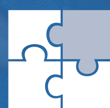
Implementing a Family-Centered Approach

For Families Affected by Substance Use Disorders and Involved With Child Welfare Services

MODULE 2

On the Ground—
Family-Centered Practice


National Center on
Substance Abuse
and Child Welfare

This Technical Assistance Tool was developed by the National Center on Substance Abuse and Child Welfare (NCSACW). NCSACW is a technical assistance resource center jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau (CB), Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services. Points of view or opinions expressed in this guide are those of the authors and do not necessarily represent the official position or policies of SAMHSA or ACYF.

MODULE 2

On the Ground—Family-Centered Practice

Substance use disorders (SUDs) affect the entire family—they can interfere with a parent's ability to take care of and bond with a child and can disrupt family health and well-being. Traditional SUD treatment focuses on the individual, despite evidence that parents and children are most effectively served through a family-centered treatment approach. A family-centered approach to SUD treatment provides a comprehensive array of clinical treatment and related support services that meet the needs of each member in the family, not only the individual requesting care. The Family First Prevention Services Act (FFPSA) offers a historic opportunity for child welfare agencies and their SUD treatment partners to expand and enhance family-centered interventions.

To help communities move toward family-centered care, the National Center on Substance Abuse and Child Welfare (NCSACW) prepared a series of companion modules on implementing a family-centered approach. This series is designed for state, county, and agency-level collaborative partners that are working together to improve systems, services, and outcomes for children and families affected by SUDs. The modules include:

- Module 1: Overview of a Family-Centered Approach and Its Effectiveness
- **Module 2: On the Ground—Family-Centered Practice**
- Module 3: Collaboration To Support Family-Centered Practices at the County and State Level

About This Module
Module 1 provided an overview of the importance and effectiveness of a family-centered treatment approach and highlighted the common ingredients of a family-centered approach. Module 2 dives deeper into the family-centered approach ingredients highlighted in Module 1 and offers "on the ground" practice examples and strategies from selected family-centered practitioners across the country who have successfully implemented a family-centered approach.

NCSACW recognizes that a family-centered approach extends well beyond the SUD treatment system, the child welfare system, the courts, and mental health services, and includes all other agencies and individuals that interact with and serve families. The work of all partners must reflect an understanding and responsiveness to the fact that parents and children live within the context of a larger family system and that families exist within the context of their community and culture. The cultural influences of race, ethnicity, religion, geography, and customs are considerations that must be prioritized when implementing a family-centered approach.

NCSACW strives to improve family recovery, safety, and stability by advancing best practices and collaboration among agencies, organizations, and courts working with families affected by substance use and co-occurring mental health disorders and child abuse or neglect. For more information about this module or assistance with implementing a family-centered approach, visit the NCSACW webpage or email us at ncsacw@cffutures.org.

Essential Ingredients of a Family-Centered Approach: Practice Examples and Strategies

Module 1 highlighted the essential ingredients used in family-centered treatment across various SUD treatment providers. NCSACW identified these essential ingredients through nine expert consultations with a diverse group of family-centered practitioners from eight states who have successfully implemented a family-centered approach (see Appendix A). This section provides in-depth information on practical strategies, challenges, and successes within each of the essential ingredients of family-centered treatment.

Collaborative Partnerships

Collaborative partnerships are the foundation of a family-centered approach. Family-centered practitioners who have implemented a family-centered approach unanimously agree that no single entity or agency can meet the needs of the entire family alone and that it takes a team to do this work. Beyond their core agency team members in child welfare, SUD treatment, children's services, and mental health, broad-based partnerships vary based on individual program and family needs. Other critical service partners include parent and child attorneys, child and adult medical providers, housing providers, early childhood providers and school personnel, among others. The family is also an essential partner and key to effectively identifying and meeting the whole family's needs and sustaining positive outcomes.

> Developing a collaborative partnership has to begin with really identifying and defining what each system's goals are and their limitations. –Lund, Vermont

Characteristics of Collaborative Partnerships

The benefits of collaborative partnerships that contribute to an effective family-centered approach include:

- Shared vision and common goals
- Shared understanding of and respect for each partner's role
- Open, transparent, and frequent communication
- Data sharing
- Defined practices to address barriers and disagreements
- Cross-systems training

Barriers and Challenges to Collaborative Partnerships

Family-centered practitioners in the expert consultations identified two major challenges related to collaboration. Funding is seen as the most predominant barrier to implementing family-centered treatment and sustaining it over time. Specifically, challenges with receiving adequate reimbursement for collaboration activities, time, and clinical training needs can leave an agency fiscally vulnerable (see Module 3 for more information).

> Shifting culture to emphasize a family-centered approach is an ongoing process, as staff change and environmental factors happen. Continued relationship building, education, training, and communication strategies are necessary to move a family-centered approach forward. –Institute for Health and Recovery, Inc., Massachusetts

Stigma regarding families affected by SUDs, mental health concerns and child welfare involvement also persists as significant barriers to effective collaboration. Many service providers in the various service systems continue to hold bias and misconceptions about SUDs and treatment practices. These impede an effective cross-systems, multidisciplinary approach to treating families. This stigma within the service systems exacerbates the personal stigma and guilt that many parents with SUDs feel.

Understanding the long-term nature of SUD treatment and recovery is also a challenge for some community providers, particularly when balancing the needs of all family members. Ongoing training to promote understanding of the disease of addiction and best practices for treatment is a responsibility of the service provider. Although partners have varied perspectives, an essential component of collaboration is the understanding that the ultimate goal for all members of the team is the safety and well-being of all family members.

Strategies for Building Collaborations

- Conduct community assessments to identify existing services in the community and examine service gaps for families.
- Place co-located or out-stationed treatment staff in child welfare or other partner agencies.
- Promote active community outreach and involvement by agency leadership and front-line staff.
- Integrate peer support specialists and family members as partners.

Adequate and Flexible Funding

Adequate and flexible funding is required for the implementation and sustainability of a family-centered approach. Traditional funding structures typically do not support a comprehensive family-centered approach or the needs of the whole family. The following funding lessons can be applied in efforts to implement and sustain family-centered treatment. See Module 3 for further discussion about funding.

1. **Use grant money and demonstration projects to launch a family-centered approach but seek long-term funding to guarantee sustainability.** Time-limited grants are important and often necessary to meet an unmet service need. They can provide initial support for an intervention, staff position, or strategy. However, agencies plan longer term and engage partners to leverage institutional local, state, and federal funding to ensure successful programs can be sustained. In the expert consultations, family-centered practitioners who successfully sustained a family-centered approach noted that demonstration grants often include evaluation dollars, which can help a collaborative demonstrate the success of family-centered services.

Local funding sources are just as important as federal sources. Federal dollars focused on families in one target population have not always been as successful for our agency due to the limited scope of where money could be spent. . . . We continue to identify local funding and grant opportunities. –Operation PAR, Inc., Florida

2. **Engage state partners early in the planning for a family-centered approach and from the onset of grant funding or the demonstration project.** Program staff noted the importance of involving state partners and leadership early in grant conversations to ensure that the state agencies are present in discussion of needs, services, and outcomes. Ensuring alignment with state and federal initiatives and developing a shared vision for services strengthen the partnership and increase the likelihood of sustainability. Lessons shared by programs with expertise in family-centered treatment suggested state agency involvement early on was a contributing factor to later sustainability with state dollars.

3. **Use braided/blended funding to deliver a family-centered approach.** SUD treatment providers access many different funding streams to effectively meet families' multiple needs. Family-centered practitioners noted they sought funding from a range of state, federal, local, and private sources to support the various services comprising a family-centered treatment approach. SUD treatment providers stay abreast of changes to funding streams and new opportunities to secure ongoing funding (see Module 3). Family-centered practitioners placed emphasis on the need to diversify funding, engage community partners, and establish partnerships that bridge the gaps in services for families.

4. **Market the improved outcomes of a family-centered approach to make the case for sustained funding.** The ability to demonstrate the impact and value of family-centered treatment to improve family and community outcomes can help make the case for continued funding. It is important to have ongoing discussions to update and educate funders, providers, and other stakeholders about the importance of a family-centered approach and the positive outcomes that are being realized not only for the parents and children who are currently being served but also for the next generation. A family-centered approach is an intervention and a prevention service for families.

We did some cost analysis that says if you do family centered care, in the long run, you're going to save your community, taxpayers, money, etc. One of the huge obstacles is money . . . how you pay for [a family-centered approach]. –Meta House, Wisconsin

Building and sustaining a family-centered approach requires monitoring families' success in treatment. A family-centered treatment approach includes collaborative partners and identifies shared performance measures and builds data dashboards to monitor outcomes. Family-centered practitioners who have successfully implemented a family-centered approach have used performance monitoring to:

1. **Monitor outcomes associated with family-centered treatment.** Data collection captures information on outcomes beyond SUD treatment, such as child welfare, parenting capacity, mental health, trauma, housing, and criminal recidivism. Family outcomes provide the full picture of child, parent, and family well-being.

> The evaluation that has been ongoing over the many years with START [has] been very important, especially at a leadership level in Kentucky. We have experienced several leadership transitions in governors, commissioners, and secretaries since 2007. Each time someone new comes on board, it's very important to engage with them, help them understand the model, and then be able to share with them some of the outcomes that are really important for them to continue to hear and see that the work is moving forward. Then with our providers and front-line staff, the evaluation definitely contributes to that buy in. They're really able to see, not just anecdotally . . . how the data show the work that's being done. –Kentucky START, Kentucky

2. **Identify gaps in services and strengthen the program and services provided.** Family-centered practitioners use data to inform and drive the shift from traditional, individual-focused treatment to comprehensive, family-centered care. For example, one family-centered practitioner described reviewing engagement rates and found that women were not accessing treatment due to their child caretaking responsibilities. In addition, Black/African American women were less likely to complete treatment compared to White women. The agency's attention to the gender and racial disparities in treatment led to practice changes. Practitioners regularly review data and evaluate practices to assess for cultural responsiveness ensuring equity and effectively serving all families.

3. **Monitor fidelity to a model and engage in continuous quality improvement.** Fidelity measures are a critical component in planning prior to implementation of program design. In addition to program fidelity measures, regularly communicating and information sharing are essential to measure and monitor fidelity to the program model among collaborative partners. One strategy is to host or participate in community collaborative meetings. These meetings help to build trusting relationships with providers and ensure that information is shared consistently.

4. **Engage collaborative partners.** Family-centered practitioners in the expert consultations agree that an upfront investment in forming strong collaboration pays off in the long-term. Some challenges identified with collaboration include different organizational cultures, the political climate, issues with individual relationships, staff turnover, and lack of communication across systems. Child welfare is an essential partner in serving this target population. The importance of a strong relationship with the child protection/welfare system was highlighted in expert consultations across family-centered practitioners.

> We report [our] quarterly outcomes to an outcomes committee, a quality assurance committee in our organization, and then when there are program improvements that need to be made we have designated staff in each program that oversee improvements to our programming based on our outcomes.
> –Helen Ross McNabb Center, Tennessee

5. **Use data to obtain funding. In addition to identifying program effectiveness, data can also help tell the story and market programs.** Using data to demonstrate outcomes outside of the realm of SUDs (e.g., reduced healthcare costs over time) has been an effective strategy for family-centered practitioners.

Intensive and Coordinated Case Management

Intensive and coordinated case management ensures that partners can address the multiple and complex needs of adults, children, and multigenerational households affected by SUDs and co-occurring mental health concerns, such as poverty, trauma, developmental disabilities, medical vulnerability, homelessness or housing instability, and other issues.

The fundamental principles, priorities, and goals of intensive and coordinated case management are:

- **Family is defined by the person seeking services.** Understanding who a parent identifies as "family" is an important step to initiate services. It is not unusual for family relationships to be complicated with histories of trauma, unresolved conflict, substance use and mental health disorders. Often the primary client has strained relationships with family members and requires assistance to repair and rebuild these relationships. For clients who present with no supportive family in their life, it is an essential component of treatment to help put together a network of support in the community. Consideration of the individual's race, ethnicity, religion, geography and customs are necessary to build a support system that reflects and honors the family.

> The individual might not have a family or a supportive family – a family looks different or may be created. . . . The woman defines the family for herself.
> –UNC Horizons, North Carolina

- **Comprehensive family screening is essential to developing a coordinated case plan.** Once the members of the family have been identified, it is important for the service provider to screen and assess the needs of all family members before establishing a plan. Utilizing standardized tools for screening and assessment is critical for timely identification of needs and linkages to essential services. A family plan is built around the whole family rather than individual plans for each family member. A family plan ensures integrated and coordinated services.

> Individuals exist within the context of family; families exist within the context of their culture. The cultural influences of race, religion, ethnicity, geography, and customs are considerations that must be prioritized when implementing a family-centered approach. Partnerships and collaborations are important for ensuring culturally appropriate services are available for families when those are not available in the treatment agency.

- **Comprehensive services address the complex needs of families.** Coordinated case management among strong collaborative partners is required to address the needs of the whole family. No single service provider or agency can be responsible for all the service needs. Communities that build systems of care that reflect the needs of families enhance and complement each other, rather than duplicate and compete with each other. Standardized policies and procedures for information sharing across collaborative partners help facilitate access to services while reducing duplication of efforts.

- **Honoring the role of parent ensures that children's and families' needs are met and fosters treatment engagement.** Family-centered practitioners who have implemented a family-centered treatment approach noted the importance of looking at their clients through the lens of their parenting role and seeing this work as an opportunity to positively affect children. When comprehensive case management is extended to the whole family, it benefits each member of the family. Treatment extends beyond the individual client and identifies ways to support multigenerational healing. Focusing on the parent-child bond and promoting time for visitation or parenting is one example of honoring the role of the parent. Working with parents to meet the needs of their children reflects a common goal that children thrive. Parents are better able to attend to their own treatment needs when they know their children are getting what they need.

- **The family is an equal partner in case management planning and identification of priorities.** Partnering with the family cannot be understated, as they are at the center of family-centered treatment. Family involvement at the beginning stages and throughout the process is critical to any plan developed for their family.

- **Engaging peer support specialists and family mentors as partners encourages treatment retention and completion for the entire family.** Peers and recovery specialists are a key piece of the family-centered approach as they engage families early on, help them navigate through barriers, and support extended family. The NCSCAW resource, *The Use of Peers and Recovery Specialists in Child Welfare Settings*, provides information and site examples of using this form of recovery support to improve family outcomes.

> The changes we had to make included attempting to develop a universal release of information to have all the participating organizations wrapped around the family unit. We also had to adapt to other organizational cultures to form a family team culture. Policies had to be developed on how transportation was provided, how to accomplish in-home drug screens, how to provide incidentals, and what the definition of incidentals is. We also had to continue to develop procedures for sharing information between the different organizations providing the services. –Gateway, Florida

High-Quality Substance Use Disorder Treatment

At the heart of a family-centered approach is high-quality, evidence-based SUD treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies five elements to quality treatment:[1]

- **Accreditation** – The agency is licensed or certified and is in good standing; staff are qualified and receive training.
- **Medication** – The agency offers U.S. Food and Drug Administration-approved medication for recovery from alcohol and opioid use disorders.
- **Evidence-Based Practices** – The agency offers treatments that are proven to be effective.
- **Family Centered** – The agency includes family members from diverse family structures (nuclear, extended, age appropriate, non-blood relatives) in the treatment process.
- **Recovery Supports** – The agency provides ongoing treatment and supports beyond the substance use issues.

Family-centered practitioners implementing a family-centered approach expanded on these elements to include:

- **A trauma-informed and trauma-responsive approach.** Family-centered practitioners noted the high incidence of traumatic experiences among family members whom they serve. Overall, practitioners recommended assuming all clients need a trauma-informed approach, based on research and experience with families. Practitioners should also be trained on how to treat individuals dealing with historical trauma.
- **Quick access to SUD and mental health services.** The motivation to enter SUD treatment and make the significant life change to enter recovery is often a short window of time. For clients who are also involved in the child welfare system, quick access to services carries even more importance.
- **Gender-specific treatment.** Family-centered practitioners highlighted the importance of providing gender-specific treatment. Research has shown gender differences in reasons for substance use and barriers to treatment retention. Programs that are gender specific are family centered when the array of services includes ensuring fathers and other family members also receive appropriate services and coordination of their care. Family-centered practitioners who do not directly serve fathers or other family members noted that they refer to other partnering service providers in the community and use comprehensive case management to coordinate treatment.

> We recognize that parents often use substances as a means to cope with life. Substances serve as a numbing agent for people who have experienced trauma. If you want to break that cycle, it's about teaching coping strategies to parents, what they can do to replace substance use, to cope better with trauma. Also making sure that we are addressing the trauma that their children have experienced as early on as possible. –Helen Ross McNabb, Tennessee

- **Including children in treatment.** All family-centered practitioners in the expert consultations acknowledged the complexity of serving children of different ages while coordinating care with both parents. Overwhelmingly, practitioners served women with children and coordinated care, parenting classes, and family counseling with fathers or other family members. Children need to be screened and assessed to identify needs and develop an appropriate case plan. A family-centered approach often results in prevention and early intervention for social/emotional or developmental needs for children and other family members.

> Historically, the mentality in residential treatment is 'We understand they're parents, but they've got to focus on their treatment.' A lot of providers are beginning to see that shift of how important ongoing attachment and bonding is while they're in treatment and also recognizing that people can parent while they are in treatment as well. –Kentucky START, Kentucky

- **Providing ongoing training for treatment staff.** Treatment professionals are not routinely educated and trained to use a family-centered approach. They learn the dynamics of working with a family, engaging with numerous cross-system providers, and working within a more relational approach. Training is followed up with ongoing, high-quality clinical supervision to ensure clinicians incorporate the new skills.

[1]SAMHSA. (2018, April). *Finding quality treatment for substance use disorders*. https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC

Comprehensive Service Array

Thoroughly assessing the families' needs and providing families access to a comprehensive array of services that meet those needs is an integral part of family-centered treatment. Families rarely reach the attention of the child welfare and treatment systems without having many other complicated needs that contribute to their current status. If those needs and stressors are not addressed in conjunction with the SUD, the family remains at risk of relapse or re-entry to the child welfare system when services end. Each family-centered treatment program needs to determine the range of services required to best meet the needs of their families. The service array may look different depending on who the program serves (e.g., women's residential treatment program, home-based intensive services) and where they are located (e.g., rural versus urban).

> There are a lot of dads out there and they're the sole caregiver for their children. . . . We can't forget them. We need to support them also. –SHIELDS for Families, California

Family-centered practitioners in the expert consultations described leveraging their collaborative partnerships to create a continuum of care and provide services that might not otherwise be available through their program. Examples of these critical services include:

- High-quality SUD treatment
- Parenting support and education
- Fathering program
- Family treatment services that target the family relationships (e.g., family therapy, Parent-Child Interaction Therapy, nurturing parents)
- Child/adolescent screening and assessment
- Child/adolescent-specific services
- Early care and education
- Mental health treatment for adults and children
- Medical services
- Comprehensive case management
- Vocation and education services
- Housing support
- Peer Support Specialists/Family mentors
- Transportation

> The shift to a more family-centered approach has made services more accessible for families. We are able to work with families in their homes, around complicated schedules, and provide childcare services to parents in need of residential services. The families have been more successful in treatment services due to our ability to remove barriers and meet them where they are. – Gateway, Florida

The family service plan includes critical evidence-based services that strengthen the family. Staff require training and ongoing education and support to build and maintain culturally responsive services that meet the unique needs of each family and contribute to a system of care that serves all families in the community.

> Your client is a member of a family. . . . If you want them to heal and to get better from their SUD, you need to do all these things even if you're not doing them yourself, even if you're just coordinating it. If you don't do the holistic care, they're not going to heal as fully as they need to, or they'll be back sooner than they need to be. All these things that you do in family centered care by including everyone in the family, and all those components about safe housing and food and where you live and what you do and your own happiness in this world. If you're not looking at all that, you're doing an injustice to your client. They don't live in a vacuum. –Meta House, Wisconsin

A multigenerational approach to providing services to families affected by SUDs and involved with the child welfare system is beneficial to the family in the current time, and it is critical to breaking cycles that have often been in place for many years. A family-centered approach has proven to be successful in helping people recover and families to stay together safely (see Module 1). But just as important, it is an approach that emphasizes prevention for future generations.

Take Action—Next Steps

- Assess the current services to accurately reflect the current status of being family centered. Ensure that this assessment is inclusive of family voice and community partner perception.
- Follow a thorough assessment. Develop a plan to move to a more family-centered approach.
- Remember that being family centered is an evolving process and that all programs are on a continuum. The important thing is to start.
- Incorporate a continuous quality improvement process that incorporates data, feedback, and measurement of family outcomes.

Appendix A: Additional Acknowledgments

NCSACW thanks the following family-centered practitioners for their invaluable contributions during the expert consultations. NCSACW acknowledges and is grateful to these leaders whose experience and understanding of family-centered treatment helped inform the development of these modules.

Michelle Amann, M.S.W.
Kentucky Sobriety Treatment and Recovery Teams/KY DCBS/
UK College of Social Work, Kentucky

Terri Bogage, LICSW
Institute for Health and Recovery, Inc., Massachusetts

Sandnes S. Boulanger, LCSW, MCAP, CET
Operation PAR, Inc., Florida

Jessica Chokov, LCSW
Gateway, Florida

Dianne Clarke, Ph.D., CAP
Operation PAR, Inc., Florida

Norma Finkelstein, Ph.D.
Institute for Health and Recovery, Inc., Massachusetts

Courtney Fitzpatrick-Farrell, B.S., AAP
Lund, Vermont

Essence Hairston, M.S.W., LCSWA, LCASA
UNC Horizons, North Carolina

Candace Hodgkins, Ph.D., LMHC
Gateway, Florida

Kathryn Icenhower, Ph.D., LCSW
SHIELDS for Families, California

Hendrée Jones, Ph.D.
UNC Horizons, North Carolina

Sarah Long, LCSW, IMH-E
Helen Ross McNabb Center, Tennessee

Amanda Moore-Krummerich, M.S.
Operation PAR, Inc., Florida

Erin Smead, M.S.W.
Kentucky Sobriety Treatment and Recovery Teams/KY DCBS/
UK College of Social Work, Kentucky

Eileen M. Sperl, LCSW, RPT-S
Meta House, Wisconsin

Christine Ullstrup, LCSW, CSAC, ICS
Meta House, Wisconsin

The views and opinions expressed in *Module 2: On the Ground—Family-Centered Practice* are those of the authors and do not necessarily reflect the official policy or position of the expert consultations with family-centered practitioners or their organizations.