Running the Marathon
Sacramento County’s Ten-Year Journey Towards Enhancing Services to Parents with Substance Use Disorders in the Child Welfare System

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Workshop sponsored by:
Presentation Overview

- Background: AODTI – Mid 1990s
- Components of Sacramento’s Comprehensive Reform
  1. Cross-system Joint Training
  2. AOD System of Care
  3. Early Intervention Specialists
  4. Recovery Management Specialists
  5. Dependency Drug Court
- Funding
- Evaluation of Findings
- Next Steps
Alcohol and Other Drug Treatment Initiative - 1994

Program Vision:

- To incorporate alcohol and other drug treatment services as an integral part of the health and human services delivery system
  - DHHS - Child Welfare, Mental Health, Public Health, Adult Protective Services, and Primary Health Care
- To build and expand service capacity
- To transform the department into a primary provider of AOD services
- To achieve treatment on demand
Alcohol and Other Drug Treatment Initiative - 1994

Premises:

- Health, social service, and criminal justice caseloads are driven by AOD abuse
- Current treatment capacity can meet less than 25% of demand
- Agency staff can serve as the first line of defense
- Both the client and the system need to be held accountable
Changes in Child Welfare Practice

- Addressing AOD issues is essential to competent practice
- Risk Assessment for the child is incomplete without an AOD Assessment of the parent
- Developing practical applications of harm reduction vs. a zero tolerance approach
- CWS social workers serve as AOD group co-facilitators to help bridge service gaps
Changes in AOD Practice

- Ensure CWS Clients receive treatment priority
- Expand interim and group services to help achieve treatment on demand
- Promote treatment services that are responsive to other system involvement
Training to Build Service Capacity

- Level One
  - Overview of chemical dependency
  - Beginning to intermediate AOD information
  - Introduction to assessment and treatment

- Level Two
  - Advanced AOD information
  - Assessment and treatment skill building
  - SASSI Certification training

- Level Three
  - Group treatment service skills
  - Special treatment topics
Additional Training Components

- Strategies for Family Change
- Resiliency Training
- Motivational Interviewing
- Adolescent Treatment Training
AOD Treatment Provider Training

- CWS Topics:
  - Service System Overview
  - Dependency System Overview
  - Mandated Reporting Responsibilities
  - Risk Assessment
  - Decision-making
  - Critical Time Frames
Alcohol and Other Drug System of Care

- Best use of resources
- Ensure CWS and other multi-service users get service priority
- Reduce the number of clients that “fall through the cracks”
Alcohol and Drug Priority Clients For Publicly Funded Slots

- **Federal Priorities**
  - Pregnant
  - HIV
  - Injection drug users

- **Children’s Protective Services Clients**

- **Multi-County Service Users**
  - Criminal justice involved (pregnant and juvenile offenders)
  - Public assistance recipients (CalWORKs and others)
System of Care Tools

System Tools:
- Screening and Service Referral
- Preliminary Assessment
- Treatment Authorization

Provider Partner’s Tools:
- Addiction Severity Index (ASI)
- ASAM Patient Placement Criteria
Early Intervention Specialist

Program Components

- Three CWS-AOD Specialist Social Workers stationed at the Juvenile Court
- Offer immediate AOD assessment and treatment authorization
- Educate parents about the Dependency and Family Reunification Process
EIS Tips for Parents

How to Get Started

- Have an alcohol and other drug assessment
- Begin your alcohol and other drug treatment
- Begin drug testing
- Stay clean and sober
EIS Tips for Parents

Steps you can take to reunify with your children:

- Attend all Court hearings
- Cooperate with your Court Investigator
- Participate in services and follow all Court orders
- Visit your children as often as possible
- Meet with your Reunification Social Worker monthly and always keep them informed of your address, phone and message number
- Services are offered for a short time only, failure to participate may result in losing your rights and your children being placed for adoption
Benefits of EIS Component

- Offers early engagement and intervention
- Ensures timely assessment and treatment authorization
- Reinforces CWS and court compliance
- Expedites linkages to other service needs
- Promotes system accountability
- Provides workload relief for social workers
Specialized Treatment and Recovery Services

Engaging Parents in Treatment, Recovery and Parenting
Specialized Treatment and Recovery Services (STARS)

- 25 Recovery Specialists
- Offer support and monitoring of AOD related case activities
- Liaisons among clients, CWS, AOD, treatment providers and the Court
- Twice monthly reports for the Dependency Drug Court
Benefits of STARS Component

- Provides support and advocacy for AOD-impacted parents
- Bridges treatment programs and CWS
- Reduces trauma to family through effective coordination
- Places emphasis on engagement and retention in treatment
- Promotes system (reasonable efforts) and client accountability
- Provides workload relief for Social Workers
Key Elements of Complimentary Practice

- **Complimentary Practice** - should work with both the child welfare and CalWORKs time clocks (particularly AOD perinatal services)

- **Complimentary Practice** - should have a family focus, and not work with only the child or parent

- **Complimentary Practice** - should use case management services to bridge the gap between AOD treatment and child welfare services
Key Elements of Complimentary Practice

- **Complimentary Practice** - should utilize case and family conferencing to ensure inclusion in treatment planning and implementation
- **Complimentary Practice** - should work to resolve confidentiality issues between systems to reduce barriers to successful treatment
- **Complimentary Practice** - should work to develop reasonable approaches to relapse
  - reassess and re-motivate the parent
  - reassess the risk to the child
Sacramento County Prior to STARS and Dependency Drug Court

- Reunification rate about 20-25%
- Parents unable to access AOD treatment
- Social workers, attorneys, courts often uninformed on parent progress
- Drug testing not uniform and results often delayed
Sacramento County After STARS and Dependency Drug Court

- Reunification rates at 40–45 percent
- Parents truly have “treatment on demand”
- All parties involved in the case are informed at every stage of treatment
- All parents receive random observed “instant” drug testing
STARS Goals

- Affect client change by removing barriers to treatment and providing support
- Provide CPS/Dependency Courts with accurate and reliable documentation
The 5 Points of STARS Success

- Integrity
- Positivism
- Professionalism
- Servant Leadership
- Customer Service
Obstacles to Change

- Late-stage addiction
- Resistance to “the system”
- Lack of hope
- Fathers often dismissed in dependency cases
Barriers Facing Fathers

- The child welfare case often originates with the mother, creating or reinforcing father’s denial

- Men are less likely to be able to ask for help or show vulnerability

- Women dominate the social services field

- Women often dominate co-ed treatment

- Fathers don’t have healthy role models
Achieving our Goals

- Intake
- Support
- Philosophy
- Intangibles
Intake

- Parent is immediately assessed for AOD issues at Detention Hearing

- Each parent is assessed individually, helping to break denial surrounding significant other

- Facility location
Intake

- Rapid intake
- Immediate access to treatment
- Immediate contact with Recovery Specialist – gender specific
Three Strategies for Working with Parents

- Use of Motivational Interviewing Techniques
- Role-modeling
- Accountability
Motivational Interviewing

- Alternative to theory that denial and resistance must be smashed
- Described as “dancing” not “wrestling”
- Works well with men as it eliminates the power struggle
Incorporating the Principles of Motivational Interviewing

- Express empathy
- Support self-efficacy
- Roll with resistance
- Develop discrepancy
Express Empathy

- Gender specific
- Recovery Specialist is in recovery
- Trained to utilize limited self-disclosure
- Provide help “no matter what”
Support Self-Efficacy

- Demonstrate that recovery can work
- Alumni groups
- Support group on site
- Motivation, encouragement and support
Roll with Resistance

- Parent participates in determination of level of treatment
- Parent encouraged to always have a “plan”
- Recovery Specialists never argue
- Support, support, support
Develop Discrepancy

- Tap into parent’s desire to be “in charge”
- Point out behaviors and actions inconsistent with healthy fathers
Role Models

Recovery Specialists are:

- Certified addiction specialists
- Believable and approachable
- Comfortable with some self-disclosure
- Non-punitive in approach
Accountability

Our belief is that when we combine an empathetic, supportive environment with one that stresses accountability, we are able to create change in a profound way.

Each father we work with is encouraged to accept responsibility for every action he participates in.
Intangibles

- Belief in redemption and recovery
- Overcome prejudices that exist
- We give 100% for client’s 100%
- Passion
Dependency Drug Court Overview and Evaluation of Findings
Drug Court History

- 1992 – Criminal Justice Cabinet Formation
- 1996 – Adult Criminal Drug Court Started
- Mid-1990s – Enhanced AOD/CWS Linkages
- 1999 – Began DDC Planning Efforts
- 2001 – DDC Started
- 2005 – Juvenile Drug Court Started
Formation of Drug Court

- Drug Court Planning/Coordinating Committee
  - Court
  - Attorneys (parent, child, Department)
  - Alcohol and Drug Services Division
  - Recovery Specialist Case Manager: Specialized Treatment and Recovery Services (STARS)
  - Treatment providers
Goals of Drug Court

- Increase collaboration between agencies
- Ensure reasonable efforts
  - Decrease time to assess and treat
- Increase compliance with treatment
- Increase 12-month permanent placements
- Increase family reunification rates
- Decrease time in foster care
Critical Components: Treatment

- Prompt assessment (1 day)
- Prompt treatment (2-5 days)
- Intensive case management
  - Track I - Twice weekly
  - Track II - Weekly
  - Track III - Twice monthly
Critical Components: Court

- **Parallel Track Court**
  - vs. Integrated Track (Santa Clara; Reno)
  - vs. Dual Track (San Diego)

- **Frequent court hearings and progress reports**
  - Level I: 30-60-90 days
  - Level II (noncompliants): Bi-weekly (90 days)
  - Level III (aftercare): Monthly (90 days)

- **Timely sanctions and incentives**
Reports to Drug Court

- Contacts with Recovery Specialist Case Managers (STARS)
- Attendance in treatment
- Attendance in support groups (e.g. 12-Step)
- Test results for presence of drug/alcohol
Drug Court Incentives

- Verbal reinforcement by judicial officer
- Certificates of acknowledgement
- Gift certificates to clothes closets
- Tokens of acknowledgement
  - “Recovery rocks”
Drug Court Sanctions

1st: Reprimand from judicial officer

2nd: 2 days in jail

3rd: 4 days in jail
180-Day Graduation

- Random tests (2-3 per week): all negative
- Individual and group treatment: no absence
- Recovery Specialist meetings: no absence
- Support group/12-step: 3 or more per week
- Drug Court appearances: no misses
- Comply with court orders: all
Participation and Compliance

During the four years of the program (October 1, 2001 to September 30, 2005), 1,291 parents have participated the Drug Court Program.

As of January 31, 2005:

- 753 (58%) parents have received 90-day certificates for continuous compliance
- 335 (26%) parents have graduated with 180 days of continuous compliance
Funding
AOD – CWS Funding

- Treatment – Multiple funding streams including SAPT Block Grant, State General Funds, Medicaid, Perinatal Service Network, CalWORKs (California’s TANF program) and Tobacco Litigation Settlement (TLS)

- Drug Court – State Grants

- STARS – Local tobacco litigation settlement funds (30%), used to match State and Federal Title IV-E case management funds (70%)
Data Sources

1. Child Protective Services Division
   - Child and Parent Demographics
   - Child Placements and Reunifications
   - Subsequent Referrals

2. Alcohol and Drug Services Division
   - EIS System Statistics
   - Preliminary Assessments
   - STARS Intake Log and Twice Monthlies
   - California Alcohol and Drug Data System (CADDs)

3. Juvenile and Dependency Court
   - Monthly System Statistics
Participant Groups

- **Comparison** – Selected from all cases with AOD in petition that entered CPS Division between February and May 2001, prior to EIS and STARS implementation, and met DDC criteria

- **Dependency Drug Court Treatment Group** – “Court Ordered” – Parents who entered the dependency system and were court-ordered to receive DDC supervision – 4 cohorts
  - **Year 1** - Oct 2001 - Sep 2002 – 324 Parents, 432 Children
  - **Year 2** - Oct 2002 - Sep 2003 – 249 Parents, 429 Children
  - **Year 3** - Oct 2003 - Sep 2004 – 274 Parents, 485 Children
  - **Year 4** - Oct 2004 - Sep 2005 – 444 Parents, 757 Children
Parents and Children in the Evaluation

Total Court Ordered:
Parents – 1,291
Children – 2,103
Parent Characteristics

- Overall Sample – No Significant Differences on Key Demographics or Characteristics Between Comparison and Court Ordered Groups

- Average Age: 32

- Women: 70%

- Ethnic/racial diversity:
  - Caucasian: 55%
  - African-American: 19%
  - Hispanic: 17%
  - Other: 8%
Parent Characteristics

- Unemployed: 84%
- < High School Graduate: 46%
- Homeless: 44%
- Pregnant: 17%
- Chronic Mental Illness: 31%
- Probation/Parole/Incarcerated: 68%
Parents by Primary Drug

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<th>Drug</th>
<th>Comparison</th>
<th>Court Ordered</th>
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<tr>
<td>Meth</td>
<td>52.9</td>
<td>41.1</td>
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<tr>
<td>Alcohol</td>
<td>17.9</td>
<td>16.3</td>
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<td>Marijuana</td>
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<td>15</td>
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<td>Heroin*</td>
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<tr>
<td>Cocaine/crack</td>
<td>12.5</td>
<td>11.1</td>
</tr>
<tr>
<td>Other</td>
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<td>2</td>
</tr>
</tbody>
</table>

Percent

p < .05
Treatment Admission Rates

- **Comparison:** 53.2%
- **Court Ordered:** 85.8%

*p < .001*
Time to Reunification Outcomes

- 12 Months: 210.8 (Comparison) 195.8 (Court Ordered)
- 18 Months: 266.1 (Comparison) 266.6 (Court Ordered)
- 24 Months: 300.7 (Comparison) 283.3 (Court Ordered)

Comparison and Court Ordered
Treatment Discharge Status

![Bar chart showing percentage of satisfactory and unsatisfactory discharge statuses over years.]

- **Satisfactory**
  - CO YR 1: 66.8%
  - CO YR 2: 64.3%
  - CO YR 3: 68.0%
  - CO YR 4: 65.1%
  - Comparison: 58.6%

- **Unsatisfactory**
  - CO YR 1: 33.2%
  - CO YR 2: 35.7%
  - CO YR 3: 32.0%
  - CO YR 4: 34.9%

Legend:
- Comparison
- CO YR 1
- CO YR 2
- CO YR 3
- CO YR 4
Significantly more Court Ordered Year 1-3 children reunified at 12 months than comparison children.
Summary of Outcomes

24-Month Cost Savings:

- 33.1 – Average months in out-of-home care for comparison group children
- 8.6 – Average months to reunification for court-ordered DDC children
- $2,953,639 – Estimated savings in out-of-home care costs
Drug Court Benefits

- Enhanced collaboration among partner agencies
- Improved parent participation in services
- Improved outcomes for children through reunification, reduced placement moves and permanence
- Improved success in meeting statutory timelines
- Less litigation over reasonableness of efforts
AOD - CWS Next Steps

- Build on community partnerships
- Support Family Resource Centers
- Enhance services to children
- Link with mental health and domestic violence
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