



National Center on
Substance Abuse
and Child Welfare

Implementing a Family-Centered Approach in Outpatient Treatment



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Introduction

Parents seeking outpatient treatment for substance use disorders (SUD) often face unique barriers that can hinder their access to services, contribute to missed appointments, and affect their ability to engage in services long term. Common obstacles include a lack of child care, transportation issues, and schedules that do not accommodate their needs. These challenges can make it difficult for parents to prioritize their treatment and recovery, ultimately affecting their overall family well-being.

Direct service providers working in substance use disorder outpatient treatment can significantly improve parent engagement, retention, and treatment outcomes by adopting a family-centered approach. This approach allows parents to focus on their treatment goals while also ensuring their family's needs are met, thereby supporting the recovery of the entire family.

This resource is for outpatient treatment providers to understand 1) the principles and benefits of a family-centered approach, and 2) practice strategies for implementing this approach in an outpatient setting.



Essential Ingredients

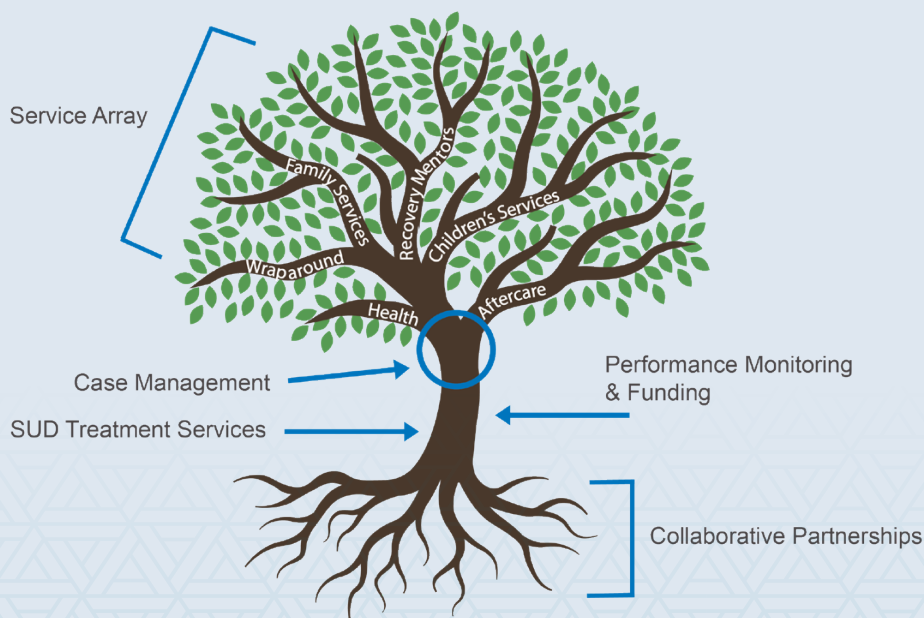
A family-centered treatment approach considers the individual within the context of the family. Outpatient treatment programs achieve this by integrating essential components of a family-centered approach into the outpatient model. The components are described in detail in the National Center on Substance Abuse and Child Welfare (NCSACW)'s [Implementing a Family-Centered Approach](#) series.

The approach may look different in an outpatient setting compared to other treatment settings since:

1. Children and partners rarely attend treatment services with their family members,
2. Providers may not offer child care, and
3. Only one parent may be allowed to receive services at the agency.

Despite differences, a set of common essential ingredients to a family-centered approach is used across the continuum of SUD treatment providers. The essential ingredients are introduced in the graphic below.

Essential Ingredients of a Family-Centered Approach





Essential Partners

Families affected by parental SUD frequently engage with many systems. One of the key strategies for incorporating a family-centered approach is to integrate the work of these systems to build alignment that supports the children, parents, and family members. Strengthening partnerships with child welfare, early childhood, public health, and the education system remains vital to meet families' needs.

Individual outpatient treatment programs rarely have the internal capacity to provide the array of services families need. Many of these services may be outside the outpatient SUD provider's clinical scope. Collaborating with external organizations becomes necessary to support family success in a wraparound approach to meet basic, therapeutic, and socioemotional needs. Support services often needed to establish a family-centered approach include:

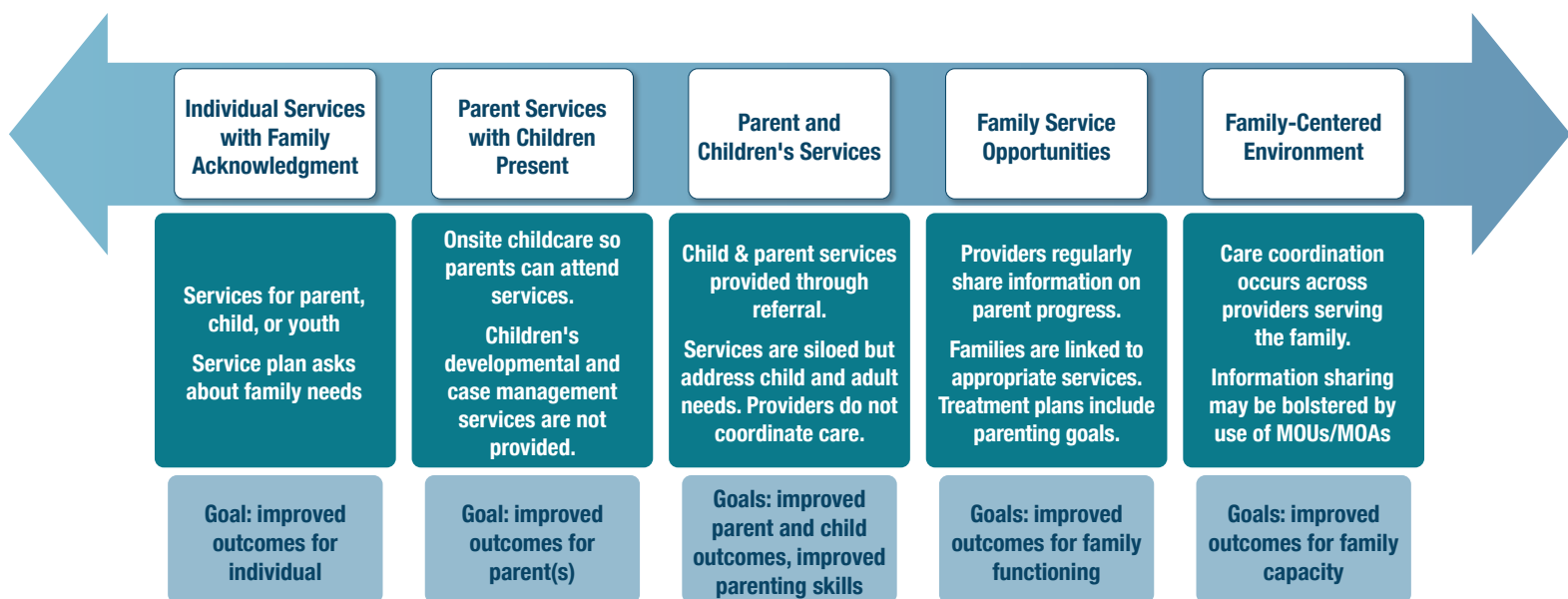
- Evidence-based parent-child programs
- Parenting education and skill development
- Domestic violence services
- Individual and family therapy to treat mental health and trauma
- Children's services that meet developmental and healthcare needs
- Early childhood education services
- Youth development and academic support
- Recovery support services (e.g., peer mentors, recovery specialists)
- Basic needs and services such as vocational and employment training and support, education, housing, legal aid, and transportation

Successfully implementing a family-centered approach requires more than just a shift in practice; it demands robust collaboration across systems and the active involvement of community partners. Ultimately, a family-centered approach is not just a treatment model: it's a commitment to holistic care that recognizes the interconnectedness of individual and family well-being, paving the way for more resilient families and healthier communities.



Family-Centered Approach Continuum

Family-centered treatment can help increase permanency outcomes for children and improve family outcomes for those involved with child welfare. Historically, outpatient providers used a patient-centered approach without extending their assessment to identify and treat the patient within the context of their family. Individuals identify as members of a family group and for those who are parents, the role of parent is central to their identity. As residential treatment providers began to understand the need for a more family-centered approach, their work with parents in treatment expanded from providing referrals for children to integrating a coordinated family plan. The graphic on the following page illustrates how outpatient providers can adjust to include a person's role as a parent.



(Adapted from Werner et al., 2007)

Outpatient providers can use the continuum above to gauge where their family-centered approach implementation stands currently. The continuum can also support providers as they strategize on the next steps for moving toward a family-centered approach. Moving from a treatment plan focused solely on individuals to one that recognizes individuals *within the context of family—and developing family-centered treatment plans to suit them*—can seem overwhelming. While creating a family-centered environment does not happen overnight, providers enhance their practice by taking small steps. One important consideration is understanding licensing and regulation requirements within the provider's jurisdiction while building services and partnerships. For example, integrating services like mental health counseling may require new state licensing, or providing on-site child care may require partnership with community child care providers. Building in new services may require extra preparation.



Moving Toward a Family-Centered Approach

NCSACW's [Implementing a Family-Centered Approach](#) series outlines steps that providers can take to move along the continuum of family-centered services. This brief reviews each of these steps, focusing on the perspective of outpatient providers. Each step is accompanied by three action steps providers can implement. The action steps are offered at three different levels:



■ **Exploration:** For those agencies and communities new to working with a family-centered approach.



■ **Initial Implementation:** For those agencies who have completed the planning needed to begin implementing practice changes.



■ **Full Implementation:** For those agencies who have implemented changes but are looking for continued improvements to their family-centered work.

STEP 1

Assess Needs

SUD treatment providers and their collaborative partners survey the community to understand the needs of the SUD treatment population, including both parents and children. Including the perspectives of people with experience is crucial to understanding the needs in the community.



What Outpatient Providers Need to Know: Outpatient providers typically offer “traditional” outpatient services in the early phases of the continuum without supporting the needs of each member in the family. Completing a survey of the community to understand the needs of their clients along with the capacity of their community is the first step in integrating family-centered services.

Collaborative partnerships are the foundation of a family-centered approach. SUD treatment providers are unlikely to offer all the services a family needs due to the costs, staffing, clinical expertise, and physical space required, or because the services needed may be outside the scope of a treatment agency. However, they can establish collaborative partnerships with community service providers, county and state administrators, and funders to support the development of a comprehensive community-based, family-centered approach.

Meeting the needs of families requires an array of services. Understanding what services exist for family members and supporting family engagement in services helps the family move toward wellness together.

Take Action:



- **Exploration:** Map out services available in the community (see the guide to community mapping in the NCSACW’s [Sustainability Toolkit](#)).



- **Initial Implementation:** Identify and establish partnerships with local family serving providers and share regular updates on parent progress, with informed consent. For example, partner with infant and toddler programs to integrate *Early and Periodic Screening, Diagnostic, and Treatment* (EPSDT) services for young children; these screenings can identify fetal alcohol spectrum disorder and assess developmental delays.



- **Full Implementation:** Implement a steering committee composed of family-serving community providers and people with experience. Work together to develop referral pathways and tackle barriers to communication.

STEP 2

Assess Resources

The next step is to survey state and local funding streams that could support new programming.



What Outpatient Providers Need to Know: As outpatient providers seek to expand services to embrace a family-centered model, funding services is often a challenge. For instance, integrating onsite child care or mental health services may require licensure, new funding streams, or partnerships. To be successful, outpatient providers can increase their understanding of what funding options and services are available in their communities. Understanding this will allow providers to strategize how new services can be implemented and what services are priorities.

The exact cost of funding family-centered treatment is hard to quantify, as it is not a one-size-fits-all approach and the actual service array is unique to each family and community. Funding available to support family-centered treatment can be drawn from both federal treatment funding streams and a wider network of allied services from public and private sources. For more information on funding a family-centered approach see Module 3 of the NCSACW's [Implementing a Family-Centered Approach](#).

Resources may also come in the form of partnerships with outside providers. For example, providing onsite mental health services for fathers may not be possible, but collaborating and sharing information with a local mental health provider may be.

Take Action:



Exploration: Build connections to child serving organizations to ensure children of parents in treatment receive developmental screenings, supportive child care, and appropriate referrals.



Initial Implementation: Work with community partners to complete a funding inventory that assesses opportunities for integrating new programs to fill gaps in services. See NCSACW's [Sustainability Toolkit](#).



Full Implementation: Integrate state and local funders into the collaborative governance structure. Develop strategies to leverage state funding to increase family-centered offerings.

STEP 3

Build Partnerships

SUD providers identify community partners working with children, parents, and families. Establishing support from the state, county, and local leadership can also solidify a family-centered approach and ensure its sustainability.



What Outpatient Providers Need to Know: A shift to a family-centered approach is an opportunity for providers to expand their focus and increase collaboration with other community partners. While other family members may not interact with the outpatient providers, they may receive services from other community agencies. Still, outpatient providers can complete comprehensive family assessments with parents and explore gaining informed consent to ensure coordinated care.

When families are involved with child protective services, outpatient providers play a pivotal role in supporting parents to reunite with their families. Sharing information, with informed consent, while also advocating for clients can aid in the client's reunification efforts. Progress reports also help case workers and the courts as they make decisions about the family. Offering parenting classes that are evidence-based for parents in recovery from substance use disorders can also support families working toward reunification.

Take Action:



Exploration: Provide updates to external providers on parent progress with appropriate informed consent.



Initial Implementation: Implement cross-training between agencies to build knowledge. For example, SUD providers may not know about the services and supports provided by nurse home visitors. Likewise, nurses may not understand how parents are assessed for SUD services and what the treatment consists of. It may be helpful to host trainings that focus on what services are provided by partner agencies such as public health, child welfare, SUD providers, children's developmental services, and others.



Full Implementation: Participate in cross-system meetings that focus on removing systemic barriers and incorporating supports to aid families across systems.

STEP 4

Implement New Services

Together with new partners, SUD providers can review findings from steps 1 and 2 to determine the services to prioritize and implement. As services are implemented, the team can continue to monitor progress and needs to determine the next steps.



What Outpatient Providers Need to Know: Parenting while in recovery is stressful. Family members may also need services to treat past trauma, prevent future substance use, or reduce the effects of prenatal substance exposure. When possible, outpatient providers may opt to provide some of these services. When that is not possible, outpatient providers can partner with external providers, for example, public health to ensure children receive regular screenings for developmental needs (e.g., fetal alcohol spectrum disorder screening). Or they may be able to offer on-site services by providing space for a community provider to provide services like parenting classes. Outpatient providers can support family well-being by partnering with mental health providers and ensuring the family receives services individually and as a family unit. Most importantly, as families receive external services, outpatient providers can actively coordinate care to ensure that a parent's treatment responds to the needs of the family.

Take Action:



Exploration: Work with the outpatient clinical team to develop treatment plans that help parents gain new parenting skills. Treatment plans that include assessment and referrals to meet the developmental needs of children are crucial for ensuring children receive the support they need.



Agency Implementation: Incorporate comprehensive family assessments that identify the needs for each family member. Integrate coordinated care with appropriate referrals.



Community Implementation: Work with community partners and local and state funders to implement and fund evidence-based parenting classes.



Family-Centered Approach

Programs with a fully integrated family-centered approach have treatment goals for improved outcomes for the individual, each family member, and the family's functioning as a whole. Care coordination occurs across all providers serving the family. Information is shared via parental consent and may be bolstered by memoranda of understanding (MOU). Effective cross-system collaboration is best served by establishing a governance structure to implement MOUs and build relationships beyond sharing information to collaborating with cross-agency resources. Joining existing local collaboratives working toward breaking down barriers for families is a worthwhile use of time. A commitment to increasing a family-centered approach results in an increase in engagement and retention in treatment and, ultimately, family outcomes that create healthy communities.

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