Regional Partnerships: Creating Cross-System Strategies and Outcomes

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A Program of the
Substance Abuse and Mental Health Services
Administration
Center for Substance Abuse Treatment

and the
Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect
Regional Partnership Grants (RPGs)

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded in September, 2007
- Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes
Through legislation, Congress required DHHS to develop:

- A set of performance indicators through broad consultation with the field and grantees
- An annual report on the “services provided and activities conducted…performance indicators established…and the progress that has been made addressing the needs of families…”

—PL 109-89, section 4, (8), (9)
Differences in values and perceptions of primary client
Timing differences in service systems
Knowledge gaps among staff working in the systems
Lack of tools for effective engagement in services
Intervention and prevention needs of children
Lack of effective communication
Data and information gaps
Categorical and rigid funding streams as well as services and treatment gaps
Grantees were awarded funds based on review criteria which included:

- Select a set of performance indicators
- Provide justification for their selection
- Relate them to the conceptual framework in the program announcement
- Demonstrate your capacity to collect and report on selected indicators
- Justify any additional indicators planned
Suggested Strategies to Improve Practice

- Develop principles for working together
- Create ongoing dialogues and efficient communication
- Develop cross-training opportunities
- Improve screening, assessment and monitoring practice and protocols
- Develop funding strategies to improve timely treatment access
- Expand prevention services to children
- Develop improved cross-system data collection
Under an ACF support contract, the Center for Children and Family Futures (CCFF) was tasked with:

- Refining and developing final set of RPG performance indicators
- Developing a RPG data collection and reporting system
- Providing TA to grantees on evaluation, data collection and reporting, other performance measurement matters and programmatic issues
Regional Partnership Grants = 53 Sites

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

Regional Partnership Grants
Created 7/28/09
Regional Partnership Grants = 53 Sites

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- Tribal - 6

NCSACW IDTA Sites = 17 Sites

- 12 States
- Round 5: 2 States and 1 Tribal Community
- 2 Tribal Communities
- 1 County

Created 7/28/09
Purpose and Description

- Tribal
- Drug Court
- Child-Focused
- System-Wide Collaboration
- Array of Services
- Treatment Focused
Tribal N=6

FPO: Miguel Vieyra & Rosie Gomez
PML: Paulette Running Wolf

- Omaha Nation Community Response Team, NE
- Klamath Tribes, OR
- Apsaalooke Nation Housing Authority, MT
- Cook Inlet Tribal Council, Inc., AL
- Choctaw Nation of Oklahoma, OK
- White Earth Band of Chippewa, MN
Drug Court N=10

FPO: Catherine Luby & Emily Cooke
PML: Elizabeth Lee, Robyn Baliber

- Idaho Department of Health and Welfare, ID
- County of Lucas, OH
- Sacramento County Department of Health and Human Services, CA
- North Carolina Department of Health and Human Services, NC
- Judicial Branch State of Iowa, IA
- Connect Care, Inc., CO
- Mendocino County Health and Human Service Agency, CA
- Multnomah County, OR
- Supreme Court of Georgia, GA
- County of Santa Cruz Health Services Agency, CA
Child-Focused N=8

FPO: Melissa Lim Brodowski & Rosie Gomez
PML: Teri Garstka

- County of Santa Clara, Social Services Agency, CA
- Child and Family Tennessee, TN
- University of Rochester, NY
- Oklahoma Department of Mental Health and Substance Abuse Services, OK
- WestCare California, Inc., CA
- Houston Council on Alcoholism and Drug Abuse, TX
- Center Point, Inc., CA
- WestChester County, NY
System-Wide Collaboration N=9

FPO: Irene Bocella
PML: Linda Carpenter

- Denver Department of Human Services, CO
- Children's Research Triangle, IL
- Kentucky River Community Care, Inc., KY
- Butte County Department of Employment and Social Services, CA
- Wisconsin Department of Health and Family Services, WI
- Travis County, TX
- Baker County, OR
- Upper Des Moines Opportunity, Inc., IA
- Kid's Hope United-Hudelson Region, MO
Treatment Focused N=9

- Island Grove Regional Treatment Center, Inc., CO
- SHIELDS for Families, Inc., CA
- County of San Diego, Health and Human Services Agency, CA
- OnTrack, Inc., OR
- Pierce County Alliance, WA
- State of Arizona, AZ
- Children's Friend and Service, RI
- State of Nevada, NV
- Juvenile Justice Fund, GA

FPO: Irene Bocella & Pat Campiglia
PML: Theresa Lemus
Array of Services n=11

FPO: Elaine Stedt & Jean Nussbaum
PML: Nancy Hansen & Theresa Lemus

- Kansas Department of Social and Rehabilitation Services, KS
- Aliviane, Inc., TX
- Butler County Children Services Road, OH
- Lund Family Center, VT
- The Family Tree Center-Billings Exchange Clubs' CAP-Center, MT
- Massachusetts Department of Public Health, MA
- Department of Community Based Services, KY
- Clarity Counseling P.C., CO
- St. Patrick Center, MO
- Tennessee Department of Mental Health and Developmental Disabilities, TN
- Hillsborough County Board of County Commissioners, FL
Geographic Areas Served by the 53 Regional Partnership Grantees
(Percentage serving given geographic area)

- City (n=3): 5.7%
- County (n=25): 47.2%
- Region (n=23): 43.4%
- State (n=2): 3.8%
Lead Agencies for the 53 Grantees

- County Child Welfare Agency (n=9) - 17.0
- State Child Welfare Agency (n=7) - 13.2
- Tribal Child Welfare Agency (n=2) - 3.8
- Child Welfare Services Provider (n=6) - 11.3
- State Substance Abuse Agency (n=2) - 3.8
- County Substance Abuse Agency (n=3) - 5.7
- Tribal Substance Abuse Agency (n=1) - 1.9
- Substance Abuse Treatment Provider (n=6) - 11.3
- Joint Child Welfare/Substance Abuse Agency (n=2) - 3.8
- Other Child/Family Services Entity (n=7) - 13.2
- Community Mental Health Provider (n=3) - 5.7
- Judge/Court (n=2) - 3.8
- Tribe/Tribal Consortium (n=2) - 3.8
- School personnel (n=1) - 1.9
Partner Member Agencies Representing Child Welfare, Substance Abuse, Courts and Tribes
(Percentage Grantees Indicating Given Member is a Partner)

- State Child Welfare Agency (n=32): 60.4%
- County Child Welfare Agency (n=29): 54.7%
- Tribal Child Welfare Agency (n=6): 11.3%
- Child Welfare Services Provider (n=14): 26.4%
- State Substance Abuse Agency (n=15): 28.3%
- County Substance Abuse Agency (n=15): 28.3%
- Tribal Substance Abuse Agency (n=5): 9.4%
- Substance Abuse Treatment Provider (n=31): 58.5%
- Tribe/Tribal Consortium (n=7): 13.2%
- Judges/Courts (n=31): 58.5%
- Juvenile Justice (n=7): 13.2%
- Local Law Enforcement (n=6): 11.3%
- Other Criminal Justice* (n=3): 5.7%
- Court Appointed Special Advocates (n=4): 7.5%

* Other criminal justice (e.g., attorneys general, probation)
Partner Member Agencies Representing Other Service Systems and Community Organizations
(Percentage Grantees Indicating Given Member is a Partner)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/County Mental Health Agency (n=17)</td>
<td>32.1</td>
</tr>
<tr>
<td>Mental Health Services Provider (n=26)</td>
<td>49.1</td>
</tr>
<tr>
<td>Health Services (n=14)</td>
<td>26.4</td>
</tr>
<tr>
<td>Other Child/Family Services Provider (n=18)</td>
<td>34.0</td>
</tr>
<tr>
<td>Employment Services Agency/Provider (n=11)</td>
<td>20.8</td>
</tr>
<tr>
<td>Housing Services Agency/Provider (n=8)</td>
<td>15.1</td>
</tr>
<tr>
<td>University/Evaluator* (n=19)</td>
<td>35.8</td>
</tr>
<tr>
<td>DEC/Drug Control Task Force/Related Org (n=6)</td>
<td>11.3</td>
</tr>
<tr>
<td>Community Stakeholder Group/Org (n=6)</td>
<td>11.3</td>
</tr>
<tr>
<td>Schools/Education (n=4)</td>
<td>7.5</td>
</tr>
<tr>
<td>Faith-Based Org (n=3)</td>
<td>5.7</td>
</tr>
<tr>
<td>Other Partners** (n=8)</td>
<td>15.1</td>
</tr>
</tbody>
</table>

* University partners are typically the evaluators
** Other includes other types of non-profit service providers (e.g., legal services or client advocacy), peer/parent mentor groups, consultant/training organizations, community development districts or other advisory groups or committees.
Target Population
(Percentage Focusing on Children in In-Home and/or Out-of-Home Care)

- In-home: 21.0%
- Out-of-home: 6.0%
- Both In-Home & Out-of-Home: 73.0%
Percentage with Focus on Methamphetamine

All Grantees and by Cluster

- All Grantees (N=53): 69.8%
- Tribal Cluster (N=6): 66.7%
- Drug Court Cluster (N=10): 90.0%
- Child Focused Cluster (N=8): 62.5%
- Treatment Focused Cluster (N=9): 77.8%
- System-Wide Collaboration Cluster (N=9): 88.9%
- Array of Services Cluster (N=11): 36.4%
In an effort to provide truly comprehensive services, grantees did not limit their initiatives to only 1 of the 5 program areas

- 74% of grantees’ approaches include activities in all 5 program areas
- 25% of grantee programs span 4 of the 5 areas
Evaluation and Programs
**RPG SC Data Analysis Logic Model**

**Initial Program Activities**
- Family Enters Community Services
- Family Enters AOD Treatment
- Family Enters CW System
- Family Court
- Family Drug Court

**ADULT SERVICES**
- Assessment of Service Needs
- Coordinated Case Management
- Wrap Around
- In-Home Services
- Substance Abuse Treatment
- Family-Centered Treatment
- Parents Connected to Support Services
- Cognitive/Behavioral/Therapeutic Strategies
- Judicial Oversight

**COMMUNITY SERVICES**
- Parent Supportive Services:
  - Primary Medical Care
  - Dental Care
  - Mental Health Services
  - Child Care
  - Transportation
  - Housing
  - Parenting
  - Training/Child Development
  - Education
- Domestic Violence
- Employment Training
- Continuing Care/Recovery Support
- Alternative Therapies
- Child Supportive Services:
  - Developmental Services
  - Mental Health Services
  - Primary Pediatric Care
  - Substance Abuse Prevention and Treatment
  - Educational Services

**CHILD/YOUTH SERVICES**
- Assessment of Service Needs
- Coordinated Case Management
- Wrap Around
- In-Home Services
- Substance Abuse Treatment
- Family-Centered Treatment
- Children Connected to Support Services

**SYSTEMS CHANGES**
- Organizational and Other Strategies
- Training
- Substance Abuse
- Training/Education for Foster Care Parents
- Partnership Meetings
- Regular Program/Administrative Meetings

**SYSTEMS COLLABORATION**
- Formal Cross-Systems Policies and Procedures
- Information Sharing and Data Analysis
- Increased Service Capacity

**Inputs**

**Outputs**

**Program Services/Strategies**

**Outcomes**

**SHORT TERM**
- C1. Children Remain at Home
- C2. Occurrence of Maltreatment
- C3. Length of Stay in Foster Care
- C7. Prevention of Substance-Exposed Newborns
- C9. Child Well-Being
- A2. Retention in Substance Abuse Treatment
- A3. Substance Use
- A5. Employment
- A6. Criminal Behavior
- A7. Mental Health Status
- F1. Parenting
- F2. Family Relationships/Functioning
- F3. Risk/Protective Factors
- R1. Collaborative Capacity

**LONG TERM**
- C3. Length of Stay in Foster Care
- C4. Re-entries to Foster Care
- C5. Timeliness of Reunification
- C6. Timeliness of Permanency
- A3. Substance Use
- A5. Employment
- A6. Criminal Behavior
- A7. Mental Health Status
- R1. Collaborative Capacity
Program Strategy Confirmations

- **Purpose:** To determine which grantees are using similar program strategies and evaluation methods (e.g., quasi-experimental with matched comparison group)

- **Importance:** Will enable us to combine subgroups of grantees’ data for more sophisticated analyses

  *Individual grantees will not be identified in reporting*
Broad Program Strategy Categories

- Case management
- Screening and assessment
- Substance abuse treatment
- Children’s services
- Parenting/Family therapy
- Mental health and trauma services
- Collaborative clinical practice activities
- Collaborative program and policy activities
Case Management, Case Conferencing and Wraparound/In-Home Strategies

Percent (N=52)

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive/Coordinated Case Mgt (n=48)</td>
<td>92</td>
</tr>
<tr>
<td>Family Group Decision Making (n=32)</td>
<td>62</td>
</tr>
<tr>
<td>Wraparound/In-Home Services (n=35)</td>
<td>67</td>
</tr>
</tbody>
</table>
Screening and Assessment (Children and Adults)

*Other includes screening/assessment for issues such as: developmental, behavioral, mental health, family functioning and parenting.
Substance Abuse Treatment

- **Continuum of Care** captures grantees doing all of the following: Specialized Outreach, Residential, Outpatient and Aftercare.

* Outpatient includes: partial hospitalization, intensive outpatient and/or non-intensive outpatient.

** Continuum of Care** captures grantees doing all of the following: Specialized Outreach, Residential, Outpatient and Aftercare.
Services for Children/Youth

- Early Intervention (n=28): 54%
- Developmental (n=27): 52%
- Therapeutic (n=30): 58%
- Trauma (n=22): 42%
- Academic Supports (n=17): 33%
- Substance Abuse Tx (n=9): 17%
Parenting* and Family Therapy/Counseling

*Parenting strategies are not mutually exclusive; grantees may be doing more than one type of parenting
Mental Health and Trauma

Percent (N=52)

- Mental Health Services (n=36): 69%
- Psychiatric Care (n=26): 50%
- Trauma Informed/Specific Services (n=40): 77%
21 grantees (40%) are doing all 4 of these activities.
Cross-Systems Collaboration – Program- and Policy-Related Activities

43 grantees (83%) are doing all of these activities

- Training on RPG Operations (n=50): 96%
- Regular Partnership Meetings* (n=50): 96%
- Info Sharing/Data Analysis (n=49): 94%

* Includes meetings to discuss program and policy and/or management or administrative issues
Performance Indicators
Performance Indicators

- Child/Youth
- Adult
- Family/Relationship
- Regional Partnership/Service Capacity
Child/Youth Indicators
(Percentage grantees selecting indicator)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>C1. Children remain at home (n=45)</td>
<td>84.9%</td>
</tr>
<tr>
<td>C2. Occurrence of maltreatment (n=52)</td>
<td>98.1%</td>
</tr>
<tr>
<td>C3. Length of stay in foster care (n=38)</td>
<td>71.7%</td>
</tr>
<tr>
<td>C4. Re-entries to foster care (n=40)</td>
<td>75.5%</td>
</tr>
<tr>
<td>C5. Timeliness of reunification (n=40)</td>
<td>75.5%</td>
</tr>
<tr>
<td>C6. Timeliness of permanency (n=30)</td>
<td>56.6%</td>
</tr>
<tr>
<td>C7. Prevention of substance-exposed newborns (n=20)</td>
<td>37.8%</td>
</tr>
<tr>
<td>C8. Children connected to support services (n=45)</td>
<td>84.9%</td>
</tr>
<tr>
<td>C9. Improved child well-being (n=36)</td>
<td>67.9%</td>
</tr>
</tbody>
</table>
Adult Indicators
(Percentage grantees selecting indicator)

- A1. Access to treatment (n=48) 90.6%
- A2. Treatment retention (n=51) 96.2%
- A3. Substance use (n=48) 90.6%
- A4. Connected to support services (n=47) 88.7%
- A5. Employment (n=43) 81.1%
- A6. Criminal behavior (n=37) 69.8%
- A7. Mental health (n=34) 64.2%
Family/Relationship Indicators
(Percentage grantees selecting indicator)

- F1. Parenting (n=47) - 88.7%
- F2. Family functioning/relationships (n=43) - 81.1%
- F3. Risk/protective factors (n=44) - 77.4%
- F4. Coordinated case management (n=44) - 77.4%
- F5. Substance abuse education/training for foster parents (n=11) - 20.8%
- R1. Collaborative capacity
  - 100% of grantees will report on this indicator

- R2. Capacity to serve families
  - 81% of grantees will report on this indicator
Regional Partnership Grantee
Project Ready, Set, Go!

Kim Shellman-Borna, JD
Immediate Past Executive Director
Project Ready Set Go!, Juvenile Justice Fund

Cheron Crouch LPC, RPS
Program Manager
Project Ready Set Go!, Juvenile Justice Fund
PROJECT READY SET GO!

PRESENTER

Cheron Crouch LPC, RPS
Program Manager
Project Ready Set Go!, Juvenile Justice Fund
The Juvenile Justice Fund

- The Juvenile Justice Fund is the non-profit organization serving children and families at Fulton County Juvenile Court.

- Fulton County Juvenile Court is the largest juvenile justice center in the southeast with more than 12,000 cases processed annually.
MISSION AND PURPOSE

To identify and address the myriad of complex needs of the youth and families under the court’s jurisdiction.

HOW WE DO THIS:

- By implementing direct service programs;
- Providing Education and training;
- Increasing public awareness; and
- Being advocates at the state and local level for underserved youth populations.
An Overview of PROJECT READY SET GO!
A program designed and implemented to expand and enhance the Family Drug Court Program.

**GOAL:**
- To increase permanency outcomes for children affected by substance abuse.

**OBJECTIVES:**
- To support parents to achieve treatment goals (graduation)
- To transition parents from treatment to family and community re-entry
- To facilitate Relapse Prevention/Intervention
- To provide family Reunification support (parent and child)
- To engage parents in helping each other (Parent-to Parent Peer Counselor Model)
- To foster long term support connections for parents and children
Court Leadership identified need for Family Drug Court expansion and support services as a result of:

- Low Graduation rates (3 per class/ 2 graduations per year)
- High Relapse rates within 30 days of graduation
- Lack of housing and employment opportunities
- High Literacy rates
- Participants at court from 11 am until 2 pm waiting and drug testing (better use of time)
- High re-entry rates of children to DFCS custody within 90 days of reunification
- Lack of training and knowledge of Family Drug Court program and participant needs by the community
- Lack of life skills, coping skills, and parenting education and support for parent and child participants
Successful Treatment is not Enough

*Treatment stops substance abuse but does not change or cure all of the reasons a parent started using in the first place.*

- Struggles with poverty, unemployment, homelessness, illiteracy
- Problems with intimate partner relationships; domestic violence
- Problems with family of origin (mother, sisters, extended family), lack of family resources
- Problems with parenting and co-parenting, raising multiple children
- Limited or no access/participation in support groups
- Unstable, drug-infested living arrangements
- Unstable attachment to living wage employment
- Implications from bad credit, criminal histories
- Legal problems
- Lack of education (GED), transportation, childcare
- Unmet mental health problems, untreated histories of sexual abuse, exploitation and prostitution, need for medications
• Georgia’s Fulton County is among those communities grappling with the complicated relationship between child neglect/maltreatment and substance abuse.

• In an effort to preserve families, child welfare workers and substance abuse treatment providers must collaborate to appropriately identify and intervene in the lives of families experiencing substance abuse and child neglect and/or maltreatment.

• Through the Ready, Set, Go Program, Fulton County will increase its effectiveness and enhance its efficiencies as a result of agencies working together in addressing the needs of families affected by substance abuse.
Children of substance abusing parents are more likely to experience abuse and neglect than children in non-substance abusing households.

These children are more likely to be placed in foster care and are more likely to remain there longer than maltreated children from other families.

Scarce resources, lack of coordination among service systems, and an inability of many residential programs to accommodate children makes it difficult to address the needs of families.

PROJECT READY SET GO!
PARENTS WHO HAVE SUBSTANCE ABUSE PROBLEMS:

- Are less likely to engage in appropriate parenting practices and nurturing activities
- Lack adequate and stable housing
- Spend scarce resources that lead to a lack of basic needs for food and clothing

CHILDREN WHO LIVE IN HOMES WITH PARENTS WHO ABUSE SUBSTANCES ARE VULNERABLE TO:

- Child neglect and abuse
- Cognitive and intellectual delays in development
- Social malfunctioning
- Emotional and behavioral problems
- Becoming substance abusers as early as pre-teens
RPG in Infant Stage Identified
Necessary Ingredients for Effective Program:

- Client Involvement in Program Design (Wanda)
- Regional collaboration (Fulton/Atlanta)
- CASA Representation for Youth
- Expansion Program of Family Drug Court NOT “just another program/provider”
- Space to house the Program
- Access to clients, courtroom hearings, client staffings, and DFCS case information
### Developed a Phased Approach to Bridge the Gap Between Treatment and Aftercare

| PHASE                  | BEST PRACTICES                                                                                                                                 |
|------------------------|----------------------------------------------------------------Adamtext|
| **The Motivational Phase** | ❏ Motivational interviewing for needs assessment and care planning  
               ❏ Coping workshops  
               ❏ Group sessions  
               ❏ Focuses on the needs of the clients |
| **The Transition Phase** | ❏ Created a home-like environment through the permanency center  
               ❏ Begins 12 weeks prior to graduation from a drug court program or substance abuse treatment center  
               ❏ Services include social, familial, mental health, educational, employment, and treatment support  
               ❏ Outpatient treatment  
               ❏ Meet Family Drug Court requirements of: employment (30 hrs/wk), stable housing, child care services, visitation for reunification, compliance with treatment and DFCS case plan |
| **The Graduation**     | ❏ Completion of treatment  
               ❏ Stable housing  
               ❏ Gainful employment  
               ❏ Case planning to regain custody of child(ren) |
| **The Aftercare Phase** | ❏ Begins immediately after graduation  
               ❏ 12 months post-graduation  
               ❏ Connection Services  
               ❏ Past graduates and post-aftercare participants |
IMPLEMENTATION CHALLENGES

- Grant is on Reimbursement Basis (hiring staff)
- Agency Turf Issues (MHDDAD, CASA, Drug Court, DFCS): “We’re supposed to do that”
- Setting up Data collection prior to serving clients – back tracking when you don’t
- Securing adequate space – NOT the basement
- Phasing in: Everyone wants you to start everything at once
- Gaining trust of Clients: “Why do I have to do this now?”
- Hiring the right staff – when detailed staff do not work out (MHDDAD)
OVERCOMING BARRIERS

- Hired staff one month at a time – phase in
- Charged in planning time and materials
- Meet collaboratively to define roles and gaps in services
- Made a Time-line (shared it in mass distribution & met to review) so partners could see when staff & services would come on-line
- Created incentives (eg. free lunch, bus pass) for clients to entice them to participate willingly
- Created detailed written agreements (staff role, expectations, termination)- One RPG staff Supervisor
OVERCOMING BARRIERS

- Raised visibility/publicity about project to bring on new partners and keep current ones on track and accountable;

- Identified incentives for partners (client referrals, space, evaluation data, publicity...)

- Motto: “Jump on the Train or Get Out of the Way” – did not entertain negatives from those who were trying to slow down or stop the project (including those who wanted to complain they were not included at the outset – get over it we’re inviting you to join now!)
Client Services

PROJECT READY SET GO!
WHO DOES RSG SERVE?

1) Children ages 0 – 18 affected by parents/caretaker’s substance abuse;

2) Parents affected by substance abuse who are eligible to choose to participate in the Fulton County Juvenile Court Family Drug Court Program as an opportunity to fast-track their addiction treatment and reunification with their children;

3) Parents affected by substance abuse participating in the DFCS family preservation program; and/or

4) Parents referred by Juvenile Court for substance abuse screening, intervention, and treatment services.
1) Children affected by parents/caretaker’s substance abuse come to the attention of Family Drug Court & DFCS (CPS report, Open Case Referral)
2) Eligible families are recruited and processed into the RSG Program
3) Parents participate in RSG motivational phase activities while complying with substance abuse treatment requirements
4) Parents participate in RSG transitional phase activities while complying with Family Drug Court requirements
5) Parents complete substance abuse treatment and/or test negative for drugs over required period of time
6) Parents meet eligibility requirements to graduate from Family Drug Court
7) Parents participate in 12 months of formal RSG “Aftercare” (Reunification Support and Relapse Prevention) activities
8) Parents have ongoing support through the RSG Connection Program (long-term)
SERVICE DELIVERY CHALLENGES

- Convoluted Referral Process at the outset & low referrals;
- Trying to do too much too soon
- Community (Private & Public) Knowledge of RSG Services – getting everyone on the same page
- Limited funding and grant budget disallowable expenses
- Limited staffing capacity, space, and expertise
- Lack of housing (need for Housing Study)
- Lack of data from DFCS
- Confidentiality Barriers (Real or Turf Shield?)
- Making decisions about hiring staff vs. using partner agency staff
Understanding the client needs prior to serving them;

Choosing practices and models to employ and enlisting partnership endorsement and support;

Getting interagency agreements, MOUs and contracts through legal departments timely;

Individual Personalities and Perspectives about what we should be doing, how to do it, where to do it and what we should be striving to achieve.

Knowing when we were ready to start services – feeling ready.

**RSG was one of the first grantees to implement services – January 2008!**
Hosted partnership meetings to re-design referral process – streamlined for phone call referral vs. fax/paperwork (user friendly for busy workers)

Created time-line and widely disseminated and rolled out one service at a time over time

Stopped & trained staff, sought help from outside experts

Built the Permanency Center to house and showcase program to increase participation and funding

Identified and sought ways to gather DFCS data from others

Drafted and signed confidentiality agreements and added RSG staff to partner consent/release of info forms
Created one supervisor on RSG staff that detailed partner staff must work “under”

Commissioned a Housing Study to identify housing resources and needs – what is already going on in the community that we can tap into? (lobbying, AHA vouchers, AFFC relationships, Mayor’s homelessness initiatives)

Negotiated and drafted written MOUs, contracts and agreements with partners (funded and unfunded)

Sought technical assistance and outside facilitators to improve partner relationships, create a shared project vision, and engage stakeholders

Don’t succumb to pressure – don’t start services until you “feel ready” ---- WE DID THAT!
OVERCOMING SERVICE DELIVERY BARRIERS

We also Identified and Implemented Best Practices for this client population:

- Include Parent to Parent Peer counselors on staff;
- Implement a program observation period for clients to feel like they are making an informed choice
- Conveniently locate services in the community where clients live and work
- Create and host regular weekly STRUCTURED sessions
- Include client-centered individual appointments
- Create Youth Track so children come to services with Parent
- Start group activities with a family dinner
Collaborative Partnerships

PROJECT READY SET GO!
COMMUNITY PARTNERS AT A GLANCE

FULTON COUNTY PARTNERS
- Juvenile Justice Fund (as lead agency)
- Fulton County Family Drug Court
- Fulton County Juvenile Court
- Fulton County Court Appointed Special Advocates (CASA)
- Fulton County Mental Health Developmental Disabilities and Addictive Diseases (MHDDAD)
- Department of Family and Children’s Services (DFCS)

COMMUNITY-BASED SUBSTANCE ABUSE TREATMENT PARTNERS
- Mary Hall Freedom House, Inc.
- St. Jude’s Recovery Center
- Odyssey
- Metro Atlanta Recovery Residences

WRAP-AROUND SERVICE PARTNERS
- Literacy Action, Inc.
- Atlanta Fulton Family Connection
- Atlanta Workforce Development Agency
Getting Started
Let's Review the Questions Checklist Handout

First Assess Your Current Community!
Recruit Partners:

Meet Individually

Host “Issues” Subgroup Meetings
(i.e., Treatment, literacy, employment)

Host a “Program Introduction” for the community at large
Before you meet – Know the answers to these PRIORITIZED questions:

1. How does the prospective partners participation benefit them (their agency/their clients)?
   - funding?
   - gap services for clients?
   - visibility, publicity, or recognition opportunities?
   - increase their client numbers?
   - increase their service area or off-site programs?
   - increase their agency collaboration partners for other opportunities?
   - tie them into an identified high community priority market that they currently do not support/serve (homelessness, substance abuse, system of care, literacy, …)

2. What data can you generate that they need or can use?

3. What’s the “big picture” for the community and how do they fit in?
1. Learning to appreciate the differences in competing values and principles, but not yet operated in a “shared values” mode

2. Screening and assessments are shared to be in compliance with reporting, but can be better utilized for intervention enhancement

3. Intense process documentation in place in collaboration with the local evaluator

4. Clients benefit from a comprehensive array of services through collaborative partnerships

5. Systems changes among collaborative partners are slow

6. Process and outcome data collection is standardized

7. A need for improvement in interagency staff training

8. Limited efforts to document cost effectiveness to date

9. Strong documentation of networks with diverse services for families

10. Collaborative partners are well integrated in the communities where the families are located.
Preliminary Evaluation Findings

PROJECT READY SET GO!
Core Elements of the Process Evaluation

- Participation in Transitional Services
- Family Drug Court Compliance
- Substance abuse treatment completion
- Family preservation and reunification status
- Housing status
- Employment status
- Involvement in aftercare and connective services
Wrap-Around Service Utilization

Year 1: N = 45
Year 2: N = 28
Total: N = 73

- Mental Health: Year 1 = 12, Year 2 = 4, Total = 16
- Child Care: Year 1 = 12, Year 2 = 4, Total = 16
- Transportation: Year 1 = 25, Year 2 = 14, Total = 39
- Housing: Year 1 = 10, Year 2 = 1, Total = 11
Wrap-Around Service Utilization

- Parenting: Year 1 = 11, Year 2 = 4, Total = 15
- Domestic Violence: Year 1 = 3, Year 2 = 3, Total = 6
- Employment/Vocational: Year 1 = 10, Year 2 = 1, Total = 11
- Continuing Care: Year 1 = 11, Year 2 = 4, Total = 15

Yr 1 N = 45 * Yr 2 N = 28 * Total N = 73
## Summary of Client Outcomes in Project Ready, Set, Go

<table>
<thead>
<tr>
<th>Enrollment and Program Phase Tracking</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of participants enrolled in Project Ready, Set, Go</td>
<td>45</td>
<td>28</td>
<td>73</td>
</tr>
<tr>
<td>No. of participants entering various substance abuse treatment programs</td>
<td>42</td>
<td>27</td>
<td>69</td>
</tr>
<tr>
<td>No. of participants completed and/or remained in Project Ready, Set, Go</td>
<td>21</td>
<td>27</td>
<td>48</td>
</tr>
<tr>
<td>No. of participants from year one completed and/or remained in Project Ready, Set, Go</td>
<td>-</td>
<td>11</td>
<td>59</td>
</tr>
<tr>
<td>No. of participants meeting requirements to graduate from the Family Drug Court Program</td>
<td>15</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>No. of participants who graduated Family Drug Court, but did not enter Project Ready, Set, Go aftercare phase</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>No. of participants in Project Ready, Set, Go aftercare/connctive services phase</td>
<td>5</td>
<td>11</td>
<td>16</td>
</tr>
</tbody>
</table>
QUESTIONS
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