Making it Count: Collaborative strategies that improve outcomes for families at the intersection of multiple systems

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Technical Assistance

Objectives

- To share knowledge across systems the three systems: substance abuse, child welfare, dependency court
- To promote understanding of cross systems issues and to advance cross-system collaboration
- To increase awareness of cross systems issues and approaches
- To facilitate communication across systems
- To provide technical assistance to State and county teams
- To improve outcomes for children and adults
Frequently Cited Barriers

- 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
Suggested Strategies

- Develop principles for working together
- Create on-going 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
Blending Perspectives and Building Common Ground

Report to Congress in response to the Adoption and Safe Families Act

Five National Goals Established

- Building Collaborative Relationships
- Assuring Timely Access to Comprehensive Substance Abuse Treatment Services
- Improving our Ability to Engage and Retain Clients in Care and to Support Ongoing Recovery
- Enhancing Children’s Services
- Filling Information Gaps
Collaborative Practice and Policy Tools

- Ten Element Framework
- Collaborative Values Inventory
- Collaborative Capacity Instrument
- Matrix of Progress in System Linkages
- Screening and Assessment for Family Engagement, Retention and Recovery — SAFERR
### 10 Element Framework

<table>
<thead>
<tr>
<th>Underlying values</th>
<th>Information systems</th>
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<tbody>
<tr>
<td>Screening and assessment</td>
<td>Training and staff development</td>
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<tr>
<td>Client engagement and retention in care</td>
<td>Budgeting and program sustainability</td>
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<tr>
<td>Services to children</td>
<td>Working with related agencies</td>
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<tr>
<td>Joint accountability and shared outcome</td>
<td>Building community supports</td>
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Technical Assistance

- Collaboration practice and policy tools
- Information and sharing of models
- Expert consultation and research
- Development of issue-specific products
  - Monographs, white papers, fact sheets
- Training resources
  - On-line courses, training materials
- Longer-term strategic planning and development of protocols and practice models
# Technical Assistance

## Information and Sharing of Models
- Materials
- Publications
- Referrals to experts
- Peer to peer consultation
- Involves identifying and using existing knowledge, materials, products, and resources
- Collecting and disseminating information from sites who have implemented practice and policy changes

## Expert Consultation and Research
- Background research/data analysis
- Conference calls with expert consultants
- Analyzing CCI/CVI scores
- Annotated bibliography and custom literature searches
- Compiling resources and data on specific topics (e.g. peer mentors, methamphetamine)
## Technical Assistance

### Development of Issue-Specific Products
- Materials
- Publications
- Referrals
- Involves identifying and using existing knowledge, materials, products, and resources
- Collecting and disseminating information from sites

### Training and Facilitation
- Group Facilitation
- Conference Presentation
- Legislative or commissioner hearings or meetings
- On-site training
- Web-based training courses with CEUs
- Training curricula and materials
Technical Assistance

In-Depth Technical Assistance

- Application and acceptance process
- 15 month program facilitated by a Consultant Liaison
- Sets priorities for practice and policy changes
- Develops protocols and implementation plans
Discussion

1. How can multiple systems collaboratively establish priorities for achieving better outcomes for the families they mutually serve?

2. How do you sustain cross-system collaboration in the face of political climate change, budget cuts, and other factors that are outside your control?

3. What are the most important lessons you've learned to help you make the best uses of your time, energy, money and stakeholders to accomplish your goals?

4. What should jurisdictions that are seeking to develop collaborative relationships avoid in order to be successful?
NEW YORK
Environmental Context

- Existing Collaboration Between ACS-OASAS
- CFSR Program Improvement Plan
- Statewide Family Treatment Courts
- Collocation Project (OCFS-OASAS) Beginning
- Local County Child Welfare Collaborative Groups
What We Accomplished

- Develop Collaborative Guide (Values, Screening to Discharge, Services)
- Develop Cross System Training Plan (includes marketing and use of Guide)
- Sharing Success Conference
- Strengthened Collaborations
Creative Solutions We Employed to Overcome Hurdles

- Bringing in other partners (OTDA)
- Broad system involvement in workgroups
- Be willing to hang tough and regroup
- Communication, communication
- Funding (Cross Systems)
Lessons Learned

- OTDA Temporary Assistance
  - Screening and other services
- Redefine core competencies for workers
- Need for statewide interagency database
- Connect IDTA to other initiatives
- Have ideas pre-prepared for funding
Post-IDTA: Where We’re Headed from Here

- Early 2008 teleconference
- CIP Cross Systems Training
- Develop training on Collaborative Guide
  - Develop laminated checklists on core issues
MINNESOTA
Environmental Context

- Child Welfare Reform Implementation
  - Child Protection Differential Response Continuum
  - Children’s Justice Initiative
- Priority due to presence of overlap between AOD and Child Safety
- Desire to improve state and local collaboration to achieve:
  - Earlier engagement of parents in assessment, treatment and recovery
  - Improved practice through cross-system collaboration
  - Increased flexibility in individualized planning and treatment services
  - Improved training on overlap impact of AOD and child safety concerns
What We Accomplished

- Successful Collaboration between Courts, Chemical Health, CPS, and Parents
  - Shared Values and Principles
  - Enhanced County and Tribal engagement
  - Development of State and Local Advisory Team Structures
- Review and Research
- Parent Focus Groups and Parent Partner Handbook
- *Catch the Vision – Through the Eyes of the Child Best Practice Tool Kit*
- Plans for continued success – training, evaluation, and sustainability plans
Parent Feedback Highlights

- Use an approach that is collaborative, culturally competent, family-centered and strengths-based
- Deliver interventions and services that engage – not alienate - the parent to make life improvements
- Work and talk together as systems to be consistent and keep the focus on AOD and needed services
Parent Feedback Highlights

- Minimize the seemingly endless, confusing and often conflicting stream of rules, requirements and paperwork that parents identify as barriers.
- Design services that reduce the need to separate the family for the purposes of treatment and recovery.
- Recognize and include fathers in the intervention and recovery process and focus on reparation of father-child relationships.
Creative Solutions We Employed to Overcome Hurdles

- Needed accountable key staff
  - Established Tri-team and Core team members
  - Assigned project lead with continuation of key staff and advisory team structure

- Needed honest and effective dedication of resources
  - Established mutual cooperation between division directors of three entities
  - Creation of living shared values and principles used to implement and assure project support and resources
Creative Solutions We Employed to Overcome Hurdles

- Needed better communication and less misunderstandings
  - Engage and Involve Parents
  - Clarity of roles and responsibilities
  - Created communication plan
  - Relied upon mutual accountability through a parallel process
Lessons Learned

- Collaborate with consistency and honesty between primary stakeholders
- Identify best practices and capacities within own state
- Embrace state/county/tribal relationships as strengths rather than challenges
- Assure partnership with representatives from communities of color and specifically persons from Indian Country
- Assure recommended strategies respond to race and culture needs of families and communities
Post-IDTA: Where We are Today

- Shared FTE between Courts and DHS for continued project leadership
- Expansion of technical assistance for counties and tribes to implement tool kit strategies and further team building
- Conducted 1st CJI-AOD Team Annual Survey
- Encouraging expansion of FDTC and Recovery Specialist practices
- Implementation of cross training plan, statewide Connections Matter Child Protection Conference, annual regional lead judges meetings; First formal in-state FDTC training set for January/March 2008
- Continual pursuit of new funding
MAINE
Environmental Context

- Following a high profile child death in 2001, a study into the circumstances surrounding this tragedy conducted by the Muskie Institute recommended to the Legislature’s Joint Standing Committee on Health and Human Services to establish the Child Welfare/Substance Abuse Committee.

- The Committee is chaired by the Directors of the Office of Child and Family Services and the Office of Substance Abuse; in 2006, the Chief Justice of the District Court joined the administrative leadership of the Committee. Research and staff support has been provided by the Muskie Institute.

- The Committee researched, piloted, and/or implemented various systems linkage strategies
  - Out-stationed substance abuse worker
  - Cross training and professional development
  - Family Treatment Drug Courts

- In 2004, it focused upon screening as the necessary first step.
What We Accomplished

- The Committee researched and reviewed screening instruments; it chose the UNCOPE screening tool because it met the criteria of being reliable, brief, and required minimal training.
- Pilot sites provided uneven results, leading to an administrative decision to implement universal screening through policy.
What We Accomplished

• The implementation strategy included:
  – Regional cross-training for child welfare and substance abuse providers and developed a Train-the-Trainers network for training child welfare staff in each regional office;
  – For new hires, UNCOPE training was incorporated into the child welfare pre-service training;
  – A policy statement for UNCOPE implementation procedures was released;
  – Per policy, assessments are not signed off by a supervisor without an UNCOPE screening; compliance is monitored through Quality Assurance.

• DHHS implemented the universal UNCOPE screening policy and procedures effective June 30, 2006.
What We Accomplished

- Concurrently with the screening initiative, the committee reviewed data developed by the Muskie institute which indicated that the information reported by substance abuse professionals to DHHS was difficult to utilize in determining the implication of an individual’s relationship with substances on their ability to care for, nurture, and protect their child/children.
  - The committee developed a set of assessment/evaluation and treatment status report guidelines to be used by substance abuse professionals providing clinical information to DHHS.
  - A training protocol for substance abuse professionals was developed.
  - In February 2006, a pilot training program for selected substance abuse professionals was implemented.
Creative Solutions We Employed to Overcome Hurdles

• Data analysis revealed a gap in screening opportunities for families who do not warrant an in-person response by CPS.
  – Of all families deemed appropriate for CPS response, almost 1/3 (32.9%) were low-to-moderate risk families referred to Community Intervention Program (CIP) contract agencies.
  – Almost 2/3 (64%) of families with substantiated findings had prior CIP referrals, and often multiple referrals.
  – CIP agencies were not conducting UNCOPE screening on families referred for services, nor were there policy or contract provisions to do so.
Creative Solutions We Employed to Overcome Hurdles

- DHHS implemented UNCOPE screening in its alternative response policy and procedures
  - Amended DHHS policy to ensure consistency in family assessment guidelines for families referred to CIP providers
  - Amended CIP contracts to reflect those changes effective July 1, 2007.
  - Developed and implemented a training for CIP supervisors that included motivational interviewing, using the UNCOPE tool, an overview of substance abuse treatment levels of care, and an orientation of local treatment resources utilizing OSA’s treatment resources website.
Creative Solutions We Employed to Overcome Hurdles

• Data analysis following the pilot report writing training program for substance abuse professionals indicated that a more systemic approach would be needed to provide a adequate network of substance abuse professionals ready, willing, and able to provide specialized reports to individuals screened and referred by DHHS
  
  • Given the chance to continue with mentoring, a number of the selected substance abuse professionals in the pilot program decided not to participate. This resulted in gaps in some regions.
  
  • The centralized mentoring component was not able to provide timely and on-going support for those substance professionals who wished to develop and maintain competency in providing these specialized reports.
Creative Solutions We Employed to Overcome Hurdles

- The committee has developed and created an initiative to create a state-wide network for referral, assessment and treatment utilizing agencies serving families affected by substance abuse and child abuse/neglect. The components include:
  - Screening and referral
  - Assessment/Evaluation Guidelines
  - Comprehensive Training Model
  - Rapid Access to Assessment/Evaluation and Treatment
  - Collaboration
  - Administration
Lessons Learned

• Leadership from the beginning
  – Legislative support
  – Administrative leadership
  – Involved Stakeholders
  – Research and staff support

• Selecting a screening tool
  – There is no perfect tool.
  – Don’t try to accomplish too much in your screening process; it can lead to needless work.
Lessons Learned

- Implementing a screening tool and field testing
  - Training is crucial. Instilling a sense of buy-in is essential. If it is seen as meaningless, it will not be done. On-going training and orientation should include the UNCOPE as well as the dynamics of addiction.
  - In addition to the UNCOPE, include “collateral” information in your assessment.
- Supervision makes the difference
  - UNCOPE screening is incorporated into overall policy on family assessment.
  - Training is mandatory for new staff members.
- Monitoring compliance is included in DHHS’s Quality Assurance Program.
Lessons Learned

- Having a network of qualified professionals to receive referrals and provide timely assessments/evaluations, treatment and meaningful feedback is an essential component to supporting and maintaining the DHH’S identifying and addressing substance abuse issues.

  - Collaboration with empathy among systems is a necessary ingredient for developing and maintaining any meaningful change initiative
  
    - Ideally, changes within the Child-Welfare and Substance Abuse systems should be implemented concurrently
  
    - Anchoring and strengthening changes within existing systems for fostering “best practices” is the key to maintaining change over time. (e.g.-administrative and clinical supervision)
The Child Welfare/Substance Abuse Committee has established the “shared outcome” of decreasing the length of time it takes to achieve permanency for Maine’s children. In addition to continued monitoring of UNCOPE screening, initial priorities include:

- Instituting the updated Collaborative Inter-agency agreement between DHHS and the Maine State District Court
- Data analysis to determine the number of families who fail to achieve permanency for their children due to barriers related to substance abuse.
- Developing uniform substance abuse referral, assessment, and communication protocols for child welfare clients.
- Developing a network of substance abuse treatment providers trained to better serve the needs of families involved in the child welfare system.
Discussion

1. How can multiple systems collaboratively establish priorities for achieving better outcomes for the families they mutually serve?

2. How do you sustain cross-system collaboration in the face of political climate change, budget cuts, and other factors that are outside your control?

3. What are the most important lessons you've learned to help you make the best uses of your time, energy, money and stakeholders to accomplish your goals?

4. What should jurisdictions that are seeking to develop collaborative relationships avoid in order to be successful?
How can multiple systems collaboratively establish priorities for achieving better outcomes for the families they mutually serve?

- Get the voice of the parent included as an early step
- Keep issues of race and ethnicity and awareness of disparate treatment forefront in all ongoing conversation and work
- Establish Common Ground through the discussion and development of your core values and principles
  - Storyboarding process is useful to identify points of agreement and contention
- Use the CFSR measures as a starting point of agreement for achieving outcomes together and creating your roadmap
- Model the collaborative behavior at the state level that you want to see at the local level
How do you sustain cross-system collaboration in the face of political climate change, budget cuts, and other factors that are outside your control?

- Focus on how far you have come and on re-energizing or re-vitalization of team relationships
- Remind yourselves of the passion and original mission of the work and keep your vision looking out through the eyes of the families
- Find practical ways that you can improve how you work together – change in small ways can have big benefits. What CAN you do with what you’ve got?
- Stay the course and pull out your roadmap every once in a while
What are the most important lessons you've learned to help you make the best uses of your time, energy, money and stakeholders to accomplish your goals?

- Identify accountable key staff and a lead person assigned - who is driving the vehicle at the state and local level?
- Be clear about who is doing what – agreement and accountability – create a communication plan
- Share Cost and staff resources
- Build on your strengths
- Cross train
What should jurisdictions that are seeking to develop collaborative relationships avoid in order to be successful?

- Don’t avoid conflict relationships – acknowledge them and talk them through using solution building language – keep the discussion at a system’s perspective rather than individualizing the conflict.
- Don’t fall into the Blame Game – Use the “magic word” to assure curiosity is possible and honor the absent
- Don’t leave out the parent voice – involving parents greatly increases the likelihood that policies will be well informed and faithfully implemented.
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