Welcome!

AGENDA
• Opening Remarks/Introductions
• The Larger Context Perspective: Project vs. System
• Drug Testing – Policy and Practice Considerations
• Introduction to FDC Screening and Assessment
• Introduction to FDC Engagement and Retention
• Resources
• Questions and Discussion

Introductions
• Phil Breitenbucher, MSW
  Program Director, Children and Family Futures
• Theresa Lemus, RN, MBA, LADC
  Program Associate, Children and Family Futures

Understanding Screening and Assessment in the Larger Context: Project vs. System
Phil Breitenbucher, MSW
Screening and Assessment

Screening and assessment differ across systems.

- Screening: Determines eligibility and appropriateness for participation in drug court.
- Assessment: Helps to identify specific types of services and determine the intensity of treatment needed.

What is the Intent of Your Screening and Assessment Protocol?

Who is your target population?
- Scope
  - Universality vs. Specific Segments of the Population
  - Screening In vs. Screening Out
  - Does your program address other issues that families are experiencing?
- Scale
  - Are you experiencing difficulty filling slots?
  - Do you need more slots?

Drop-off Analysis

- 50,000 Children with Substantiated Abuse/Neglect
- 33,000 Parents
- 60% of Parents Need Assessment
  - 19,800
- 50% Go for Assessment
  - 9,900
- 80% Need Treatment
  - 7,920
- 50% Go to First Session
  - 3,960
- 30% Complete
  - 1,188
- 50% Reunify or Stay with Parents
  - 594

Current Screening Practices

- No state currently has universal substance abuse screening for child welfare cases
- Some states and localities report much higher rates of substance abuse based on
  - Worker training
  - Agreement on the tool to be used
  - Interagency agreements on what will happen as a result of a positive screen
Parental Substance Use Cited as Factor in Child Welfare Case*

<table>
<thead>
<tr>
<th>State</th>
<th>Parental or Alcohol Drug Abuse as Factor in Cases of Child Removal (N=190,900 Cases)</th>
<th>Substance Abuse as Primary Reason for Case Opening</th>
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<tbody>
<tr>
<td>A</td>
<td>4.4</td>
<td>16</td>
</tr>
<tr>
<td>B</td>
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<td>16</td>
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<tr>
<td>C</td>
<td>9.2</td>
<td>2</td>
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<tr>
<td>D**</td>
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<tr>
<td>J**</td>
<td>63.6</td>
<td>27</td>
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</tbody>
</table>

*This chart depicts 10 of 52 states

**In Round 1, these data were not included in the first cohorts of States reviewed, it was an added item in subsequent States.

Introduction to Family Drug Court Screening and Assessment

Phil Breitenbucher, MSW, and Theresa Lemus, RN, MBA, LADC

For More Examples of Screening and Assessment Tools:

Appendix D: Examples of Screening and Assessment Tools
Appendix F: Examples of Safety and Risk Assessments for Use by Child Welfare Staff

To Obtain a Copy:

What Are the Differences Between Screening and Assessment?

Screening and Assessment are part of an ongoing decision-making process

- **Screening** determines eligibility and appropriateness for participation in drug court.
- **Assessment** helps to identify specific types of services and determine the intensity of treatment needed.
Types of Screening

Family Drug Court screening typically consists of two steps:

1. Justice System/Program Screening
   - Does the client meet the pre-determined eligibility criteria?
   - Eligibility criteria can include child welfare case history, age of children, criminal history, etc.

2. Clinical Screening
   - Does the client have a substance abuse disorder?
   - Can current treatment services meet the client’s substance abuse needs?
   - Are there other clinical features (e.g., mental health disorders)?

Goals of Screening: Program Eligibility

Determine:
- Are legal and statutory eligibility requirements met?

Goals of Screening: Program Suitability

Identify and Assess:
- Individuals with a history of violent offenses/behavior
- Environmental factors (e.g., employment, residential stability, domestic violence history) or other disorders (e.g., mental health, cognitive deficits) to assure appropriate services are available to treat the participant
- Client’s motivation, including perception of benefits and disadvantages of program participation.

Goals of Screening: Programmatic Considerations

- Define major areas of client strengths and needs
- Orient the potential client to program requirements
- Obtain consents for records and access to collateral contacts
Goals of Assessment

Examine the scope and nature of substance abuse history
• Understand the impact substance abuse has had on the individual, including its influence on the child welfare case

Identify:
• The specific psychosocial problems to be addressed in treatment, including mental health disorders.
• Specific needs to be addressed in treatment planning and the appropriate level of care.
• The full range of service needs, pursuant to treatment planning.
• Specific employment, housing, child care, educational and other needs.

Goals of Assessment

• Match participants to appropriate types of drug court and substance abuse treatment services

Characteristics of Screening and Assessment

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Key Components</th>
<th>By Whom</th>
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<tbody>
<tr>
<td>FDC Screening</td>
<td>Determine FDC Eligibility</td>
<td>- Substance Abuse Allegations</td>
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<tr>
<td></td>
<td></td>
<td>- Child Welfare History and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Status of CW Case</td>
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<tr>
<td></td>
<td></td>
<td>- Brief assessment of substance use, social history, other disorders</td>
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<td></td>
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<td>- Motivation/Willingness to participate</td>
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<td>- Releases Signed</td>
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<tr>
<td></td>
<td></td>
<td>- FDC Case Manager</td>
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<td></td>
<td></td>
<td>- Attorney</td>
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<tr>
<td></td>
<td></td>
<td>- Child Welfare Social Worker</td>
</tr>
<tr>
<td>Clinical Screening</td>
<td>Determine: 1) Appropriateness of treatment</td>
<td>- Substance Abuse Specialists (SAS)</td>
</tr>
<tr>
<td></td>
<td>2) Individual’s willingness and readiness for treatment</td>
<td>- FDC Case Manager</td>
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<td></td>
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</tr>
<tr>
<td>Clinical Assessment</td>
<td>Diagnosis/Admission/Treatment Planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Examine scope and nature of substance abuse issue</td>
<td>- Clinically trained and qualified substance abuse counselor, psychologist, psychiatrist, social worker or nurse</td>
</tr>
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<td>- Match client to appropriate services</td>
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Clinical Assessment

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</table>
What Factors Help to Shape the Drug Court Screening and Assessment Process?

- What treatment options are available to the drug court program?
- Number of program referrals
- Background, expertise and training of screening staff
- Eligibility criteria

Importance of Comprehensive Screening and Assessment in Drug Court

- Candidates for drug court programs typically have a wide range of co-occurring issues and disorders.
- Failure to detect these issues could lead to:
  - Misdiagnosis
  - Neglect of appropriate interventions
  - Inappropriate treatment planning and referral
  - Over- or under-treatment of mental health symptoms with medications
  - Disruption of treatment services and demoralization of other participants
  - Poor treatment outcomes

Components of a Comprehensive Family Drug Court Screening and Assessment Protocol

- Eligibility screening is based on established written criteria.
- Child Welfare Social Workers, Substance Abuse Specialist and/or FDC Case Managers are designated to screen cases and identify potential participants.
- Eligible participants for family drug court are promptly advised about program requirements and the benefits of participating.
- Initial appearance before the family drug court judge occurs immediately after FDC intake, to ensure program participation.

Components of a Comprehensive Family Drug Court Screening and Assessment Protocol

- The court requires that eligible participants enroll in AOD services immediately.
- Individuals are initially screened and later periodically assessed by both the FDC and treatment personnel to ensure that treatment services and individuals are suitably matched:
  - Ongoing assessment is necessary to monitor progress, to change the treatment plan as necessary, and to identify relapse cues.
  - Participants are matched to treatment programs according to their specific needs. Guidelines for placement in various levels of treatment should be developed.
Motivational Interviewing

- MI identifies a client's motivation, including perceived benefits and disadvantages of participation in the family drug court program and is a best practice approach that incorporates the following objectives:
  - Seeks to understand the person's frame of reference, particularly via reflective listening;
  - Expressing acceptance and affirmation;
  - Eliciting and selectively reinforcing the client's own self-motivational statements expressions of problem recognition, concern, desire and intention to change, and ability to change;
  - Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client;
  - Affirming the client's freedom of choice and self-direction.

Assessment Information Continued…

- Negative effects of substance abuse on current overall health status, and need for immediate medical attention
- Impact of current environment on child welfare, addiction, treatment & recovery
  - living arrangements
  - basic needs
  - transportation
- Impact of key relationships and their potential effect on child welfare, addiction, treatment & recovery
  - family & friend support system
  - significant other
  - other (church, community, etc.)
- current socioeconomic status and background

Other Important Factors

- Gender
- Trauma
- Culture
- Substance Exposed Newborn and Children

Drug Testing – Policy and Practice Considerations

Theresa Lemus, MBA, RN, LADC
Drug Testing

Why are we addressing this?
• Drug testing is the most frequently used indicator for substance use in child welfare practice
• Test results may influence decisions on child removal, reunification and Termination of Parental Rights
• Courts often order drug testing as a standard protocol for parents in the child welfare system
• Lack of standardized recommendations for drug testing in child welfare practice

SPECTRUM OF ADDICTION

A Problem for Child Welfare and Court Officers: The most frequently used marker of substance abuse problems in child welfare and family court does not tell you anything about the individual's place on the spectrum

What Questions Can Drug Testing Answer?
• Whether an individual has used a tested substance within a detectable time frame

What Questions Can Drug Testing Not Answer?
• A drug test alone cannot determine the existence or absence of a substance use disorder
• The severity of an individual's substance use disorder
• Whether a child is safe
• The parenting capacity and skills of the caregiver
Drug Testing

• For a more in-depth presentation on Drug Testing, please visit:

Resource

To download a copy:

Engagement

Engagement: “the participation necessary to obtain optimal benefits from an intervention” (Prinz & Miller, 1996) and is:
• An ongoing process, which starts at Intake and Assessment and continues through aftercare
• Responsive to changing needs and situations
• Seek to remove barriers, enhance motivation.
• Joint-responsibility and collaborative effort
• About long-term recovery

Retention

Retention is the result of keeping clients in treatment.

- The goal of engagement is retention
- Retention in treatment is a critical factor in recovery
- Maximize the benefits of treatment; longer time in treatment is positive

Matrix of Progress

Different Goals and Values

Child Welfare
- Primarily concerned with the safety, well-being, and permanency outcomes of children whose parents are in treatment. Goal: Is the parent moving toward sobriety to meet legal deadlines?

Treatment Providers
- Primarily concerned with parents’ (who may not even be identified as parents) recovery as they progress through treatment, on a different timetable than the court or child welfare system.

Judicial Officers
- Monitor treatment against legal deadlines.

Parent or Child Attorney
- May have very different perspectives on what information should be shared.
Building Cross-System Collaboration:
Developing the Structure to Create and Sustain Change

**FDC STRUCTURE**
- Oversight/Advisory Committee
- Steering Committee
- FDC Treatment Team

**Organization**
- Program Funder: Ensure long-term sustainability
- Staff Cases: Ensure client success

**Management Level**
- Director Level
- Quarterly
- Monthly or Bi-Weekly
- Policy-Maker: Remove barriers to ensure program success
- Front-line Staff
- Weekly

**Director Level**
- Membership
- Meets

Primary Function: Engagement & Retention

**Eliminate Barriers - Strategies**

**Organizational**
- Cross-system joint agreements
- Client Handbook
- Cross-training for staff
- Co-location
- Walk-through (ie NIAlx)

**Interpersonal**
- Client-centered practice
- Motivational Interviewing
- Recovery Specialist

**Environmental**
- Coordinated Case management
- Recovery specialist
- Community Supports
- Location of services; physical environment

Barriers to Engagement and Retention

**Organizational**
- Accessibility
- Duplication
- Availability
- Requirements (multiple, conflicting)
- Quality of services

**Interpersonal**
- Gender
- Culture, values
- Mental health
- Involuntary
- Motivation
- Client-staff relationships
- Development

**Environmental**
- Housing
- Employment
- Childcare
- Health
- Legal issues
- Safety, physical environment
- Transportation / Distance
- Isolation, no supports

Recovery Specialist:
An Engagement and Retention Strategy

Theresa Lemus, MBA, RN, LADC
Worlds Apart

Recovery Specialist Function

Engaging parents into entering treatment and supporting them through treatment completion

WHY?

Without treatment most parents with genuine substance abuse issues will most likely fail leading to increased time away from home, foster care etc.

Purpose Of Utilizing Substance Abuse Recovery Specialists

- Reduce costs of out-of-home placements and/or reduce time of children in foster care
- Remove barriers and improve linkages between CWS and treatment to better serve clients
- Improve the capacity of CWS to serve parents with substance use disorders
- Increase collaboration between agencies
- Ensure reasonable efforts

Purpose Of Utilizing Substance Abuse Recovery Specialists

- Decrease time to assess and enter treatment
- Increase compliance with treatment
- Increase 12-month permanent placements
- Increase family reunification rates
- Decrease time in foster care
Three Standard Court Orders

Drug and Alcohol Testing
Treatment
Recovery Support Groups
Specialists Contacts

Tips and Techniques: Treatment Engagement

Primary purpose is to facilitate entry into treatment
Upon assessment help parent make phone call to treatment for initial appt.
Provide treatment documents such as brochure or program rules
If known, provide parent with treatment days and times – written (pocket calendar is best)
If needed provide number, documentation etc. of public transportation
Supply a map to treatment facility (best practice - take them to facility the first time)

Engagement Strategies

Goals For Parents
- Attend all required group and individual alcohol and drug treatment sessions
- Attend all scheduled Recovery Specialist (mentor etc.) meetings
- Attend specific number of AOD support / 12-Step meetings weekly
- Attend all required AOD activities
- Complete all AOD requirements of court
- Drug test randomly
- Produce negative drug tests

Tips and Techniques: Drug and Alcohol Testing

- From the start, set parent mindset regarding testing
  - Tests are used to provide proof of compliance
  - System already knows about substance abuse problem
- Demonstrate how honesty about use helps the case
- Social worker and Court perception.

Remember – always allow for honesty first!

- Explain in detail the method of testing used
  - Help parents understand what exactly they are being subjected to
  - Thoroughly explain consequences of deception – worse than positive test.
Components of a Comprehensive Testing Policy

- How does your system test?
- If Specialist is testing parents - what is policy for admitting etc.?
- First and foremost, drug testing is a therapeutic intervention
- If only by lab, make sure trainings are held with the lab
- Set up main contact with lab to resolve conflicts (tardy/missing results etc.)
- Testing should always be random and observed
- For Drug Court and compliance purposes – initial test is not used


Tips and Techniques: Substance Abuse Specialist Contacts

- These serve as the foundation for the relationship between parent and specialist
- Should begin with intensity and frequency and taper down as case progresses
- Meetings should attend to parent needs – treatment, home, work etc.
- Utilize these contacts to collect paperwork and needed info.
- Allow specialist discretion for flexibility

Tips and Techniques: Engaging Parents in the Attendance of Support Groups

- Overcome resistance to attendance by fully explaining nature of meetings attending
- Using meeting schedule, highlight meetings close to home work etc.
- Highlight meetings with childcare or any other special need
- Utilize buddy system – other parents or alumni can attend meetings with parent
- Steer parents to beginner meetings and sober functions

Explain to parent the need to attend these meetings – treatment is finite but meetings offer lifelong support
How Can You Make All Of This Work? Programmatic Considerations

- Cross-training and training on how to use the specialist
- Specialist works with client throughout length of case
- Collaborative relationship and effective communication
- Buy-in from different systems
- Integrative practice
- Sustainable funding

How Can You Make All Of This Work? Clinical Considerations

- Specialists' background and expertise
- Location of specialist
- Collaborative relationship and constant communication

Resource


Roles of FDC Team in Engagement & Retention

Phil Breitenbucher, MSW, and Theresa Lemus, RN, MBA, LADC
Joint Responsibility

- Each system shares the responsibility
- Each system has a unique role
- Each system must show mutual respect
- Each system establish joint agreements

Cross-Systems Checklist

- Do all systems have shared understandings of:
  - Joint policies and procedures for sharing information
  - Roles and responsibilities
  - Integrated or joint case plans
  - Shared indicators of progress
  - Procedures for monitoring progress and responding to behavior
  - Evaluate outcomes

Role of Court in Engagement and Retention

- Clear policy on responses to client behavior? Are responses safe, therapeutic, motivational?
- Does Court have the skills to talk with clients about Child Welfare and Substance Abuse issues?
- Does the judge publicly demonstrate support for the FDC concept?

Court Checklist

- Provide a Parent Handbook?
- Are relationships cohesive and less adversarial?
- Engage in one-on-one dialogue with participants regarding progress?
- Does the judge focus on strengths and positive achievements?
- Does the judge show respect for all FDC team members?
Engagement Strategy: The Parent Handbook

**CONTENT**
- Schedule
- Rules
- Phone numbers
- Addresses, hours of operation
- Description of services
- Names of Team members
- Program Timeline; FDC phases and benchmarks for progress
- Information about ancillary services

**PROCESS**
- Gives the client a concrete reference; visually informative
- Encourages sharing handbook with support system
- Client becomes responsible for information
- Creates structure v. "arbitrary" rules and practices

Role of Child Welfare in Engagement and Retention

- Child Safety is paramount, planning for relapse.
- Ensuring services are place for children that address Pre/Post Natal Exposure to Substance Abuse
- Develop integrated case plans and remove barriers
- Planning for reunification

Child Welfare Checklist

- Outreach to clients?
- Is visitation used as an engagement and retention strategy?
- Decisions regarding drug testing
- Staff have the skills and knowledge to talk with their clients about substance abuse?
- Are services or referrals offered to family members?

Engagement Strategy: Visitation

- Visitation is a child and parent's right
- Regular and frequent visitation can motivate continued recovery
- Restricted visitation may increase conflict, tension, or confusion
- Assess quality of visitation
- Decisions regarding visitation should be collaborative
- Safety is paramount
Role of Drug Treatment in Engagement and Retention

- Using evidence-based practices?
- Understand the roles of Child Welfare and Court?
- Are services family-centered?

Drug Treatment Checklist

- Is the program/facility clean, organized, and well-run?
- Do clients feel safe and welcomed?
- Does the program encompass the full range of client’s needs?
- Is long-term aftercare support encouraged, provided, and maintained?

Cross-Systems Checklist

Do all systems:
- Offer cross-system training?
- Have the skills and knowledge to talk with clients about the other systems (multi-lingual)?
- See engagement and retention as a continuous process (i.e. intake and assessment)
- Use collaborative interventions after client relapse to re-engage in treatment?

Questions and Discussion

Phil Breitenbucher, MSW
Contact Information

Phil Breitenbucher, MSW
Program Director
Children and Family Futures
Phone: (714) 505-3525
E-mail: pbreitenbucher@cffutures.org

Theresa Lemus, RN, MBA, LADC
Program Associate
Children and Family Futures
Phone: (714) 505-3525
E-mail: tlemus@cffutures.org

FOR RESOURCES
Please visit our website:
http://www.cffutures.org/projects/family-drug-courts

References

• The Addiction Technology Transfer Center, Motivational Interviewing. Retrieved 07.29.10 from http://www.motivationalinterview.org/.