talk about AoD issues)
- Six Cohorts of Strengthening Families have been enrolled and Cohort 7 will begin in May 2014 (Cohort 4 cancelled after 1 session & rolled into Cohort 5)
- Recovery Coach matching began in March 2014
- STARS Coordination & Outreach through Summit County Public Health is ongoing
Trying to Better Understand & Reduce Refusals

- Demographic analysis of parents refusing AoD assessment shows no difference from analysis of AoD refusals from prior years -- reflect general client population demographics
  - Need further exploration into stages of change and approach
- Refusals are happening up-front – the majority (66.1%) occur within in one week
  - Need to consider Stages of Change & Identify subsequent Points to ask
  - Began using UNCOPE and/or CAGE questions to assess possible needs
  - Analyzing Case Flow to insert other points of asking/talking about AoD (case transfer, Team meetings)
Family Reunification Through Recovery Court

- Pilot testing with three cases in April 2014
- Working through timing issues:
  - Case must be in STARS – but must not have reached the dispositional hearing (90 days from filing)
  - Case must be assigned to the Substance Intervention Unit (special unit at Children Services) – Cases are transferring from Intake before the STARS eligibility is determined
- Working to reduce defense attorney opposition
Learning from the process & implementation Experience of Year 1
Analyzing Implementation: Focal Areas

- Qualitative Analysis of Monthly Implementation Reports (November 2012 – December 2013) revealed five prominent themes:
  - Services (39)
  - Knowledge (36)
  - Collaboration (32)
  - Planning (32)
  - Case Flow (30)
Services (39)

- **Service-related Activities (33)**
  - Monitoring service delivery/program operations
    - "SFP was delayed from 4/24 to 5/15/2013 due to low referral numbers. ORE did not randomize for first SFP group for pilot period also due to low referral numbers."
  
    - "STARS Coordinator began enrolling first families into SFP. Beginning May 2013, five families enrolled; two withdrew. Will extend 2nd invitation to the two families for Group 2 of SFP."

  - Created Forms to Document Services
    - "Creation and implementation of AoD & STARS referral, consent and release forms."
Knowledge (36)

- **Training (25)**
  - "STARS training for Foster Parents held."
  - "STARS partners attended the Infant Mortality Summit."
    (Note: Also provided STARS overview training/presentations, MI training, Trauma-Informed Training, etc...)

- **Understanding (6)**
  - "Misunderstanding of AoD diagnosis between SCCS case managers & AoD counselors.
  - "STARS Coordinator attended SFP session for observation."
    (Note: Also, SFP provider asked questions about how Child Welfare works...)
Collaboration (32)

- This category had many one-time themes identified (documentation, engagement, funding, data collection, etc...)
- Meetings (7)
  - "STARS Coordinator & SCCS staff met with UMADOAP staff to discuss SFP services/operations."
- Program Development (4)
  - "Meeting held between Children Services & Health Department to address (improve) flow of communication with/to clients."
- Barrier (4)
  - "Foster Parents raised concerns about STARS during training."
  - "Talked with Summit County Sheriff's Office about access to incarcerated parents."
Collaboration: Additional Analysis

- Social Network Analysis also showed a weak connection between Child Welfare and Substance Abuse Treatment.
- It showed a virtually 'non-existent' relationship between Child Welfare and the Recovery Community.

There is a Recovery Drop-In Center three blocks from Children Services. We never knew about it until STARS!
Planning (32)

- Program Development/Meetings (17)
  - STARS Planning Committee
- Training (5)
  - Motivational Interviewing and Trauma-Informed Trainings offered to STARS partner agency staff
- Evaluation (4)
Case Flow (30)

- While this was theme 5 in the qualitative analysis, this became the most important theme!
- Case Process Obstacles/Challenges (14):
  - Timing
  - Client Engagement
  - Service Delivery
  - Service Preparation & Program Development
- Documentation (7)
- Additional Barriers (4)
- Workload (4)
Some 'Case Flow' 'OBSTACLES' were Symptoms of a Much Deeper Issue
Digging Deeper into the Resistance to STARS

- **Staff:**
  - "It's not our role [to talk about substance use]."
  - "STARS is the furthest thing from my mind"
  - "We only address imminent risk factors."
    - "It's self-report. That assessment doesn't work without a urine screen."
  - "I don't think they need [an AoD assessment]."
  - "We're asking families to do too much."

- **Foster Parents:**
  - "The kids don't need all of these services because of their parents' problems. Let them be kids."
  - "They already have enough services. This is just one more thing."
The Collaborative Values Inventory (CVI) is a questionnaire used by the NCSACW that serves as a neutral, anonymous way of assessing how much a group shares the values that underlie its work.

The CVI is designed to:
- Assist in clarifying the underlying values in collaborative work
- Uncover differences in values that may impede future progress in cross-system collaborative
- Assist in the development of common principles and goals

http://www.ncsacw.samhsa.gov/collaboration/collaboration-values-inventory.aspx
Beliefs About Drugs & Drug-Using Parents

There is no way that a parent who abuses alcohol or other drugs can be an effective parent (n=68).

People who are chemically dependent have a disease for which they need treatment (n=68).

People who abuse alcohol and other drugs have a disease for which they need treatment (n=68).

Illegal drugs are a bigger problem in our community than use and abuse of alcohol (n=68).
Collaborative Values Inventory

Beliefs About Drugs & Drug-Using Parents

- In assessing the effects of the use of alcohol and other drugs, the standard we should use for deciding when to remove or reunify children with their parents is whether the parents are fully abstaining from use of alcohol or other drugs (n=68).
  - Strongly Agree: 5.9%
  - Somewhat Agree: 11.8%
  - Disagree: 33.8%
  - Strongly Disagree: 44.1%

- There is no way that a parent who is chemically dependent on alcohol or other drugs can be an effective parent (n=68).
  - Strongly Agree: 10.3%
  - Somewhat Agree: 29.4%
  - Disagree: 42.6%
  - Strongly Disagree: 13.2%

- There is no way that a parent who uses alcohol or other drugs can be an effective parent (n=68).
  - Strongly Agree: 2.9%
  - Somewhat Agree: 11.8%
  - Disagree: 36.8%
  - Strongly Disagree: 44.1%
Collaborative Values Inventory

Parental Accountability

- Dep. courts should provide increased monitoring of recovery and use sanction powers for non-compliance (n=68)
  - 47.6% Strongly Agree
  - 47.6% Agree
  - 4.8% Disagree
  - 0.0% Strongly Disagree

- Services would be improved if all clients who receive services made some kind of payment for the services (n=68)
  - 50.8% Strongly Agree
  - 19.0% Agree
  - 23.8% Disagree
  - 6.3% Strongly Disagree

- Parents who are noncompliant with juvenile court orders should face jail time as a consequence (n=68)
  - 39.7% Strongly Agree
  - 13.2% Agree
  - 27.9% Disagree
  - 14.7% Strongly Disagree

- Parents who ordered to remain clean and sober should face consequences for non-compliance (n=68)
  - 32.4% Strongly Agree
  - 19.1% Agree
  - 27.9% Disagree
  - 20.6% Strongly Disagree

- People who abuse alcohol and other drugs should be held fully responsible for their own actions (n=68)
  - 38.8% Strongly Agree
  - 19.1% Agree
  - 32.4% Disagree
  - 4.4% Strongly Disagree
Collaborative Values Inventory

Expected success of parents who will succeed in AOD treatment

- 1.5% for 10%
- 4.4% for 20%
- 20.6% for 30% and 40%
- 32.4% for 50%
- 8.8% for 60%
- 4.4% for 70%
- 0 for 0%
Addressing Culture Change & Mind Shift

- We needed to hear/listen
- We needed to communicate a consistent message
- We needed to understand why there was resistance
- We needed to recognize staff's readiness for system change
- We needed to build a relationship between Child Welfare staff and others
- Now we needed to respond/assist with change
Sending a Consistent Message

- Held meetings with Social Service departments, attended unit meetings, and met with supervisors
- Talking Points:
  - We need to identify and address substance use as early in the case as possible – it is a risk
  - The 12-month reunification clock is ticking
- STARS Coordinator & AoD assessor started holding office hours at Children Services
- STARS service providers attended Social Service Department meetings
- Executive Director sent email message and talked with management and all staff about the importance of the program and the opportunities that STARS provides
- Keep the message 'on the radar screen'
The Ohio CAPMIS Tool questions about AoD:

- Safety Assessment Tool: "Drug and/or alcohol use by any member of the family or other person having access to the child suggest that the child is in immediate danger of serious harm."

- Family Assessment Tool: Identify 'risk contributors' and 'non-risk contributors': Substance Abuse is one item on the list
Assisting with Understanding AoD

- Staff now have the **UNCOPE & CAGE** tools used to guide asking the questions/screening (use with safety and family assessments)
- Staff had the opportunity to meet with a parent in recovery to discuss addiction/substance use, Child Welfare experiences, and recovery
General Application & Practice (GAP) Sessions

What we learned from what staff members shared:

- STARS will not last past the grant funding. It's the 'program of the day' or STARS is having "it's 15 minutes of fame!"
- There is general agreement that these enhanced services are needed – but will not be sustained
- Concern over documentation growing
- Concern over system timelines not fitting AoD treatment timelines
- Staff had questions about the complexity of addiction and wanted a better understanding
Three parents (two moms and one dad) in recovery with Child Welfare experience shared their stories

- "You needed to be more concrete. You told me to get a job. You didn't tell me to get a legal job."
- "I lied and manipulated when I was using. Of course I did."
- "Drugs were my solution. Not a problem. You wanted to take away my solution."
- "Now I say, 'thank you,' for taking my kids away from me back then."
- "It was all I knew. I thought I was being a good mother."
Lessons Learned: If we knew then...

- Two Major Areas:
  - Case Flow/System & Timing Issues
  - Culture Change/Mind Shift

- Child Welfare system often functions with a rapid response to incident-specific life events
  - Timing of 12-month reunification
  - Timing is different across partner systems (continues to be a challenge)
  - Address the primary or presenting problems -- imminent risk focus -- best fits the 12-month clock; recovery takes time!

- System encountered some relationship/communication issues:
  - Understanding each other's language
  - Understanding roles of key service providers in other systems
  - Different perspectives based on service provision/modality/system

- Not all Child Welfare staff was ready to change or address substance use
  - Skills & Understanding to address substance use
  - Focus on substance abuse treatment and abstinence – but not the recovery process
  - Lack of knowledge/understanding of the recovery community
Much still needs to be done

- Without a deeper-level change that integrates into the Child Welfare system the identification of AoD needs, AoD treatment – including recovery – and client stages of change -- superficial case flow and systemic issues will not address the real obstacles of implementation and sustainability of this collaborative effort.

- Without the deeper-level change, AoD services in the Child Welfare setting will not be sustained.

- The culture change/mind shift will sustain the practices and promote the purpose of STARS – because AoD needs will be addressed as part of typical practice.
Questions & Discussion
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