

**Title:** A Collaborative System of Child Welfare and Adult Substance Abuse Treatment; Site Visit Report

**Grantee:** Connecticut Department of Children and Families

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## SUMMARY

A leadership training program for midlevel managers in public and Tribal child welfare agencies has contributed to the success of a collaborative system in Connecticut serving families affected by substance abuse. A Connecticut child welfare agency manager helped lead the collaborative efforts after participating in the National Child Welfare Leadership Institute (NCWLI), a project funded by the Children's Bureau to help local child welfare professionals understand and implement systems change projects in their communities through a series of trainings and ongoing technical assistance.

The goal of the Connecticut project was to support and improve upon the redesign of a collaborative system for substance abuse treatment and child welfare work in one area of the State. Although a system had been in place since 1995, evaluations indicated it was less effective than desired in providing services to substance-abusing parents involved with the child welfare system. Elements of the redesign included:

- A new managed service system for cases involving both systems
- Weekly joint case discussion meetings for open cases in both systems
- A voluntary program offering recovery case managers and as part of a subsequent pilot program, a recovery specialist to support substance abuse treatment and reunification efforts for parents whose children were removed
- Improved use of office and in-home evaluations, drug testing, and drop-in drug screens

In order to promote the long-term success of the redesigned collaborative system, one of the NCWLI participants helped plan and implement several strategies based on the systems change principles she learned during the training. Focusing on the importance of staff commitment to and understanding of systems change, she organized several events, such as:

- Group discussions to explain the benefits of the redesign
- Extensive joint trainings to improve staff knowledge of processes and protocol in the child welfare and substance abuse systems
- A day-long event to build consensus and develop a shared vision for collaboration between systems
- Regularly scheduled meetings to revisit the purpose of the redesign, reevaluate the collaborative system, and establish next steps when needed

Staff members report several indications that the redesign is having the desired impact. The system has seen a significant increase in the rate at which parents engage in substance abuse treatment. Service providers from both systems appear committed to the redesign and feel the project is sustainable in the long term. Staff members have also been contacted by other regions of Connecticut interested in replicating the redesigned system.

Reprinted from Children's Bureau Express, "Site Visit: Training Builds Leadership and Communication Skills" (<http://cbexpress.acf.hhs.gov>).

## PROJECT DESCRIPTION

**Abstract** (*adapted from information and materials provided before, during, and after the site visit*)

The purpose of the Connecticut project is to improve communication and collaboration between child welfare agencies and substance abuse treatment agencies on behalf of substance abusing parents who are known to the child welfare system in the geographic area served by the New Britain Area Department of Children and Families (DCF). This is to be accomplished through increased focus on the already existing Project SAFE (Substance Abuse Family Evaluation), a collaboration between DCF and the Department of Mental Health and Addiction Services (DMHAS), which has been in existence since 1995. Project SAFE offers priority access to substance abuse evaluations, drug screens, and out-patient treatment services to primary caregivers of children involved in DCF child protective services cases statewide. Advanced Behavioral Health (ABH), a nonprofit behavioral health management company that specializes in utilization management, provider network administration, research and dissemination of best practices, and health information technology, facilitates the services through a centralized intake and provides network management services for a large group of providers under contract with DMHAS. The redesign included creation of the Substance Abuse Managed Service System (SAMSS) in the fall of 2006. Facilitated by a DCF Child Protection Manager and the Behavioral Health Program Director, with active participation from DMHAS, ABH, and local treatment providers, this group meets weekly for discussion and case planning for families who are known to the system. At these meetings the DCF case manager makes a presentation on the current family situation. Recommendations resulting from the substance abuse evaluation are brought to the table, and collaborative problem-solving and resource identification occur as the family's multiagency case plan is developed. Confidentiality is adhered to by using de-identifying information such as first name and last initial during the presentation.

The New Britain redesign also includes Recovery Case Management Services provided through ABH by recovery case managers who assist and support clients in treatment engagement and in maintaining recovery. In May 2009, with technical assistance from the National Center on Substance Abuse and Child Welfare, a new pilot program called the Recovery Specialist Voluntary Program (RSVP) was added to the collaborative efforts between DCF, DMHAS and the Juvenile Court. RSVP is a service that is offered to parents whose children are removed as a result of an Order of Temporary Custody when substance abuse is a significant factor in the removal. The option to participate in RSVP is introduced to the parent at the first court hearing and, if the parent chooses to participate, he/she must sign an "Agreement to Participate in RSVP" and a blanket Release of Information. A recovery specialist is then assigned to the parent at the court hearing and the Agreement to Participate and the RSVP expectations become a "Standing Court Order." Recovery specialists assist parents in engaging in substance abuse treatment; conduct random drug screens; support parents through recovery coaching; and provide regular documentation to DCF, the court, and the attorneys on the parents' progress. Participating parents are followed at SAMSS for coordination of

services, and their progress is reviewed monthly during Case Status Conferences in court.

The redesign was underway when the Area Director of the New Britain Area Office had the opportunity to participate in the National Child Welfare Leadership Institute (NCWLI) training. She used the skills and tools gained during the training to improve and enhance the project.

### **Goals of NCWLI and of the Connecticut Project**

Participation in NCWLI is intended to increase the leadership skills of midlevel managers in public and Tribal child welfare agencies and to build the human capital needed to improve outcomes for vulnerable children and families in those systems. Trainees develop an understanding of the requirements for successful system change, which include accepting the need for change; understanding what and how to change; committing to and practicing change; and finally applying, monitoring, and institutionalizing the change. Trainees enhance their leadership skills in order to succeed in their current environment and to be prepared to lead their agencies in the future as that environment changes. These enhanced skills encourage productive and effective relationships within the immediate work setting and within the broader child and family services system. Trainees also learn evidence-based management skills that are associated with personal and organizational success.

This report is of a site visit to the Connecticut system change project implemented by one of that State's participants in the NCWLI training, a project with the goal of integrating common language, knowledge, and skills into the practice of child welfare staff and treatment providers. Expected outcomes of the project are improved services to children and families, provision of timely access to substance abuse treatment services for parents known to the child welfare system, reduction in the number of out-of-home placements, and a decrease in repeat maltreatment, all resulting in improved safety, permanency, and well-being outcomes for children and families. Ultimately, child welfare case plans and court reports are expected to show evidence of substance abuse treatment and recovery considerations and treatment providers' notes to show evidence of discussions regarding permanency for children and the impact on children of parental substance abuse treatment and recovery.

### **Need for This Service** *(adapted from information and materials provided before, during, and after the site visit)*

Formal efforts to improve collaboration between the child welfare system and the substance abuse treatment system on behalf of substance abusing parents in Connecticut date back to 1995, and the start-up of Project SAFE.

In 2005, the DCF New Britain area office was asked to participate in a redesign of Project SAFE, which had proven to be less effective than desired in providing services to substance abusing parents known to the child welfare system. Substance abuse treatment was, and continues to be, a very important area of focus, since 80 percent of the families who come to the attention of the child welfare system in Connecticut do so because of issues related to substance abuse.

All evaluations, treatment services, and drug screens under Project SAFE were office-based and by appointment only. Fifty percent of families referred for substance abuse evaluation were “no shows” and, of those who did attend the evaluation, only 50 percent engaged in treatment. The redesign enhanced existing services by including in-home evaluation and testing conducted by a family specialist as well as drop-in urine drug screens within 24 hours of a clinic referral. SAMSS was created in 2006, as a part of the New Britain redesign. SAMSS’ weekly case discussion meetings are facilitated by DCF with active participation from DHMAS and local treatment providers. Evaluation recommendations are brought to these meetings and collaborative problem-solving and resource identification takes place. The very existence of SAMSS encourages close collaboration and communication among providers, DMHAS, and DCF. Case discussions highlight system issues that create barriers to treatment and having decision-makers participating in the meetings assists in addressing those issues in a timely way.

## **SITE VISIT HIGHLIGHTS**

The site visitor had the opportunity to participate in a Substance Abuse Managed Service System (SAMSS) meeting during the visit, which occurred on September 10, 2009. The meeting was held at the New Britain Area Office of the Department of Children and Families (DCF) Participants at the meeting included:

- The (DCF) Behavioral Health Program Director
- The DCF Program Supervisor (managerial level)
- A regional manager from DMHAS
- A recovery case manager and a recovery specialists from RSVP
- The DCF domestic violence consultant
- The DCF substance abuse specialist and clinical consultant
- Substance abuse providers, both public and private
- Mental health providers, both public and private

Cases scheduled for review at this meeting included ones that were new to this group as well as previously considered cases that were scheduled for updates. The cases scheduled for update had last been reviewed in July, August, and one in April, indicating that cases can be brought to the group for review as often as is necessary and appropriate. The cases are scheduled in 15 minute intervals with the meeting lasting for two hours. The group reviewed the domestic violence, substance abuse, mental health, and child safety issues in each case and identified available services to meet identified needs. They also streamlined access to those services for the families in question. While the child welfare social workers took the lead on presenting the families, the update cases were known to several people in the room and they chimed in with additional information and recommendations. It was clear that everyone in the room had a sense of collective ownership of, and a shared responsibility for, these families and their situations. As stated by one of the meeting participants, “One of the things that makes this work, is that we understand and respect each other’s programs.”

## **LESSONS LEARNED**

### **Unique and Innovative Features**

- In recognition of the lack of knowledge and understanding that mental health, substance abuse, and child welfare staff and management had of each other's systems, extensive joint training was provided early in the project. Topics addressed in the joint training included:
  - Motivational interviewing
  - Principles of recovery
  - Trauma-informed care
  - Advanced trauma
  - Biology of addiction
  - Fetal alcohol syndrome/spectrum disorders
- There also was a full day event attended by over 100 participants from all three systems where an overview was presented of each system. This was followed by small group discussions related to the current level of collaboration and what is needed to implement the Recovery Specialist Model.
- The importance of the adaptive work around consensus building and developing a shared vision within the New Britain Area Department of Children and Families and within the Department of Mental Health and Addiction Services cannot be understated.

### **Impact of NCWLI**

- Ms. Lau was one of two representatives from Connecticut who participated in the National Child Welfare Leadership Institute leadership development training. At the time she went to the training, she was the Area Director of the New Britain Child Welfare Office, and the other Connecticut participant was Area Director of two smaller offices. Implementation of their individual change initiatives increased their visibility and highlighted their enhanced skills as leaders and as change agents. Ms. Lau was promoted to regional director over three area offices, when a statewide reorganization occurred and those positions were created. Her colleague moved to a larger office as an Area Director offering greater opportunity to utilize his leadership skills.

### **Challenges**

- Resources were not available for a formal evaluation of the project, making it difficult to prove its effectiveness, though there are many indications that it is achieving its goals.
- Making sure the staff know the integral processes of how the child welfare/mental health/substance abuse systems work is an ongoing challenge. Keeping them apprised of the frequent changes in protocol, policy, and resource availability requires constant vigilance on the part of leadership.
- Parent groups initially objected to the fact that parents were not invited to the Substance Abuse Managed Service System meetings. Management let them know that these meetings are not case conferences but are instead brokering meetings between service providers in order to access the most appropriate services for families in a timely way.

### **Successful Strategies and Keys to Success**

- Each of the systems involved has gained knowledge and understanding of the other system. Mental health/substance abuse staff and management have a new understanding of permanency for children, and child welfare staff and management have a greater understanding of the complexities of substance abuse treatment.
- The cross-training of staff from the mental health/substance abuse and the child welfare systems contributed significantly to that increased mutual knowledge and understanding of each other's systems.
- There are several very effective in-home substance abuse and mental health services in New Britain, and there is a history of using them well. Benefits for private providers of participating in the redesign were made clear from the beginning by answering the "What's in it for me?" question up front. "We will send you more clients. Your therapy groups will be full, etc."
- Leadership revisits the purpose of the redesign with staff on a regular basis, looking at why they are doing this and where they are in the process.

## **OUTCOMES**

### **Summary of Activities and Accomplishments**

- The project reports a significant increase in the rate at which parents engage in treatment in cases that were reviewed in Substance Abuse Managed Service System (SAMSS) meetings.
- Cases receiving additional recovery case management services were the most likely to engage in treatment.

### **Evaluation**

While there were no resources for a formal evaluation of the New Britain redesign, there are clear indications that SAMSS is having the desired impact. In addition to the increase in the rate at which people engage in treatment, people in other area offices in Connecticut began hearing about the New Britain SAMSS and are requesting it in their areas. Many have now found ways of implementing it locally. In effect, the project is growing sideways, not from the top down.

### **Sustainability**

Not only does the feedback given the site visitor by the SAMSS participants indicate a level of commitment to the process that will ensure sustainability of the project, but the fact that other area offices are hearing about the project and replicating it in their areas indicate that this model of collaboration between child welfare and mental health/substance abuse is here to stay in Connecticut