Efficient Communication and Information Sharing between Child Welfare and Substance Use Disorder Treatment Systems

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August 3, 2016
CWLA Conference

AGENDA

Welcome and Opening Remarks

Communication & Information Sharing

Practice Guidance

- Collaboration is essential to address the complex and multiple needs of families.
- Collaboration to establish cross-systems linkages takes time and is developmental and iterative in nature
- Sharing information using a need to know framework

Discussion

PRACTICE GUIDANCE

Understanding how to respond to cases involving parental substance use.

The problems of child maltreatment and substance use disorders demand *urgent attention* and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.

Success is possible and feasible. Staff in child welfare, substance abuse, and court systems have the desire and potential to change individual lives and create responsible public policies.

Family members are active partners and participants in addressing these urgent problems.

No Single Agency Can Do This Alone

Improving the outcomes of children and families affected by parental substance use requires a coordinated response which draw from the talents and resources of AT LEAST three systems:

- Child Welfare
- Substance Abuse Treatment
- Courts

Better Together

Screening and Assessment: Opening the Door to Substance Use Disorder Treatment

Early Identification

- Screening: Determine the presence of an issue (e.g. substance use)
- Assessment: Determines the severity and recommends treatment course
- Determine the strengths & needs of children and their families and working within the strengths of community

Warm Hand-Off

- Improve access to, engagement in, and retention in substance use treatment

Is This How we Communicate?

WHO needs to know **WHAT, WHEN**?

An Ongoing Process

Presence & Immediacy

Is there an issue present?

What is the immediacy of the issue?

Nature & Extent

What is the nature of the issue?

What is the extent of the issue?

Developing & Monitoring Case Plans

What is the response to the issue?

Are there demonstrable changes in the issue?

Is the family ready for transition?

Did the interventions work?

WEAVING IT TOGETHER

Strategies and Models: Understanding how to respond to child welfare involved cases affected by substance use.

Presence & Immediacy

- Is there an issue present?
- What is the immediacy of the issue?

Nature & Extent

- What is the nature of the issue?
- What is the extent of the issue?

Developing & Monitoring Case Plans

- What is the response to the issue?
- Are there demonstrable changes in the issue?
- Is the family ready for transition?
- Did the interventions work?

Understanding Each Other's Terms and Processes: *Immediacy and Nature*

	Substance Use Treatment	Child Welfare	Court
Is there an issue?	Screen	Child Abuse Report	
What is the immediacy of the issue?	Immediate Need Triage	In-Person Safety Assessment	Preliminary Protective Hearing
What is the nature of the issue?	Diagnosis	In-Person Response Risk Assessment	Court Findings
What is the extent of the issue?	Multi-Dimensional Assessment	Family Assessment	Petition Filed; Preliminary Protective hearing

Understanding Each Other's Terms and Processes:
Developing and Monitoring Service and Treatment Plans

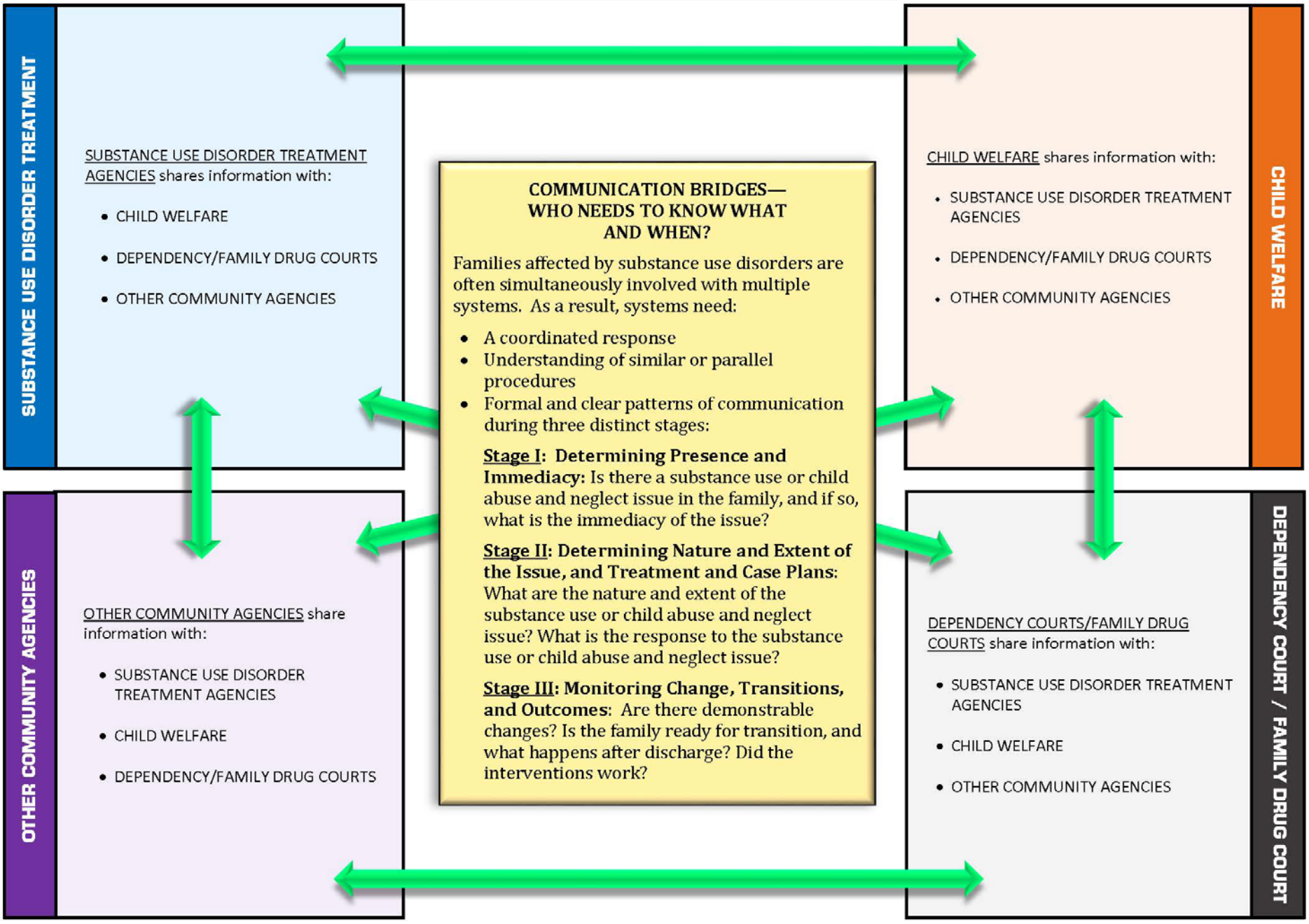
	Substance Use Treatment	Child Welfare	Court
What is the response?	Treatment Plan	Case Plan	Adjudication/ Dispositional Hearing: Court-Ordered Case Plan
Is there demonstrable change?	Treatment Monitoring	Case Plan Monitoring	Court Review Hearings
Is family ready for transition?	Transition Planning	Permanency Determination	Permanency Hearing
What is to happen after discharge?	Recovery Management	Family Well Being	Case Closed
Did the intervention work?	Outcome Monitoring	Outcome Monitoring	Outcome Monitoring

Establishing and Understanding Individual System and Cross-System Roles and Responsibilities

	Substance Use and Child Development	System Roles	Screening and Assessment
Substance Use Treatment	How substance use puts children at risk and how child welfare must respond	Child maltreatment reporting requirements	How to screen for child safety and conduct a diagnostic substance use assessment
Child Welfare	Basics of substance use and how it affects child development	Treatment system and how to help people in treatment	How to screen for substance use and conduct a family assessment
Court	Basics of substance use and how it affects child development	Role in ensuring treatment quality	Role in requiring assessments

Collaboratively All Three Systems	Establish information sharing policies	Establish case plans	Develop shared indicators of progress	Monitor progress and evaluate outcomes

PATHWAYS OF COMMUNICATION



Pathways of Communication

In your own practice or jurisdiction, what are some examples of barriers to *Communication* and *Information Sharing* that you've encountered?

Development of Front-Line Collaborative Practice

The three systems have collaborative protocols, policies, and tools to:

- Screen for substance use and child maltreatment
- Assess for substance use and child maltreatment
- Develop and implement collaborative case plans
- Monitor progress and evaluate outcomes

- Presence and Immediacy
- Nature and Extent
- Development and Monitoring of Service and Treatment Plans

Strategies for Screening

- Substance abuse specialist – counselor, mentor in recovery – accompanies worker on first visit, particularly to hospital calls (Kentucky, Los Angeles)
- Assign substance abuse counselor to child welfare investigation units (Florida)
- Screener accompanies worker on 1st visit, if substance use suspected to be affecting safe parenting. Warm hand-off to assessment (Vermont, 6 districts)
- Universal Screening (Maine, Alaska, Various Pilot Sites)

Presence and Immediacy

SUBSTANCE USE INDICATORS CHECKLIST

Parent's name: _____ **DOB:** _____ *(MM/DD/YYYY)*

Intake/SSMIS # _____

This checklist is a tool to assist social workers in reviewing specific criteria that are identified as indicators of a parent or primary caregiver's alcohol and/or drug use. Social workers are to check which sign or symptom, observation and awareness of the child(ren) and/or confirmed allegation(s) of alcohol or drug use by the parent or primary caregiver, exist(s). The additional line next to each item is made available for the social worker to record comments that may be helpful in further review.

A. ***Signs and Symptoms, Environmental Factors and Behaviors***

- ☐ Smell of alcohol or drugs: _____
- ☐ Slurred speech: _____
- ☐ Lack of Mental focus: _____
- ☐ Lack of Coordination/Motor Skills: _____
- ☐ Needle Tracks: _____
- ☐ Skin abscesses: _____
- ☐ Lip/tongue burn: _____
- ☐ Nausea: _____
- ☐ Euphoria: _____
- ☐ Hallucinations: _____
- ☐ Slowed thinking: _____
- ☐ Lethargy: _____
- ☐ Hyperactive: _____
- ☐ Lack of food: _____
- ☐ Signs of drug manufacturing: _____
- ☐ Blacked out windows: _____
- ☐ Aggressive Behavior: _____

B. ***Observations and awareness of the Child(ren)***

- ☐ Injury: _____
- ☐ Lack of Medical Care: _____
- ☐ Neglect Food, Clothing _____
- ☐ Sexual abuse: _____
- ☐ Inadequate education, such as school enrollment: _____
- ☐ Appearance or history of prenatal exposure: _____
- ☐ Noted delays in achieving developmental milestones: _____
- ☐ Lack of age appropriate care/supervision _____

Physical signs of substance misuse

- ☐ Bloodshot eyes, pupils larger or smaller than usual.
- ☐ Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- ☐ Deterioration of physical appearance, personal grooming habits.
- ☐ Unusual smells on breath, body, or clothing.
- ☐ Tremors, slurred speech, or impaired coordination.

Behavioral signs of substance misuse

- ☐ Drop in attendance and performance at work, not keeping appointments.
- ☐ Unexplained need for money or financial problems. May borrow or steal to get it.
- ☐ Engaging in secretive or suspicious behaviors.
- ☐ Lying (often very convincingly), untrustworthy, secretive
- ☐ Sudden change in friends, favorite hangouts, and hobbies.
- ☐ Frequently getting into trouble (fights, accidents, illegal activities).

Psychological signs of substance misuse

- ☐ Unexplained change in personality or attitude.
- ☐ Focused on self & seemingly little empathy or concern for others and their needs.
- ☐ Sudden mood swings, irritability, or angry outbursts.
- ☐ Periods of unusual hyperactivity, agitation, or giddiness.
- ☐ Lack of motivation; appears lethargic or "spaced out."
- ☐ Appears fearful, anxious, or paranoid, with no reason.

C. ***Other – Confirmed allegations of a Parent or Primary Caregiver's Drug Use***

One additional and important criteria to review is any confirmation of allegation of a parent or primary caregiver's alcohol and/or drug use as noted by the following:

- ☐ Substance use confirmed by a collateral contact: _____
- ☐ Child(ren) prenatally exposed and/or parent has a history of other prenatally exposed children.

A report either in an intake or to an ongoing social worker that a parent/ caretaker has a current pattern of use of illegal substances or misuse of legal substances (e.g. alcohol) or prescription drugs;

Denial and/or minimization the issue of substance use disorder when faced with information that points to use disorder;

DCF Family Services social worker's knowledge of parent/caretaker incapacitation or other behavioral indicators either through observation or from other documentation i.e. police or physician reports and/or treatment notes

Affidavits or other court documents stating that alcohol and or other drugs contributed to the behavior that led to legal involvement. These documents do not have to be directly connected to the child protection concern. Rather, the totality of the information and its relevance to danger and risk should be considered by the social worker and supervisor.

_____ _____

Signature of social worker ***Date***

Strategies to Enhance Access to Assessment and Treatment

- Have substance abuse counselor at court for immediate access to assessment and treatment placement – many different models of this in operation
  - Parent attorneys employ counselors for treatment placement and monitoring (Santa Clara)
  - DCF contracts with a substance abuse agency for intervention/engagement services (Arizona)

Strategies for Collaborative Case Planning

- Treatment agencies provide twice monthly reports on attendance, engagement in services, drug testing beginning at first court hearing (Connecticut and several others)

- Administrative or Court hearing held at 30, 60, 90 days post child removal to more carefully monitor treatment engagement (Sacramento, Connecticut)

Developing and Monitoring Case Plans

DEPARTMENT OF HEALTH SERVICES
COORDINATED SERVICES TEAM INITIATIVE

Concept Paper – July 14, 2003

Vision

To implement a practice change and system transformation in Wisconsin by having a strength-based coordinated system of care, driven by a shared set of core values, that is reflected and measured in the way we interact with and deliver supports and services for families who require substance abuse, mental health, corrections, and child welfare services.

DEVELOPMENT OF AN INTEGRATED SYSTEM OF CARE

Stage 1 Different plans developed separately by each agency involved

Stage 2 Some plans for a limited number of families are developed jointly, but not all agencies participate

Stage 3 For an increasing number of families, a single plan incorporates most or all of the services and support activities

Stage 4 Increasing cross-system cooperation allows more and more families to have unified plans

Stage 5 Wide-scale integration permits unified service planning & delivery, regardless of where the family enters the system of care

Elements of an Integrated System of Care, John Franz

COLLABORATION WITH FAMILIES

Voice: The child and the parent are listened to and heard in all phases of the planning process

Access: The child and parent have valid options and no service is withheld for categorical reasons

Ownership: The child and parent agree with and commit to any plan concerning them

WHEN TRUST IS LOW

- Conflict among people increases
- Relationships deteriorate
- Divisive politics, turf wars, and infighting escalate
- Members of teams or organizations question their commitment
- Quality of relationships & services decline

HOW TO BUILD TRUST

- Keep promises and honor commitments
- Share information, both positive and negative, with the people who need it
- Don't talk about individuals who are not present (nothing about us without us)
- Acknowledge and apologize for mistakes
- Involve people in decisions that affect them
- Give credit where credit is due

BENEFITS OF BUILDING TRUST

- Improved quality of services
- Increased commitment to the organization or team
- Better relationships with families
- More effective, cohesive teams
- Decreased frustrations caused by strained relationships
- Formal systems model partnership

DISCUSSION

Join the conversation!

System Walk-Through

Assess effectiveness of system in achieving its desired results or outcomes

Data and Info Walk-Through

Who collects data, where is it stored, who uses it, who "owns" the data, levels of access

Resource: Screening and Assessment for Family Engagement, and Recovery (SAFERR)

To download a copy, please visit:

http://www.ncsacw.samhsa.gov/files/SAFERR.pdf