What Works for Families Affected by Substance Use Disorders: Collaborative Practice Between Substance Abuse, Child Welfare and the Courts

Ken DeCerchio, MSW, CAP
Children and Family Futures

Pre-Submission Conference
Recovery Program Transformation and Innovation (RPTIF)
September 17, 2014
Columbia, South Carolina
8.3 million children

2002-2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
How many children in the child welfare system have a parent in need of treatment?

61% of infants and 41% of older children in out of home care

- Wulczyn, Ernst and Fisher, 2011
Parental AOD as Reason for Removal 2012

National Average: 30.5%

Source: AFCARS Data, 2012
Parental AOD as Reason for Removal in the United States and South Carolina, 1998-2012

Source: AFCARS Data Files

* No Data available
Children in Foster Care, South Carolina, 2002-2012

Source: AFCARS Data Files
Percent and Number of Children with Terminated Parental Rights by Reason for Removal – 2012

- Neglect (n=76,374) 66%
- Parent Alcohol or Drug Abuse (n=42,085) 36%
- Parent Unable to Cope (n=25,417) 22%
- Physical Abuse (n=19,659) 17%
- Inadequate Housing (n=17,713) 15%
- Parent Incarceration (n=8,273) 8%
- Abandonment (n=7,434) 6%
- Child Behavior (n=7,387) 6%
- Sexual Abuse (n=6,150) 5%
- Child Alcohol or Drug Abuse (n=3,237) 3%
- Child Disability (n=5,237) 3%
- Relinquishment (n=1,974) 2%
- Parent Death (n=1,187) 1%

Source: AFCARS 2012
Drugs of Choice at Admission
State of South Carolina, 2013

Total South Carolina admissions = 19,928

*Other opiates includes non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.


- Adoption and Safe Families Act (ASFA)
- Blending Perspectives and Building Common Ground Congressional Report
- National Center on Substance Abuse and Child Welfare
- Regional Partnership Grants
- Children Affected by Methamphetamine Grants
- Substance Exposed Newborn Grants
- Family Drug Court Grants
- Fostering Connections Grants

Source: Children and Family Futures RPG2 RPG3
Leadership of the Federal Government: Five National Goals Established

- Building collaborative relationships
- Assuring timely access to comprehensive substance abuse treatment services
- Improving our ability to engage and retain clients in care and to support ongoing recovery
- Enhancing children’s services
- Filling information gaps
Addiction affects the whole family.
Addiction as a Family Disease

• The impact on child development is well-known: addiction weakens relationships – which are critical to healthy development.
• **Child-well-being** – is more than just development, safety and permanency – it’s about relationships that ensure family well-being.
• Impact of substance use combined with added trauma of separation due to out-home custody = severe family disruption.
Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.
We are learning more about

Serving Families

Serving Children
Effective Substance Abuse Treatment

We know more about

- Readily available
- Attends to multiple needs of the individual (vs. just the drug abuse)
- Engagement strategies to keep clients in treatment
- Counseling, behavioral therapies (in combination with medications if necessary)
- Co-occurring conditions
- Continuous monitoring

(National Institute on Drug Abuse, 2012)

To view our webinar on this topic, please visit www.familydrugcourts.blogspot.com
MEDICATION-ASSISTED TREATMENT (MAT)-IT’S EVIDENCE BASED?

• MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders (SAMHSA).
• MAT is clinically driven with a focus on individualized patient care.
• Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful, particularly for alcohol and opiate related substance use disorders.
Why are the Doors Closed on Mat?

Stigma – Four Factors

1. Misconception as a moral weakness or willful choice
2. Separation from rest of health care
3. Language mirrors and perpetuates stigma
4. Failure by criminal justice system to defer to medical judgment in treatment

Source – Olsen and Shafstein, JAMA, 2014
Addressing Co-Occurring Disorders

- Trauma
- Mental Health Disorders
- Psychiatric Care
Family–Centered Approach

Recognizes that addiction is a family disease and that recovery and well-being occurs in the context of family relationships.
Continuum of Family-Based Services

Women's Treatment With Family Involvement
- Services for women with substance use disorders. Treatment plan includes family issues, family involvement
- Goal: improved outcomes for women

Women's Treatment With Children Present
- Children accompany women to treatment. Children participate in child care but receive no therapeutic services. Only women have treatment plans
- Goal: improved outcomes for women

Women's and Children's Services
- Children accompany women to treatment. Women and attending children have treatment plans and receive appropriate services.
- Goals: improved outcomes for women and children, better parenting

Family Services
- Children accompany women to treatment; women and children have treatment plans. Some services provided to other family members
- Goals: improved outcomes for women and children, better parenting

Family-Centered Treatment
- Each family member has a treatment plan and receives individual and family services.
- Goals: improved outcomes for women, children, and other family members; better parenting and family functioning
Family-Centered Parent-Child Quality Visitation Assessment Tools Team Meetings Family Recovery Family Well-being Re-thinking Family focused Family Functioning Family Time
Parent Recovery
Focusing on parents’ recovery and parenting are essential for reunifying and stabilizing families.

Child Well-Being
Focusing on safety, permanency, and social-emotional development are essential for child well-being.
What is the relationship between children’s issues and parent’s recovery?
Focusing Only on Parent’s Recovery Without Addressing Needs of Children

Can threaten parent’s ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being
Challenges for the Parents

• The parent lacks understanding of and the ability to cope with the child’s medical, developmental, behavioral and emotional needs

• The child’s physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs

• The parent and child did not receive services that addressed trauma (for both of them) and relationship issues
Family Recovery
Treatment Retention and Completion

• Women who participated in programs that included a “high” level of family and children’s services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services. - Grella, Hser & Yang (2006)

• Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents. - Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010

• Substance abuse treatment services that include children in treatment can lead to improved outcomes for the parent, which can also improve outcomes for the child
Parenting and Parent-Child Relationship

• Bonding & Attachment
• Parent Education & Support
• Quality Visitation
Considerations in Selecting a Parenting Program

- Understand needs of consumers - what do these families look like? Are there unique struggles?
- Have realistic expectations of their ability to participate - especially in early recovery
- Parenting program should include parent-child interactive time, but this should not be considered visitation
- Child development information needs to be shared with the parent and the parenting facilitator in advance
• Beginning during unsupervised/overnight visitations through 3 months post-reunification

• Staffed by an outside treatment provider and recovery support specialist (or other mentor role)

• Focus on supporting parents through reunification process

• Group process provides guidance and encouragement; opportunity to express concerns about parenting without repercussion
Ensure aftercare and recovery success after child welfare involvement:

• Personal Recovery Plan – relapse prevention, relapse, safety plan
• Peer-to-peer support – alumni groups, recovery groups
• Other relationships – family, friends, caregivers, significant others
• Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
• Self-sufficiency – employment, educational and training opportunities
Cross-System Collaboration

LIVE DEMONSTRATION!

Policy & Practice

What do we know About What’s working?
Elements of System Linkages

Mission

1. Underlying Values and Priorities

Children, Family, Tribal, and Community Services


System Elements


Outcomes

10. Shared Outcomes and Systems Reforms
How Collaborative Policy and Practice Impacts 5Rs

- Recovery
- Remain at home
- Reunification
- Recidivism
- Re-entry
Regional Partnership Grants (RPGs)

• Authorized by the Child and Family Services Improvement Act of 2006 (P.L. 109-288)
  - 53 RPGs were awarded by the Children’s Bureau in September, 2007: $145 million over 5 years

• The Child and Family Services Improvement and Innovation Act (Pub. L. 112-34) signed into law Sept. 30, 2011
  - 17 RPGs were awarded in September 2012
  - Also awarded 2-year extension grants to eight of the original regional partnership grantees

Reports to Congress
RPG Program Purpose

- Improve the safety, permanency, and well-being of children affected by substance abuse in child welfare
- Address common systemic and practice challenges
- Establish or enhance a collaborative infrastructure to build the region's capacity
• 92.0% of children who were in the custody of their parent or caregiver at the time of RPG program enrollment remained at home through RPG program case closure.

• The percentage of children who remained at home significantly increased through program implementation from 85.1% in Year 1 to 96.4% in Year 5.

• Within the first six months following RPG Program enrollment, 95.8% of children experienced no maltreatment.
<table>
<thead>
<tr>
<th>Safety and Permanency Outcomes (Median Performance)</th>
<th>Children in RPG Program</th>
<th>State Contextual Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Children who had Substantiated Maltreatment within Six Months after RPG Program Enrollment (N=22,558)</td>
<td>4.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Discharge to Reunification – Median Length of Stay in Foster Care (N=3,340)</td>
<td>9.5 months</td>
<td>7.5 months</td>
</tr>
<tr>
<td>Percentage of Children Reunified in Less than 12 Months (N=3,627)</td>
<td>63.6%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Percentage of Children Reunified who Re-entered Foster Care in Less than 12 Months (N=3,575)</td>
<td>5.1%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Discharge to Finalized Adoption – Median Length of Stay in Foster Care (N=418)</td>
<td>24.2 months</td>
<td>29.3 months</td>
</tr>
</tbody>
</table>
CHILD WELL-BEING IMPROVED

From RPG program admission to discharge:*

• The percentage of children for whom overall child well-being was rated a strength significantly increased from 24.8 percent to 53.0 percent.

• The percentage for whom overall well-being was rated as a problem significantly decreased from 31.9 percent to 12.7 percent.

• Children made the greatest gains in the areas of mental health, behavior, and parent relations.

p. <.001

* Data represent the subset of 8 grantees reporting these NCFAS data
FAMILY WELL-BEING IMPROVED

- **Family interactions** was a strength increased 21.8 percent to 47.0 percent.
- **Environment** (stability and safety in their home and community) was a strength increased from 18.4 percent to 41.5 percent.
- **Family safety** was a strength increased from 17.2 percent to 41.0 percent.

p. <.001

* Data represent a subset of 8-10 grantees reporting these NCFAS data
Focus on parent recovery, engagement and completion of treatment

Grantees stressed the importance of key supportive services to help parents achieve sustained recovery and to reunify with their children.

Regional Partnership Grant Programs

- RPG adults accessed treatment quickly:
  - Within 13 days of entering the RPG program, on average
  - 36.4% entered treatment within 3 days
  - Remained in treatment a median of 4.8 months
  - 65.2% stayed in treatment more than 90 days
  - 45.0% completed treatment
LIAISON
• Links participants to ancillary supports; identifies service gaps

TREATMENT BROKER
• Engages parents
• Facilitates access to treatment by addressing barriers and identify local resources
• Monitors participant progress and compliance

ADVISOR
• Educates community; garners local support
• Communicates with child welfare and service providers
Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations

- No Parent Support Strategy: 102 days
- Intensive Case Management Only: 130 days
- Intensive Case Management and Peer/Parent Mentors: 151 days
- Intensive Case Management and Recovery Coaches: 200 days

Median in Days
Substance Abuse Treatment Completion Rate by Parent Support Strategies

- No Parent Support Strategy: 46%
- Intensive Case Management Only: 46%
- Intensive Case Management and Peer/Parent Mentors: 56%
- Intensive Case Management and Recovery Coaches: 63%
RPG I: KEY PROGRAM IMPLEMENTATION LESSONS

“I’ve been involved with criminal type cases and juvenile and dependency cases for 30 years. I was a cynic to the idea of the [RPG] to begin with. ... Now, with this collaboration, I see different people in six months than when people came in. Their attitudes are different and their joy of life is back.” - RPG FDC Judge

- Collaboration is essential to address the complex and multiple needs of families and sustain integrated service delivery.
- Collaboration to establish cross-systems linkages and effective sustainability planning takes time and is developmental and iterative in nature.
- Intensive multi-faceted outreach is needed at the client, partner, agency, and community levels.
The collaborative must continually assess its progress and adapt its program and services to meet families’ unmet and emerging needs and facilitate client engagement and retention.

Treating the family system—rather than an individual child or parent in isolation—is far more effective in addressing a family’s underlying and complex issues. Over the course of the grant, grantees moved from individual-focused services to more comprehensive family-centered treatment.

“At first I didn’t want to come [to treatment] and I didn’t want to stop using, but [the outreach worker] came knocking on my door every day, telling me I was going to make it to treatment no matter what. She would do whatever it took to get me involved... She’s changed my whole life.” - RPG Program Participant

RPG I: KEY PROGRAM IMPLEMENTATION LESSONS

Family-Centered
FDC Outcomes

**Higher Treatment Completion Rates**

**Shorter Time in Foster Care**

**Higher Family Reunification Rates**

**Lower Termination of Parental Rights**

**Fewer New CPS Petitions After Reunification**

**Cost Savings per Family**
Cost Offsets Per Family

$ 5,022  Baltimore, MD
$ 5,593  Jackson County, OR
$13,104  Marion County, OR
Common Ingredients of FDCs

- System of identifying families
- Earlier access to assessment and treatment services
- Increased judicial oversight
- Increased management of recovery services and compliance
- Responses to participant behaviors (sanctions & incentives)
- Collaborative approach across service systems and Court

2002 Process Evaluation
Addiction  Treatment  System Response

We can no longer say “We don’t know what to do”

What do we believe?

What do we know?

What will we do?

Thinking differently, responding differently
Holding Each Other Accountable

- Our systems hold parents responsible for their recovery and their parenting.
- Our systems must also hold each other accountable to improve the outcomes for families affected by substance use and mental disorders.
Collaborative Practice Implications

What system changes need to occur to support local, cross-system collaborative practices?

- Priority and timely access to treatment
- Address confidentiality
- Protocols for sharing clinical and child welfare information
- System’s response to relapse
Collaborative Practice Implications

What do child welfare staff need from substance abuse and mental health treatment practitioners to more effectively make decisions about the safety, permanence and well-being of children they are charged to protect?

What do substance abuse and mental health treatment practitioners need from child welfare staff to more effectively assess and treat parents and children?
Sustaining Partnerships: Challenges and Successes
Despite this context, grantees achieved a substantial level of success with sustaining at least part of their collaborative activities!
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73.2 %</td>
<td>of the <em>major services and activities provided</em> as part of the grant were sustained</td>
</tr>
<tr>
<td>53.3 %</td>
<td><em>specific components</em> or a scaled down or modified version of their program model</td>
</tr>
<tr>
<td>33.3 %</td>
<td>sustained their project in its <em>current form or model</em> beyond their grant period</td>
</tr>
<tr>
<td>11.1 %</td>
<td><em>were not able</em> to sustain any of their program</td>
</tr>
</tbody>
</table>

Of the 44 regional partnerships whose grants were not extended:
Four Stages of Collaboration

Sid Gardner, 1996
Beyond Collaboration to Results

Information Exchange  Joint Projects  Changing the Rules  Changing the System

Better Outcomes for Children and Families

External $$ here

Existing $$ here

Data Universal Screening Shared Case Plans
<table>
<thead>
<tr>
<th>Successful Financing Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widening the definition of available or potential resources</td>
</tr>
<tr>
<td>Changing the business as usual practices to incorporate RPG innovations</td>
</tr>
<tr>
<td>Integrating with other child welfare systems improvements</td>
</tr>
<tr>
<td>Negotiating third party payments for what the grant had initiated</td>
</tr>
<tr>
<td>Institutionalizing RPG practices into existing systems of care</td>
</tr>
<tr>
<td>Redirecting existing, currently funded resources to adopt new case management and client engagement strategies</td>
</tr>
</tbody>
</table>
The larger economic and fiscal environment has a notable impact on collaborative service delivery and sustainability planning efforts.

- Broadening the partnership beyond child welfare and substance abuse treatment to work with other community agencies is critical to securing important core treatment and supportive services.
- The partnership and program need to be integrated into other existing systems’ efforts and infrastructures and leverage all available resources to facilitate sustainability.

Staff training and development need to be a key project component in larger implementation and sustainability plans.

“At the start[...we were] fully aware of the critical need to develop a sustainability plan [...] However, no one could predict the degree to which the economic downturn would affect funding, resources, and policies at both the state and local level[...] it became evident that options were limited in terms of raising the funds necessary for sustaining [RPG] program services beyond the award period.”

- Grantee
Project Thinking  System Thinking

Paradigm Shift
Systems Change – Other Key Features

- Goes **beyond the boundaries** of the project
- About both systems and **clients** – how they move **through the system** and what happens afterwards
- Requires a **continuous feedback loop** provided by information systems
- Takes place in a **learning organization** that is open to feedback from partners, clients and the wider community
- **Funding and staffing resources** are critical for institutional change
- **Barriers** are not accepted — they are targets for change
KEY SUSTAINABILITY QUESTIONS

- Are we clear on what we want to sustain: which components and practices?
- Are we clear on the benefits of the program—and who might want to help pay for them?
- Have we done an inventory of most likely future funders?
- Have we begun a dialogue with those funders?
- Have we packaged the strongest possible case for our project? Do we use both stories and numbers to make the case?
- Have we documented how we’ve already changed the system and changed the rules?
- Who’s going to tell our story: who’s singing our song?
- Have any practice or policy changes been institutionalized—accepted as normal practice instead of being confined to the project?
HANDOUTS

- Sustainability Discussion Guide
- Sustainability Matrix
- Catalogue of Resources
For these and additional resources, visit:
http://www.cffutures.org/
https://www.ncsacw.samhsa.gov/default.aspx

Online Tutorial
Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
Ken DeCerchio, MSW, CAP
Program Director,
Children and Family Futures,
National Center on
Substance Abuse and
Child Welfare
1-866-493-2758
kdecerchio@cffutures.org