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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov
Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts: Considerations for Program Designers and Evaluators

- Training
- Hiring
- Leadership
- Funding
- Evaluation
- Site Location
Methodology

• Qualitative interviews with 8 programs that place substance abuse specialists in child welfare or dependency courts
• Key informants were those responsible for managing substance abuse specialist programs
• Semi-structured 1-hour phone interview
• Open-ended questions related to programmatic and collaborative structures; funding; staff development, training and supervision; joint accountability and lessons learned
1,000 Children – 750 Parents

60% of Parents Need Assessment
450

50% Go for Assessment
225

80% Need Treatment
180

50% Go to First Session
90

30% Complete 90 Days - 30

50% Reunify - 15
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
Roles and Responsibilities

- Case management
- Screening, assessment, referral, and engagement into Treatment
- Support to parents while in treatment
- Conduct home visits (CT, DE, IL, Sacramento)
- Urine testing (CT, DE, IL, Sacramento, San Diego)
- Consultation and Information sharing with CW and/or courts
- Training to CW and potentially the court
- Develop and implement substance abuse capacity building plans for CW (MA)
Training and Supervision

- Licensed/certified addiction counselor
- Licensed clinical SW with addiction certification (CT)
- Supervised by child welfare (CT, NH, WA)
- Supervised by contracted service provider (IL, Sacramento, San Diego)
- Dual supervision (DE, MA)
- Regular meetings to maintain program purpose and/or foster collaborative relationships
- Receives CW “New Worker Training” (DE, MA, NH)
- Participates in cross training
Location and Settings

- Employed by state, county CW agency, community-based AOD treatment agency, contracted service provider or Self-employed and contracted by CW
- Area/regional/county/district CW offices (CT, DE, MA, NH, WA)
- Contracted service provider’s office, near to juvenile court (IL, Sacramento, San Diego)
Underlying Values and Agreements

- MOU or other agreement formally outlines joint values and principles for the program (Sacramento, WA)
- MOU or other agreement outlining joint values influences the implementation of program, but was not developed for the program, specifically (Sacramento, MA)
- MOU or other agreement outlines systems’ and or other programs’ roles in program implementation (CT, DE, IL, San Diego)
Funding

- State funds – CT, DE, MA
- Federal funds (i.e., Title IV-E, IV-B) – IL and NH
- Multiple sources (i.e., partial state funding, tobacco settlement, agency budget reallocation) – Sacramento, San Diego and Washington
## Substance Abuse Specialists

<table>
<thead>
<tr>
<th></th>
<th>Connecticut</th>
<th>Delaware</th>
<th>Illinois</th>
<th>Massachusetts</th>
<th>New Hampshire</th>
<th>Sacramento County</th>
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<tbody>
<tr>
<td><strong>Background</strong></td>
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<tr>
<td>Number of specialists in program</td>
<td>8-9</td>
<td>4</td>
<td>20-24</td>
<td>6</td>
<td>2</td>
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<td>Title IV-E Waiver Demonstration site</td>
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</tr>
<tr>
<td>Previous history of collaboration between systems</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>Purpose</strong></td>
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<td>Responds to Federal decree</td>
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<tr>
<td>Reduces costs of out-of-home placements and/or reduces time of children in foster care</td>
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</tr>
<tr>
<td>Removes barriers and improves linkages between CWS and AOD to better serve parents</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Improves the capacity of CWS to serve parents with AOD problems</td>
<td>✓</td>
<td></td>
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<tr>
<td>Improves collaboration between systems</td>
<td>✓</td>
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## Substance Abuse Specialists

<table>
<thead>
<tr>
<th>Employment and Licensing</th>
<th>Connecticut</th>
<th>Delaware</th>
<th>Illinois</th>
<th>Massachusetts</th>
<th>New Hampshire</th>
<th>Sacramento County</th>
<th>Washington</th>
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</thead>
<tbody>
<tr>
<td>Employed by State or county CWS agency</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Employed by community-based AOD treatment agency</td>
<td></td>
<td>✓</td>
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<tr>
<td>Employed by contracted service provider</td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td>Self-employed and contracted by child welfare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unionized employees</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
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<tr>
<td>Licensed/certified AOD counselors</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (preferred)</td>
<td></td>
<td>✓</td>
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<tr>
<td>Licensed Clinical Social Workers</td>
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<table>
<thead>
<tr>
<th>Specialists’ Location (place of work)</th>
<th>Connecticut</th>
<th>Delaware</th>
<th>Illinois</th>
<th>Massachusetts</th>
<th>New Hampshire</th>
<th>Sacramento County</th>
<th>Washington</th>
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<tbody>
<tr>
<td>Area, regional, county, or district CWS offices</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Contracted service provider’s office, near juvenile court</td>
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<td>✓</td>
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<table>
<thead>
<tr>
<th>Underlying Values and Principles</th>
<th>Connecticut</th>
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</thead>
<tbody>
<tr>
<td>MOU or other agreement formally outlines joint values and principles</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>MOU or other agreement outlining joint values and principles influences the implementation of the program (but was not specifically developed for the program)</td>
<td></td>
<td>✓</td>
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<tr>
<td>MOU or other agreement outlines systems’ and/or other programs’ roles in program implementation</td>
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<td>✓</td>
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<td>✓</td>
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<tr>
<td>Other factors influence ongoing development of joint values and principles</td>
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</table>

CWS = child welfare services; AOD = alcohol and other drugs; MOU = Memorandum of Understanding; CAPTA = Child Abuse Prevention and Treatment Act
<table>
<thead>
<tr>
<th>Roles and Responsibilities</th>
<th>Connecticut</th>
<th>Delaware</th>
<th>Illinois</th>
<th>Massachusetts</th>
<th>New Hampshire</th>
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<th>Washington</th>
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<tbody>
<tr>
<td>Case management</td>
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<tr>
<td>Screening and/or assessment</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>Referral to treatment</td>
<td>✔</td>
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<tr>
<td>Facilitation of access to treatment</td>
<td>✔</td>
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<tr>
<td>Urine testing</td>
<td>✔</td>
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<td>✔</td>
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<tr>
<td>Consultation to CWS</td>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Training to CWS</td>
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<td>✔</td>
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<td>✔</td>
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<tr>
<td>Training to court</td>
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<tr>
<td>Support to parents while in treatment</td>
<td>✔</td>
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<td>Home visits</td>
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<td>✔</td>
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<tr>
<td>Information sharing with CWS and/or courts</td>
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<tr>
<td>Development and implementation of substance abuse capacity-building plans for CWS</td>
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# Substance Abuse Specialists

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<th>Connecticut</th>
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<tr>
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<td>State funded</td>
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<td>Federal funds</td>
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<td>(i.e., CAPTA, Title IV-E, Title IV-B)</td>
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<tr>
<td>Multiple sources</td>
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<tr>
<td>(i.e., partial State funding, tobacco settlement, and agency budget reallocation)</td>
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<tr>
<td><strong>Staff Development, Training, Supervision</strong></td>
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<tr>
<td>Supervised by CWS</td>
<td>✓</td>
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<td>Supervised by contracted service provider</td>
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<tr>
<td>Receives dual supervision</td>
<td></td>
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<td></td>
<td>✓</td>
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<tr>
<td>Attends regular meetings to maintain program purpose and/or foster collaborative relationships</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Receives CWS New Worker Training</td>
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<tr>
<td>Participates in cross-training</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>Joint Accountability, Outcomes, and Evaluation</strong></td>
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<tr>
<td>Regularly collects data</td>
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<td>✓</td>
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<tr>
<td>Collects standardized data</td>
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<tr>
<td>Regularly analyzes and reports data</td>
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</table>

CWS = child welfare services; AOD = alcohol and other drugs; MOU = Memorandum of Understanding; CAPTA = Child Abuse Prevention and Treatment Act
Outcomes and Evaluation

- Regularly collects data (CT, DE, IL, NH, Sacramento, San Diego)
- Collects standardized data (IL, NH, Sacramento, San Diego)
- Regularly analyzes data (IL, Sacramento, San Diego)
Important Lessons

- Train CWWs on how to use specialists
- Having resources/capacity to handle increased caseload
- Addressing clients’ ancillary needs
- Flexibility to meet the (changing) needs of systems
- Planning and budgeting for ongoing data collection/evaluation of program is important
  - Importance of collecting standardized data
Drug Testing in Child Welfare: Practice and Policy Considerations

- Considerations for Using Drug Testing
- Drug Testing Considerations
- Incorporating Drug Testing in Child Welfare Casework
- Key Action Steps
Considerations for Using Drug Testing

- Agency Values and Mandates
- Establishing a Policy Framework Before Implementing Drug Testing
- Drug Testing in Substance Abuse Treatment and Child Welfare Programs
Considerations for Using Drug Testing: Key Action Steps

- Partner across agencies to understand value differences across systems on the approaches to families affected by substance use disorders
- Complete training on recognizing signs and symptoms of substance use disorders
- Develop clear purpose for using drug testing
- Determine how drug testing fits with the child welfare agency’s overall risk and safety assessment protocols
Drug Testing Considerations

• Determine Who to Test
• Type of Physical Specimen Collected
• Window of Detection
• Drug Testing Methods
Drug Testing Considerations: Key Action Steps

- Decide which individuals to test
- For newborns, know how local hospitals determine which individuals to test and child welfare’s responses
- Select the type of specimen to collect and which testing device to use
- Determine when to use point of collection versus laboratory testing
- Establish the logistics of drug testing and observation
- Determine which drug(s) to include in the test
- Consider cost implications of the practice protocol and in choosing a vendor
- Determine the staff training and qualifications needed to administer the program
Incorporating Drug Testing in Child Welfare Casework

- Discussing Testing with Parents
- Frequency of Testing
- Addressing Drug Testing Results and Refusals
- Coordination and Collaboration
Incorporating Drug Testing in Child Welfare Casework: Key Action Steps

- Develop parent engagement strategy
- Establish frequency of testing
- Decide how to address positive results, negative results, refusals and adulterated tests
- Develop a notification procedure for drug test results
- Establish drug testing coordination strategy with treatment agencies
- Finalize the written drug testing policy and practice protocols.
Questions and Discussion
Engaging Parents in Treatment, Recovery and Parenting:
Effective Strategies

Presented by:
Sanford (Sandy) Robinson
Sometimes Child Welfare and Substance Abuse Treatment are Worlds Apart
Primary Substance Abuse 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.
Regardless of Model - Engagement Strategies are Universal

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 the court
- Drug Test Randomly
- Produce negative drug tests
Three Standard Court Orders

- Treatment
- Drug and Alcohol Testing
- Recovery Support Groups

Specialists Contacts
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)
Treatment
Programmatic

How will attendance be monitored - tracking sheets, phone calls. (Best practice, parents have facility sign treatment forms)

Case Conferences essential with treatment provider, Recovery Specialist, social worker

What occurs when treatment is missed?

What happens when treatment differs from Recovery Specialist
Treatment Relationship Building

- Recovery Specialists must familiarize themselves with all aspects of treatment
- Train treatment providers in role of Recovery Specialist, Child Welfare and Drug Court
- Program Director or Supervisor available for ALL situations
- Treatment trumps Recovery Specialist in all situations, RS never interferes
Drug and Alcohol Testing
Clinical

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 case. Social Worker and Court perception.

Explain in detail the method of testing used. Help the parent understand what exactly they are being subjected to.

Remember – Always allow for honesty first!

Thoroughly explain consequences of deception – worse than positive test.
### Drug and Alcohol Testing

#### Programmatic

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

## Programmatic

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Set policy for marijuana users</strong> – 3 negatives constitute clean – levels increase/decrease</td>
<td></td>
</tr>
<tr>
<td><strong>If possible, test at treatment facility and or home</strong></td>
<td></td>
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<tr>
<td><strong>Always remember chain of custody</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Employee policy is non-negotiable</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Notify child welfare immediately of positive test when children are present</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Train for falsification/dilution/stories (methods of deception)</strong></td>
<td></td>
</tr>
</tbody>
</table>
Drug and Alcohol Testing

Relationship Building

- Training on testing must be completed with all stakeholders – court, treatment, child welfare & attorneys

- Take head honcho of lab to lunch - Really
Attendance of Support Groups

Programmatic

- Specialist must be familiar with 12-step and any alternative support groups – not all meetings are equal
- Define for your program what support groups are acceptable
- Meeting signature forgery and how to address
- Entire team must be together in holding parent accountable for attendance
- Be flexible and lower meetings for some circumstance – children returned, work increases etc.
- Create unique meeting attendance card
- Stay current on law pertaining to 12-step attendance
Attendance of Support Groups

Relationship Building

Have training for child welfare and court on 12-step and support groups

Supply actual 12 steps to team, particularly bench officers
Substance Abuse Specialist Contacts

Clinical

These serve as the foundation for the relationship between parent and specialist.

Should begin with intensity and frequency and taper down as case progresses. (When possible, meetings should cater to parent needs – treatment, home, work etc.)

Utilize these contacts to collect paperwork and needed info – reduce impact.

Unlike other requirements, allow for some deviation (only if testing would not have occurred).
Substance Abuse Specialist Contacts

Programmatic

- Budget will dictate Specialist ability to travel
- When possible arrange for contacts to occur at treatment (two birds with one stone)
- Although flexible, hold parent accountable
- Use contact time wisely – listen, listen, listen
- Be prepared to change your schedule
Substance Abuse Specialist Contacts

Relationship Building

Once again, treatment provider relationship is vital if contacts are to take place there.

Explain that specialist should never interfere with treatment plan.

Take head honcho of treatment to lunch – really.

Every member of team should have working knowledge of each provider.
attendance of Support Groups
Clinical

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?

- Cross training and training on how to use the specialist
- Specialists’ background and expertise
- Location of specialist
- Specialist works with client throughout length of case
- Collaborative relationship and constant communication
- Buy-in from different systems
- Integrative practice
- Sustainable funding
Questions and Discussion
Families F.I.R.S.T.

Families In Recovery Succeeding Together
Background

- A.R.S. 8-881 (Senate Bill 1280) – established the Joint Substance Abuse Treatment Fund

- The two departments are required to coordinate the provision of services to eligible participants
Vision Statement and Guiding Principals

- The vision of the Substance Abuse Treatment Fund is to build a family centered service delivery system, which promotes family independence, stability, self-sufficiency, and recovery from substance abuse, assures child safety and supports permanency for children.
Overview

Overview

- The program offers a continuum of community based substance abuse services to either:
  - A parent, guardian or custodian of a child who is named in a report to CPS as a victim of abuse or neglect and whose substance abuse is a significant barrier to maintaining or reunifying the family.
Overview

A person whose substance abuse is a significant barrier to maintaining or obtaining employment and is a recipient of TANF.
5 legislative outcomes

- Increase timeliness, availability and accessibility to services
- Provide an opportunity for recovery from Alcohol and drug problems
- Provide child safety and the reduction of child abuse and neglect
- Provide permanency for children through family reunification when it is safe to do so
- Achievement of self-sufficiency through stable employment
Arizona Families F.I.R.S.T. Parent to Parent Recovery Coach Program
Overview

Focuses on improving two outcomes:
- Engagement
- Continuation (retaining clients in treatment)

Various strategies were implemented:
- Contingency management
- Participation in TDM meetings
- Availability of assessments within 5 days
- Providing transportation
Overview

- **Funds:**
  - Recovery Coach Coordinator
  - 5 Recovery Coaches
  - Independent Evaluation

- **Funding for 3 years with graduating match**
Aims

- **Engage** clients into treatment
- **Encourage** clients to remain in treatment
- Help clients **Navigate** the child welfare system
- **Guide** clients through the process of recovery
Drug Testing
Random Alcohol & Drug Screening

- DES Scope of Work Sec. 3.10.1.7

“Therapeutic random screening shall be performed a minimum of two times per month based on client therapeutic needs. The Contractor may utilize or coordinate drug screenings, as obtained through CPS or Probation, to fulfill this requirement.”
Handout

Arizona Department of Economic Security Child Protective Services

Practice Guidelines for Utilizing Drug Testing
Training Program
Training

- Our training program is designed to help our coaches to better understand and share their own successes with the child welfare system and with recovery thereby preparing them to share these experiences in ways that help others achieve success.
Training – Child Protective Services

- Substance Exposed Newborn Safe Environment (SENSE)
- Family Centred Practice
- Mandatory Reporting
Training

- Building a Better Future, By the Annie E. Casey Foundation
  - Cross system collaboration

- RIAZ, Recovery Innovations of Arizona
  - Peer Support training
  - Motivational Interviewing
The Strengths Based Platinum Plan

- Treat others as THEY want to be treated...
- Ask what do you want out of this situation?
- Ask how can I help you get what you want?
- Ask are you aware? That the choices you are making may complicate getting what you want? This action/behavior may be adding to CPS’s concerns not removing them
- Your actions vote for what you want
Roles and Responsibilities
The Coach remains with a parent throughout and beyond the treatment process to ensure that the person remains actively engaged with their CPS case plan and in their recovery.
Initial Engagement

- Outreach telephone call within 24 hours of case assignment

- Complete the initial home visit with the client within 72 hours

- Minimum of 3 outreach attempts (generally outreach team provides 5 attempts)
Clinical Supervision

- Open door policy of supervisor
- Teaching Recovery Coaches how to prioritize client’s needs
- Encourages coordination of care among staff and agencies
- Supports staff members by encouraging their own recovery path and support system
- Weekly 2 hour staffing with therapists using the Genogram
Key:

Male: □  Unborn Child: △  Married: ———
Female: ○  Jail: [ ]  Separated: ————
Person deceased: ×  Relationship ended: //

Children: FC= Foster Care

RP= Relative Placement

IH= In Home
DATA

- 242 total P2P referrals to the program since 4-01-2008
- 158 methamphetamine
- 36 cocaine
- 118 participants are still open (2-5-2009)
- 30 participants have been closed successfully

- 61% of P2P clients are either still engaged in treatment or have been closed successfully
Challenges

Helping-skill limitations include:

- Boundaries
- Learning both child welfare and Behavioral Health systems
- Learning professional protocol
- Substance abuse treatment vs. 12-step mutual support
We have found that the client-coach relationship fosters honesty with the client’s struggle with their recovery.

This coordination of care allows the team to adjust the treatment intervention to better suit and support the family.
Success Stories
Questions?
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