

Module 5

Developing a Comprehensive Response for Families Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders

Family Services

- Each State is organized and operated differently.
- Federal agencies also are all different.

All States Offer:

- Health services
- Child welfare
- Substance use/mental disorder treatment
- Criminal justice system
- Developmental disabilities
- Education
- Job training and support
- Public assistance
- Housing, transportation
- Economic, small-business support

Family Service Competencies

- Attitudes: inner feelings and beliefs
- Knowledge: information relevant to the helper's role
- Skills are abilities developed by:
 - applying knowledge to experience
 - through the lens of attitude
 - guided by supervision

Needed at child, family and community levels

Adoption and Safe Families Act Timetables

- Family reunification services
 - First 15 months after entering foster care
- Case review
 - Once every 6 months
- Permanency hearing
 - no later than 12 months after entrance into foster care and
 - Not less than every 12 months thereafter

Adoption and Safe Families Act

Timetables (cont.)

- When a child has been in foster care for 15 of 22 months, the State must request a petition to terminate parental rights, unless:
 1. A relative is caring for the child,
 2. There is a *compelling reason* that termination would not be in the best interests of the child, or
 3. The State has not provided the family the needed services within the required deadlines.
- Document a *compelling reason* for determining that such a petition is not in the child's best interest
 - Example—the parent is attending a substance abuse treatment program

Developing a Comprehensive Response

- Guidelines for working with substance abuse or mental health treatment professionals:
 - Differing perspectives, types of knowledge, experiences and relationships with parents, requirements and strategies.
 - Share knowledge about resources and practices and about the needs and experiences of parents and children, while respecting professional concerns and mandates.

Community Care Systems

When multiple helpers are working with a family, coordination is essential and can only take place if community service leaders can manage a system that links all services.

System of Care Approach

- Foundation of shared values.
- Develops differently in each community.
- Shared community infrastructure.
- Ongoing involvement of children and families in all system decisions and functions.
- Comprehensive quality improvement.

Integrated System Approach: Considerations

- How much does the system function in this way in your community?
- How well is your agency able to work in these kinds of partnerships?
- How well do you reach out to others and how well do you respond to others reaching out to you?

Information Provided by Substance Use and Mental Health Assessments

- Diagnosis, with DSM-IV code
- Level of care and treatment recommendations
- Treatment plan for comprehensive services
- Recommendations to other service providers

Developing Case Plans

- Effective case plans:
 - Assess safety and well-being of children throughout the case
 - motivate parents to enter and continue treatment
- Using social work skills:
 - Initial relationship that demonstrates concern about parents' well-being
 - Documentation, observation and interviews—to determine what has happened and establish a case plan

Child Welfare Case Planning: What You Can Do

- Establish a plan that will help parents with a disorder get appropriate treatment.
- Help parents find an appropriate treatment professional.
- Address social, economic, motivational and other needs.

****Support can have powerful results****

Culturally Competent Case Planning

- Culture lives at the family level but also exists in individuals and organizations.
- Culture includes *beliefs, traditions* and *values*.
- *Beliefs, traditions* and *values* must be the platform on which solutions are built.

What Goes Into a Case Plan

- Strengths & Needs
- Goals & Objectives
- Services & Supports
- Achievement dates
- Persons responsible
- Success indicators

Help Parents Prepare: Know Resources

- Treatment resources available in your community
- Characteristics of area treatment programs
- Services that the programs provide
- Requirements, expectations, and conditions for participating in treatment

Partnerships With Treatment Professionals

- Learn about each other's agency
- Share information regarding jointly served children, adults, and families
- Understand requirements for
 - 42 CFR, part 2
 - HIPAA
 - Informed consent

Help Parents Prepare: Gather Information - 1

- Program missions
- Statutes, rules, policies and procedures
(especially confidentiality procedures)
- Time commitment expected of participants
- Funding sources and limitations of spending
- How success is defined and measured

Help Parents Prepare: Gather Information - 2

- Language, terms, and acronyms
- Staffing structure of organizations
- Formal and informal communication within programs
- What programs can offer each other in a collaborative relationship

Help Parents Prepare: Referrals and Expectations

- Provide recommendations and contact information and assist with referrals.
- Convey information so parents know what to expect and do.
- Work with specialists.

(Once a parent receives a referral to treatment, the treatment program will conduct additional assessments.)

Help Parents Prepare: Suggestions - 1

- In-home services:
 - Opportunities to improve parenting skills and interactions with children.
 - Help set up a household with stability and continuity for the children.
 - Develop safety plans for children whose parents may become unavailable to them.
- Foster care:
 - Support parents' participation in treatment so that they can meet dependency court requirements and participate fully in visitation rights.
 - Help parents set up a household once treatment is underway and dependency court requirements are being met.
 - Work with treatment providers to address relapse.

Help Parents Prepare: Suggestions - 2

- Keep treatment professionals informed about
 - the dependency court schedule of hearings and their outcomes,
 - information needed by the court about parental progress in treatment, and
 - problems the judge is addressing throughout this process.
- When possible and appropriate, invite treatment counselors to hearings to offer testimony .

Measuring Progress - 1

- Substance abuse treatment professional's view:
 - Increased periods of sobriety and decreased periods of relapse—as a result of treatment.
 - Scope and durability of changes in other areas of life to maintain sobriety
- Mental health treatment professional's view:
 - Quality of life measures
 - Decrease in symptoms of the mental disorder
 - Self-management of disorders

Measuring Progress - 2

- Child welfare worker's view:
 - Parent participation in treatment within the deadlines established by the court
- Shared views:
 - Parental participation in treatment;
 - Parental motivation to achieve the conditions that will result in retaining or reuniting with their children.

Collaborative Case Planning

1. Incorporate objectives in the child welfare case plan related to a parent's treatment and recovery.
2. Ensure that child welfare case plans and treatment plans do not conflict.
3. Joint reviews of case plans with treatment staff and family.
4. Share case plans with treatment providers.
5. Regularly review a parent's progress to meet goals in the case plan, especially after critical events.
6. Identify indicators of a parent's capacity to meet the needs of their children and outcomes of the case plans.
7. Regularly monitor progress and share it with treatment staff.

Sharing Information in a Service Delivery Team

Changes that might create stress for the parents or affect their participation in treatment:

- Increased visitation or unmonitored visits with children.
- Meetings scheduled with social workers.
- The family's case is being transferred to a new child welfare worker or to a different unit.
- Unanticipated changes in any services in the case plans.
- Schedule of court hearings or in the court calendar.

Co-Occurring Necessities

- Communication: People receiving treatment need information, and multiple helpers need to share information.
 - Coordination: Multiple helping efforts must be coordinated, to benefit everyone.
 - Consultation: Helpers with one kind of expertise need input and advice from helpers with other expertise.
- **Service is more effective when helpers talk.****

The Role of the Team

- Create an individualized course of action
 - Strengths-based, responsive to family's needs, relies on family and family's formal/informal supports
- Engage the child and family
- Ensure appropriate assessment and information needed to choose interventions
- Develop/implement a course of action
- Track progress and address emerging needs
- Sustain and support child and family over time

Team Conference Process - 1

- Information gathering/assessment
- Preparation for the family team process
 - Include substance abuse/mental health treatment professionals as appropriate
- Family Team Conference
 - Introductions/purpose/ground rules
 - Child/family summary—strengths and needs/
 - Short and long-term goals

Team Conference Process - 2

- Family Team Conference (cont.)
 - Brainstorm strategies to address goals
 - Select actions, services, and supports
 - Establish commitments and thanks
- Follow-up
 - Create/distribute written plan
 - Monitor implementation of plan
 - Assess progress; reconvene team as needed

Managing the Team Process

- No one “right” way
- Locally developed process has best buy-in
- Involve treatment professionals
- Learn about each other’s systems
- Share information
- Monitor and adjust impact of team process

Working Together: Tasks for Counselors, Workers, and Judges - 1

- Treatment Counselor
 - Help parents end denial and envision a positive life without substance use or mental disorder.
 - Help parents understand how their substance use disorder has affected their lives and the lives of their families and friends.
 - Help parents understand how their mental disorder has affected their lives and the lives of their families and friends.

Working Together: Tasks for Counselors, Workers, and Judges - 2

- Child Welfare Worker
 - Conduct investigations to assess and monitor the safety of children.
 - Help parents provide a nurturing environment for children, heal themselves, and develop capacities to care for their children.

Working Together: Tasks for Counselors, Workers, and Judges - 3

- **Dependency Court Judge and Staff**
 - Assess information and make decisions leading to permanency for children in the child welfare system.
 - Follow procedures and timetables specified in State and Federal statutes (e.g., Adoption and Safe Families Act).
 - Preside over hearings to see if the child welfare agency has made reasonable efforts to provide needed services to prevent removal and/or to achieve reunification.

Benefits of Information Sharing

- Ensure that children are safe
- Determine whether parents are meeting dependency court requirements
- Provide appropriate supports for parents.

Confidentiality Procedures for Sharing Information

Treatment professionals *and* child welfare workers require parent permission to share information with other agencies/providers.

Treatment consent forms must address key treatment requirements and conform to Federal Government regulations:

- 42 CFR, Part 2
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules.

Treatment Confidentiality Requirements

- Strict requirements encourage people to enter treatment without fear
- Highest standards of confidentiality
- Informed consent process
- Not all information should be shared!
- A word about re-disclosure

Information Needed by Child Welfare Workers

- Level of involvement of parents in a treatment program;
- Barriers to treatment;
- Support systems being developed around the parent and family;
- When parents are experiencing relapse or have left treatment; and
- The continuing care plan of the parents, if they are in residential treatment.

Information Needed by Substance Abuse & Mental Health Treatment Professionals

- If the child is in the home or has been removed;
- If some children were removed while others not;
- If it is a voluntary case or is court mandated;
- The permanency goal for the child;
- If reunification is a goal;
- If there are concurrent plans for both foster care and adoption;
- Specific case plan goals requiring treatment professional involvement; and
- Court requirements and deadlines for specific hearings and achieving necessary outcomes.

Procedures for Obtaining Confidential Information

CSAT Technical Assistance Publication (TAP 24):
Welfare Reform and Substance Abuse Confidentiality (Section Three).

- Disclosure between the treatment and welfare systems, revocation of consent, reporting relapse, combined case planning, and qualified service organization agreements.

Confidentiality Packet

- Rules for obtaining parent consent to disclose treatment information and releasing confidential information; a multiparty consent form; and the prohibition on re-disclosure of information.

Closing a Child Welfare Case

- Different Clocks
 - Ex: A parent's 12-month permanency hearing might occur before the parent has completed treatment. This is typically a compelling reason *not* to terminate parental rights.
 - Relapse prevention strategies, child safety plans in case of relapse, and plans to re-engage in treatment.
- Joint case review to ensure child safety and well-being at a minimum sufficient level of care for each child. Meet with agency attorneys to ensure that State statutes and agency protocol are followed.

Joint Case Reviews: Considerations

- Parents' capacity to meet the needs of their children;
- Improved care and development of children;
- Parents have completed the recommended treatment program at an acceptable level, or proceeding well enough to know that children are not at risk;
- No remaining unsafe conditions or other conditions that pose a risk to children, based on safety assessment.

Joint Case Reviews – More Considerations

- Additional reports of child abuse or neglect;
- Positive family supports and community links that are available when needed;
- Parent demonstrates the ability and willingness to use community supports;
- Children have a safe, stable, and appropriate permanency goal of reunification, adoption, or another planned permanent living arrangement.

Helping Parents Prepare for Recovery

- Parents may need help with:
 - Maintaining sobriety;
 - Maintaining psychological medication regimen;
 - Avoiding situations that contribute to substance use or other symptom emergence;
 - Finding services to help them re-establish their lives;
 - Acknowledging the loss of relationships with the child welfare, substance use and/or mental disorder treatment worker;
 - Connecting with new support systems and resources in the community.

Helping Families Leave the Child Welfare System

- Encourage 12-Step participation
 - For parents with a substance use disorder, use motivational enhancement interventions.
- Identify individualized services
- Maintain a directory of local community organizations/social supports.
 - Contact information, service hours, referral requirements.
 - Establish relationships with service organizations.

Helping Families Leave: Support and Safety Planning

- Linkages with community-based organizations and resources—initial visits and follow-up
- Relationships with family members, friends, churches or temples, or other social support groups.
- Full income and other benefits from the State's Temporary Assistance for Needy Families (TANF) Program, if eligible, and information about the Earned Income Tax Credit.

Collaboration: A Continuum

- There is a continuum of possibilities when engaging in collaboration, ranging from full systems collaboration, to agency collaborations, to collaborations between two professionals (networks).

Collaboration: Workers and Treatment Professionals

- Networking
- Coordination
- Cooperation
- Collaboration
- Intergovernmental agreements

Collaboration Strategies – 1

1. Individualized planning teams
2. Integrated planning/management of crisis interventions
3. Centralized intake, assessment, and case planning processes
4. Interagency clinical/supervisory resource teams

Collaboration Strategies – 2

5. Opportunities for helpers to learn about each other
6. Blended or flexible resources
7. Interagency agreements
8. Management/leadership groups across helping systems
9. Continuous quality improvement

Creating a Collaborative Environment

- Mutual respect, understanding, and trust;
- Honest/frequent communication;
- Collaboration in the interests of all;
- Understand values and, when different, adopt principles for working together;
- Mutual sense of ownership on specific plans;
- Jointly developed objectives for specific parents.

Collaborative Values Inventory

- Purpose: To identify and discuss values between child welfare and treatment staff.
- Use for entire staffs or for individuals working with a particular family.
- Discuss areas of agreement and divergent views.
- When the Inventory identifies differing values, develop common principles to guide collaboration.

To learn more: Children and Family Futures Website--"Collaborative Values Inventory Survey."

Collaboration Strategies

- Develop a common understanding with a treatment professional about expectations, requirements, and practices.
- Work out joint strategies to address identified problems.
- Establish collaborative interventions to re-engage parents in treatment and to reassess the safety of children.

Joint Case Planning and Case Management

- Initial focus on "one day at a time" steps pertaining to the child welfare requirements, until the parents are able to address longer range issues.
- Use family group conferencing strategies so key family participants understand the goals for the parent and can work on supporting these goals.
- Specify responsibilities of all agencies involved in the case plan, including health and education.