Child and Family Services
Review Process:
Partnering with Substance Abuse and Mental Health

NCCAN Conference

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A Program of the

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment and the
Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect
Technical Assistance Partnership for Child and Family Mental Health

Intra-agency agreement between the Children’s Bureau, Administration for Children and Families and Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
Workshop Overview

- CFSR Process
- Findings from the CFSRs/PIPs:
  - Substance Abuse
  - Mental Health
- Benefits of involving substance abuse and mental health stakeholders in the CFSR/PIP process
- Strategies, opportunities and addressing barriers to cross-system work
Purpose

1. Provide an overview of the *Children and Family Service Review* (CFSR) process and key findings related to substance abuse and mental health.

2. Raise awareness of mental health and substance abuse needs of children, youth, and families in the child welfare system.

3. Increase understanding of role of stakeholders on CFSR Process.

4. Explore strategies and opportunities to build bridges between the mental health/substance abuse systems and child welfare.
Child and Family Service Review Process
Child and Family Service Reviews (CFSRs)

• The Children’s Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services administers the review system.

• States are assessed for substantial conformity with Federal requirements for child welfare services and systems.

• The reviews assess two areas:
  – Child welfare outcomes for children and families in safety, permanency, and child and family well-being
  – Systemic factors – The administration of State programs that directly affect their capacity to deliver services
Child Welfare Outcomes

✓ Safety
  ▪ Children are, first and foremost, protected from abuse and neglect
  ▪ Children are safely maintained in their own homes whenever possible and appropriate

✓ Permanency
  ▪ Children have permanency and stability in their living situations
  ▪ The continuity of family relationships and connections is preserved for children

✓ Child and Family Well-Being
  ▪ Families have enhanced capacity to provide for their children’s needs
  ▪ Children receive appropriate services to meet their educational needs
  ▪ Children receive adequate services to meet their physical and mental health needs
Systemic Factors

- Training
- Quality Assurance
- Foster and adoptive homes
- Case review
- Statewide Information System
- Agency responsiveness
- Service array
Service Array

• Assess the strengths and needs of children and families to determine service needs

• Services are accessible

• Services are individualized to meet unique needs of children and families
Agency Responsiveness to the Community

- State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, juvenile court, and other public and private child serving agencies.

- Agency develops annual reports of progress to share with stakeholders.

- Services are coordinated with services of other Federal programs serving the same population.
The Review Process

Each CFSR is a two-stage process consisting of a **Statewide Assessment** and an **Onsite Review** of the child and family service outcomes and program systems.

Source: Supporting Improvements in Child Welfare Systems Through the CFSRs: A Resource for State Legislators

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Findings from CFSR/PIPs related to Substance Abuse
## Substance Abuse Noted in CFSR-related Documents

<table>
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<tr>
<th>CFSR Document</th>
<th>% of States that noted Substance Abuse as an Issue</th>
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<tr>
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<td>Round 1</td>
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<tr>
<td>Statewide Assessments</td>
<td>13.5%</td>
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<tr>
<td>CFSR Final Reports</td>
<td>9.6%</td>
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<td>Performance Improvement Plans</td>
<td>3.8%</td>
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<td>Child and Family Service Plans</td>
<td>17.3%</td>
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<tr>
<td>Annual Progress and Services Report</td>
<td>42.3%</td>
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<tr>
<td>Not mentioned in any document</td>
<td>17.3%</td>
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*30 Statewide Assessments and 16 CFSR Final Reports reviewed as of November 2008
1st Round CFSR Findings - Substance Use Disorders

• Gaps in Service

– Substance abuse services were identified as an important gap in services

– Lack of substance abuse services contrasted with more readily available services, such as parenting classes and family counseling

– Rural settings have unique concerns with treatment resources and transportation
1st Round CFSR Findings - Substance Use Disorders

• Assessment and Follow-Up Issues
  – References to assessments by child welfare staff not addressing substance abuse as an underlying issue and risk assessment tools not adequate to identify families’ Substance Use Disorders
  – Waiting lists create barriers to timely access to treatment
  – Lack of follow through when referrals are made
Addressing Substance Use Disorders in PIP

• Identified strengths and opportunities
  – Strategies addressing partnerships with substance abuse treatment agencies and other public health providers
    – Formalizing relationships with Memoranda of Understanding
  – Strategies creating substance use disorder and/or methamphetamine specialists
  – Family drug courts seen as a strength in some states as a tool that ensures access to treatment and closer monitoring of clients
2nd Round CFSR Preliminary Findings - Substance Use Disorders

- Parental substance use disorders continue to be associated with delayed permanency, delayed reunification, recurrence of maltreatment and re-entry
- Gaps in services, including youth and co-occurring disorders treatment
- Substance Abuse Specialists and co-located treatment counselors
- Need for improved data to identify and track families
Findings from CFSR/PIPs related to Mental Health
1st Round CFSR Findings - Mental Health Needs

Gaps in Service

• Inconsistent provision of MH services for children in child welfare (52 States)
• Scarcity of MH services for children in child welfare (50 States)
• Shortage of MH providers experienced in working with children in child welfare (most States)

(Child and Family Service Reviews 2001-2004: A Mental Health Analysis)
1st Round CFSR Findings - Mental Health Needs

Screening and Assessment

• Few states require a mental health assessment/screening (16 states)

• Inconsistent practice in providing MH assessments of children entering foster care
  – Who receives the assessment
  – Who conducts the assessment
  – Timeframes for assessment
  – Follow up for assessment
PIP Promotes Systems Change in Addressing Mental Health

• PIPs addressed assessment of child/family MH needs (36 states)
• PIPs propose system collaboration to improve access to MH services (37 states)
• System of care replications (16 states)
• Collaboration has led to positive results - better access to MH care, blended funds, development of community service systems (20 States)

(Child and Family Service Reviews 2001-2004: A Mental Health Analysis)
Overall Preliminary Findings from the 2\textsuperscript{nd} Round of CFSRs

**Highest Ranking Outcomes:**

\underline{Well-Being Outcome 2}
- Education, physical health and mental health due to increased collaboration with stakeholders

**Lowest Ranking Outcomes:**

\underline{Permanency:}
- Placement stability
- Appropriate permanency goal/ASFA timelines
- Adoption

\underline{Well-Being Outcome 1:}
- Assessment of needs/provision of services
- Child and family involvement in case planning
- Worker visits with child and parent (father)
Relationship of Well-Being to Permanency

**Positive ratings on**
- Services to children, parents, foster parents
- Involvement of parents in case planning
- Caseworker visits with children
- Caseworker visits with parents

**Substantial achievement on**
- Timely achievement of permanency
- Preserving children’s connections while in foster care
Benefits of Engaging Substance Abuse and Mental Health Stakeholders
Benefits of Engaging Substance Abuse Stakeholders

- Develop a working relationship with Substance Abuse Treatment counterparts.
- Identify and incorporate substance abuse related data into the Statewide Assessment.
- Obtain input on the Statewide Assessment and CFSR draft reports on issues related to substance use disorders.
- Development of PIP strategies and action steps that will improve outcomes for families with substance use disorders.
- Reach agreements on how both treatment and child welfare outcomes would be affected by improved access to timely, effective treatment.
Engaging Substance Abuse Treatment Professionals

• NCSACW and NASADAD hosted a webinar presentation on the CFSR process

  – Panel of NASADAD members sharing experiences with the CFSR process in their respective states

  – Materials developed for substance abuse treatment professionals

• Follow-up discussions with NASADAD members

Data Indicators: NOMS and CFSR

REDUCED MORBIDITY
Outcome: Abstinence from drug/alcohol use

EMPLOYMENT/EDUCATION
Outcome: Increased/Retained Employment or Return to/Stay in school

CRIME AND CRIMINAL JUSTICE
Outcome: Decreased Criminal Justice Involvement

STABILITY IN HOUSING
Outcome: Increased Stability in Housing

SOCIAL CONNECTEDNESS
Outcome: Increased Social Supports/Social Connectedness

ACCESS/CAPACITY
Outcome: Increased access to Services (Service Capacity)

RETENTION
Outcome: Increased Retention in Substance Abuse Treatment

PERCEPTION OF CARE
Outcome: Client Perception of Care

SAFETY
- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.
- Children receive adequate services to meet their physical and mental health needs.

PERMANENCY
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for families.

CHILD AND FAMILY WELL-BEING
- Families have enhanced capacity to provide for their children’s needs.
- Children receive appropriate services to meet their educational needs.
Children’s Bureau Regional Partnership Grants and NCSACW In-Depth Technical Assistance Sites

Regional Partnership Grants
- Array of Services - 11
- Child Focused – 8
- Drug Courts – 9
- System-Wide Collaboration – 9
- Treatment Focused – 9
- Tribal - 6

NCSACW IDTA Sites
- 12 States plus 3 in Round 5
- 2 Tribal Communities; 1 Round 5
- 1 County
Benefits of Involving Mental Health Stakeholders in CFSR/PIP Process

• Develop a shared vision and understanding of your priorities
• Improve assessment and referral processes
• Improve access to evidence based trauma treatment, crisis intervention
• Explore opportunities for reinvesting resources from out of home placements
• Promote shared responsibility with MH for improved outcomes in safety, permanency and well-being
System of Care Communities - Another Opportunity for Partnership

• Coordinated network of services and supports to meet the challenges of children and youth with serious mental health needs and their families

• Systems of care is not a program — it is a philosophy of how care should be delivered:
  – Family driven
  – Youth guided
  – Culturally and linguistically competent
  – Services are community based
  – Systems work collaboratively toward common goals
### Resonance between CFSR and SOC Outcomes

<table>
<thead>
<tr>
<th>CFSR</th>
<th>SOC</th>
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<tr>
<td>Children are protected from abuse and neglect.</td>
<td>Build safety/crisis intervention plans into service/support plans.</td>
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<tr>
<td>Children are safely maintained in their homes whenever possible and appropriate.</td>
<td>Prevent out-of-home placements, keep families intact.</td>
</tr>
<tr>
<td>Children have permanency and stability in their living arrangements.</td>
<td>Minimize disruption in children’s lives and promote continuity and smooth transitions.</td>
</tr>
<tr>
<td>The continuity of family relationships and connections is preserved for children.</td>
<td>Core value - family driven/youth guided</td>
</tr>
<tr>
<td>Families have enhances capacity to care for their families’ needs.</td>
<td>Strengthen the resiliency of both families and youth and enhance natural helping networks.</td>
</tr>
<tr>
<td>Children receive appropriate services to meet their educational needs</td>
<td>Focus on all life domains, including education.</td>
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<tr>
<td>Children receive adequate services to meet their physical and mental health needs</td>
<td>Holistic approach, broad array of services and supports</td>
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Strategies and Opportunities
Getting Better at Getting Along: Four Stages of Collaboration

- Information Exchange
- Joint Projects
- External Funding
- Existing Funding
- Changing The Rules
- Changing The System

Sid Gardner, 1996
Beyond Collaboration to Results
Key Considerations

• Learn about the mental health and substance abuse systems
• Explain the key challenges and priorities facing the child welfare system
• Build an understanding of the mental health and substance abuse needs of children and families in child welfare
Discussion and Questions

• What are the challenges you face in meeting mental health/substance abuse needs of children and families in the child welfare system?
• What have been successful strategies for collaboration?
• How has your state involved mental health/substance abuse stakeholders in the CFSR process?
Contact Us

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  202-403-5879