Leading Change

BRIEF #3 - LEADING FROM GRASS ROOTS

Key Lessons to Empower STATE AND LOCAL LEADERS seeking to improve systems serving families in the child welfare system affected by substance use disorders

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Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes
Acknowledgement

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The Leading Change series will inform, challenge, and empower those who are brave enough to step up and take the lead in their states and communities to make positive changes where change is needed most.

Today, in every state and every community, there is an undeniable need for leaders who understand the challenges and complexities of serving children and families affected by parental substance use, child maltreatment, and neglect. Leaders must realize that no single program or agency has all of the resources and expertise to effectively serve families with such complex needs. Leaders seeking true systems change must be grounded in the vision that all families, regardless of their background, motivation, or zip code, should have access to the treatment and support they need to achieve recovery and reunification.

Toward these ends, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the Statewide System Improvement Program (SSIP). Funds supporting this initiative allowed communities to provide services to all families affected by parental substance use disorders (SUDs) in the child welfare system, in addition to those families specifically served by Family Treatment Courts (FTCs). The SSIP initiative leveraged decades of research on FTC practice and supported states and communities to adopt more effective practices across broader family and juvenile court dockets. When these practices are implemented, they generate effective change that occurs simultaneously across a variety of agencies and systems. Considering, constructing, and unleashing a “new approach” has been demonstrated to significantly improve outcomes for families who are affected by parental SUDs involved in the child welfare system.

The Leading Change series synthesizes the experiences of the six SSIP awardees into three briefs, each filled with relevant considerations and challenges for those who want to lead systems change in their states and communities. The first brief provides context of the current state of FTCs in the country, an overview of the SSIP initiative, and opportunities for systems change; the second focuses on state leadership toward change; and the third is focused on leadership and change at the local level.

SSIP demonstrated that systems change can happen from the “top-down” and “ground-up.” Whether change is directed from state agencies or starts from the local grassroots level, leaders at all levels have the opportunity to be catalysts for larger change at multiple levels and across multiple systems. The most powerful and lasting changes occur when state and local leaders, bound by a shared vision, partner and work together in new and supportive ways.
Better Together

The Statewide System Improvement Program (SSIP) demonstrated the power of state and local partnerships. When state leaders engage with local teams and provide tools, connections, support, and knowledge, local sites are empowered to identify and break down barriers to improve processes and outcomes for the families they serve. This cross-disciplinary state and local partnership has helped local communities better understand the bigger picture of statewide systems and funding streams. Local teams have shown creativity in problem solving by collaborating effectively with existing resources, connecting with non-traditional community partners, and redirecting existing funding sources. The spotlight features in this brief are excellent examples of productive state and local partnerships among SSIP awardees.

Systems change can begin and grow at any level, but leadership at all levels is crucial to advance and sustain systems improvements. The most powerful and lasting changes occur when state and local leaders work together to add and access new resources aimed at broader, shared outcomes. State leaders often have relationships with other agencies and leaders that can help create a foundation for sustainable change. They are aware of parallel initiatives related to child welfare and substance use disorders and know how to access them. Local leaders understand the context, primary needs, and major barriers that affect their agencies and population. They can build the linkages needed for a new team effort among local agencies essential to implementing system improvement strategies.

By partnering to improve the systems serving families, state and local leaders can build essential bridges between local-level needs and state and federal opportunities. A top-down and ground-up approach builds relationships and breaks down barriers, leading to improved outcomes for families. Combining these approaches supports the expansion of successful strategies that would otherwise be contained at the project-level and limited to a small number of families. A new way of doing business emerges as these leaders achieve stronger ways of working together across agencies and levels of government.
Big Picture

True leaders recognize that part of their job is to identify recurring barriers and work to remove them, instead of accepting that the system is broken.

Given the pressures of launching and implementing an innovative interagency initiative, judges, child welfare staff, and SUD treatment providers may at times be engrossed in their day-to-day work, dealing with crises and the challenges of responding to the increasingly common barriers experienced by families, such as:

- Parents cannot have their children returned until they have stable housing, but they cannot get stable housing until they have their children in their custody.
- There is a 6-month wait list for inpatient SUD treatment.
- Medication-assisted treatment is a best practice for parents with opioid use disorders, but the closest provider is often 2 hours away.
- Families need more visitation or parenting time, but visiting rooms are overbooked and there is no staff to supervise.

True leaders, however, recognize that part of their job is to identify recurring barriers and work to remove them, instead of accepting that the system is broken. SSIP provided local teams the opportunity to take a few steps back from “the case they saw that morning” to see the bigger picture. They were able to listen carefully to front-line staff who encountered recurring barriers and frame them as opportunities to make the system work for families who need it. To keep the broader issues of systems change in view, local leaders in these sites were able to set forth a vision of how barriers to systems change can be identified and resolved by teams working together across state-local boundaries.

Brief #1 in the Leading Change series introduced considerations for state leaders and presented a summary table of “Project Thinking Versus Systems Thinking.” An adaptation of these concepts is shared on the next page for local leaders who wish to expand their view of direct service work.
## What Does it Mean to See the "Big Picture"?

<table>
<thead>
<tr>
<th>Narrow View</th>
<th>Big Picture</th>
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<tbody>
<tr>
<td><strong>What population are you concerned about?</strong></td>
<td>Families in the FTC or families in your caseload</td>
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<tr>
<td><strong>How do you make decisions and determine priorities?</strong></td>
<td>Anecdotes; hardest case or most successful experiences</td>
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<td><strong>What funding options do you consider for developing needed services or positions?</strong></td>
<td>Grants or child welfare specific funding</td>
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<tr>
<td><strong>How do you find solutions to barriers?</strong></td>
<td>Barriers are accepted as status quo and evidence of a broken system and a fundamental lack of resources.</td>
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<td><strong>Who is responsible for implementing strategies and solutions?</strong></td>
<td>Pass the blame to other stakeholders and systems; if “they” only fixed x, y, and z...</td>
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<td><strong>How long will this take?</strong></td>
<td>If a solution is not working right away, it is never going to work.</td>
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<td>Sixty to 80 percent or more of child welfare cases are affected by substance use. If FTC works, how can we make it work for more families?</td>
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<td>Access local, state, and national data. Research best practices for families affected by SUD.</td>
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<td>Pinpoint funding that already exists in the community to serve families or children. Identify funding or services available through parallel initiatives.</td>
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<td>Change policies and procedures that are not working for children and families. Ask peers from other jurisdictions how they are solving problems. Talk to experts at conferences, trainings, and webinars to learn about innovative practices across the country. Connect with state leaders to access new resources and share needs. Develop partnerships with new community resources.</td>
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<td>All stakeholders contribute to how the system operates and care about the outcomes of their partner agencies. True change will not occur without collaboration and adjustments on all parts.</td>
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<td>There are no quick fixes or universal solutions. This work takes time, consistency, and shared accountability for results. Solutions must be evaluated for efficacy, and partners must be willing to adjust practices on an ongoing basis.</td>
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A unique feature of the Iowa SSIP initiative was the work of the Leadership Institute led by Dr. Ira Chasnoff and its focus on prevention through prenatal screening. Envisioning a continuum of care by moving upstream to serve pregnant mothers and their infants, Iowa SSIP took on a more preventive approach, knowing the jurisdictions were already effectively serving families in the system through the FTC programs. To achieve this objective, Iowa had to move beyond the usual triad of child welfare, SUD treatment, and the courts and expand the capacity of health care providers and medical systems to respond as full partners in the initiative. Through these new partnerships, communities within the state were better able to assess, prevent, and treat children affected by prenatal and perinatal substance exposure by identifying and initiating identification and referral to SUD treatment for pregnant and parenting women through local clinics.

Iowa leaders acknowledged that engaging health care providers was a new challenge for them. Increasing stakeholder awareness of the important provisions and requirements of the Child Abuse Prevention and Treatment Act and clarifying the role of the court for this population was an opportunity for the prevention component of the initiative. Iowa has identified the need to develop specialized assessment and treatment services for children who have been exposed to substances. To meet this need, leaders launched the first Child and Family Treatment Centers in Des Moines in 2018, and two more in the eastern portion of the state in the cities of Muscatine and Waterloo in 2019.
Own It

*He who has a why to live can bear almost any how.*
- Friedrich Nietzsche

Although statewide system improvement does require the shared commitment of state child welfare, SUD treatment, and court leaders, successful statewide systems change is also deeply dependent on local stakeholder ownership, vision, and an extensive grassroots knowledge of the community and its families and systems. Every community is unique. State leaders are unlikely to know all the nuances of each jurisdiction or how to overcome specific local barriers to gain stakeholder commitment to share resources and work to achieve shared results.

Local leaders must create and sustain a strong vision and passion for serving families affected by SUDs and foster a culture within stakeholder agencies that treatment works and recovery is possible. When a local site “owns” the initiative and believes in its goals, work can be focused on breaking down barriers and building new resources instead of struggling to get people on board. But with conflicting priorities, crisis-oriented work, heavy caseloads, frequent turnover, and engrained stigma about SUDs, local leaders must know how to increase ownership of this work across all levels of a multi-disciplinary team.

Ownership of systems change is ultimately about sharing accountability for better outcomes for children and families affected by SUDs in the entire child welfare system. The dimensions of ownership are described in more detail through the following case examples and the discussion that follows in this brief.
Concrete Strategies for Negotiating and Earning Strong Partner Support

From directors to front-line staff, everyone needs to understand "how" and "why" systems change works and how the change will affect their jobs. More importantly, they must understand how systems change will positively affect their clients. Only then can stakeholders embrace the vision of any initiative and act decisively in implementing that vision.

Local and state leaders have identified the following strategies to help stakeholders take ownership of a systems improvement initiative:

- **Use data to demonstrate the effect SUDs have on the system and on stakeholders’ day-to-day work.** Assess what percentage of children are removed from their homes due to parental SUDs. Ask about the short- and long-term outcomes for those families. If leaders can demonstrate that SUDs affect the majority of families in the system and their poor outcomes, stakeholders are more likely to see the benefit of adopting best practices to improve outcomes for families.

- **Support parents in recovery to share their experiences and tell their stories** to help stakeholders stay connected with the human side of the work at hand. These parents and children are the experts concerning their experience within the system, whether positive or negative, and stakeholders can learn a lot from hearing their stories. Consider hosting focus groups with parents and youth to gain their insight about needed system improvements.

- **Learn about the priorities of the state and local child welfare, court, and SUD treatment systems.** Find out what outcomes or practices state agencies are working to improve, whether in response to policy leadership, recent crises with media attention, federal oversight, or concern about costs. Explore where efforts and resources can be aligned. Learn where county teams can leverage state goals to meet local needs.

- **Research the quality and level of education staff have received about substance use disorders.** Many judges and attorneys have received very little training about SUDs. Even child welfare front-line workers may have received only 1 or 2 hours of SUDs-specific training during their on-boarding. Training may have been outdated, mired in stigma, or based on non-evidence-based practices. Local leaders should consider implementing mandatory annual multi-disciplinary training to help raise awareness of the prevalence of SUD, disrupt stigma found in their community, identify gaps in quality SUD treatment, and implement effective engagement strategies to work with families affected by SUDs. They should examine existing training curriculum and requirements across stakeholder groups for opportunities to integrate and/or update SUDs curriculum and materials.

- **Inform local stakeholders of state support for the initiative and demonstrate that this work is bigger than one system or one county.** Share state and national efforts aligned with improving outcomes for families affected by SUDs. Connect with peers from other jurisdictions to generate new ideas and build enthusiasm.
Stakeholders involved in the child welfare system are often inundated with multiple initiatives aimed at improving practice. State and local leaders must demonstrate the importance of any new initiative. First, they need to understand why the new initiative will improve outcomes, based on solid data about current outcomes. They also need to demonstrate how the proposed initiative will have staying power, sustained over time rather than becoming another short-term “reform.” They must also convey the benefits for judges, child welfare administration, treatment directors, and front-line staff.

Leaders found that using both data and anecdotes is useful when talking about this work. Local or state level data that reflects the day-to-day reality of judges, caseworkers, and SUD treatment providers can be more meaningful and persuasive than discussing national trends. Leaders can also use anecdotes, stories, and parent testimony to remind stakeholders of the human side of SUDs. Leaders can partner with parents in recovery to share their lived experience in the child welfare system, helping stakeholders reflect on the barriers and stigma that may exist in the current system.

Leaders can set the stage by broadening the population in focus to all families in the child welfare system affected by substance use disorders. Instead of focusing only on families in the FTC or eligible for the FTC, local sites can strive to improve the experience and outcomes for all families affected by SUDs. Documenting the percentage of need met by a new initiative can help stakeholders understand the penetration rate of current reforms, and what moving toward larger scale would entail. By shifting their messaging to be inclusive of all families, leaders can engage stakeholders across all levels and disciplines.

Broadening partnerships enables local teams to begin to collaborate outside the traditional “three-legged stool” of child welfare, courts, and SUD providers. By reaching out to established community networks involved in fields such as housing, home visiting, child development and child care, recovery support, family resource centers, and other local family support programs, local leaders mobilized the community and cultivated grassroots support for families affected by SUDs. In negotiating roles for new partners, leaders were careful to respond to the missions of their new partners and show how they could be affected by participation in the initiative.
In October 2016, OJJDP awarded a cooperative agreement to the Judiciary of Guam as part of the second round of the SSIP funding. Guam was a unique awardee for a variety of reasons, including cultural, social, political, and geographical factors. Guam is the southernmost island in the Mariana Islands Archipelago located approximately 6,000 miles from the U.S. mainland in the western portion of the Pacific Ocean. Guam’s population is multi-ethnic and multi-racial, with Chamorros (the indigenous people of Guam) comprising the largest ethnic group. Guam is an organized, unincorporated territory of the U.S. with policy relations under the jurisdiction of the Office of Insular Affairs and the U.S. Department of the Interior.

Unlike the five SSIP states that were awarded in the first round in 2014, Guam did not have any operational FTCs. In fact, Guam had no court programs that specifically addressed the needs of families affected by SUDs. Guam had established an array of treatment courts, including a juvenile drug court, driving while intoxicated treatment court, mental health court, veterans treatment court and in May 2018, an adult re-entry court. However, none of them were built around a family-centered approach.

Presiding Judge Honorable Alberto C. Lamorena expressed a need for “coordinating the family effort” and the need for greater communication and collaboration within the judiciary in serving families, many of whom are involved in multiple court dockets.

After a year of intensive planning, Guam launched the Guam Family Recovery Program (GFRP) in November 2017. This program focuses on preserving and strengthening families’ alignment with the local culture, which places a high value on family and community.

After seeing how effective the GFRP approach was in helping families, the Honorable Linda Ingles, who oversees both GFRP and regular dependency dockets, began to treat all cases differently through enhanced judicial monitoring of cases. This approach has lengthened the dependency hearings because of the enhanced coordination and extra attention that Judge Ingles is directing towards these cases. However, she finds the extra court time well-spent as it allows her to build closer relationships with families to ensure they are receiving services they need.

As a result, GFRP is becoming a catalyst for wider systems change on the island. Through the GFRP and SSIP, Guam is establishing a systematic way of identifying and assessing families, referring them to SUD treatment and ensuring timely access to services, coordinating case management activities across systems, convening partner agencies, and taking a more family-focused approach to serving families affected by parental substance use.

The Guam team is continuing to take a new approach toward serving all families by:

- Administering universal screening of all families involved with child welfare using the UNCOPE tool [1]
- Implementing Strengthening Families as an evidence-based parenting program for families affected by parental substance use [2]
- Conducting universal developmental screening of all children entering the child welfare system
- Ensuring priority access for SUD treatment services and coordinated case planning between child welfare and treatment systems
- Enhancing recovery support for all families involved in child welfare due to parental substance use
- Enhancing judicial monitoring of all child welfare cases
- Examining the recruitment, training, and support of foster families to encourage positive relationships between foster and birth families

[2] To learn more about the Strengthening Families program, visit http://cssp.org/our-work/project/strengthening-families/

New Approach in Serving Families

Awardee Spotlight: U.S. Territory of Guam

Photo Credit: Adobe Stock
Shared Leadership

New initiatives need strong leaders with a vision, but even the best leaders cannot implement an initiative without help. Without shared leadership, initiatives will not gain traction across stakeholder groups. If the point person goes on leave or changes positions, progress may halt, priorities may shift, or the initiative may fade.

Leaders can mitigate against this problem by ensuring all partners in the governance structure share a common vision, clear mission, and realistic goals. Leaders should also recognize the specific expertise in each stakeholder group, supporting others to have active leadership and decision-making roles. Work groups can be chaired by a variety of stakeholders. Sites for meetings can rotate among partner agencies.

Shared leadership requires documenting the journey and memorializing in writing the partnerships and processes that brought the initiative to fruition, such as the governance structure; roles and responsibilities; mission, goals, and measurable outcomes; funding streams; and work group tasks.
Changing the Culture

Consider the culture in which a specific system operates. When considering SUDs, stigma is inherently involved. Substance use disorders have powerful disruptive effects on brain circuitry and behavior; thus, treatment enables people to regain areas of life function (Longo, 2016). However, stigma about SUDs and deep-rooted beliefs such as “they must love their drugs more than their kids” or “don’t work harder than the client” have shaped the system’s response to parents with substance use disorders, requiring parents to prove they are “ready” and deserving to regain custody of their children before accessing treatment and support. Research demonstrates the success of engagement strategies such as peer support (U.S. Department of Health and Human Services, 2013), early access to quality treatment (Green, Rockhill, & Furrer, 2007), medication-assisted treatment (Hall, Wilfong, Heubner, Posze, & Willauer, 2016), and a family-centered approach (Grella, Needell, Shi, & Hser, 2009). But simply putting these practices into place is unlikely to shift the beliefs and behaviors of treatment professionals. It takes ongoing training, modeling, and/or supportive supervision about the effect of SUDs on the brain to begin to remove stigma and change culture.

Professionals come into their work with a spectrum of values, beliefs, experience, and education. In order to create a culture that supports and treats families affected by SUDs, leaders will need to consider how systems are discussing, portraying, and responding to SUDs across all involved agencies, including child welfare, courts, parent and child attorneys, Court Appointed Special Advocates (CASA), and foster parents. Leaders need to ask if the recruitment messaging is focused on “saving children” or “healing families.” Leaders must know what percentage of orientation and ongoing training hours is dedicated to best practices for families affected by SUDs. They must consider the number of current staff who are modeling person-first, non-pejorative language when discussing SUDs. By changing the culture of the system, new staff will not have to be “introduced” to an initiative or new concepts, but can be immersed in values and best practices that support families affected by substance use disorders.
Is Change Needed?

Here are a few questions to ask about any system or process to determine how professionals are responding to SUDs as a disorder:

- Are parents being placed into SUD treatment only after receiving a clinical diagnosis and appropriate level-of-care recommendation?
- Are qualified SUD professionals making treatment recommendations?
- Are judges, caseworkers, and attorneys supporting the clinical treatment recommendation?
- Are medical professionals helping parents make decisions about medication-assisted treatment? Is medication-assisted treatment allowed and supported in the system or process?
- Are parents being referred to quality treatment agencies that use evidence-based practices? Does the team understand the components of quality treatment?
- Does the entire team see the importance of timely access to quality treatment?
- Does the team understand its role of supporting, engaging, and requiring parents to attend SUD treatment? Is peer support integrated into the system?
- Does the team believe that treatment can work and recovery is possible? Do they know reality-based statistics on recovery and relapse?
- Are parents allowed and expected to stay in treatment after a relapse?
- Are professionals using terms such as “person with a substance use disorder,” “positive or negative urine test,” and “person in recovery” instead of “addict,” “dirty or clean urine test,” and “former addict”?

If the answer to any of these questions is “no,” it may signal that the local system has not changed its practices to align with an evidence-based model of treating SUDs. Stakeholders in this situation will likely benefit from ongoing education and training about quality SUD treatment and best practices for working with families affected by SUDs in the child welfare system. The task for leadership is monitoring these practices to ensure that all partners—child welfare, treatment agencies, courts, and the other systems whose support is essential—are all aware of what it takes to provide timely, evidence-based treatment for a whole family rather than a child or parent alone.
As part of the SSIP initiative, Ulster County, New York began offering the Celebrating Families! (CF!) program to Family Treatment Court participants[3]. Child welfare caseworkers were trained to facilitate the curriculum, which focuses on education, positive parenting, recovery, and family cohesion. One stakeholder called CF! a “game changer” for the FTC after just one cycle of the program for both families and facilitators. Parents became much more engaged in their SUD treatment and committed to improving parent-child relationships. Facilitators’ perceptions and attitudes about SUDs shifted and they began engaging with families in an active, supportive manner.

A leader with Ulster County Department of Social Services (DSS) shared the following:

Celebrating Families! has helped change the culture at Ulster County Department of Social Services by emphasizing mutual respect among both participants and facilitators. The facilitators have demonstrated respect and sensitivity for the participants, treating each person with dignity and honoring diversity. They have gained empathy for the struggles that persons with substance use disorders face and have unconditionally accepted the value of each person in the group. The facilitators have created a safe learning environment and modeled nurturing behavior.

They have become advocates for recovery and role models for parenting, teaching ways to manage behavior and resolve conflict. The structured curriculum has enhanced the understanding of all aspects of substance abuse for the facilitators, challenging some of their beliefs. They have learned more successful ways to engage families and practice unconditional acceptance. Ulster County is fortunate to have Celebrating Families! as a part of our continuum of child welfare services. The outcomes achieved by the participants clearly demonstrate the value of the program.

[3] To learn more about Celebrating Families!, visit www.celebratingfamilies.net
Collaborative Relationships and Local Governance

“When professionals truly collaborate and work together, families feel the impact and changes seem to fall into place.” - Colorado State Leader

When true collaborative relationships exist, partners ask for what they need and engage in creative problem solving. The situations and decisions associated with child welfare practice will often be difficult, but positive relationships allow partners to focus on the true problem instead of interpersonal conflict.

Creating positive relationships seems like it should be the easy part of this work. After all, stakeholders interact every day at court hearings, family meetings, and case conferences. However, these relationships are often strained due to the sometimes deep-seated adversarial nature of this work. For example, stakeholders may not understand the values, ethics, requirements, timelines, directives, or goals of their partners, causing friction in the relationship. To improve this situation, cross-training on these topics can bolster understanding of each other’s systems and foster positive interactions. Spending time together at retreats and trainings to discuss personal and systemic values can also improve relationships. One state leader shared that “Getting people in a room together and talking is more than half the battle. Once you get them together, they remember they all want what is best for children and families. Rallying around this common goal leads to an increase in collaboration. When professionals truly collaborate and work together, families feel the impact and changes seem to fall into place.”

To successfully implement change strategies at a local level requires a structure in place that will support and guide the initiative’s work. For example, using a recommended governance structure like the one described in Brief #2, local jurisdictions can ensure oversight, align initiatives, and bring partners together by convening a multi-level, multi-agency structure. This type of structure includes an executive oversight committee (EOC), a core planning or steering committee, and time-limited, task-driven work groups. Depending on its size and mechanism for systems improvement, a local jurisdiction may also choose to have a treatment team in place as part of its governance structure.

During their monthly committee meetings, multidisciplinary teams can collaboratively examine best practices for families affected by SUDs and how to implement those practices across the system. By discussing new resources to be accessed, relationships to be developed, and barriers to be removed, teams develop goal-driven action plans. They look at local, state, and national data to help make data-driven decisions. They ask whether collaborative innovation is producing better results than business-as-usual practices, and they regularly review the data needed to answer that question.

Creating a governance structure and setting up ongoing meetings is just the first step. Leaders must also ensure the right people are on each committee and the committees’ agendas are meaningful and task-oriented. Leaders need to be intentional in selecting individuals from each partner agency to serve on the committees. Consider local leaders who have characteristics listed in the “Who is a Local Leader?” call-out box on page 17. If local culture has reinforced a belief that meetings are ineffective and nothing gets done, then agency leadership is likely to delegate attendance of the EOC meeting to someone who may not be in a decision-making role. The chair of the EOC will need to intentionally set appropriate expectations when inviting members to attend and restate them often during the first meetings.

After bringing together the right people from the right agencies, leaders must ensure meetings are meaningful and worthwhile in order for members to continue to attend. Carefully consider what should be on the agenda at the steering and/or EOC meetings. Consider barriers to progress that are presented in the form of “that’s just how it’s always been.” Systems change begins with finding solutions to these types of barriers that have traditionally blocked progress.
All committee members should listen closely at dependency court dockets, FTC staffing meetings, and family meetings to identify common barriers that affect many families. Assess whether residential treatment waitlists are excessively long. Find out if the local housing authorities disallow parents with substance-use-related criminal charges. Learn whether Medicaid does not cover a service that would benefit families. These system barriers take coordinated efforts and dedication from leaders among stakeholders to fix. Front-line staff often do not have the capacity or connections to address these types of high-level issues, but collaboration at the top levels of leadership can provide solutions. By tackling the tough issues and holding policy leadership accountable for responding to barriers clearly identified by front-line staff, all committee members will recognize they are essential to the process of engaging in real systems change and see the value in attending meetings.

Collaborative Structure for Systems Change

- **Members** – Senior officials or executives
- **Primary Functions** – Oversees various initiatives within the state to improve outcomes for all families; final review and approval of policy and practice recommendations; sustainability planning; secures new and leverages existing resources; maintains communication with other state agencies and policy leaders about goals and outcomes
- **Convenes on a quarterly basis**

- **Members** – Cross-agency leaders
- **Primary Functions** – Responsible for overall planning and implementation of goals and strategies; ensures ongoing communication and serves as liaison between oversight committee and work groups; formulates solutions of barriers identified by work groups
- **Convenes on a monthly basis**

- **Membership** – Staff and stakeholders from various agencies and levels to accomplish identified tasks and products
- **Primary Functions** – Identifies priorities to be accomplished within specific period of time
- **Convenes monthly or as needed**
Awardee Spotlight: Jefferson County, Colorado

Jefferson County, Colorado started a Family Treatment Court in 2008. The FTC was governed by a steering committee and a treatment team. In 2015, Jefferson County became a pilot site for Colorado's SSIP initiative, and stakeholders created a new steering committee to oversee the initiative. In 2017, the Jefferson County FTC was awarded the Prevention and Family Recovery Grant, which also required ongoing oversight. With three initiatives involving overlapping goals, vision, and leadership, Jefferson County decided to integrate efforts and create a Joint Advisory Committee (JAC). With the goal of creating a comprehensive spectrum of care for all families affected by SUD in Jefferson County's Dependency and Neglect system, the JAC meets quarterly and oversees the three initiatives and their individual steering committees. The JAC is tasked with creating and inspiring a shared vision, identifying and removing significant barriers to true systems change, developing a comprehensive spectrum of care, ensuring families receive intervention at an appropriate level that matches their needs, and addressing issues reported up from the SSIP and FTC steering committees.

In order for the JAC to meet its goals, the team had to think outside the box of their local context and invite appropriate state leaders to participate. By including state and regional leaders, such as a Supreme Court Justice; executive directors of state agencies overseeing parent counsel and child attorneys; the CEO of the managed service organization overseeing local SUD treatment agencies; and representatives from the state Department of Human Services and the state court office, the JAC was able to identify barriers and create solutions that improve outcomes for all families in the system who are affected by SUDs. JAC members reported the positive benefits of attending these meetings, including building relationships across systems and an increased knowledge of resources and important events in the community.

Jefferson County's implementation of the JAC is a concrete step towards systems change and away from project-level thinking. The JAC uses the successes and challenges of the FTC to inform practice and policy changes to apply to all families in the child welfare system. By broadening the focus to all families, stakeholders saw their commitment to the JAC as meaningful and worthwhile.

Jefferson County Judge Gail Meinster shared her thoughts about this innovative governance structure:

Creating a Joint Advisory Committee (JAC) is the most exciting and challenging task we have taken on to achieve true systems change. We feel with the right people at the table, we can improve outcomes for all of our families, provide additional resources, and improve efficiency. The challenging piece has been identifying the right person/role for all of the many agencies we rely on for our three initiatives. Positions in and between these agencies change on a regular basis and our membership is not yet as consistent as we hope it will be. When we meet, it is evident that members are keenly interested in what we are trying to accomplish. We have found that members do a lot of information and resource sharing amongst each other at the meetings. This in itself helps us identify and break barriers. Our program relies heavily on data and the membership responds positively to our regular data presentations.

This JAC is still in its infancy. Systems change is slow, difficult work. We are still defining what this group looks like and what the member responsibilities are. We meet quarterly and it's always a challenge to formulate an agenda that makes good use of everyone's time and talents. But there are always good discussions and ideas on how to move our three initiatives forward in a way that helps all of our families move forward.
Who is a Local Leader?

Through the SSIP initiative, leaders emerged from a variety of positions. Some, such as judges and child welfare directors, were in established leadership roles. Others were not in traditional leadership roles, but possessed characteristics that made them successful leaders. Some of the characteristics that effective local leaders across the states had in common are:

- Passionate and visionary about improving outcomes for families affected by SUDs
- Ability to be “trilingual,” or understand the goals, language, and barriers of the three primary systems: child welfare, courts, and SUD treatment
- Knowledgeable of best practices when working with families affected by SUDs
- Not afraid to ask for what is needed or to create new relationships
- Action oriented and able to make things happen; not discouraged by “no”
- Sees barriers as opportunities
- Connected to state leaders or state-level work, or possesses a willingness to build those relationships and knowledge
- Inclined and willing to share leadership with other stakeholders

Leaders come from all agencies and all levels. Some examples of local leaders include:

- Judges and magistrates
- Family treatment court coordinators
- Child Welfare directors, managers, and supervisors
- Directors of Public Health
- Parent attorneys
- Children’s attorneys/guardians ad litem
- County/city/district attorneys
- Local SUD treatment board/authority representatives
Building Essential Bridges

In many project models, local teams have demonstrated their ability to come together to achieve better outcomes with limited resources. However, in order to expand success beyond a limited number of families, local leaders will need to tap into another vital resource: state partners.

State and local partnerships are symbiotic relationships. State partners spanning all stakeholder groups hold a wealth of knowledge, resources, and connections that can help local sites break down systemic barriers and bringing new resources to their communities. State leaders can lead the way by partnering with county teams to uphold federal and state regulations, support systems improvement, and make state goals a reality. When state and local leaders partner to build the bridges between their goals, needs, and resources, true systemwide change is possible.

Some local agencies have not historically enjoyed positive relationships with their state leaders or have not had productive contact with state partners. While state leaders are encouraged to reach out and create positive connections with county teams, local stakeholders also have the responsibility to approach state partners, inform them of needs and barriers, and ask for assistance. Both parties to the state-local relationship need to be open to new ways of bridging intergovernmental and interagency gaps. When local leaders seek a more productive relationship with state leaders and their agencies, the county can benefit from new resources and perspectives on serving families affected by SUDs in the child welfare system, rather than being left with more autonomy but potentially fewer resources.

Many states uphold strong local authority or control, either because the child welfare system is administered by the county or because the court system supports local discretion. When this is the case, county teams may experience limited state guidance, as state leaders seek to honor local autonomy. Although this can initially be a barrier, states and local sites can navigate this territory by building strong relationships between local and state teams, communicating frequently, and focusing on solutions identified by local teams.

State teams can provide support to local sites by assigning a state representative or liaison to each site who joins monthly meetings, conducts in-person site visits, receives and reviews local data on goals and gaps in the county, and provides a connection to state leaders across systems. State-level liaisons report back to the state steering and executive oversight committees on local successes and barriers. These state committees can then identify shared experiences across multiple sites that help make a case for a statewide response with necessary resources, training, or new partnerships that can expand funding.

Local teams also benefit from state and local relationships by learning about their peers’ innovative approaches. State leaders can facilitate frequent meetings and conversations among local sites, allowing counties to hear about successes, share knowledge, and make suggestions to one another for improved practice. Local teams have appreciated connections to their peers and recognize the benefit of these ongoing relationships. These new bridges are both vertical—across state-local boundaries—and horizontal—including new agencies beyond the triad of child welfare, treatment agencies, and the courts.
Like many rural communities, Huerfano County, Colorado has felt the effects of the opioid epidemic. Often short on resources and revenues, the community relies on collaboration among stakeholders to link services and provide the best possible opportunities for families to succeed. When considering medication-assisted treatment (MAT), Huerfano County professionals recognized the need for this service locally but did not have the resources to bring it to the community. Huerfano residents were often required to drive 50 miles to the closest facility that provided MAT services.

During one of Colorado's monthly peer-to-peer county calls, state partners shared information about the State Targeted Response (STR) grant that provides resources to help address the opioid epidemic. One of Colorado's STR goals is to increase access to MAT services, especially in rural communities that have been significantly affected by opioids. Hearing this, a local leader in Huerfano reached out to their county’s state liaison and asked to meet with STR representatives.

Within a few months, state and county leaders partnered to host a meeting with the local medical community in Huerfano County to discuss the need for MAT and the resources available to bring this treatment service into the county. State partners from the Office of Behavioral Health shared available training and waivers for medical providers to prescribe MAT. The local health center was connected with a treatment provider from a neighboring county who agreed to open an office in Huerfano County once per week to administer medication-assisted treatment. Soon, between existing and new resources, same-day inductions of buprenorphine were available at the health clinic and naltrexone injections were available weekly at the women's clinic. The local health department also agreed to administer naltrexone injections. Partners are now working to bring methadone to the community through a mobile MAT unit.

Huerfano County, Colorado has proven that when passionate local leaders connect with informed state partners and align local needs with an important state initiative, the system can improve.
Ohio strengthened relationships between state partners and county teams through the SSIP initiative. Ohio state leaders held monthly calls with each local site to hear about successes, barriers, and resource needs. Local teams used these calls as an opportunity to request technical assistance, and state partners used the calls to identify themes and brainstorm solutions during core and EOC meetings.

Local sites in Ohio worked to improve information sharing among child welfare, courts, and SUD treatment agencies. However, many teams experienced pushback from their treatment partners related to interpretations of confidentiality laws. Local teams found that the level of information provided was inconsistent among the various treatment agencies, since each agency had different requirements or policies about sharing information. County teams asked their state partners for help in accessing this needed information in order to discuss treatment progress. State leaders recognized that this barrier was an issue across multiple counties and decided to discuss it with the EOC. The EOC, which included decision-makers from state child welfare, treatment, court, Medicaid, and public health agencies, created a universal release that met the standards for all federal and state confidentiality laws. The state treatment agency now requires that every SUD treatment provider accepts this universal release, which has resulted in a streamlined admissions and information-sharing process.

From the grassroots, local leaders used their voices to identify a need and request assistance from state partners. This strengthened the relationships between the state and local teams, improving systems collaboration benefiting all families affected by SUDs in Ohio’s child welfare system.

Over the course of our SSIP involvement, our partners at the state level have provided clear direction and resources to make our program what our community needs it to be. They always made us feel like the experts of our own local program, while offering new ideas and fresh perspectives. I have appreciated being able to contact our state partners with big and small questions that help us overcome difficult obstacles and continue to move forward.

Ohio Local Leader
State Partners

Characteristics of a strong state partner:
- A strong passion and vision for improving outcomes for families affected by SUDs
- Well connected with other state agencies and leaders
- Understands other systems’ goals, language, and barriers
- Knowledgeable of related initiatives
- Progressive, open-minded, out-of-the-box thinker; sees barriers as opportunities
- Understands the local experience and may have worked at the county level
- Willing to visit onsite to observe successes and challenges and help problem-solve; listens to local counties’ experiences and needs

Which state and regional leaders should local sites connect with?
- Court Improvement Program coordinator/director and staff
- State Drug Court coordinator and staff
- Women’s Services Network coordinator
- State Opioid Response grant coordinator
- Child Welfare Title IV-E administrator or Performance Improvement Plan coordinator
- Child welfare service area managers or regional managers
- Veterans outreach coordinator
- State McKinney-Vento coordinator
- Officials overseeing children's initiatives

Important state agencies that may need to be at the table:
- Offices that oversee parent and child attorneys/guardians ad litem
- Department of Health
- Office that oversees Maternal, Infant, and Early Childhood Home Visiting funding
- SUD treatment provider associations
- Early Intervention
- CASA
- Advocacy groups or nonprofits related to family well-being, child welfare, early childhood development, and/or SUDs
- Office that administers the state’s Medicaid program
- Local/regional SUD treatment boards or agencies who oversee treatment agencies and funding streams, such as managed service organizations, administrative services organizations, or managed care organizations
1. Create a local multi-disciplinary governance structure with the goal of improving outcomes for all families affected by substance use disorders in the child welfare system. Create a shared mission and vision, ensuring that all persons involved have a clear understanding of their roles in the initiative.

2. Complete a data profile and gather baseline data in order to learn about the current needs and outcomes of families involved in the child welfare, court, and substance use disorder treatment systems.

3. Find out what related initiatives, projects, or legislation are underway in your city, county, and state. Include key players who are stakeholders in these initiatives to your governance structure.

4. Connect and build relationships with state leaders. Discuss data, opportunities, available resources, and gaps. Use open discussion of barriers to frame options for solutions.

5. Make an action plan and monitor implementation through a continuous quality improvement process monitored by the local governance structure.

6. Showcase your work! Share your successes, challenges, and story with your peers and state leaders.

7. Reach out to Children and Family Futures or other national technical assistance providers for technical assistance as you work through your action plan.

How Do We Start?
## 5 Most Common Challenges You Can Expect to Encounter and Strategies to Overcome Them

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<tr>
<th>Challenge</th>
<th>Why</th>
<th>What To Do</th>
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<td>&quot;Just Another Initiative&quot;</td>
<td>Stakeholders are inundated with new initiatives to improve practice, and leaders may have trouble gaining buy-in.</td>
<td>Use data and partner with parents with lived experience to make your case. Align efforts with parallel initiatives and state and local priorities.</td>
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<td>Person-led initiative</td>
<td>New initiatives need strong leaders with a vision, but an initiative cannot be solely led by one person. If the point person goes on leave or changes positions, progress may halt.</td>
<td>Ensure there is a common vision, mission, and goals shared by the governance structure. Share leadership among agencies. Document the journey and memorialize partnerships and processes in writing, including the governance structure, roles and responsibilities, mission and goals, funding, and data.</td>
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<td>Stigma</td>
<td>Stigma is inherently involved in SUDs and has shaped the system's response to parents with SUDs.</td>
<td>Change the culture of your system. Look upstream at recruitment, hiring, and training practices. Address stigma and values about SUDs at annual multidisciplinary trainings. Use person-first language when discussing SUDs and recovery. Spotlight recovery successes.</td>
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<td>Limited state guidance</td>
<td>Some states, particularly those that have county-administered or home-rule systems, may be hesitant to provide guidance or instruction to local sites.</td>
<td>Be specific and direct about your needs and requests. Build strong relationships with state leaders across systems. Network with peers from other jurisdictions and identify common needs.</td>
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<td>Counties of various sizes</td>
<td><strong>Smaller</strong> counties are more likely to face barriers concerning limited resources, poor service quality, and funding.</td>
<td><strong>Smaller</strong> counties – Find related state initiatives with funding and align efforts. Find out what peers are doing. Build new partnerships with existing and unique resources within the community.</td>
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<td><strong>Larger</strong> counties are more likely to be challenged when moving away from the piloting/testing phase to applying new practices to the entire population.</td>
<td><strong>Larger</strong> counties – Create oversight group to lead initiative and align with parallel efforts. Discuss <em>all families</em> versus pilot project. If piloting, have a plan for rolling out strategies system-wide before beginning the testing phase.</td>
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About CCFF

The Center for Children and Family Futures (CCFF) is an award-winning, nationally recognized, and premier practice, policy, and research institute working at the intersection of courts, child welfare, and substance use disorder treatment. Its mission is to improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders. CCFF has provided training and technical assistance (TTA) for multiple federal and foundation-funded initiatives since 1996 and has served as OJJDP’s Family Drug Court TTA Program provider since 2009. CCFF recognizes that recovery from SUD and co-occurring mental health disorders happens within the context of family and should require a multi-disciplinary approach, particularly for families involved in court, child welfare, and criminal justice systems. CCFF’s staff of more than 60 professionals, located in regions that span the continental United States, possesses extensive experience and expertise in providing TTA to states, counties, FTCs, and practitioners operating at national, state, regional, county, and local levels.

CCFF was contracted to provide in-depth TTA to SSIP awardees; the objective was to strengthen, develop, and improve statewide policies that allowed awardees to effectively serve more families affected by parental substance use. Each grantee was assigned a pair of change leaders to provide ongoing support as teams worked through the multiple challenges and complex processes of systems improvement. Contextual factors, such as demographics, geography, governance, state laws, and local statutes reflect the complexity of systems change and underscore the need for customized and in-depth technical assistance and peer-to-peer support.

The considerations and challenges shared in the Leading Change series are drawn from the experiences shared by each of the awardees through onsite visits, written semi-annual reports to OJJDP, check-in phone calls and interviews conducted with project directors, weekly internal meetings to discuss grantee progress, as well as reviews of site visits and technical assistance reports completed by the change leaders.

For more information, visit: www.cffutures.org