



MATRIX OF PROGRESS IN LINKAGES AMONG ALCOHOL AND DRUG AND CHILD WELFARE SERVICES AND THE DEPENDENCY COURT SYSTEM			
	Fundamentals for Improved Practice	Good practice	Best practice*
<b>Underlying Values and Principles of Collaborative Relationships</b>	<p>Values clarification efforts have begun among the three systems</p> <p>There is an understanding and articulation of the value of family strengths and how family systems, issues of culture and gender are related to addiction, recovery, relapse and its effect on families</p> <p>Discussions have begun concerning the priority/political will to address the overlapping AOD/CWS population</p> <p>Different time limits and developmental needs of children have been identified as critical issues</p>	<p>A formal joint statement of principles has been negotiated and drafted among the three systems covering responses to CWS children and parents with substance abuse problems</p> <p>Cross-system discussions and problem solving among policy makers, administrators and practitioners are instituted</p>	<p>Formal values clarification efforts have included all staff of the three systems</p> <p>The systems have agreed upon individual and joint goals to serve the whole family as their primary client</p>
<b>Daily Practice: Client Screening and Assessment</b>	<p>The three systems have a joint policy on decision-making regarding screening and assessment and impact of results on removal/placement decisions</p> <p>There is a jointly developed and implemented risk assessment protocol that includes a formal review of parents' and children's AOD needs and is recorded for all clients</p> <p>Issues of culture and gender are included and appropriately addressed in the assessment process</p>	<p>Roles for screening and assessment have been clarified; AOD workers have been out-stationed at CWS offices and dependency courts for screening and assessment or contracted staff have been assigned screening and assessment roles for CWS parents.</p> <p>Culture and gender appropriate joint case assessments and plans have been developed with CWS parents with substance abuse problems</p>	<p>Screening and assessment roles have been negotiated with clarity among all three systems about which system will perform each, using tools that have been revised and refined based on interagency discussions of how best to detect and follow up on substance abuse problems</p> <p>Jointly developed quality assurance mechanisms have been implemented for interpretation of assessment information</p>

\* Best practice refers to the most fully developed system envisioned by a collaborative of the substance abuse, child welfare and dependency courts working together. It does not imply "evidence-based practice" and there is a desire to continue to assess best practice. Revisions of this document will continue to evolve as systems across the nation improve their efforts and programs.

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<b>Daily Practice: Client Engagement and Retention in Care</b>	<p>Systems have begun “drop-off mapping” of the points at which parents are not responding to referrals and not complying with treatment requirements</p> <p>Systems have agreed on procedures for cultural and gender specific approaches to outreach for parents who miss appointments</p> <p>The issue of relapse has been identified as a major area needing clarification between the two agencies and the courts, and discussions are under way to negotiate a consensus on shared outcomes that reflects both child safety and recovery goals</p> <p>Dependency courts understand that they have a role in monitoring compliance with court orders for treatment and case plans</p>	<p>Staff have been trained in motivational interviewing and/or other methods of engaging and retaining parents in treatment</p> <p>Programmatic responses have been put in place to improve family participation/completion rates</p> <p>Systems understand and are responding to how AOD issues and treatment requirements of families interplay with CWS and court requirements</p>	<p>Client relapse typically leads to a collaborative intervention to re-engage the parent in treatment and to re-assess child safety</p> <p>Systems are monitoring and responding to how compliance with case plans and requirements is resulting in changed behavior</p> <p>The three systems have agreed upon how aftercare will be monitored and what are the desired long-term outcomes of treatment as they affects children and families</p> <p>Efficient case management and outcomes monitoring tools that enable tracking progress of individual clients as well as the effectiveness of the whole system are in place</p>
<b>Daily Practice: Services to Children of Substance Abusers</b>	<p>Systems are taking a developmental perspective to addressing needs of children of substance abusers in their own system</p> <p>Each system has a focus on child safety as well as family recovery</p> <p>Each system is ensuring that children and youth are being assessed for the effects of parental substance use on children as well as <u>their own</u>? AOD use</p> <p>Issues of culture and gender are incorporated in service delivery and programs for all children</p>	<p>Each system is ensuring that children and families are linked to specific programming for family treatment and children of substance abusers prevention and intervention services</p> <p>Each system understands and implements its role in ensuring child safety</p> <p>Independent Living Programs include AOD prevention and intervention programs for youth</p>	<p>All children involved with CWS receive developmentally appropriate interventions to address their status as a child of a substance abuser</p>
<b>Joint Accountability and Shared Outcomes</b>	<p>Each system has their own outcome measures with beginning recognition of the overlapping issues in cross-system outcomes</p> <p>Some shared outcomes have been agreed upon but each systems feel primarily accountable for their own measures of success</p>	<p>Systems use outcome criteria in their contracts with community-based providers (who serve CWS-AOD parents) to measure their effectiveness in achieving shared outcomes</p>	<p>The child welfare agency has accepted shared accountability for recovery outcomes for its clients and the treatment agency has accepted shared accountability for child safety for the children of its clients and the court has accepted responsibility for monitoring the outcomes for children and families in the court system</p> <p>All three systems have accountability for safety, permanency and well-being outcomes for children and families</p> <p>Systems use summaries of outcome data from across the three systems to inform policy leaders and community on</p>

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<b>Information Sharing and Data Systems</b>	<p>The three systems have documented the gaps in their current client information systems and are addressing them</p> <p>AOD assessment at intake captures data about child needs among child welfare families</p> <p>CWS assessment at intake captures data about AOD issues</p> <p>Data on the overlap between child welfare families and the caseloads of other systems has begun to be available to AOD, CWS and court systems</p> <p>An interagency process has identified the confidentiality provisions that affect AOD-CWS and court connections and has devised means of sharing information while observing these regulations</p>	<p>The three systems have agreed upon information systems that track parents' referral, prior episodes in each system, progress in treatment, and family outcomes for those parents whom the agencies can regularly identify as shared clients</p> <p>Data on the overlap between child welfare families and the caseloads of other systems is consistently available to AOD, CWS and court systems</p> <p>Interagency communication protocols have been developed and are being utilized for information sharing between the three systems</p>	<p>The systems have developed and are fully utilizing information systems that can be linked to track parents through all three systems and monitor family and treatment outcomes, using data to re-allocate resources toward client and community needs and toward the most effective programs</p> <p>Overlap data is being used to redirect resources</p> <p>The systems are monitoring the outcomes of information sharing</p>
<b>Training and Staff Development</b>	<p>Commitment has been made to staff development in each system to address substance abuse and child welfare issues</p> <p>Training for all stakeholders has begun with regular updates and a set curriculum that devotes adequate time to substance abuse and child welfare issues</p> <p>Training for parents, guardians and foster parents has begun to address substance abuse issues</p>	<p>Training in each system has been institutionalized with regular updates and a set curriculum that devotes adequate time to substance abuse &amp; child welfare issues</p> <p>Multi-disciplinary training has been implemented</p> <p>Training for parents and foster parents addresses substance abuse issues by drawing upon parents' experience and the lessons of services and prevention efforts with children of substance abusers</p>	<p>The three systems have engaged local colleges, universities and law schools to develop pre-service education that addresses the cross-system issues</p> <p>Systems are monitoring the outcomes of the training</p> <p>Training for parents and foster parents is treated as an equal priority to professional training</p>
<b>Budgeting and Program Sustainability</b>	<p>Systems have begun to develop an inventory of all funds available for treatment and children's services in the state/community</p> <p>Systems have begun to identify the outcomes of innovative practices that merit sustained funding</p>	<p>TANF, Medicaid, and other major funding sources for treatment are used regularly for funding treatment for child welfare parents</p>	<p>A multi-year funding plan has been developed with input from all three systems, which includes negotiated commitments from multiple funding sources, including those beyond the direct control of substance abuse and child welfare agencies</p>

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<b>Working with Related Agencies</b>	<p>A partnership with law enforcement is in place to appropriately address the needs of children during any needed police action</p> <p>Recognition by all three systems that each member of a family may have a variety of co-occurring needs</p> <p><u>Core clinical issues</u>—mental health, family violence and trauma</p> <p><u>Concrete support services</u>—income support, employment training, transportation, housing and child care</p> <p><u>Other needed supports</u>—primary health care, HIV/AIDS, education, dental services</p> <p>Staff are aware of how to identify and link families with the other services that are frequently needed by AOD-CWS involved parents and make referrals to those agencies</p> <p>Parent education courses for substance-involved child welfare parents include significant content on alcohol and drug issues</p>	<p>Staff are assessing and addressing children and parents' needs as barriers to family recovery</p> <p>The three systems monitor receipt of services</p> <p>Parent education courses are formally evaluated for their impact on parenting practices</p> <p>The three systems have developed a case management role of mentoring and facilitating engagement in and delivery of services</p> <p>The three systems coordinate with law enforcement and corrections agencies and criminal courts to meet the needs of parents and their children affected by the criminal justice system (e.g., visitation and treatment while parents are incarcerated)</p>	<p>All three systems are evaluating outcomes of services provided to families and are routinely monitoring the effectiveness of services</p> <p>A fully collaborative process exists across systems with the resources needed by parents with substance abuse problems, including screening, assessment, follow-up, and joint advocacy for the added resources needed in each system to adequately serve families who have co-occurring problems affecting their parenting, family stability, and risks to children</p>
<b>Working with the Community and Supporting Families</b>	<p>Community members are included in the planning and development process</p> <p>There are beginning stages of implementing proactive responses to prevention of substance abuse and child abuse/neglect and support for families through partnerships with community members and family support systems</p> <p>There is a system for community education about substance abuse, child abuse/neglect protection and reporting which includes civic groups in the collaborative efforts</p> <p>Efforts have begun to engaging faith-based communities in supporting families</p> <p>There are a variety of supports to provide mutual aid and recovery networks to families</p>	<p>Environmental data collection supports community education, e.g., Mapping liquor stores and DUI arrests</p> <p>Geo-mapping of family resource centers and other community assets has been implemented</p> <p>Program using consumer/families/graduates as active members of service implementation have been instituted</p> <p>A formal mechanism exists to solicit the support of a community advisory group including consumers in its membership</p> <p>There are community supports for sustaining sober living communities and environments</p>	<p>Sober living and transitional housing programs are linked to institutionalized funding sources</p> <p>Community-wide accountability (report cards) systems are in place and information is used to redirect resources toward highest-priority areas and most effective programs</p> <p>Community partnerships in child welfare recognize the central role of substance abuse and have shown their willingness to accept direct family support roles for substance-abusing parents</p>