

**Florida Department of Children and Families, Substance  
Abuse/Child Welfare Collaboration Preferred Practice Model  
Components and Comparisons for Demonstration Project Proposal  
- Model of Preferred Practice for Collaborative Casework**

## Florida Department of Children and Families, Substance Abuse/Child Welfare Collaboration Preferred Practice Model Components and Comparisons for Demonstration Project Proposal

Note: There may be some modest exceptions to current casework practice in terms of certain elements of the integrated casework practice model (for example, very limited use of family conferencing and FIS positions.) There are not any sites implementing all of the integrated casework practice components. Under the waiver evaluation, a control site may also offer a few of the components of the integrated model.

Casework Attributes	Current Casework Practice (Control Sites)	Integrated Casework Practice (IV-E Waiver Sites)	Required Capacity Building to Achieve Integrated Casework Practice
Screening for Substance Abuse	<p>When Child Protective Investigator determines that substance abuse might be a factor contributing to child maltreatment, a referral is made to a substance abuse provider for further assessment. Generally, a court order is obtained to require the assessment.</p> <p>When child safety is immediately compromised, the investigator determines if out of home placement is needed or if in-home services might ensure child safety and avoid the need to place child. Investigators have access to flexible funds to help avoid out-of-home placements. When in-home services are indicated, there is generally a staffing with other providers to transfer the case from the</p>	<p>When Child Protective Investigator determines that substance abuse might be a factor contributing to child maltreatment, a FIS<sup>1</sup> will assist with an on-site screening. The on-site screening will include an assessment of the client’s level of motivation to participate in treatment (based on stages of change model).</p> <p>When child safety is immediately compromised, a crises response team will be assembled to assist the family in planning for immediate in-home services or an out-of-home placement. This team will consist of persons with the authority and resources to help the family develop an immediate safety plan. The investigator must be able to determine other potential co-occurring problems in order to assemble the right team (domestic violence advocate, mental health counselor). The team will have the capacity to</p>	<p>Child Protective Investigators/FIS need additional training on potential markers of substance abuse, other co-occurring disorders and the stages of change that substance abusers experience.</p> <p>FIS capacity needs to be available to assist with immediate on-site assessments, including motivational assessments.</p> <p>Agreements with other providers must be established to ensure their participation on crises response teams. Protocols with providers for mobilizing a crises response team need to be developed.</p>

<sup>1</sup> Family Intervention Specialists (FIS) are described on page 2-3 of demonstration waiver application. There are currently 70 FIS statewide. These dedicated specialist positions assist child welfare clients who need substance abuse treatment with obtaining access. In some districts, the FIS help protective investigators. As the number of FIS positions is quite limited, each region uses their FIS differently based on local needs.

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	<p>investigator to provider. The family does not attend these staffings.</p> <p>When out-of-home placement is needed immediately, the investigator places child, seeks court approval of the placement within 24 hours of removal, and staffs case with service providers after placement occurs. The family does not attend these staffings.</p>	<p>determine the presence and immediacy of a caregiver's need for substance abuse treatment. The team will assist the family in determining if there are any immediate needs that flexible funds might address.</p> <p>If the team determines that out-of-home placement of the children is needed, they will attempt to engage the family in immediate planning as to how placement should occur. (See out-home placement below for further discussion).</p>	<p>Investigators and other providers who will participate on crises response teams must be trained in use of family conferencing model.</p>
<p>Engagement and Strength-based Practice</p>	<p>The focus of investigators is gathering evidence for purposes of proving that child maltreatment occurred and/or that child removal is needed. Investigators must also determine which services are needed, including court supervision of the family.</p> <p>The focus of service interveners is generally on the individual problems of children or caregivers. Goals of case plans and treatment plans are stated in terms of provider goals, not family goals.</p> <p>The family's support system is not involved in case planning.</p>	<p>The focus of investigators will be an assessment of family needs related to health, safety, and sobriety that compromise child safety for purposes of creating the right family team to assist with case planning.</p> <p>The investigator, with the assistance of a FIS or crises response team, will begin the process of identifying family strengths, needs, abilities and preferences.</p> <p>Service interveners will continue to leverage child and family strengths, abilities, and preferences in order to help children and families succeed in achieving their goals. (Refer also to service planning process and informal supports)</p>	<p>Cross-system training on engagement, motivation, stages of change including relapse, and strength-based practice will be needed.</p> <p>Community development work will be needed to identify sources of family support for those families needing new resources (e.g. persons in recovery who will serve on family team).</p>

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<p>Functional Assessments</p>	<p>Individual investigators and caseworkers determine which assessments are needed. Assessments obtained focus on individual problems of children as well as individual problems of their parents. Multiple professional assessments may differ in their view of the child and/or caregivers. A family systems view of the child and family is not generally obtained. Input from other family members/friends is not obtained and incorporated into the assessment.</p> <p>Parents who are incarcerated do not generally receive any assessments.</p> <p>Parents are not asked what their goals are, their strengths and resources, and what they view as their needs. They are not asked what they might need in order to participate in services (e.g. is transportation, cost, child-care, or scheduling a problem that might impede parent.)</p>	<p>A protective investigator and a FIS, or a crises response team conducts assessments initially. Subsequent assessment needs are the result of decisions made by the family team. The family team, including the parents and their chosen support persons, develop <b>a common perspective of the child and family’s situation, their goals, strengths, resources and needs.</b> The family team shares and analyses all assessment information. The team, with the family, achieves consensus about the implications of assessment information.</p> <p>Special efforts are made to assess the needs of incarcerated parents, and as appropriate, to involve them in team meetings. The family team develops a common understanding of what the child family will need in order to achieve their goals, including the type of assistance needed to access services.</p> <p>The team understands the child and family’s culture, and is able to identify and offer culturally appropriate choices. The team is able to effectively screen children who may need a neurological evaluation based upon potential substance use during pregnancy.</p>	<p>Cross-system training on the broader concept of functional assessments, screening for neurological disorders in children, and achieving agreement on assessment information through the family team meeting process, will be needed.</p> <p>Agreements need to be put in place with local police and sheriffs relative to assessments and case planning when parents are incarcerated.</p>

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<p>Child and Family Service Planning Process</p>	<p>The child welfare caseworker determines what the case plan goals will be, and what services will be required in a family’s case plan. The substance abuse provider determines what the treatment plan will be. These services are often incorporated into a court order. Generally, the child and his/her family does not view the goals as “their goals” or the services as ones they have selected. Children and their parents are not offered choices or options based on their preferences.</p> <p>The child welfare case manager generally does not coordinate planning with probation or parole when they are involved.</p> <p>Case plan goals related to substance abuse treatment, a job or housing are generally case plan “tasks” that are the responsibility of the parents to achieve.</p> <p>Case plan goals for children often include participation in mental health counseling, but are limited in terms of other activities to build child resiliency and self-esteem.</p>	<p>With support from a case manager, the family determines what their long-range goals are, and based on those goals, who needs to participate on their family team. The caseworker helps the family identify both formal and informal persons to serve on the team. When a family is not able to identify a family member or friend, the caseworker helps them identify person(s) who have the potential to become sources of support.</p> <p>Through a family conferencing process, the family team helps the family develop a plan to achieve the family goals. The team works with the family to identify their strengths and resources that will be leveraged to achieve goals. Steps that are needed to achieve goals are carefully sequenced, and ensure that the family is able to succeed with each step. If there are conditions or requirements of probation or parole, they will be included in the team’s planning.</p> <p>Family team meetings drive the service planning process. The formal and informal system persons that are needed to help the child and family achieve success are at the team meetings. Each meeting results in next steps and responsibilities of all team members, including the family. The family support system will be highly involved and/or developed.</p>	<p>Cross training in family conferencing will be needed. Cross training needs to include judges, general masters, and attorneys.</p> <p>A cadre of trained family conference facilitators will be needed.</p> <p>Partnership agreements need to be established with other stakeholders to ensure their participation in family conferences and training.</p> <p>Access to affordable housing and employment opportunities is an issue that the system needs to address as community development issues. Innovative partnerships and strategies will need to be developed to assist families with their housing needs when residential treatment is completed.</p>

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	<p>Extended family members or other family support persons are not involved in case planning.</p> <p>Alternative caregivers are not involved in case planning, and are not generally used to mentor or support the parent(s) in substance abuse treatment.</p>	<p>When other caregivers for the children are needed (relatives or foster care), these caregivers will be involved on the family's team.</p>	
<p>Effective Teamwork and Coordination</p>	<p>The involved professionals, without child and family input, make major decisions in a case. At times, the child welfare case manager and substance abuse professional may disagree on major decisions impacting the child and family. There may be other professionals involved who are not in agreement as to next steps needed.</p> <p>Service interventions may be occurring simultaneously, and may be duplicative or contradictory. For example, the substance abuse treatment program may be providing parent skills training, at the same time a parent is attending a different parenting program. Information may be shared with the case manager, but not among multiple professionals involved.</p>	<p><b>All major decisions occur at family team meetings, and reflect consensus among team members.</b> The team works to promote trust, respect and honesty among all team members. The case manager works with the family and team members to determine when team meetings are needed, and who should attend. The team is skillful in addressing the safety needs of victims of domestic violence and in planning team meetings accordingly. Often, team meetings will occur separately with the victim.</p> <p>All team members understand the family's goals, strategies to achieve goals, and their current status throughout the course of the case.</p> <p>Efforts are made to hold team meetings at times and places conducive to meeting attendance by the family and other key partners. When key persons are not able to attend, the case manager ensures that knowledge and information from the</p>	<p>Cross training, development of family conference facilitators, and partnership agreements noted in preceding section.</p> <p>Training for alternative caregivers (relatives and foster parents) will need to be provided on engagement, motivation, stages of change, and strength-based practice. For relative caregivers, this training might occur through their participation on family teams.</p> <p>Expectations and training for foster parents need to be broadened to include participation on team meetings, and supporting parents in the achievement of their goals. Assisting with parent</p>

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	<p>Relapse planning is often included in the substance abuse treatment plan, but is not part of the child welfare plan. While a substance abuse professional may be telling a parent that relapse is normal and must be planned for, a child welfare professional may be telling a parent that relapse will result in Termination of Parental Rights.</p>	<p>missing team member(s) is shared before and after the meeting.</p> <p>The child and family are able to provide feedback to the team on an ongoing basis as to what is working or not working for them. The team is open and responsive in making changes to the case plan. This includes requesting changes to court ordered services when needed.</p> <p>Relapse planning should always be a component of the child welfare and substance abuse treatment plans. The plans are consistent, and complimentary, in relapse planning as well as other issues.</p> <p>The family's support system is involved and actively participating in the child and family's recovery by participating on the family team. Alternative caregivers, whether they are relatives or foster parents, are involved on the team and are working to support the child and family's recovery.</p>	<p>visitation and parent mentoring need to be an optional support that foster parents will provide.</p> <p>Agreements with other system providers also need to address partnership willingness to respond to child and family feedback, including the possibility that current service interventions need to change.</p>
<p>Out-of-home Placement of Children</p>	<p>Residential substance abuse treatment for a parent often requires the out-of-home placement of the children. The decision to place children is often made by the investigator, or later in the case by the case manager. (Legal staff assists with these decisions, which must be sanctioned by a judge.)</p>	<p>Through the crises response team or family team, depending upon the point at which child placement becomes an issue, families will be involved in the decisions about placement of their children.</p> <p>Placement decisions will be made the family team, including parental involvement with rare</p>	<p>Development and training of substitute caregivers who would be willing to care for children in the children's home.</p> <p>Development of foster care capacity close to treatment settings.</p>

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	<p>At times, the parent(s) choose a relative caregiver or family friend. When a relative is not available, the child welfare system selects a foster parent. Foster parents do not often meet the parents, although at times they are allowed to supervise visitation. Occasionally, foster parents do assist/mentor the parent to help them reunify with their children.</p> <p>A few residential women's treatment programs exist where the children can reside with the woman at the treatment facility; however, there are only few of these programs across Florida.</p> <p>Visitation plans are required for visits with parents and siblings.</p>	<p>exceptions. The team will consider the following alternatives:</p> <ul style="list-style-type: none"> <li>• Parent in intensive outpatient treatment with childcare or respite care for children.</li> <li>• Child with parent in residential treatment</li> <li>• Relative caregivers who can come to the family's home to care for the children</li> <li>• Substitute caregivers who can come to the family's home</li> <li>• Foster caregivers who care for the children in the foster parent's home.</li> </ul> <p>When family or friends are not possible options, the parent will be given at least two sets of foster parents to choose from.</p>	<p>Development of foster care capacity and willingness to allow parents to select the home they feel matches their children's needs.</p> <p>As noted above, expectations and training for foster parents need to be broadened to include participation on team meetings, and supporting parents in the achievement of their goals. Assisting with parent visitation and parent mentoring need to be an optional support that foster parents will provide.</p>
Substance Abuse Treatment Services	Treatment focuses on parent and parental substance abuse. Parent is required by the child welfare system to complete treatment and remain substance free. Assistance to the family in accessing services is generally not provided. .Most SA	Treatment provider (or the FIS) will participate on a family team. The substance abuse professional will engage with the team in assessing the family system as part of the functional assessment, and the impact that recovery will have on other family members. The treatment provider will help the team understand	Substance abuse providers, including the FIS, will need training related to their new roles in the context of family teams. Cross training with child welfare staff on the family team model will be needed.

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	<p>providers are attending to mental health issues as a high percentage of their clients have co-occurring disorders.</p> <p>Information on parental progress in treatment is shared with the child welfare caseworker. Information on other services provided to the parent is not shared among the other involved persons.</p> <p>If relapse occurs, child welfare generally pursues termination of parental rights.</p>	<p>the stages of change with recovery, including the person’s current stage and likelihood of relapse. The provider will also help the team understand the intensity and duration of treatment needed, and the particular challenges related to the specific type of substance abuse.</p> <p>The team will help the family identify all treatment choices, including AA/NA, Al-anon, faith-based recovery options, and formal treatment providers. When residential treatment is needed but not available, the team will create an alternative strategy that allows for “in-home care” based on other community services such as AA/NA/Al-anon, appropriate faith-based models, and innovative outpatient services.<sup>2</sup></p> <p>Treatment providers will help the family team identify the risk factors that may trigger the substance abuse as well as the child maltreatment. They will help the team plan with relapse planning. They will assist the team in understanding treatment progress and how ongoing recovery can be supported.</p>	<p>Substance abuse intensive outpatient capacity will need to be strengthened. More capacity will be needed to provide Brief Motivational Interviewing and Solution Focused Brief Therapy. Substance abuse treatment capacity needs to be expanded to include child abuse, trauma and mental health issues.</p> <p>Substance abuse and child welfare relationships with local AA/NA/Al-anon and faith-based recovery programs will need to be strengthened. Assisting such groups with the expansion of their capacity will be needed as appropriate.</p> <p>Local capacity for supporting family members needs to be strengthened and/or developed (COA, etc.)</p>

<sup>2</sup> As used in Florida’s waiver request, the term “in- home” is intended to include alternatives to residential treatment, such as reliance on AA, faith-based recovery, Solution Focused Brief Therapy. It also includes step-down services for participants who have completed residential treatment and are in need of additional therapeutic and natural supports to transition back in to the community.

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		<p>Given the impact of recovery on other family members, the treatment provider will help the team identify and obtain the supports they need (children and adult spouse or partner).</p>	
<p>Informal Services</p>	<p>Current child welfare case plans rarely address the support needs that children and families have to participate in treatment or achieve other case plan goals.</p> <p>Plans do not address the need to establish an informal support network and/or to build the capacity of a family's support network.</p>	<p>Family teams include extended family members and/or friends who will support the child and family through the process of treatment and recovery. Through participation on the team, the family's informal support network contributes to the ongoing assessment of the family's needs. They also learn how they can assist the family.</p> <p>The team helps the family identify the specific supports needed in order to participate in treatment or other strategies/interventions. For example, if transportation is a problem, assistance from the informal support network will be explored.</p> <p>Child mentors need to be able to help children succeed in school, in social activities, in sports, hobbies or other pursuits</p>	<p>Informal and non-traditional community sources of support need to be cultivated. A pool of community members needs to be developed who are willing to participate on family teams and become sources of support to families.</p> <p>Community capacity to mentor children needs to be developed. Mentor training capacity needs to be developed.</p>
<p>Successful transitions and Aftercare</p>	<p>When treatment is completed and children are reunified, there is generally a period of six months of supervision by the child welfare caseworker. Usually, ongoing random drug screening is the only means to measuring sustained progress.</p>	<p>The family team assesses the child and family needs for assistance and support after treatment has been completed. Aftercare planning will continue to address the child and family's health, safety and sobriety. Aftercare planning may include a combination of formal and informal supports for the caregiver who is recovering,</p>	<p>Cross training needs to include the recovery process and planning.</p> <p>"Alumni" families need to be identified and developed to assist families as recovery coaches.</p>

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	<p>New family dynamics related to the recovery of the parent are not addressed.</p> <p>Rarely is there coordination with the substance abuse provider as to participation in aftercare programs, other recovery support options, and relapse planning.</p>	<p>based on their cultural preferences.</p> <p>Aftercare planning addresses the significant changes for other family members, and identifies appropriate support strategies. The team should determine when the formal involvement of the child welfare and substance abuse treatment systems will no longer be needed.</p> <p>The team always develops and updates a plan for relapse.</p>	