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

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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.
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

No Single Agency Can Do This Alone

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

**Active Efforts in Clinical Engagement**
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
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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?
<table>
<thead>
<tr>
<th>Question</th>
<th>Substance Use Treatment</th>
<th>Child Welfare</th>
<th>Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an issue?</td>
<td>Screen</td>
<td>Child Abuse Report</td>
<td></td>
</tr>
<tr>
<td>What is the immediacy of the issue?</td>
<td>Immediate Need Triage</td>
<td>In-Person Safety Assessment</td>
<td>Preliminary Protective Hearing</td>
</tr>
<tr>
<td>What is the nature of the issue?</td>
<td>Diagnosis</td>
<td>In-Person Response Risk Assessment</td>
<td>Court Findings</td>
</tr>
<tr>
<td>What is the extent of the issue?</td>
<td>Multi-Dimensional Assessment</td>
<td>Family Assessment</td>
<td>Petition Filed; Preliminary Protective hearing</td>
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</table>
### Understanding Each Other’s Terms and Processes: Developing and Monitoring Service and Treatment Plans

<table>
<thead>
<tr>
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<th>Substance Use Treatment</th>
<th>Child Welfare</th>
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</thead>
<tbody>
<tr>
<td><strong>What is the response?</strong></td>
<td>Treatment Plan</td>
<td>Case Plan</td>
<td>Adjudication/Dispositional Hearing: Court-Ordered Case Plan</td>
</tr>
<tr>
<td><strong>Is there demonstrable change?</strong></td>
<td>Treatment Monitoring</td>
<td>Case Plan Monitoring</td>
<td>Court Review Hearings</td>
</tr>
<tr>
<td><strong>Is family ready for transition?</strong></td>
<td>Transition Planning</td>
<td>Permanency Determination</td>
<td>Permanency Hearing</td>
</tr>
<tr>
<td><strong>What is to happen after discharge?</strong></td>
<td>Recovery Management</td>
<td>Family Well Being</td>
<td>Case Closed</td>
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<tr>
<td><strong>Did the intervention work?</strong></td>
<td>Outcome Monitoring</td>
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<td>Outcome Monitoring</td>
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</tbody>
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## Establishing and Understanding Individual System and Cross-System Roles and Responsibilities

<table>
<thead>
<tr>
<th></th>
<th>Substance Use and Child Development</th>
<th>System Roles</th>
<th>Screening and Assessment</th>
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</thead>
<tbody>
<tr>
<td><strong>Substance Use</strong></td>
<td>How substance use puts children at risk and how child welfare must respond</td>
<td>Child maltreatment reporting requirements</td>
<td>How to screen for child safety and conduct a diagnostic substance use assessment</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child Welfare</strong></td>
<td>Basics of substance use and how it affects child development</td>
<td>Treatment system and how to help people in treatment</td>
<td>How to screen for substance use and conduct a family assessment</td>
</tr>
<tr>
<td><strong>Court</strong></td>
<td>Basics of substance use and how it affects child development</td>
<td>Role in ensuring treatment quality</td>
<td>Role in requiring assessments</td>
</tr>
<tr>
<td><strong>Collaboratively All Three Systems</strong></td>
<td>Establish information sharing policies</td>
<td>Establish case plans</td>
<td>Develop shared indicators of progress</td>
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</tbody>
</table>
COMMUNICATION BRIDGES—WHO NEEDS TO KNOW WHAT AND WHEN?

Families affected by substance use disorders are often simultaneously involved with multiple systems. As a result, systems need:

- A coordinated response
- Understanding of similar or parallel procedures
- Formal and clear patterns of communication during three distinct stages:

**Stage I:** Determining Presence and Immediacy: Is there a substance use or child abuse and neglect issue in the family, and if so, what is the immediacy of the issue?

**Stage II:** Determining Nature and Extent of the Issue, and Treatment and Case Plans: What are the nature and extent of the substance use or child abuse and neglect issue? What is the response to the substance use or child abuse and neglect issue?

**Stage III:** Monitoring Change, Transitions, and Outcomes: Are there demonstrable changes? Is the family ready for transition, and what happens after discharge? Did the interventions work?
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
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

<table>
<thead>
<tr>
<th>Parent's name:</th>
<th>DOB:</th>
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<tbody>
<tr>
<td>Intake/SSMIS #:</td>
<td>(MM/DD/YYYY)</td>
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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: _______  
- 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: _______  

#### 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 of the issue of substance use disorder when faced with information that points to use disorder: _______  

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

Affidavit 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.

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**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)
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).
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.
<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Different plans developed separately by each agency involved</th>
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<tbody>
<tr>
<td>Stage 2</td>
<td>Some plans for a limited number of families are developed jointly, but not all agencies participate</td>
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<tr>
<td>Stage 3</td>
<td>For an increasing number of families, a single plan incorporates most or all of the services and support activities</td>
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<tr>
<td>Stage 4</td>
<td>Increasing cross-system cooperation allows more and more families to have unified plans</td>
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<tr>
<td>Stage 5</td>
<td>Wide-scale integration permits unified service planning &amp; delivery, regardless of where the family enters the system of care</td>
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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: