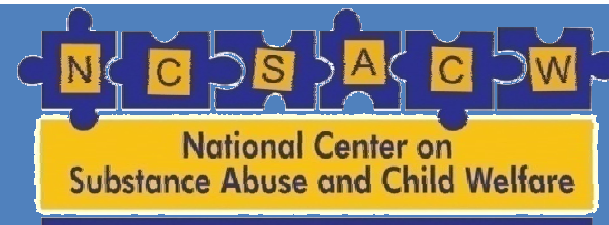# Welcome

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Part Two of the Webinar Series Being Successful:
Meaningful Collaboration to Improve Outcomes for
Families with Substance Use Disorders

States and Communities Sharing Their Experiences: Strength and Hope for Recovery for Children and Families

Nancy K. Young, Director, NCSACW

Larry Pasti, Director, Bureau of Planning and Intervention Design, New York

Dan Griffin, Court Operations Analyst, Minnesota

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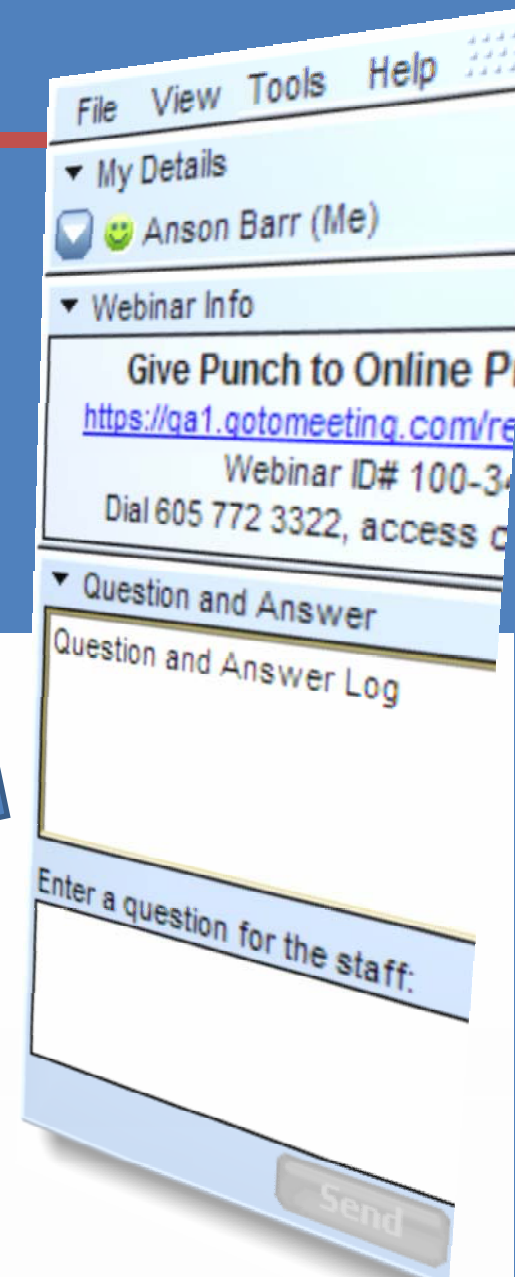
Michael Brennan, Policy Associate, Maine

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Presented by the National Child Welfare Resource Center on Organizational Improvement (NRCOI) and the National Center on Substance Abuse and Child Welfare (NCSACW)

May 6, 2008

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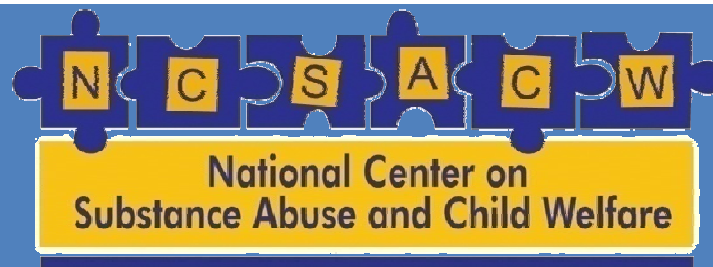
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Today's Topics

Introduction to the National Center on Substance Abuse and Child Welfare (NCSACW)

Overview of Technical Assistance: Highlight In-Depth Technical Assistance (IDTA) Program

- State Experiences: New York

- State Experiences: Minnesota

- State Experiences: Maine

- Questions and Answers

**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

Mission

Developing knowledge and providing technical assistance to Federal, State, local agencies and tribes to improve outcomes for families with substance use disorders in the child welfare and family court systems

Technical Assistance

Objectives

◘ To share knowledge across systems the three systems: substance abuse, child welfare, dependency court

◘ To promote understanding of cross systems issues and to advance cross-system collaboration

◘ To increase awareness of cross systems issues and approaches

◘ To facilitate communication across systems

◘ To provide technical assistance to State and county teams

◘ To improve outcomes for children and adults

Types of TA Products

Collaborative practice and policy tools

Information and sharing of models

Expert consultation and research

Development of issue-specific products
- Monographs, white papers, fact sheets

Training resources and collaborative facilitation
- On-line courses, training materials

Longer-term strategic planning and development of protocols and practice models

Levels of Technical Assistance (TA)

Level One: Information and Sharing of Models	Level Two: Expert Consultation and Research	Level Three: Development of Issue- Specific Products	Level Four: Strategic Planning, Training Resources and Facilitation
479 requests	183 requests	169 requests	12 States 2 Tribes 1 County

September 2002 through March 2008

In-Depth Technical Assistance (IDTA) Program

Designed to facilitate cross-system collaboration among the professionals who work with families affected by substance use disorders that are involved in the child welfare system and may also be involved in the dependency court system

- Application and acceptance process
- 15 month program facilitated by a Consultant Liaison
- Sets priorities for practice and policy changes
- Develops protocols and implementation plans

Center for Substance Abuse Treatment
Distribution of ACF Programs

ACF Programs

- 🔴 Array of Services - 11
- 🟠 Child Focused - 8
- 🟢 Drug Courts - 9
- 🔵 System-Wide Collaboration - 9
- 🔵 Treatment Focused - 9
- 🟣 Tribal - 6

NCSACW IDTA Sites

11 States
2 Tribal Communities
1 County

Puerto Rico &
US Virgin Islands

Created 3/25/08

IDTA Products Developed

Strategic Plans	**Interagency MOUs**	**Cross-system Statements of Shared Values and Guiding Principles**	**Communication Protocols**
Self-Assessment Tools	**Logic Models**	**Evaluation Plans**	**Best Practice Tool Kits and Compendiums**
Screening, Assessment and Practice Protocols	**Multi-system Training Plans**	**Project Marketing Materials**	**Policy Research and Review**

Examples of state products are available for free download at
http://www.ncsacw.samhsa.gov

Discussion

1. How can multiple systems collaboratively establish priorities for achieving better outcomes for the families they mutually serve?

2. How do you sustain cross-system collaboration in the face of political climate change, budget cuts, and other factors that are outside your control?

3. What are the most important lessons you've learned to help you make the best uses of your time, energy, money and stakeholders to accomplish your goals?

4. What should jurisdictions that are seeking to develop collaborative relationships avoid in order to be successful?

Larry Pasti, M.A., Director
Bureau of Planning & Intervention Design
NYS Office of Children & Family Services

NEW YORK

Environmental Context

Existing Collaboration Between ACS-OASAS

CFSR Program Improvement Plan

Statewide Family Treatment Courts

- Collocation Project (OCFS-OASAS) Beginning

- Local County Child Welfare Collaborative Groups

What We Accomplished

Develop Collaborative Guide (Values, Screening to Discharge, Services)

Develop Cross System Training Plan (includes marketing and use of Guide)

- Sharing Success Conference

- Strengthened Collaborations

Copies of these products are available for free download at
http://www.ncsacw.samhsa.gov

Creative Solutions We Employed to Overcome Hurdles

Bringing in other partners (OTDA)

Broad system involvement in workgroups

Be willing to hang tough and regroup

◘ Communication, communication

◘ Funding (Cross Systems)

Lessons Learned

OTDA Temporary Assistance

Screening and other services

Redefine core competencies for workers

- Need for statewide interagency database

- Connect IDTA to other initiatives

- Have ideas pre-prepared for funding
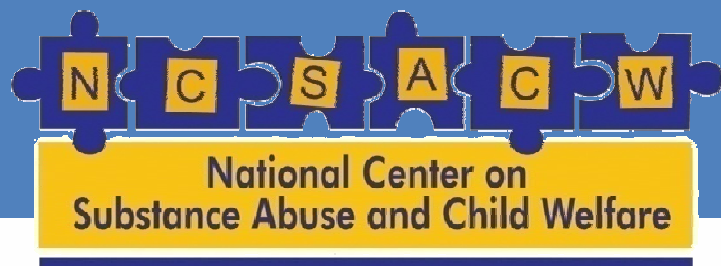
Post-IDTA:
Where We're Headed from Here

Early 2008 teleconference

CIP Cross Systems Training

Develop training on Collaborative Guide

◻ Develop laminated checklists on core issues

QUESTIONS AND ANSWERS

Dan Griffin, Court Operations Analyst—Chemical Health

Minnesota Judicial Branch, State Court Administrator's Office

MINNESOTA

Environmental Context

Child Welfare Reform Implementation

- Child Protection Differential Response Continuum
- Children's Justice Initiative

Priority due to presence of overlap between AOD and Child Safety

Desire to improve state and local collaboration to achieve:

- Earlier engagement of parents in assessment, treatment and recovery
- Improved practice through cross-system collaboration
- Increased flexibility in individualized planning and treatment services
- Improved training on overlap impact of AOD and child safety concerns

What We Accomplished

- Successful Collaboration between Courts, Chemical Health, CPS, and Parents
  - Shared Values and Principles
  - Enhanced County and Tribal engagement
  - Development of State and Local Advisory Team Structures
- Review and Research
- Parent Focus Groups and Parent Partner Handbook
- *Catch the Vision – Through the Eyes of the Child Best Practice Tool Kit*
- Plans for continued success – training, evaluation, and sustainability plans

Copies of these products are available for free download at
http://www.ncsacw.samhsa.gov

Parent Feedback Highlights

Use an approach that is collaborative, culturally competent, family-centered and strengths-based

Deliver interventions and services that engage – not alienate - the parent to make life improvements

□ Work and talk together as systems to be consistent and keep the focus on AOD and needed services

Parent Feedback Highlights

Minimize the seemingly endless, confusing and often conflicting stream of rules, requirements and paperwork that parents identify as barriers

Design services that reduce the need to separate the family for the purposes of treatment and recovery

- Recognize and include fathers in the intervention and recovery process and focus on reparation of father-child relationships

Creative Solutions We Employed to Overcome Hurdles

Needed accountable key staff

- Established Tri-team and Core team members
- Assigned project lead with continuation of key staff and advisory team structure

□ Needed honest and effective dedication of resources

  □ Established mutual cooperation between division directors of three entities

  □ Creation of living shared values and principles used to implement and assure project support and resources

Creative Solutions We Employed to Overcome Hurdles

Needed better communication and less misunderstandings

- Engage and Involve Parents

- Clarity of roles and responsibilities

- Created communication plan

- Relied upon mutual accountability through a parallel process

Lessons Learned

Collaborate with consistency and honesty between primary stakeholders

Identify best practices and capacities within own state

Embrace state/county/tribal relationships as strengths rather than challenges

◻ Assure partnership with representatives from communities of color and specifically persons from Indian Country

◻ Assure recommended strategies respond to race and culture needs of families and communities

Post-IDTA: Where We are Today

Shared FTE between Courts and DHS for continued project leadership

Expansion of technical assistance for counties and tribes to implement tool kit strategies and further team building

Conducted 1st CJI-AOD Team Annual Survey

- Encouraging expansion of FDTC and Recovery Specialist practices

- Implementation of cross training plan, statewide *Connections Matter Child Protection Conference* , annual regional lead judges meetings; First formal in-state FDTC training set for January/March 2008

- Continual pursuit of new funding

National Center on
Substance Abuse and Child Welfare

QUESTIONS AND ANSWERS

Robert Long, L.C.P.C./L.A.D.C., Administrator

Access and Outpatient Services, Kennebec Behavioral Health

Michael Brennan, M.A., M.S.W., LCSW, Policy Associate

Institute for Child and Family Policy

MAINE

Environmental Context

In 2001, the Muskie School completed a study for the Office of Substance on issues related to child welfare and substance abuse and domestic violence and substance abuse. The study showed there was no uniform screening, assessment, or treatment protocols for child welfare cases involving substance abuse. The report concluded that the early identification does lead to better treatment outcomes. The Legislature supported the creation of Child Welfare and Substance Abuse Committee..

What We Accomplished

The Committee researched and reviewed screening instruments; it chose the UNCOPE screening tool because it met the criteria of being reliable, brief, and required minimal training. More immediate access to care increased positive treatment outcomes.

- Pilot sites were utilized to field test the UNCOPE before it became part of every risk assessment completed by case workers on a state-wide basis.

- **DHHS implemented the universal UNCOPE screening policy and procedures effective June 30, 2006.**

Copies of these products are available for free download at
http://www.ncsacw.samhsa.gov

Creative Solutions We Employed to Overcome Hurdles

Data analysis revealed a gap in screening opportunities for families who do not warrant an in-person response by CPS.

Of all families deemed appropriate for CPS response, almost 1/3 (32.9%) were low-to-moderate risk families referred to Community Intervention Program (CIP) contract agencies.

- Almost 2/3 (64%) of families with substantiated findings had prior CIP referrals, and often multiple referrals.
- CIP agencies were not conducting UNCOPE screening on families referred for services, nor were there policy or contract provisions to do so.

Creative Solutions We Employed to Overcome Hurdles

DHHS implemented UNCOPE screening in its alternative response policy and procedures

- Amended DHHS policy to ensure consistency in family assessment guidelines for families referred to CIP providers

- Amended CIP contracts to reflect those changes effective July 1, 2007.

◻ Developed and implemented a training for CIP supervisors that included motivational interviewing, using the UNCOPE tool, an overview of substance abuse treatment levels of care, and an orientation of local treatment resources utilizing OSA's treatment resources website.

What We Accomplished

Concurrently with the screening initiative, the committee reviewed data developed by the Muskie School which indicated that the information reported by substance abuse professionals to DHHS was difficult to utilize in determining the implication of an individual's relationship with substances on their ability to care for, nurture, and protect their child/children.

- The committee developed a set of assessment/evaluation and treatment status report guidelines to be used by substance abuse professionals providing clinical information to DHHS

- A training protocol for substance abuse professionals was developed

- In February 2006, a pilot training program for selected substance abuse professionals was implemented.

Creative Solutions We Employed to Overcome Hurdles

Data analysis following the pilot report writing training program for substance abuse professionals indicated that a more systemic approach would be needed to provide a adequate network of substance abuse professionals ready, willing, and able to provide specialized reports to individuals screened and referred by DHHS

Creative Solutions We Employed to Overcome Hurdles

The committee has developed and created an initiative to create a state-wide network for referral, assessment and treatment utilizing agencies serving families affected by substance abuse and child abuse/neglect. The components include:

- Screening and referral

- Assessment/Evaluation Guidelines

- Comprehensive Training Model

- Rapid Access to Assessment/Evaluation and Treatment

- Collaboration

- Administration

Lessons Learned

Leadership from the beginning

Legislative support

Administrative leadership

Involved Stakeholders

- Research and staff support

◻ Selecting a screening tool

◻ There is no perfect tool.

◻ Don't try to accomplish too much in your screening process; it can lead to needless work.

Lessons Learned

Implementing a screening tool and field testing

Training is crucial. Instilling a sense of buy-in is essential. If it is seen as meaningless, it will not be done. On-going training and orientation should include the UNCOPE as well as the dynamics of addiction.

In addition to the UNCOPE, include "collateral" information in your assessment.

◘ Supervision makes the difference

◘ UNCOPE screening is incorporated into overall policy on family assessment.

◘ Training is mandatory for new staff members.

◘ Monitoring compliance is included in DHHS's Quality Assurance Program.

Lessons Learned

Having a network of qualified professionals to receive referrals and provide timely assessments/evaluations, treatment and meaningful feedback is an essential component to supporting and maintaining the DHH'S identifying and addressing substance abuse issues.

- Collaboration with empathy among systems is a necessary ingredient for developing and maintaining any meaningful change initiative

- Ideally, changes within the Child-Welfare and Substance Abuse systems should be implemented concurrently

- Anchoring and strengthening changes within existing systems for fostering "best practices" is the key to maintaining change over time. (e.g.-administrative and clinical supervision)

Post-IDTA:
Where We're Headed from Here

The Child Welfare/Substance Abuse Committee has established the "shared outcome" of decreasing the length of time it takes to achieve permanency for Maine's children. In addition to continued monitoring of UNCOPE screening, initial priorities include:

Instituting the updated Collaborative Inter-agency agreement between DHHS and the Maine State District Court

◼ Data analysis to determine the number of families who fail to achieve permanency for their children due to barriers related to substance abuse.

◼ Developing a network of substance abuse treatment providers trained to better serve the needs of families involved in the child welfare system.

How can multiple systems collaboratively establish priorities for achieving better outcomes for the families they mutually serve?

Get the voice of the parent included as an early step

Keep issues of race and ethnicity and awareness of disparate treatment forefront in all ongoing conversation and work

Establish Common Ground through the discussion and development of your core values and principles

- Storyboarding process is useful to identify points of agreement and contention

- Use the CFSR measures as a starting point of agreement for achieving outcomes together and creating your roadmap

- Model the collaborative behavior at the state level that you want to see at the local level

How do you sustain cross-system collaboration in the face of political climate change, budget cuts, and other factors that are outside your control?

Focus on how far you have come and on re-energizing or re-vitalization of team relationships

Remind yourselves of the passion and original mission of the work and keep your vision looking out through the eyes of the families

◘ Find practical ways that you can improve how you work together – change in small ways can have big benefits. What CAN you do with what you've got?

◘ Stay the course and pull out your roadmap every once in a while

What are the most important lessons you've learned to help you make the best uses of your time, energy, money and stakeholders to accomplish your goals?

Identify accountable key staff and a lead person assigned - who is driving the vehicle at the state and local level?

Be clear about who is doing what – agreement and accountability – create a communication plan

Share Cost and staff resources

- Build on your strengths
- Cross train

What should jurisdictions that are seeking to develop collaborative relationships avoid in order to be successful?

Don't avoid conflict relationships – acknowledge them and talk them through using solution building language – keep the discussion at a system's perspective rather than individualizing the conflict.

Don't fall into the Blame Game – Use the "magic word" to assure curiosity is possible and honor the absent

◘ Don't leave out the parent voice – involving parents greatly increases the likelihood that policies will be well informed and faithfully implemented.

QUESTIONS AND ANSWERS

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