

A detailed painting of a young elephant sitting on a wooden floor, looking directly at the viewer. The elephant's trunk is curled, and its large ears are spread out. The background is a simple green wall with a window on the left side.

Taking What Works to Scale

Ken DeCerchio, MSW, CAP

CWLA 2016 National Conference
**Advancing Excellence in Practice &
Policy: What Works For Families
Affected by Substance Use**

August 3, 2016 | Orange County, California



A Program of the

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

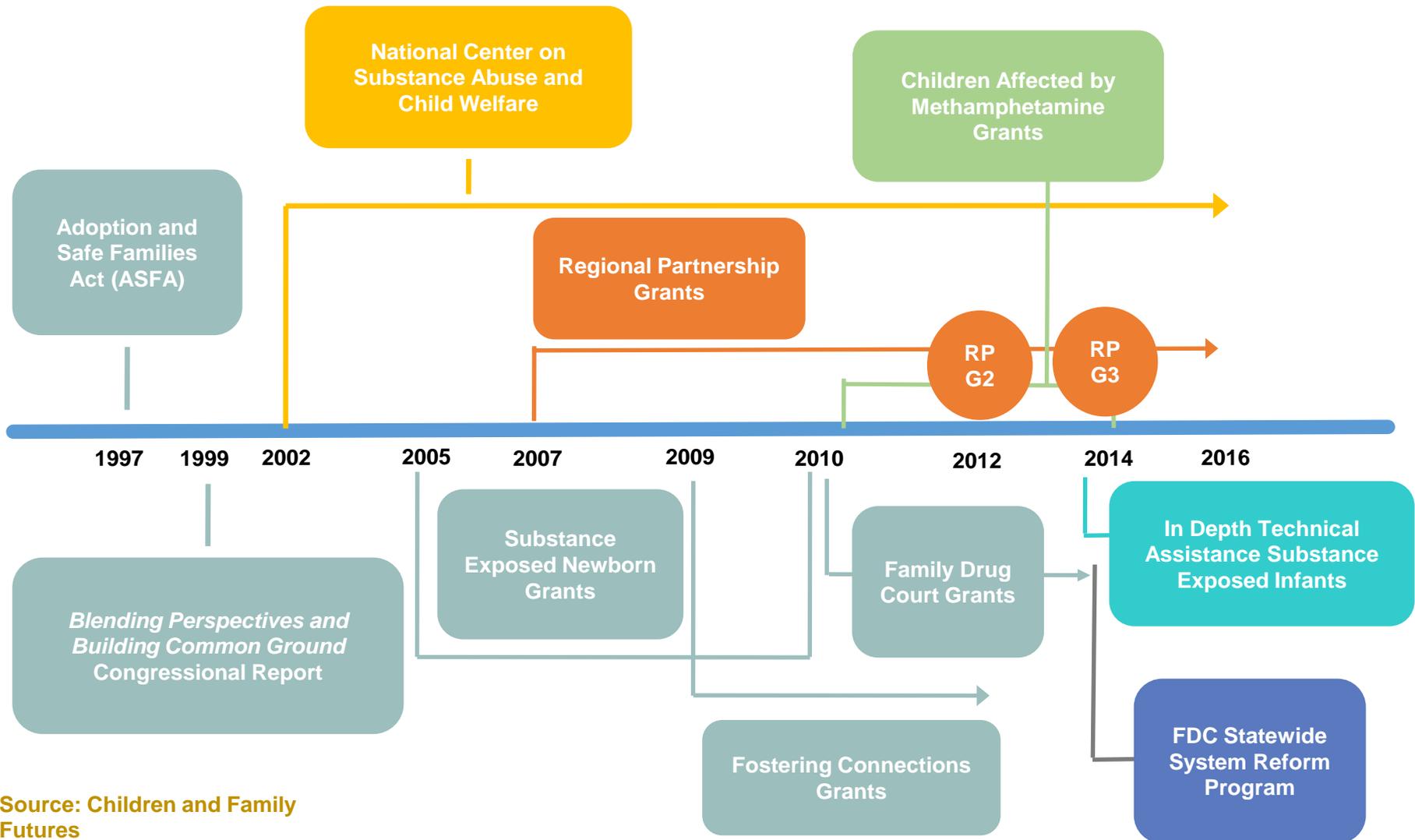
and the

Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

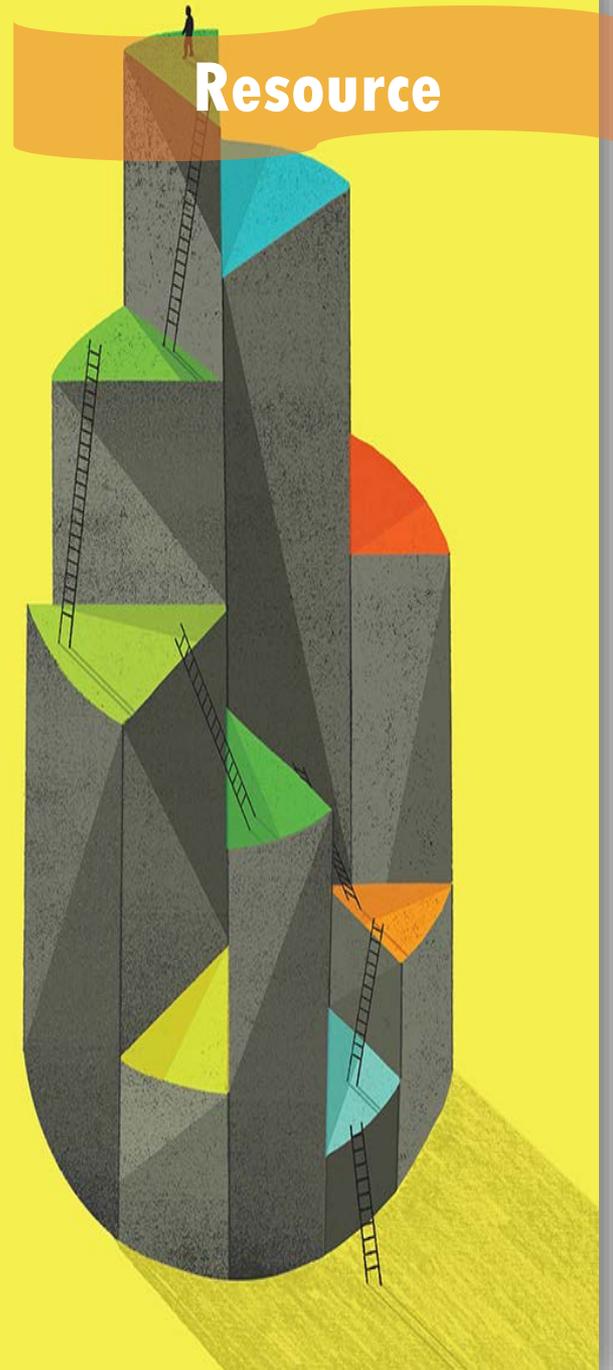


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov

Progress Since ASFA (1997) – Leadership of Federal Government on Substance Abuse and Child Welfare



Source: Children and Family Futures



Resource

Stanford SOCIAL
INNOVATION REVIEW



The Bridgespan Group
Collaborating to accelerate social impact

For more information about the
"Achieving Transformative Scale Blog Series"
please visit:
www.ssireview.org/transformative_scale

What is Transformative Scale?

“Scaling what works”

- Moving from incremental progress to solving problems
- Take solutions that work to a scale that transforms systems

Organizational Pathways

Building/expanding what individual organizations can do

- Distribute through existing platforms
- Recruit and train other organizations
- Unbundle and scale for impact
- Leverage technology

Transformative Scale: The Future of Growing What Works

Nine strategies to deliver impact at a scale that truly meets needs.

By [Jeffrey Bradach & Abe Grindle](#) Feb. 19, 2014

Field-Building Pathways

Pushing the field toward a shared target

- Strengthen the field
- Change public systems
- Influence policy change
- Consider for profit models
- Alter attitudes, behaviors, and norms

Transformative Scale: The Future of Growing What Works

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How does parental substance use affect children in UNITED STATES?



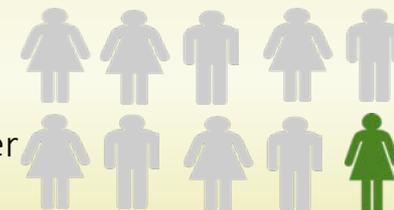
In 2013, there were:

74,399,940

children in the US under the age of 18



Just over **1 in 10** children (8,300,000) have parents who need treatment for a substance use disorder

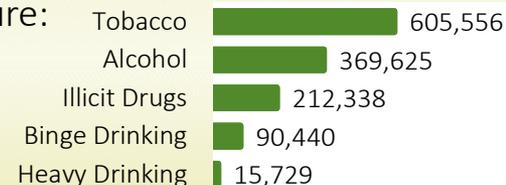


3,932,181

births in the US



Annual number of babies born with prenatal substance exposure:



254,887

children placed in Foster Care in the US

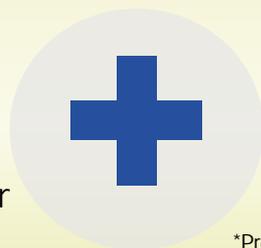


Besides neglect, alcohol or other drug use was the **number one** reason for removal. Percent of cases in which alcohol or other drug use was a reason for removal:



23,349,410

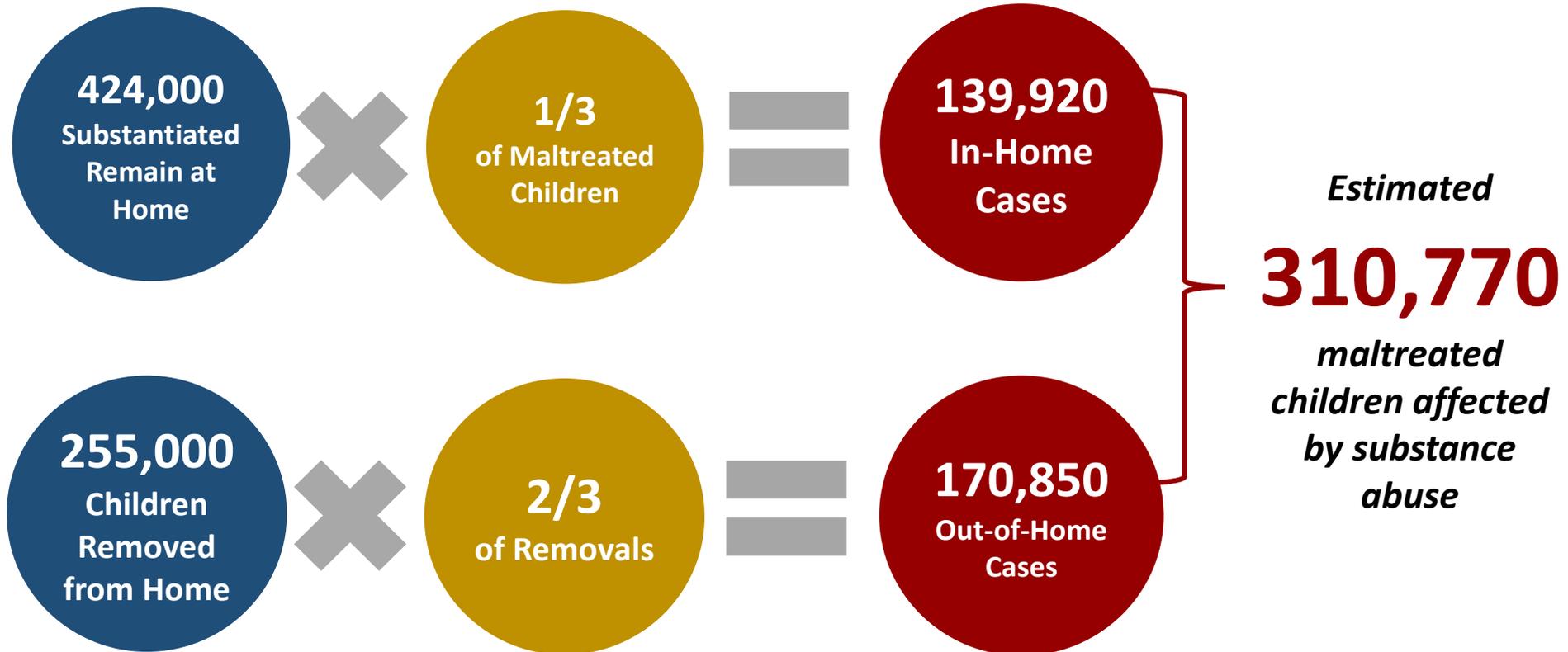
people in the US who needed treatment for a substance use disorder



90% of those who needed treatment services for a substance use disorder *did not* receive them

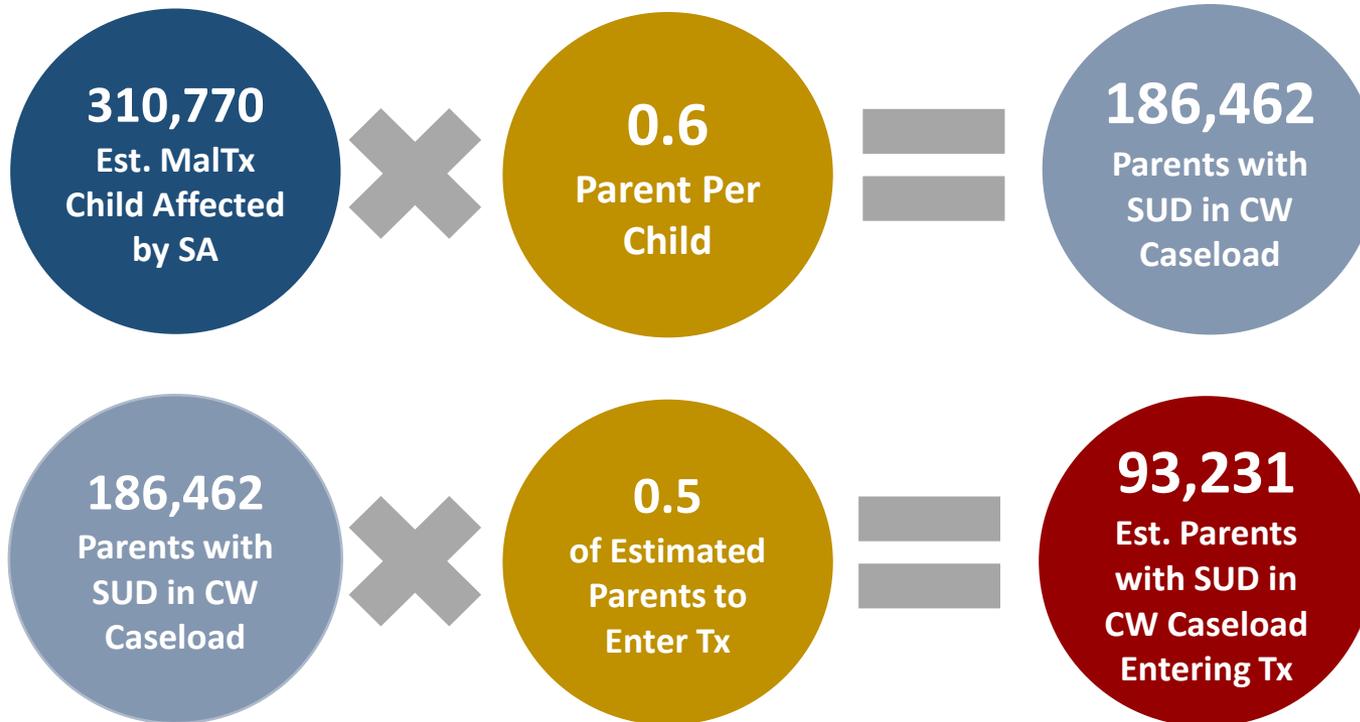
Estimated Number of Children Affected by Parental Substance Use

In 2013, there were an estimated 679,000 children in substantiated cases and 255,000 removals.



Estimated Number of Parents Screened and Entered Into Treatment

The typical child is connected to 0.6 parents and if all parents were screened, it is estimated that half would enter into treatment.



Number of Treatment Admissions:
1,739,523

Number of Women Admitted into Treatment:
582,740

- TEDS 2013 Data

What's Changed

- More pilot projects and models that have proven their effectiveness in linking child welfare, treatment agencies, and the courts
- Improved prevalence data, including an increase in reporting substance abuse
- Affordable Care Act and parity legislation has created new fiscal potential for expanding treatment

What's Changed

- State level initiatives aimed at system wide impact
- Growing experience base with collaborative practice
- The opioid epidemic- need for greater linkages among these systems
 - Requires new partners to respond to infants with substance exposure

What's Not Changed

- Pilot projects and small-scale collaborative efforts remain the norm
- Limited number of two-generation family treatment slots for child welfare clients
- Lack of a clear priority for child welfare clients in treatment admissions that is tracked over time
- States can't track their clients referred to treatment and report on their child welfare and treatment outcomes

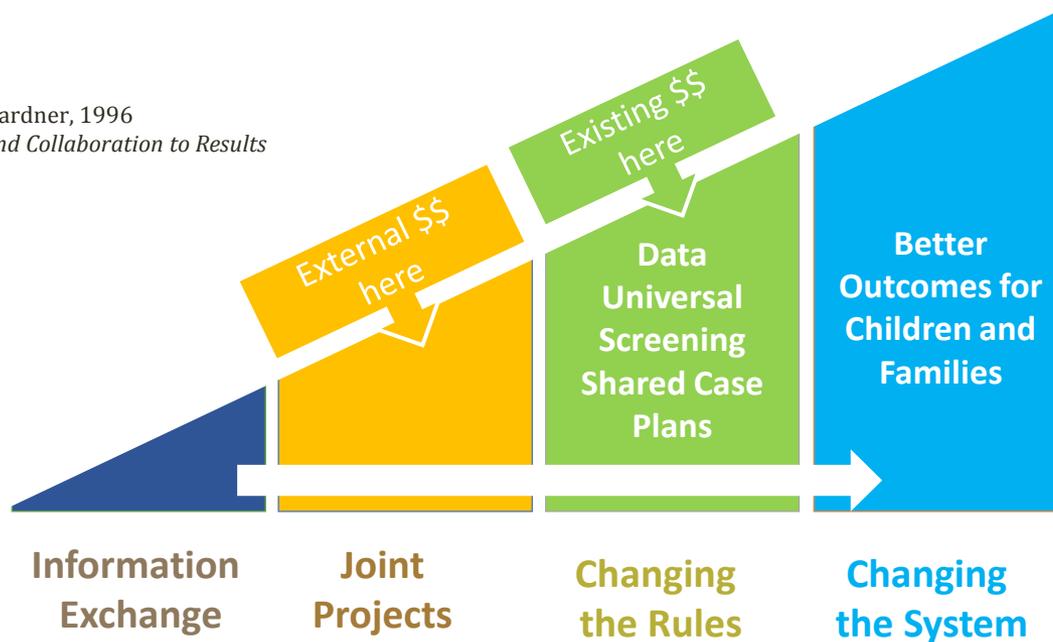
What's Not Changed

- Has expanded third party coverage improved access for families in child welfare?
- Cost offset data remains weak. Reporting rates of parental substance abuse that affects child removals are highly variable among states
- No state has an interagency plan aimed at reducing prenatally exposed births and tracked annually for its outcomes
- No state has developed a multi-year strategic plan governing child welfare-treatment-court relationships

Getting Better at Getting Along

FOUR STAGES OF COLLABORATION

Sid Gardner, 1996
Beyond Collaboration to Results



Project Thinking Systems 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

WARNING



**CHALLENGES
AHEAD**

**FOR EXPANSION
AND INFUSION**

**Weak Governance
Structures**

*Is it strong enough
to keep you on track?*

Stop!

Warning Signs – Weak Governance

- Lack of clarity of roles and responsibilities
- Lack of understanding of function of different committees and how they interact
- Loss of momentum and commitment by members over time
- Missing partners or wrong levels of authority at the table
- Ineffective or inadequate information flow



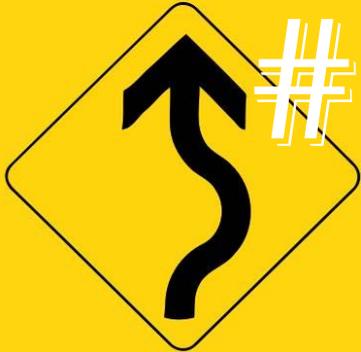
Go!

Build an infrastructure to keep on track

- Identify right people for right committees and workgroups
- Be crystal clear about functions and membership
- Need strong leadership to pull and keep momentum in between meetings
- Ensure information flow between different committees and FDC Team
- Develop multi-year staff development plan that includes training on working together



WARNING



#2

**CHALLENGES
AHEAD**

**FOR EXPANSION
AND INFUSION**

Marginalized Partnerships Ahead

No single agency can do this alone

Stop! Marginalized Partnerships

- Low-buy in from partners – SUD Treatment, CWS, parent attorneys, courts
- Conflict or lack of understanding of each other's time frames, mandates,
- No systemic tracking of what happens to families after parental substance use is identified
- Lack of case coordination – multiple screenings, assessments, case plans



Go!

Garner stronger CWS buy-in and support

- Know baselines – i.e., penetration rate
- Prepare inventory of current screening, assessment, and engagement protocols
- Standardize approach for screening (e.g., UNCOPE), assessment, and referral
- Garner feedback from front-line level staff
- Align with parallel initiatives
- Conduct system walk-through – what happens to clients?
- Demand data to show cost savings
- Provide training for successful implementation of screening protocol



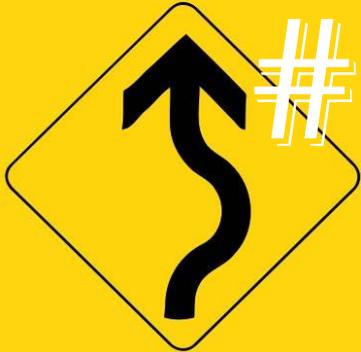
Go!

Ensure access to quality treatment

- Rigorously family-centered - *focus on whether parents and children are doing better*; provide family-centered services
- Medication-assisted treatment
- Evidence-based programming
- Shared accountability; feedback loop
- Conduct drop-off analysis – *what happens to clients?*
- Provide training and education on principles of effective drug treatment



WARNING



#3

**CHALLENGES
AHEAD**

**FOR EXPANSION
AND INFUSION**

**Lack of Data =
Lack of Fuel to Drive
Expansion or Infusion**

*Without it, you will not reach your
destination*

Stop!

Warning Signs – Weak Data & Systems

- Barriers that interfere with data sharing across systems
- Trust gaps - confidentiality and access
- Lack of formal information exchange protocols and communication within and between team members
- Lack of knowledge about own and partners' data system capacities
- Lack of support for performance monitoring

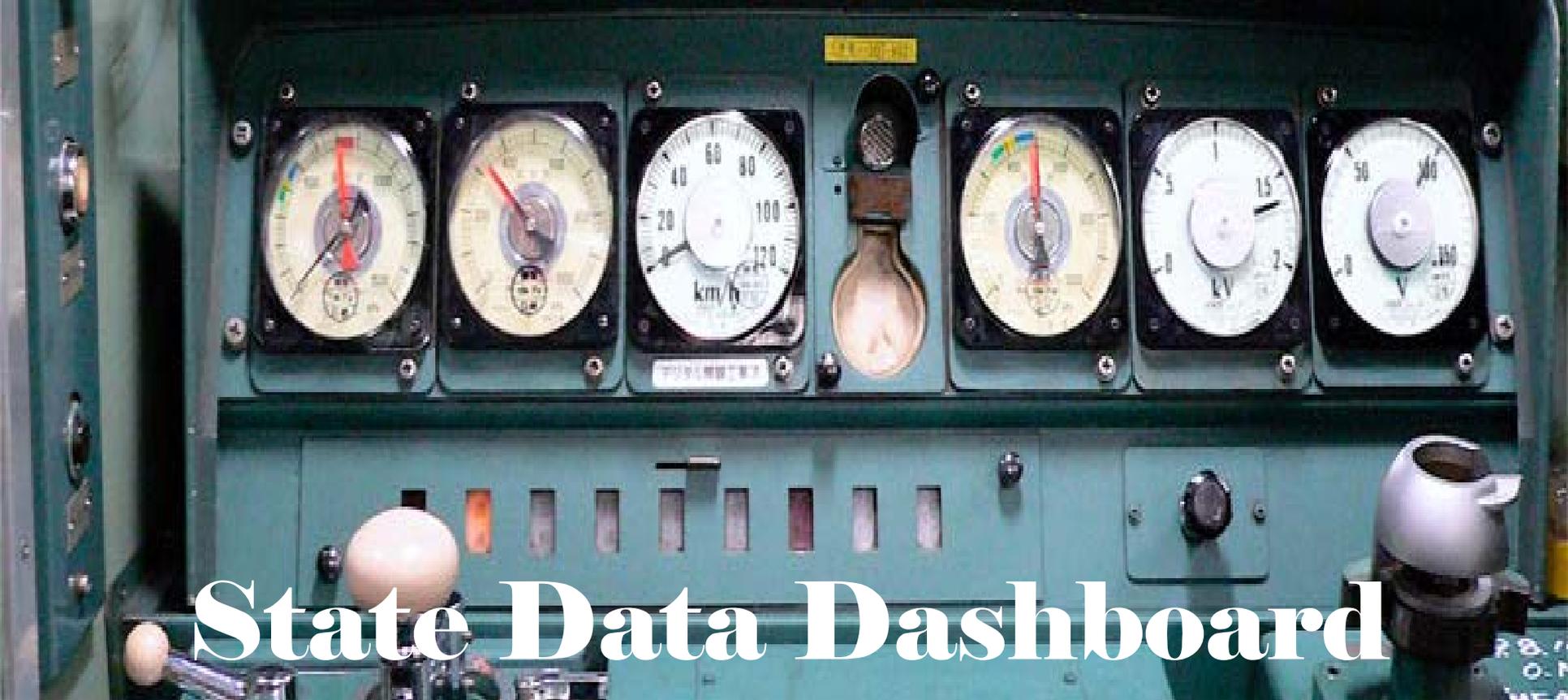


Go!

Increase data and evaluation capacity: Results drive resources

- Complete data profiles to determine prevalence and extent of referrals/participation in treatment
- Develop knowledge base about each other's data system
- Establish agreed upon data components and procedures for tracking clients and service impact
- Use data reports to modify policies and protocols
- Identify training needs to support successful data collection, sharing, analysis and outcomes reporting

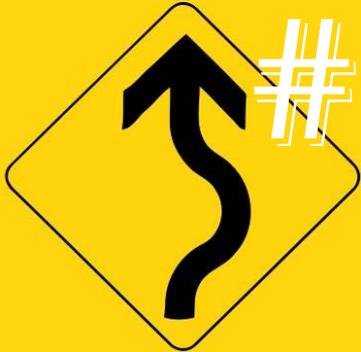




State Data Dashboard

- Has your state established common outcome measures?
- How are you monitoring outcomes of information sharing?
- How are you using data reports to modify policy and practice?

WARNING



#4

**CHALLENGES
AHEAD**

**FOR EXPANSION
AND INFUSION**

Financial Barriers

*Identifying the resources needed to
scale up*

Stop!

Warning Signs – We Can't Do This Without New Funding

- Let's do this as long as the money is in somebody else's budget
- Let's write a grant
- We can't use any of our existing resources



Go!

Identify all possible sources

- Inventory current funding streams
- Identify other resources
- Identify current practices that can support broader implementation
- Only bring to scale effective components
- Prioritize potential targets for new and redirected funding and/or resources
- Garner leadership and political support



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