Addressing the Social and Emotional Well-Being of Children

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Building Bridges: A System of Care Approach to Supporting Families affected by Substance Abuse or Co-Occurring Substance Use and Mental Health Disorders

What is Building Bridges

Collaboration among Substance Abuse, Children’s Mental Health and Child Welfare to…

- Improve child welfare and recovery outcomes for families living with substance abuse
- Intervene earlier, provide preventive and/or family stabilization services to substance affected families before children are placed in foster care or suffer tragic consequences

Strategies

- Family Focused Treatment System
- Mentoring Project/Children’s Mental Health Screens
- Cross Systems Collaboration/Trainings
- Family Network
- Recovery Coach Intensive Case
- Management
Building a Family Focused Substance Abuse Treatment System

- County Wide Initiative - Changing the treatment culture from client focused to family focused
- For treatment counselors to routinely incorporate family as part of the treatment process
- Screening tools
  - Pediatric Symptom Checklist - 3 years to 17 years
  - Ages and Stages - 3 months – 30 months
  - Family Functioning Survey

PSC Screenings Results

- Out of 582 children screened, 25% (141 children) scored a positive result indicating the need for a mental health assessment. In most populations, scores above the cut point occur 5-20% of the time.
- Of the 141 children with positive screens:
  - 66% were not receiving services
  - 33% were already receiving services
- Of the children not receiving services
  - 71% referred for assessment or placed in treatment
  - 30% were not assessed: parent refused, lost contact, non-custodial parent

PSC - Teen scores

- 186 teenagers (13-17 years) have been screened
- 55 or 29.5% scored positive
- 36 teens completed a self report screen with 25% positive scores

Comparison of scores for under and over 13 years

- Out of 582 total children screened, 25% (141 children) scored a positive result
- For the 13 to 17 year old age group (186 screens) 29.5% were positive
- For the under 13 year old age group (396 screens) 21.7% were positive
Additional Questions we add at the end of the PSC to monitor results

- Does your child have any emotional or behavioral problems for which help is needed?
- Has your child ever received services for emotional or behavioral problems in the past?
- Is your child currently receiving treatment for mental or emotional health?
- If you answered yes, where does your child receive treatment?

Ages and Stages Screen
3 months through 26 months PLUS ***

- 44 ASQ screens completed:
  - 18% positive screens
  - 82% already receiving services
- Anecdotally - more parents seem to refuse the ASQ
- Our preference is to use ASQ through age 4 years, but we will accept PSC on children from 26 months on.

Family Functioning Survey (FFS)

- This tool was developed over time to help providers and families determine risk
  - Non judgmental
  - Non adversarial
  - Appropriate for different types of families
  - Adolescents
- Treatment providers incorporate into admission, assessment and treatment planning

Adapted from the Screening and Assessment for Family Engagement, Retention and Recovery. (SAFEER)
### Mentoring Project Organizational Change Support

- A social worker from children’s mental health is placed at a substance abuse program 4 days per week for 3 to 9 months to mentor administrators and counselors on how to implement the family functioning survey and children’s mental health screens into the agency.
  - The goal is to add a family-focus to all treatment
  - It only takes a short time to teach providers how to complete the screens, but getting them to actually do it is hard

### Family Network

- Family team meetings have the following core principles and values
  - Family driven
  - Community based
  - Team supported
  - Never give up
  - Strength based
  - Individualized care
  - Culturally competent
- For families who need help negotiating multiple systems of care
- For the support circle to figure out how to break down system barriers
- Family directs the process. We are all there to help the family develop a plan.

### Family Network

- Pre-Network
  - Understand the Family Story
  - Explain Building Bridges
  - Determine if network is necessary
  - Decide on next steps - Network, other Referral, ICM
  - Network
  - Can be large or small - depends on family wants and needs
  - Start to develop plan
  - Support Circles
  - Follow-up meetings to determine if plan is staying on track and to revise plan as needed
  - Never alone

### Recovery Coach Family Intensive Case Management

- The recovery coach model is an evidenced based community program that utilizes a culturally competent, strength based, family focused approach to supporting recovery
  - The goal is for workers to “partner” with the addicted person and their family to develop an individualized service plan that supports abstinence, promotes family functioning, and wellness
Recovery Coach Family Intensive Case Management

- Mobile bilingual Intensive Clinical Case Management to a caseload of selected high-need families of substance-abusing parents with children at risk of entering foster care.
- Engage families who have both adult substance abuse and the complex adult or children’s mental health or developmental issues into intensive clinical case management to stabilize these families, support recovery and protect their children.
- A sub-group of ICM families include families with an adolescent as the identified substance abuser. Approximately 20%.

Some Results

Our key findings to date regarding program outcomes:

- 98% (400 of 408) of children enrolled in Building Bridges through March 2012 were able to remain in the custody of a parent or caregiver through RPG case closure. The eight children removed were part of four families. The rate at which children at risk of removal from the home were able to remain in the custody of their parent or caregiver through case closure was 98%, compared to average rate among RPG projects of 93.5% as of the March 2010 data report.
- 6.6% (27 of 408) of children had a finding of a substantiated or indicated occurrence of maltreatment during the participation in the Building Bridges over the same period.

RESULTS

- While the percentage of children who were the subject of a substantiated maltreatment report (6.6%) within 24 months is higher than the March 2010 RPG average of 2.7%, it is close to the 6-month rate for the 29 states in which RPG projects operate that was used as comparison in the March 2010 report. We have also exceeded our performance target for this measure (85% of children have no further indicated reports of child abuse or neglect). As our families are likely to be higher-risk than those in the broader 29-state sample (which looked at recurrences of maltreatment reports following an initial report), and our rate covers a much longer period (24 vs. 6 months), suggests that Building Bridges may be having a positive impact.
RESULTS

- Intensive Case Management services have shown promise in reducing the need for the placement of children in care among participating families. For at least 12 families, actions taken by ICM staff have helped to avert the imminent removal of children from the household by assisting the family to address an urgent need or condition, with the children subsequently remaining in the household. Some of these families were the subject of multiple interventions of this type by ICM staff over time.

- The reduction in the number of children placed in care has likely generated a significant cost savings to the child-welfare system due to the relatively high cost of such placements over time.

RESULTS

- Preliminary findings related to substance abuse treatment outcomes show that Building Bridges clients, who are very high-need and should likely struggle in treatment, have rates of reported substance use at treatment exit that are slightly lower than those seen in a historical sample of parents in treatment from Westchester County. Among participants, 79% reported no use of their primary substance at discharge, compared to 72.5% among parents in the historical sample.

RESULTS

- Building Bridges clients also have longer-than-average lengths of stay in treatment compared to historical averages for parents in treatment in Westchester County. Among participants, the average length of stay in treatment was 176 days versus 119 days for the historical sample of parents.

- Parents participating in Building Bridges report lower levels of stress related to parenting at program discharge as compared to intake, as measured by the Parental Stress Index. Parents score an average of about 100 on the PSI at intake compared to 82 at discharge.

RESULTS

- The level of past contact seen with the child welfare system among Building Bridges clients helps to illustrate their level of risk. Of an initial sample of 167 families matched to New York State child welfare data, only 14 had not had any contact with child welfare authorities within the previous ten years. These families were the subject of about 600 CPS reports over a ten-year period, 36% of which were substantiated. Finally, our findings that Building Bridges clients have similar treatment outcomes on many measures to a broader population of parents in treatment are also suggestive of positive impacts from the program.
SMART 2
WestCare

Definition
- Screening
- Making Decisions
- Assessments
- Referral
- Treatment

Introduction
SMART-2 at WestCare collaborative with
- First 5
- DCFS
- Dependency Court
- Exceptional Parents Unlimited
- Residential Treatment Providers

Who We Serve
- Children 0-12 and their parents
- Men and Women in SA treatment
- Extended families
- Children in Foster care
- Drug and alcohol exposed infants and children
Therapeutic Child Care
- Child Directed - Teacher Created Interactions
- Inclusive of parent involvement
- Builds on prior knowledge
- Parents as Teachers (PAT)
- Increase attachment and bonding

What We Do
- Positive parenting, attachment and bonding. therapeutic childcare, assessment, referral, case management, mental health
- Supervised visits
- Incredible Years
- Therapeutic Childcare
- Training and Education Series

GOALS
- Reduce parenting stress (PSI)
- Reduce maltreatment, abuse & neglect
- Improve behaviors (CBCL & Eiberg)
- Improve developmental domains (ASQ, ASQ-SE)
- Improve Self Esteem (Rosenberg)
- Improve mental health (BDI)

Assessments
At Admission:
- PSI: 103
- CAPI: 103
- BDI: 102
- RSE: 76
- ASQ: 64
- ASQ-SE: 53
- CBCL: 46
- ECBI: 46

At Discharge:
- PSI: 29
- CAPI: 26
- BDI: 29
- RSE: 29
- ASQ: 14
- ASQ-SE: 6
- CBCL: 7
- ECBI: 7
Community Education Series
- Stephanie Covington, PhD – Women and Trauma & CAARR
- Prenatal Mood Disorder Training – Shalia Misri, MD, FRPC II co-sponsor in association with UC San Francisco Medical School, Community Regional Medical Center, March of Dimes, First Five of California, with the help of the California Health Collaborative.
- Incredible Years training for Parent Group Instructors – in collaboration with First 5, and EPU
- SIDS Class: co-sponsored with Fresno County Department of Public Health.
- Rivka Greenberg, Ph.D. Children of Substance Abusing Parents: issues, Treatment and Agency Collaboration.

Interagency Meetings
- Model of Care Partnership Oversight Committee (MOC POC)
- Fresno County Housing Authority — WestCare has become a Section 8 Family Unification Program provider.
- Inter agency Advisory Committee (IAC)
- California Health Collaborative – Regional Quality Improvement Network.
- Babies First SART Leadership Team

Our Staff
- Project Manager
- Child Development Specialist
- Family Services Specialist (2)
- Child Care Workers (4)
- Research Assistant
- Mental Health Interns (4)
We believe…
we can positively affect generations
The Beginning of Second Chance Homes…

Community addressed need for housing for families with substance addictions.

2004: Need Identified by group of providers convened by YCFDTC
2005: AmeriCorps Vista Awarded to work with Roots of Promise
2007: ACF Grant Awarded to Family Tree Center and Second Chance Homes
2008: First House Opened
2011: SCH merged with Arrowhead Psychological & Behavioral Sciences and became The Center for Children and Families

“Many clients really do not know what a healthy relationship looks like. Nobody showed them how to parent...”
### Adverse Childhood Experiences

<table>
<thead>
<tr>
<th># of Adverse Childhood Experiences</th>
<th>Total % of SCH Parents</th>
<th>Total % of CDC ACE Study Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5.0%</td>
<td>36.1%</td>
</tr>
<tr>
<td>1</td>
<td>0.0%</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>2.5%</td>
<td>14.8%</td>
</tr>
<tr>
<td>3</td>
<td>2.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>4 or more</td>
<td>90.0%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

- 95.0% had been a witness to domestic violence as a child
- 85.0% indicated their parents were divorced or separated
- 85.0% had been emotionally abused as a child
- 47.5% had been physically abused as a child
- 45.0% had been abandoned by one or more parents
- 82.5% had been sexually abused as a child
- 77.5% had been sexually abused by a non-relative
- 25.0% reported being a victim of incest

### Three Types of Success

1. Reunification with parent and parents are safely parenting children
2. Prevention of Child and Family Service involvement and parents are safely parenting children
3. Parents are not able to maintain sobriety or are not able to safely parent children so alternative permanency is obtained

### Child Well-Being Outcomes

- Improvement in Emotional & Behavioral Status of Children
  - Improved language development
  - Better self-control and emotional regulation
  - Fewer trauma symptoms
  - Increased social competencies
  - Fewer internalizing and externalizing behaviors
  - Stronger attachment
  - Following directions of adults during activity
  - Following the rules
  - Significant academic progress and increased school engagement
  - Improved problem solving
  - Increased pro-social behavior
  - Improved coping
### Child Demographics

#### Age of Children When Parent Entered SCH

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>%</th>
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<tbody>
<tr>
<td>&lt; 1 year</td>
<td>17</td>
<td>14.8%</td>
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<tr>
<td>1-3 years</td>
<td>36</td>
<td>31.3%</td>
</tr>
<tr>
<td>4-5 years</td>
<td>19</td>
<td>16.6%</td>
</tr>
<tr>
<td>6-8 years</td>
<td>28</td>
<td>24.3%</td>
</tr>
<tr>
<td>9-12 years</td>
<td>13</td>
<td>11.3%</td>
</tr>
<tr>
<td>13+ years</td>
<td>2</td>
<td>1.7%</td>
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</table>

*Age of 5 children not available

#### Other Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Substance Exposed</th>
<th>Victim of Maltx</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Count</td>
<td>57</td>
<td>63</td>
</tr>
<tr>
<td>%</td>
<td>47.5%</td>
<td>52.5%</td>
</tr>
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</table>

### Child Demographics

#### Race & Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>White</th>
<th>Native American</th>
<th>Asian</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>5</td>
<td>67</td>
<td>52</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>4.2%</td>
<td>55.8%</td>
<td>43.3%</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

### Child Well-Being Measures

#### Age 0 – 1
- Adaptive Behavior Assessment Scale 0 – 5
- Preschool Language Scale 4th Edition
- Greenspan Social Emotional Growth Chart (0 – 42 months)
- Mullen Scale of Early Learning (0 – 30 months)

#### Age 1 – 3
- Adaptive Behavior Assessment Scale 0 – 5
- Preschool Language Scale 4th Edition
- Greenspan Social Emotional Growth Chart
- Temperament and Atypical Behavior Scale
- Infant-Toddler Social & Emotional Assessment
**Interventions**
- Parent-Child Interaction Assessments
- PCIT
- Speech Therapy
- Occupational Therapy
- Early Childhood Intervention
- Children’s Programming
- 24 hour staffed housing with in the moment parent coaching
- Play Therapy

**Child Well-Being Outcomes**

<table>
<thead>
<tr>
<th></th>
<th>Time 1 Mean (Std)</th>
<th>Time 2 Mean (Std)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABAS-2 Total (N=50)</td>
<td>79.3</td>
<td>96.1</td>
</tr>
<tr>
<td>ABAS-2 Social (N=50)</td>
<td>80.3</td>
<td>97.2</td>
</tr>
<tr>
<td>Mullen Total (N=50)</td>
<td>80.7</td>
<td>94.5</td>
</tr>
<tr>
<td>TABS Total (N=35)</td>
<td>75.6</td>
<td>92.1</td>
</tr>
</tbody>
</table>

All outcomes above are statistically significant at p=.000

Success is not final, failure is not fatal: it is the courage to continue that counts.

- Winston Churchill

Because every child deserves a loving, safe, forever family.
Treasure life’s little moments

Contact Information

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