

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





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 in to 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 (noncompliant): 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%)**



Evaluation



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

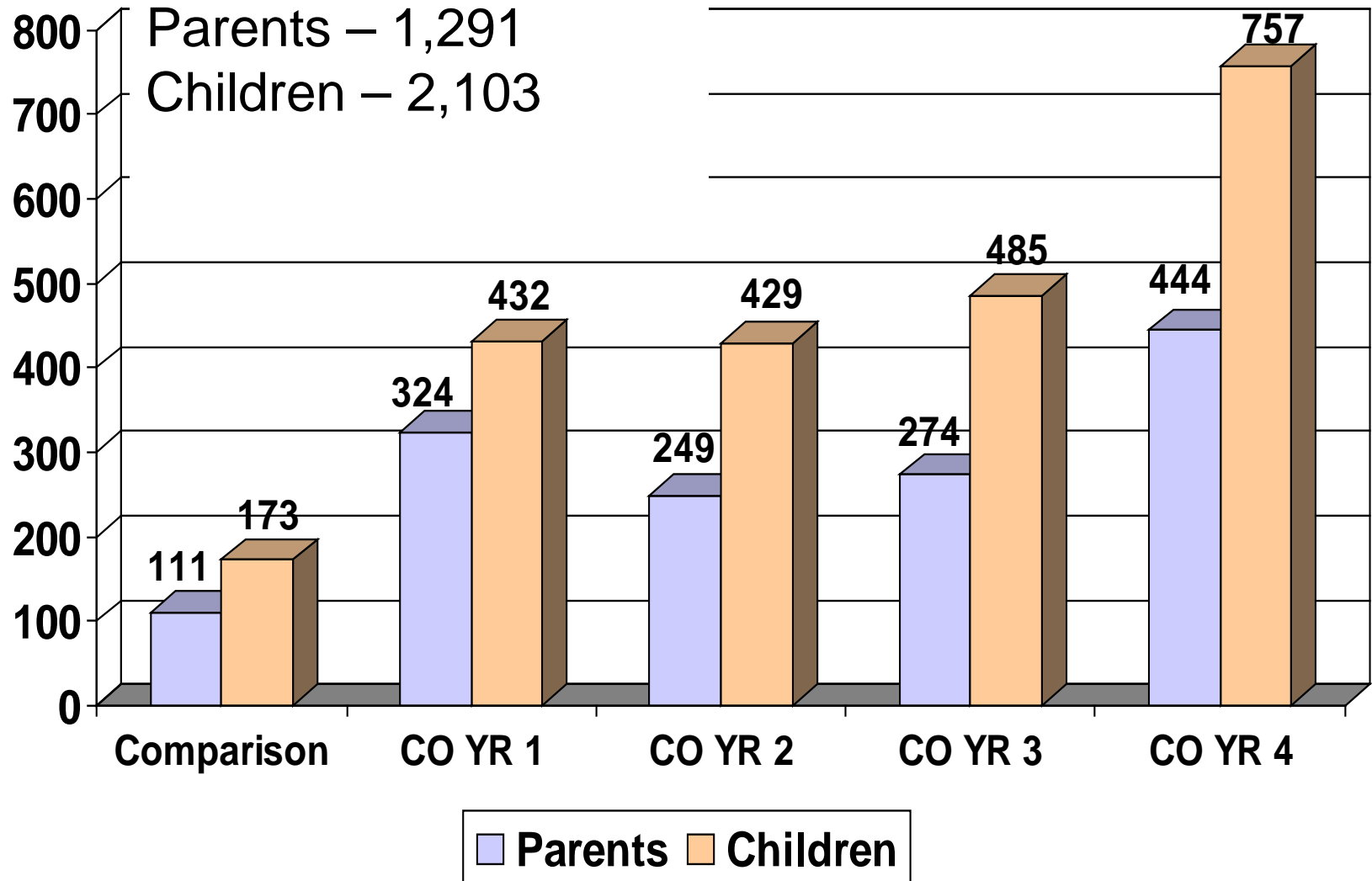
- | **Dependency Drug Court Treatment Group** – “Court Ordered” – Parents who entered the dependency system and were court-ordered to receive DDC supervision – 4 cohorts
 - | **Year 1** - Oct 2001 - Sep 2002 – 324 Parents, 432 Children
 - | **Year 2** - Oct 2002 - Sep 2003 – 249 Parents, 429 Children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

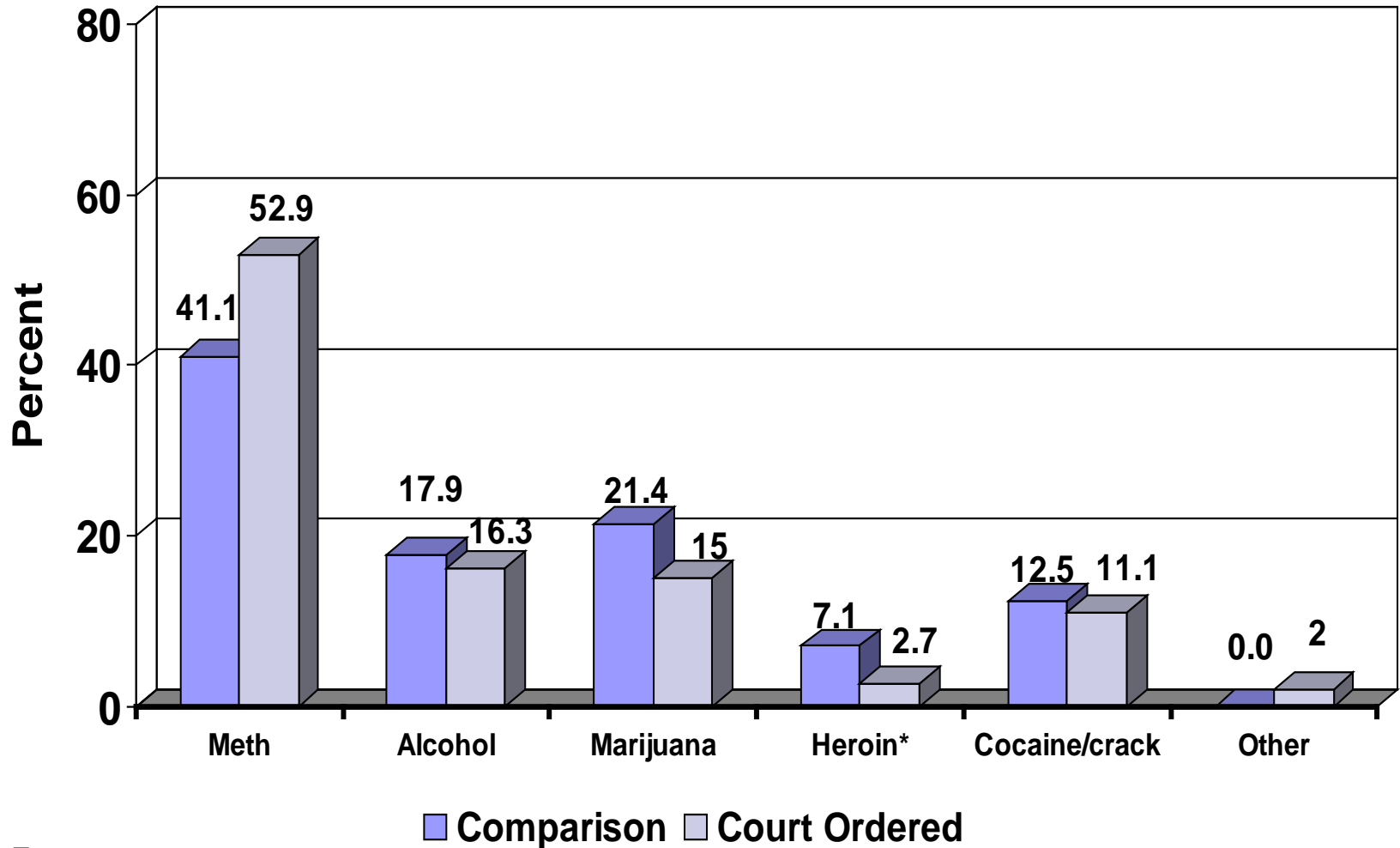
- **Overall Sample – No Significant Differences on Key Demographics or Characteristics Between Comparison and Court Ordered Groups**
- **Average Age: 32**
- **Women: 70%**
- **Ethnic/racial diversity:**
 - Caucasian 55%
 - African-American 19%
 - Hispanic 17%
 - Other 8%



Parent Characteristics

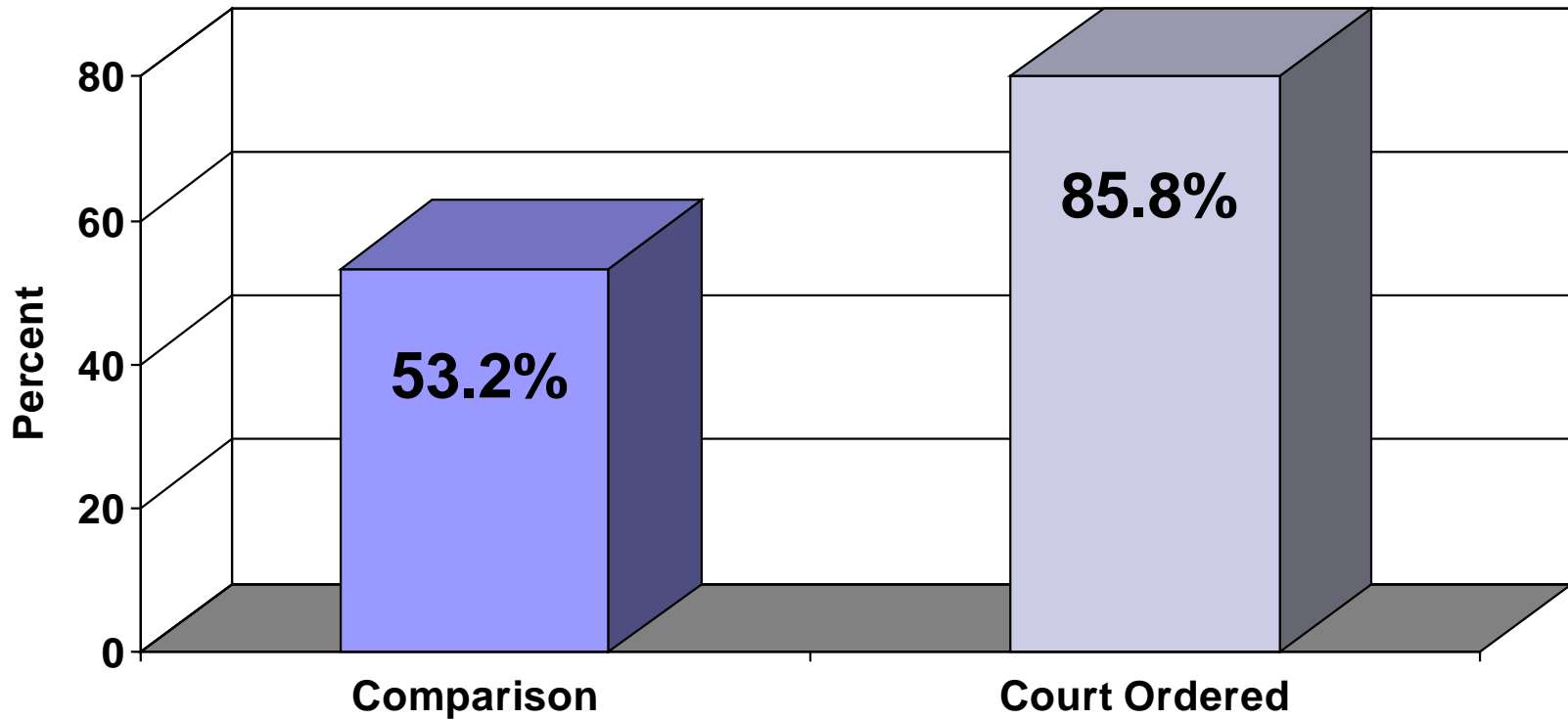
Unemployed	84%
< High School Graduate	46%
Homeless	44%
Pregnant	17%
Chronic Mental Illness	31%
Probation/Parole/Incarcerated	68%

Parents by Primary Drug



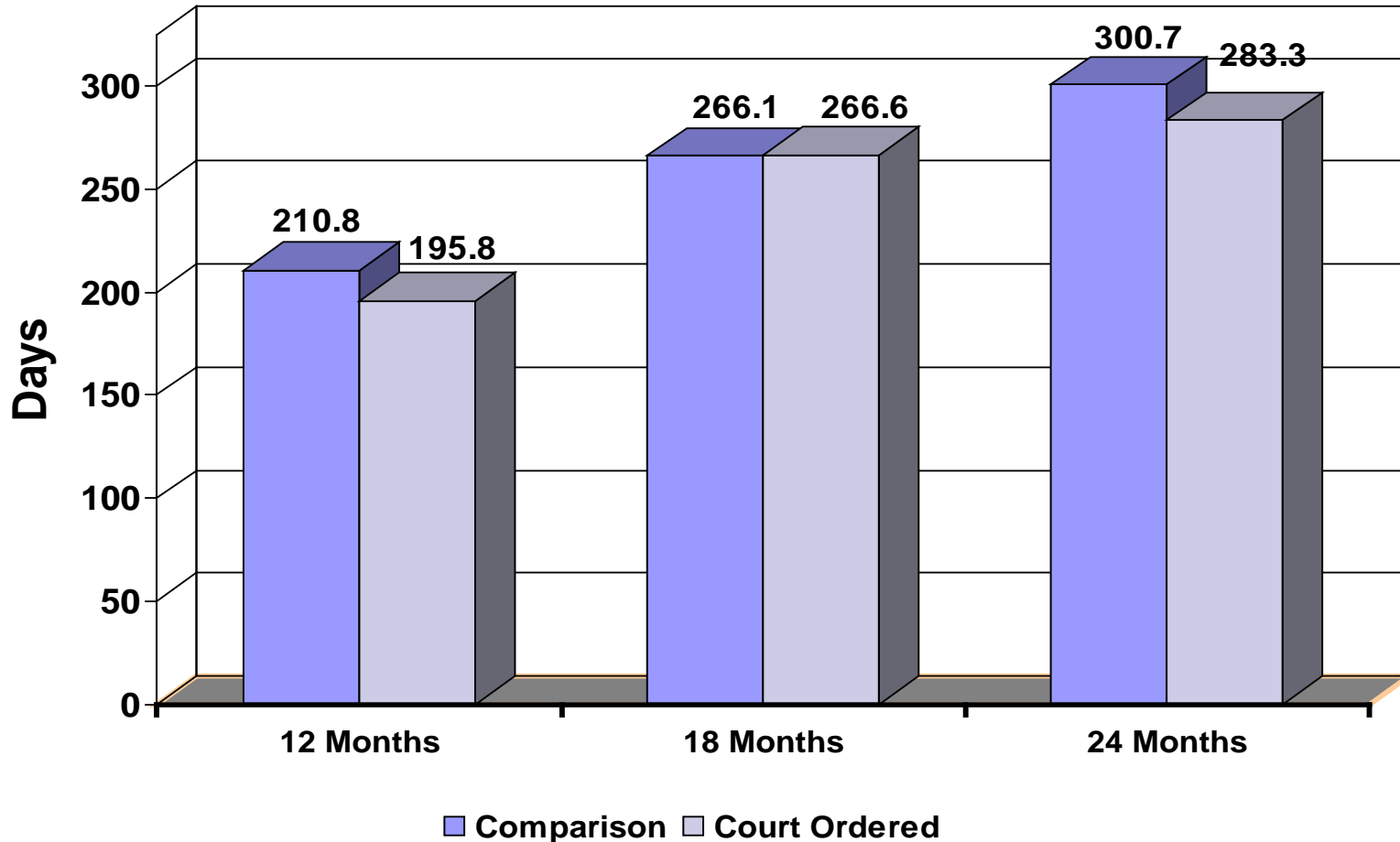
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Treatment Admission Rates

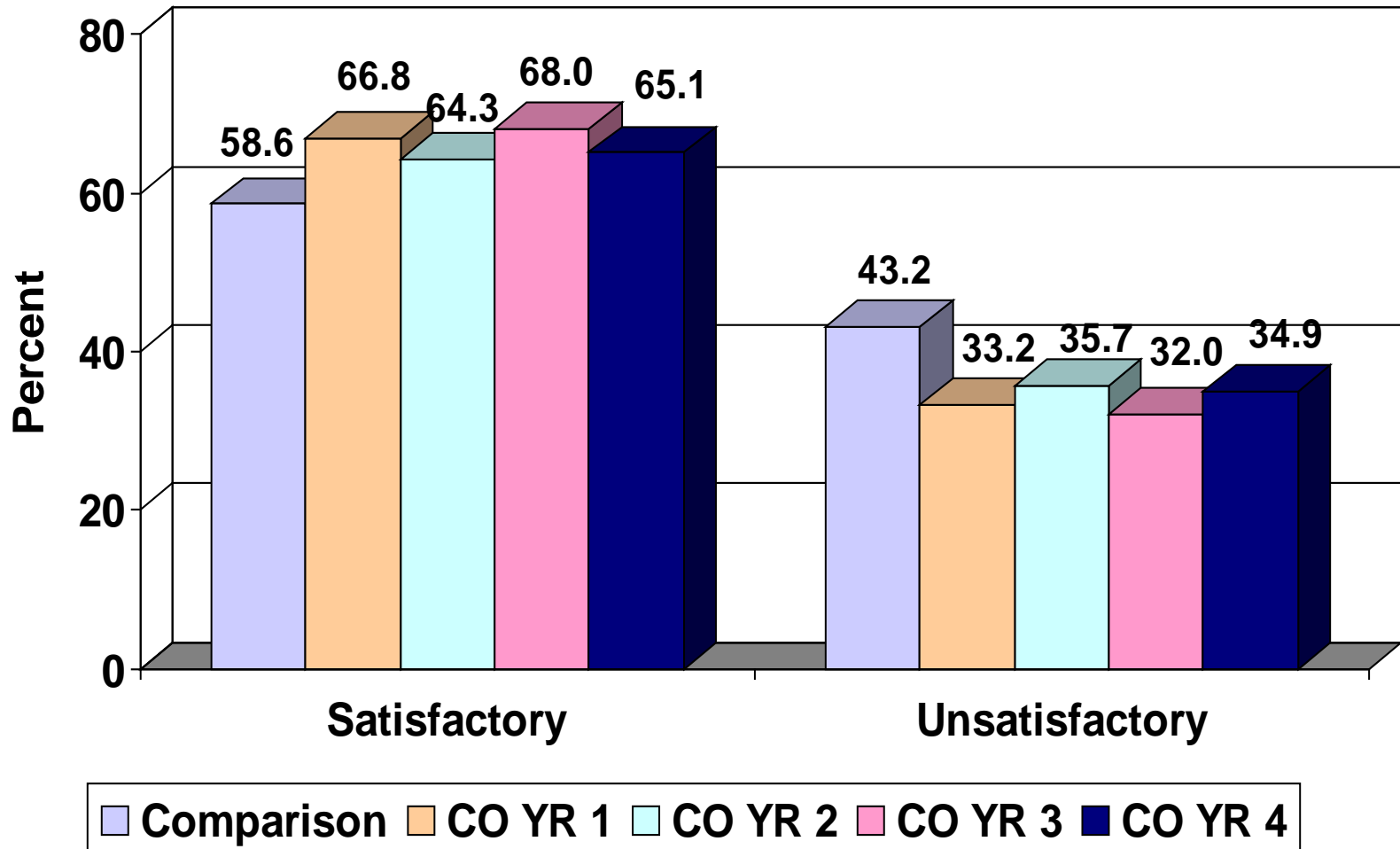


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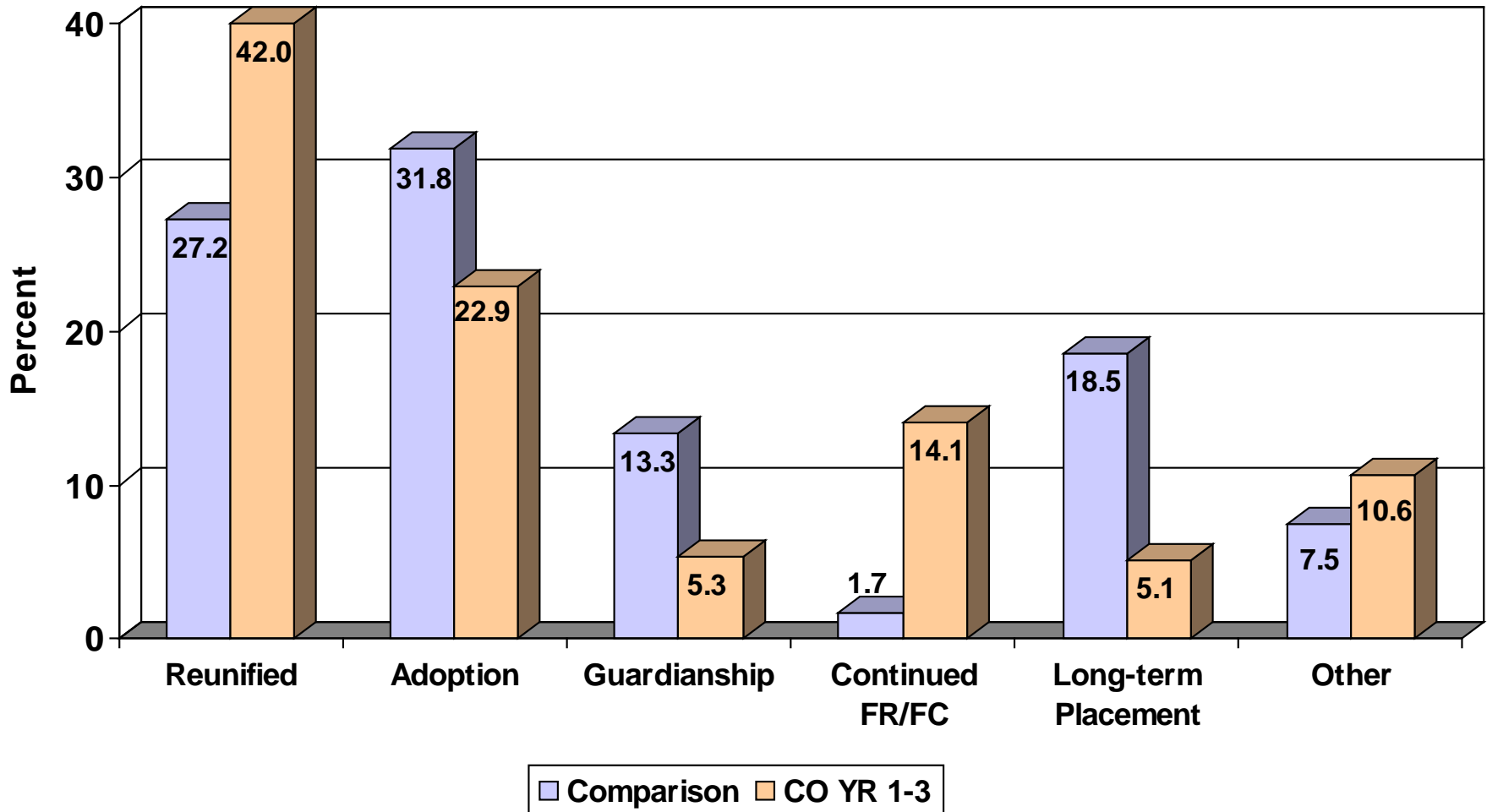
Time to Reunification Outcomes



Treatment Discharge Status



12-Month Placement Outcomes



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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