MODULE 7

A Coordinated Multi-System Approach to Better Serve Children and Families Affected by Substance Use & Co-Occurring Disorders









National Center on Substance Abuse and Child Welfare

Contents

Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to enhance child welfare workers knowledge and understanding about substance use and co-occurring disorders among families involved in the child welfare system. The toolkit is designed to provide foundational knowledge and skills to help advance child welfare casework practice.

The toolkit consists of ten modules—seven foundational and three special topics:

Module 1: Understanding the Multiple Needs of Families Involved with the Child Welfare System

Module 2: Understanding Substance Use Disorders, Treatment & Recovery

Module 3: Understanding Co-Occurring Disorders, Intimate Partner Violence & Trauma

Module 4: Engagement and Intervention of Co-Occurring Substance Use, Mental Disorders & Trauma

Module 5: Case Planning Considerations for Families Affected by Parental Substance Use & Co-Occurring Disorders

Module 6: Understanding the Needs of Children and Adolescents Affected by Parental Substance Use & Co-Occurring Disorders

Module 7: A Coordinated Multi-System Approach to Better Serve Children and Families Affected by Substance Use & Co-Occurring Disorders

Module 8: Special Topic: Considerations for Children and Families Affected by Methamphetamine Use

Module 9: Special Topic: Considerations for Children and Families Affected by Opioid Use

Module 10: Special Topic: Care Coordination Considerations for Children and Families Affected by Prenatal Substance Exposure

In addition, the Child Welfare Training Toolkit is designed to offer states and local jurisdictions flexibility with delivery methods—the 10 modules can be delivered as a series or as standalone in-person or virtual trainings. Note, each module is equivalent to a half day or 3-hour training which should also account for one 15-minute break for learners during instruction.

Each module contains a detailed facilitator's guide outlining identified learning objectives, a presentation slide deck, a comprehensive reference list, and supplemental resources. To better support state and local training capacity, detailed talking points for each slide's content have been included which can be used as a script or a starting point to help acclimate and support facilitator readiness. As with all training curricula, facilitators are also encouraged to infuse their own subject matter expertise, practice-level experience, and knowledge of state or local policy or practice to help reinforce the toolkit's contents and learning objectives.

Lastly and more importantly, the toolkit is designed with careful attention to adult learning theory and principles to maximize child welfare workers learning experience. Each module considers the diverse learning styles and needs including auditory, visual, kinesthetic techniques, as well as individual, small, or large group transfer of learning activities or exercises.

Note, the NCSACW provides a free online tutorial titled*, Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*. This self-guided online tutorial complements the contents of the Child Welfare Training Toolkit. State and local jurisdictions may encourage their workforce to take the online tutorial to further supplement their knowledge; learners who successfully complete the online tutorial will be eligible for continuing education credits.

Intended Audience

The contents of this training toolkit can be applied across the full child welfare services continuum, enriching the practice of alternative (differential) response, investigations, in-home, out-of-home, and ongoing units. State and local jurisdictions may use the toolkit to supplement their current onboarding (pre-service) or ongoing (in-service) workforce learning opportunities. Use of the training toolkit is also highly encouraged for all cross-training needs—promoting collaboration and system-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and all other family-serving entities.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare practice. They should also be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If a facilitator does not hold knowledge in one of these identified areas, then partnering with a respective community agency is recommended to augment co-facilitation and/or subject matter expertise. All additional facilitator inquiries can be addressed to ncsacw@cffutures.org.

Language & Terminology

Discipline-specific language and terminology are used throughout this 10-module toolkit. A trainer glossary has been incorporated as part of the toolkit to better support knowledge and understanding of the purpose and intended meanings of commonly referenced terms and recommended use of person-first and non-stigmatizing language.

Materials Needed

In-Person Training Delivery

- Laptop Computer
- A/V Projector or Smart Board
- External Speakers (if needed)
- Internet or Wi-Fi Access
- Presentation Slide Deck
- Facilitator's Guide
- Flip Chart Paper
- Pens and Markers
- Training Fidgets

Virtual Training Delivery

- Laptop Computer
- Internet or Wi-Fi Access
- Virtual Meeting Platform (e.g., Zoom)
- Access to Free Online Word Cloud Generator (e.g., Mentimeter)
- Presentation Slide Deck
- Facilitator's Guide

Module 7 Description and Objectives

The goal of Module 7 is to provide in-depth knowledge and understanding about coordinated multi-system approaches to service provision for children and families affected by substance use and co-occurring disorders. Child welfare workers will acquire knowledge to improve their understanding of collaborative practice both at the systems- and practice-level; recognize how differences in values, beliefs, and perceptions in cross-system partnerships affect coordinated service delivery; understand the scope of confidentiality regulations including HIPAA, 42 CFR Part 2, and information sharing; and finally, acquire systems-level efforts and practice-level strategies to promote effective communication and coordination within cross-system partnerships.

After completing this training, child welfare workers will:

- Discuss characteristics and elements of effective collaboration and differentiate between what this entails at both the systems- and practice-level
- Recognize how differences in values, beliefs, and perceptions in cross-system partnerships affect coordinated service delivery
- Understand the scope of confidentiality regulations including HIPAA, 42 CFR Part 2, and information sharing
- Implement systems-level efforts and practice-level strategies to promote effective communication and coordination within cross-system partnerships

Presentation Slide Deck and Talking Points

This next section of the facilitator guide provides detailed information about the contents of each slide and is organized uniformly throughout the deck to help with your training preparation. These sections include:

- Facilitator Script: ready to use talking points that can be used in its current form or modified based on a facilitator's training capacity and subject matter expertise.

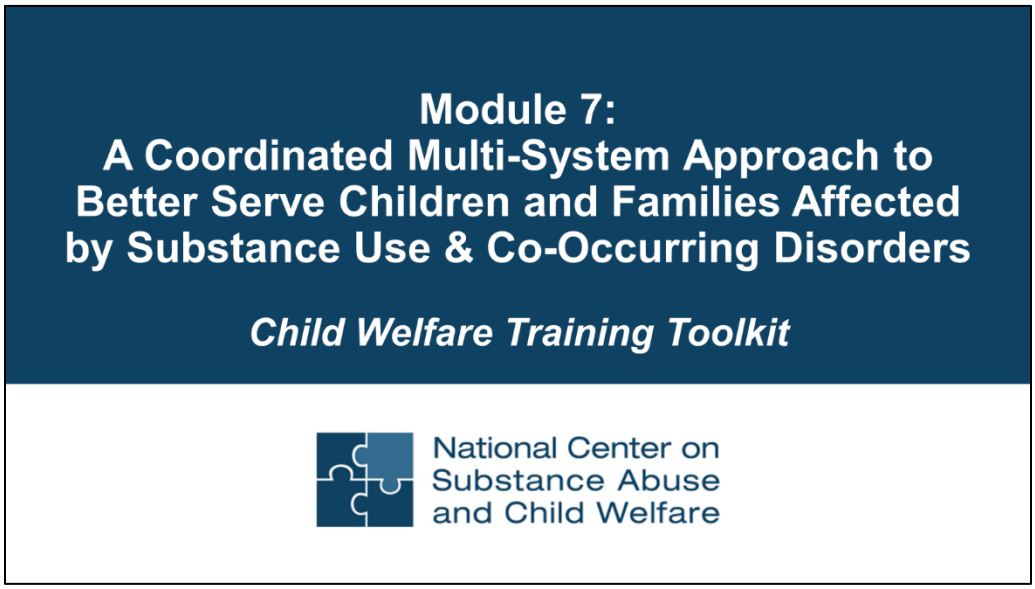
- Facilitative Prompts for Participants: content-specific inquiries developed to engage learners in further discussion and application of knowledge and skills (**bolded for easy reference**).

- Additional Facilitator Notes: contextual information to support the facilitator's knowledge and readiness, or specific mention of supplemental resources available to the learners hyperlinked within the resource section at the end of the presentation slide deck (*italicized for easy reference*).

- Underlined Content: a tool used to draw attention or emphasize specific content within the facilitator script.

Slide 1

Module 7: A Coordinated Multi-System Approach to Better Serve Children and Families Affected by Substance Use & Co-Occurring Disorders



Facilitator Script:

Hello and welcome! Thank you for creating time in your schedule for today's training discussion. The next three hours were carefully designed to be a robust learning experience. We encourage your active participation in the various adult learning exercises leading to a more in-depth understanding about a coordinated multi-system approach to better serve children and families affected by substance use and co-occurring disorders.

Slide 2

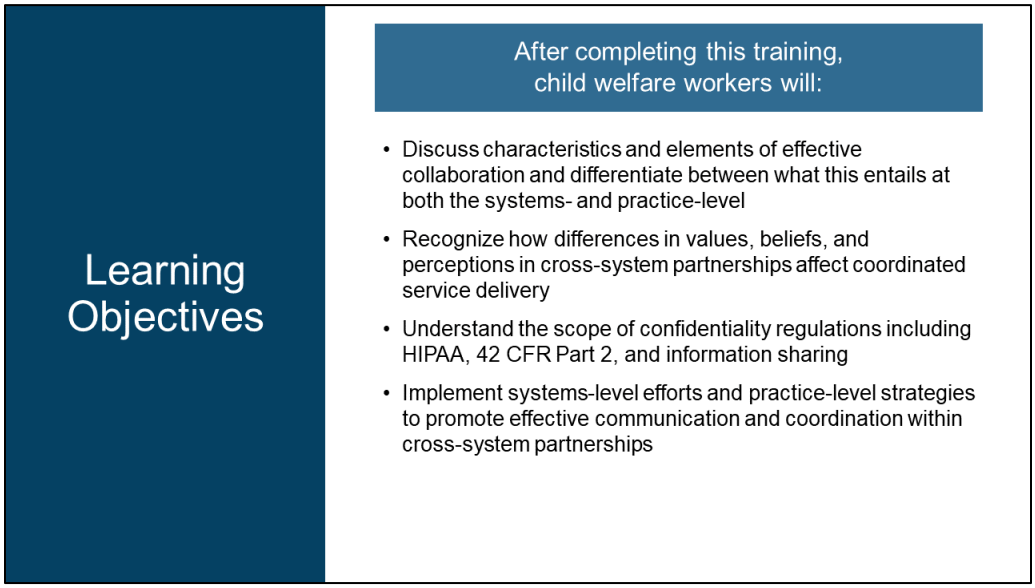
Acknowledgement

Facilitator Script:

Before we begin, I'd like to acknowledge that this training module was developed by the National Center on Substance Abuse and Child Welfare an initiative of the U.S. Department of Health and Human Services and is co-funded by the Children's Bureau, Administration for Children and Families, and the Substance Abuse and Mental Health Services Administration.

Slide 3

Learning Objectives



Facilitator Script:

The goal of module 7 is to provide in-depth knowledge and understanding about coordinated multi-system approaches to service provision for children and families affected by substance use and co-occurring disorders. Child welfare workers will acquire knowledge to improve their understanding of collaborative practice both at the systems- and practice-level; recognize how differences in values, beliefs, and perceptions in cross-system partnerships affect coordinated service delivery; understand the scope of confidentiality regulations including HIPAA, 42 CFR Part 2, and information sharing; and finally, acquire systems-level efforts and practice-level strategies to promote effective communication and coordination within cross-system partnerships.

Slide 4

Why Systems Need to Do Better for Families

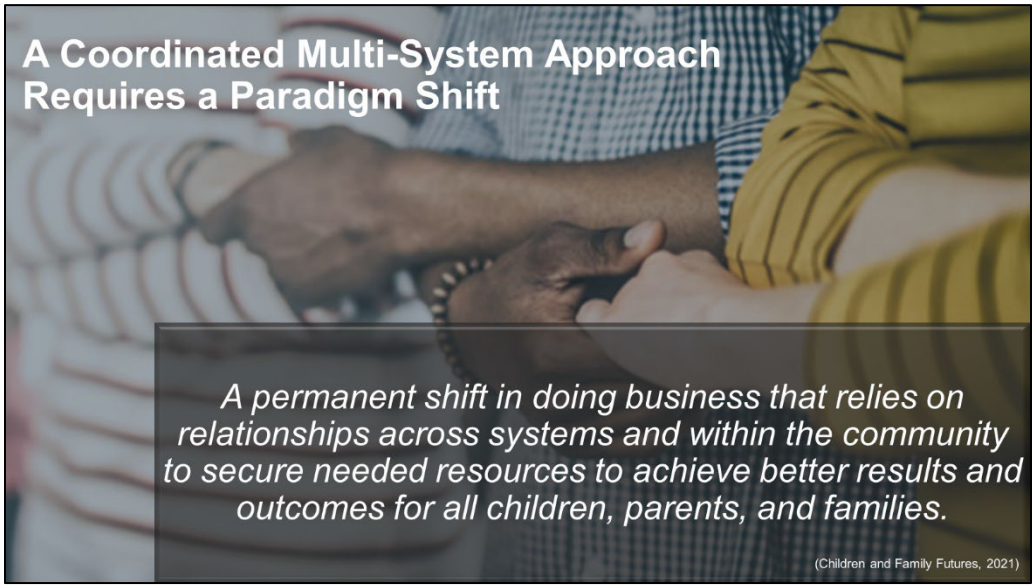
Facilitator Script:

Let's begin today by examining the reason why collaboration across systems is so important. Did you know that 8.7 million children have parents who need treatment for a substance use disorder? And that 90% of those who need treatment services for a substance use disorder do not receive them? According to Adoption and Foster Care Analysis and Reporting System (or AFCARS) data, in 2021 there were 603,823 children in out-of-home care and 236,143 of those children had parental alcohol or other drugs identified as a condition associated with their removal. We also know that families affected by parental substance use disorders have a lower likelihood of successful reunification and that these same children tend to remain in out-of-home care longer than children of parents without substance use disorders. As we've learned, the process of engaging and retaining families affected by substance use and co-occurring disorders is multifaceted and complex. The lack of a coordinated multi-system approach undermines the effectiveness of agencies' response to these families. Child welfare agencies, substance use and mental health treatment providers, the judicial system, and other family-serving agencies must partner in our work to better serve families on their path to sustained recovery and family stability.

Sources: (Lipari et al., 2017; McCance-Katz, 2018; AFCARS Data 2000-2021, as of 03/21/23)

Slide 5

A Coordinated Multi-System Approach Requires a Paradigm Shift



Facilitator Script:

We know no single agency can tackle this issue on its own; it requires a coordinated response that draws on the expertise and resources of many agencies and providers to promote the safety, permanency, well-being, and recovery outcomes of all families affected by trauma, substance use and mental disorders.

Children and Family Futures (CFF) developed the Comprehensive Framework—a tool designed to support collaborative partnerships among agencies serving families affected by substance use and co-occurring disorders that are child welfare-involved. The framework informed by several decades of experience working within collaborative partnerships, is broken down into ten key elements—five systems-level policy efforts and five practice strategies and innovations.

While we will only be highlighting a segment of these efforts and strategies in today's discussion, you'll be able to access the full comprehensive framework via the link provided on the resource slide at the end of the slide deck.

Facilitator Note: Please review the Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement at the end of the presentation for more information on the Comprehensive Framework.

Source: (Children and Family Futures, 2021)

Slide 6

What Is Collaboration?

Facilitator Script:

So, we know that strong collaboration between all family-serving agencies is required for a coordinated multi-system approach, but what does this actually mean or look like in everyday practice?

Prompt for Participants:

What words or phrases come to mind when you hear the word collaboration?

[Some possible answers may include attending meetings together, signing a contract or Memorandum of Understanding (MOU), sending status reports, meeting to discuss a parent or family's progress, working together to achieve a goal]

Thank you for sharing! Many of the activities or components you mentioned are commonly present in a partnership. As we engage in shared learning today, I want to challenge you to think of collaboration as cross-system agencies developing a partnership based on:

- Understanding of differing values, beliefs, and goals,
- Engaging in shared decision-making,
- Having shared outcomes,
- Holding one another accountable, and
- Prioritizing the needs of families above the needs or interest of individual agencies, organizations, or systems.

Slide 7

Elements of Effective Collaboration

Facilitator Script:

In addition, the Center for Substance Abuse Treatment has identified three elements for effective collaboration—communication, coordination, and consultation.

Parents receiving both substance use disorder treatment and child welfare services need information about their care plans, and multiple providers need to be able to share this information—both with the parent and family directly and with other providers involved in the family's care. It is important for agencies to communicate frequently so their messaging and service delivery align with parents and families; this will help minimize confusion, clarify issues, and refocus on the established goals.

Prompt for Participants:

What are other benefits to ensuring effective and frequent communication between you, the family, and other agency partners?

[Answers may include reducing triangulation between the family and service providers, preventing a crisis, being able to respond immediately to a crisis to prevent removal, and reinforcing the family has a team working together on their behalf.]

The next element, coordination, recognizes the importance of coordinated service delivery amongst multiple providers to benefit and not deter families from service engagement. It's important for us to remember that families who are affected by substance use and co-occurring disorders and are child welfare-involved face numerous treatment and care needs within fragmented and complex systems of care—health, mental health, and the large umbrella that falls under social services—to name a few. Peer support continues to play an essential role in service coordination for parents and families affected by substance use and co-occurring disorders through support navigating these complex systems of care, helping parents and families plan and prepare for their various treatment and service provider appointments, and their ongoing commitment to various advocacy activities and efforts.

The final element, consultation, encourages providers to leverage their area of expertise to better support parent and families on their journey to sustained recovery and stability. This acknowledges that every member of the child and family team holds expertise to be shared and valued in the teaming and case planning process– including parents or family members who hold expertise in their own lived experiences.

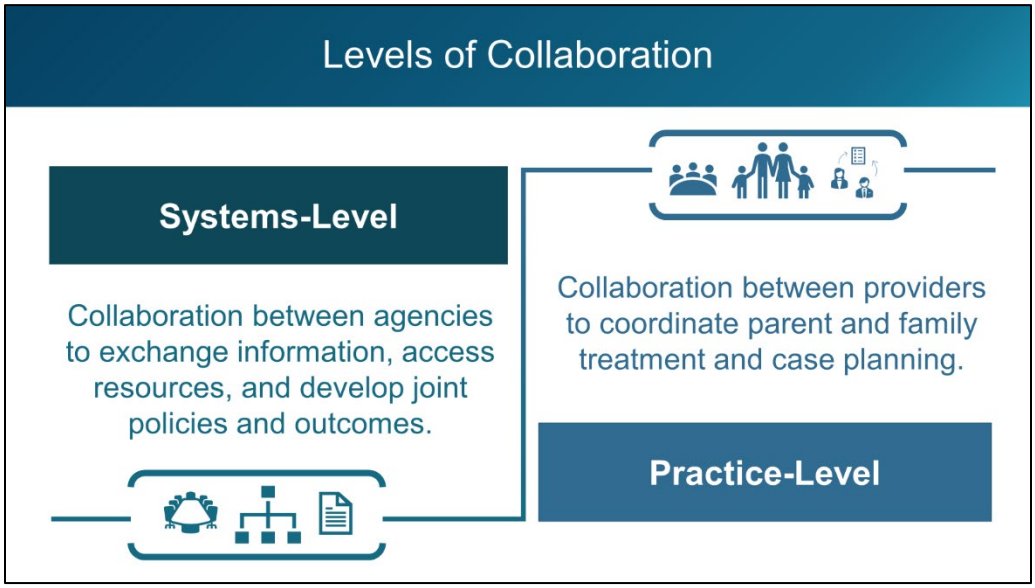
Prompt for Participants:

What are some examples of how consultation might be used in your partnerships?

[Answers may include asking a substance use provider to help you understand how to best support a parent in recovery, what activators that may put their recovery in jeopardy, or how talk through with a parent concerning behaviors and observations; asking a therapist or early intervention specialist how to structure family time to encourage bonding and attachment or how to help a parent prepare for the visit; asking a mental health provider to help understand a particular mental health diagnosis and what behaviors could be observed.]

Slide 8

Levels of Collaboration



Facilitator Script:

So, now that we covered the important elements of strong collaborative partnerships let's shift our focus to understanding the different types of levels of collaboration with some examples of what this might look like in our everyday practice.

Systems-Level collaboration occurs across agencies and is increasingly evident in state and county child welfare systems. It requires the support of organizations as well as individuals. For example, organizations can collaborate to set practice standards and protocols to exchange information on a regular basis; this may also include sharing access or combining resources to develop joint projects or initiatives such as co-locating substance use treatment providers or peer recovery specialists in child welfare offices.

Practice-Level collaboration occurs between providers to coordinate parent and family treatment and case planning. Examples include…

- Networking between professionals to exchange information about resources, systems, requirements, and clients
- Coordination between professionals to schedule activities and requirements with each other's needs in mind
- Cooperation between professionals to work toward common outcomes for specific clients by developing a common or joint plan
- Collaborative strategies between workers to carry out a commonly defined and supported set of agency or system outcomes

Slide 9

What Makes or Breaks Collaborative Partnerships?

Facilitator Script:

Facilitator Notes: Pair and share discussions should be anywhere between 5-10 mins before bringing everyone back for a large group discussion. Ask for volunteers to summarize their pair share discussions and use the possible answers listed to help facilitate the discussion, if needed.

Ask learners to turn to a neighbor and discuss their responses to the following questions:

Prompts for Participants:

Question 1: What are some characteristics of successful collaborative partnerships (system-level and/or practice-level)?

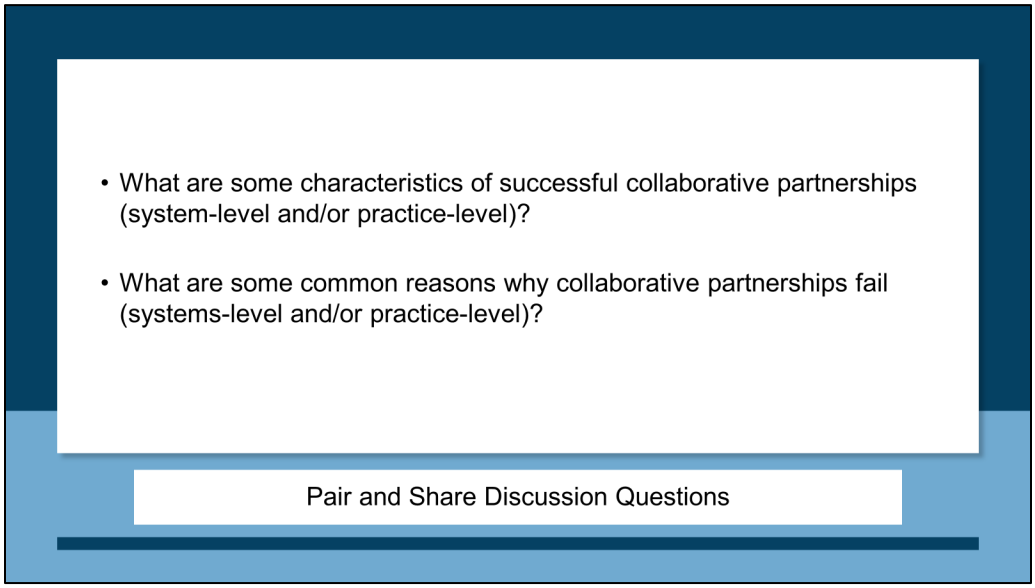
[Some possible answers may include trust, shared decision-making, common mission, vision, or *values, understanding of partners system's/requirements, and clear delineation of roles and responsibilities.]*

Question 2: What are some common reasons why collaborative partnerships fail (systems-level and/or practice-level)?

[Some possible answers may include lack of a governance structure (no clear purpose or shared mission), competing demands or priorities, historical challenges between agencies, misalignment of core values and beliefs, communication barriers such as client confidentiality, HIPPA regulations, and lack of access to shared data]

Slide 10

Pair and Share Discussion Questions



Slide 11

Common Barriers to Collaborative Partnerships

Facilitator Script:

You all did a great job touching on the challenges involved with both systems-level and practice-level collaboration. In this next section, let's take a closer review of some of the most common in our work serving children and families affected by substance use and co-occurring disorders.

Slide 12

Misalignment of Mission and Values

Facilitator Script:

A fundamental barrier to collaboration involves misalignment of the mission and values driving our respective work with children and families.

If we take a minute to think about the core mission and values for each entity—child welfare being safety and protection of primarily the child, substance use disorder treatment being recovery and well-being of the identified parent, and the courts being child safety and the parent(s) due process—we begin to notice where subtle differences in philosophies or goals may interfere with our efforts to partner and collaboratively serve families.

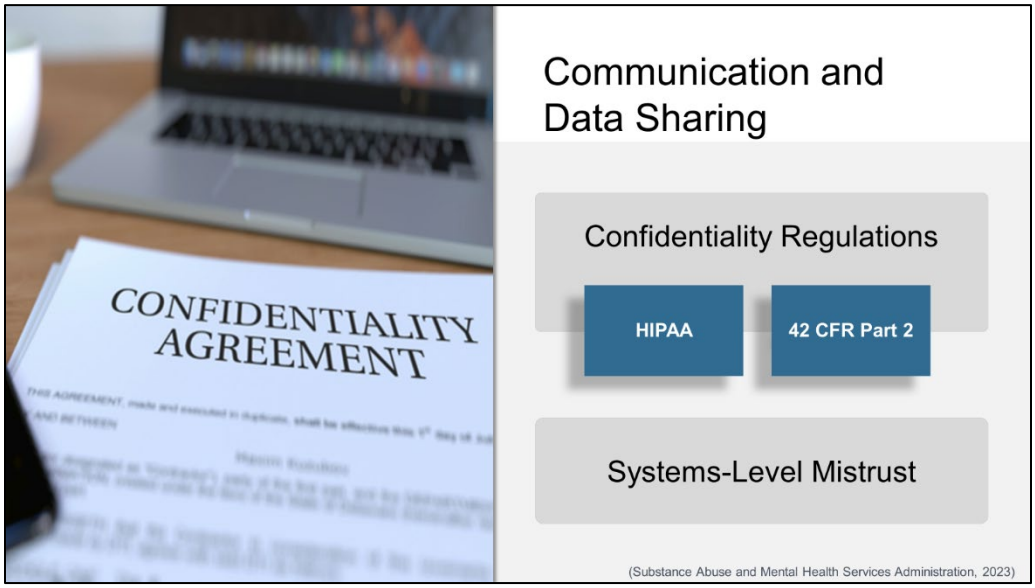
While these differences focused primarily on who systems identify as the primary client or consumer, other differences may include discrepancies in their respective goals or desired outcomes. In child welfare our work is guided by the federal outcomes of safety, permanency, and well-being; for treatment providers this is guided by the recovery outcomes for the individual with the substance use disorder; and finally (as we covered in previous modules) the courts uphold federal and state laws that govern timelines for desired outcomes which may inherently conflict with the timelines for sustained recovery from a moderate to severe substance use or co-occurring disorder (think ASFA and no time to lose).

Prompt for Participants:

What are some other examples you can think of in relation to mission and values misalignment across child welfare, substance use or mental health disorder treatment, and the courts?

Slide 13

Communication and Data Sharing



Facilitator Script:

Another common barrier we encounter is specific to communication and data sharing. As child welfare workers we often need information about the parent's substance use or co-occurring disorder treatment to inform our ongoing assessment and case planning for children and families' needs—information like the parent's indicated level of care, progress being made toward treatment goals—all help to ensure families are receiving appropriate and effective services. However, this information is not always readily accessible and often comes down to confusion about confidentiality laws and regulations.

The health insurance portability and accountability act (or HIPAA) was enacted into law in 1996—setting the standard for healthcare organizations safe handling of clients protected health information—essentially any information that can identify an individual. These standards are commonly referred to as HIPAA rules or regulations—privacy rule, security rule, breach of notification rule, and omnibus rule. The first of these rules sets the standards for privacy of protected health information (PHI) which places limits around use, disclosures, and authorizations—the key word here being limits not prohibits. Sharing PHI between child welfare, substance use or mental health treatment providers, and the courts is permissible under HIPAA it just limits the type of information being disclosed and requires a formal process of obtaining written consent from the parent.

42 CFR Part 2 is a different federal confidentiality regulation specific to substance use disorder treatment providers or programs. Under Part 2, substance use treatment providers are required to observe privacy and confidentiality restrictions related to the release or disclosure of client treatment records. Under this general rule, providers are only allowed to disclose information with prior written consent or within a specific exception to the rule as stated under the law. While very similar to HIPAA confidentiality regulations, 42 CFR Part 2 requirements are generally stricter with regards to client confidentiality. For example, when information is disclosed with the parent's

written consent, the disclosing entity must include a notice that “re-disclosure” of the information is prohibited without further authorization from the parent. If a parent authorizes a substance use disorder treatment provider to share certain information with the child welfare worker, that worker is not allowed to share this information with anyone else, even the parent’s attorney, if the other person is not specifically identified on the consent form. It’s also important to note that not all standard release forms are 42 CFR Part 2 compliant—this could also explain why most substance use disorder treatment providers will say that they cannot confirm or deny if a person is their client.

A final example of a common barrier to collaboration involves systems-level mistrust. This may very well stem from the prior two barriers noted on misalignment of mission and values as well as the historical challenges involved with inter-agency information sharing. Concerns about how this information will be used, who will have access to it, implications on decision-making related to the parent and family all factor into this sense of mistrust between systems. Which may also have to do with a lack of understanding and awareness of each other’s respective policies and procedures that either limit or contribute to the misunderstandings centered around communication and data sharing.

Source: (Substance Abuse and Mental Health Services Administration, 2023)

Slide 14

Effects of Public and Structural Stigma

Facilitator Script:

A less talked about barrier, are the attitudes and beliefs people hold toward individuals affected by substance use and co-occurring disorders. In a recent survey administered by Shatterproof, 75.2% of their respondents (a total of 7800 surveyed) did not believe that a person with a substance use disorder had a chronic medical condition like diabetes or heart disease—this despite what the leading experts in the field have agreed on. Survey results also highlighted that 53.2% of respondents also believed that a substance use disorder is caused by a person's bad character or judgment. The effects of public and structural stigma continue to be the most consistent driver of poor substance use disorder treatment outcomes. While this survey was only 7800 respondents, negative perceptions about substance use disorders is widespread across all areas of the general public including among professionals and the systems that individuals affected by substance use disorders rely on—including medical and healthcare professionals, social service agencies and child welfare workers, the courts, and other family-serving agencies.

The effects of stigma are alarming—preventing people from seeking help, influencing families' decisions not to receive treatment, limiting the quality of treatment services, reducing the likelihood of treatment retention or active recovery, and shaping policies that perpetuate bias and limit resource allocation.

Source: (Perry & Krendl, 2021)

Slide 15

Practice-Level Tips & Strategies for Building Collaborative Partnerships

Facilitator Script:

Now that we spent some time on the barriers, let's shift our focus to what we can do to promote collaborative partnerships in our work on behalf of children and families affected by substance use and co-occurring disorders.

Slide 16

Benefits to Building Trust Between Systems

Facilitator Script:

A critical first step for collaborative partnerships is time spent developing trusting relationships with each other. As we touched on, child welfare, substance use and mental health treatment providers, the courts, healthcare professionals, and other family-serving agencies will have both overlapping and diverging beliefs, values, philosophies, and training. This combined with limited understanding of partner agencies' mandates, priorities, and operations can lead to frustration and mistrust—experiences that often prove to disrupt effective collaboration.

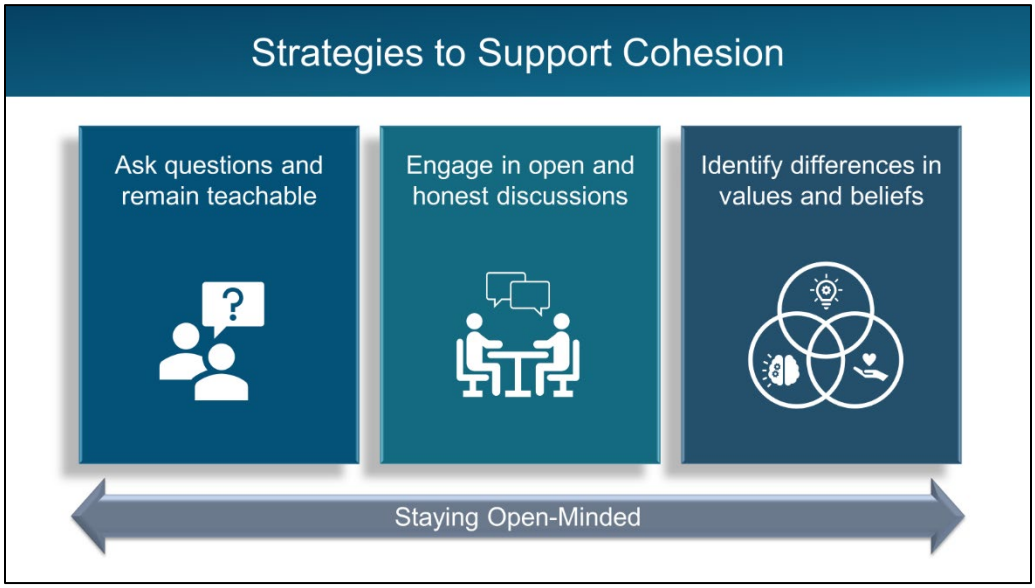
Despite these frustrations, we know that there is a lot to gain from collaborative partnerships. These benefits include…

- Greater commitment or buy-in from members
- Increased productivity and group cohesion
- Improved quality of services for children and families
- Leading to enhanced engagement and service retention

So how do we get there in the early stages of our collaborative partnerships? Let's review some strategies and tools…

Slide 17

Strategies to Support Cohesion



Facilitator Script:

Developing trust and shared commitment in collaborative partnerships requires us to stay open to differing values, beliefs, and perceptions and the way we engage with families. As we ask questions and participate in open and honest discussions with our partners, we allow ourselves to develop a mutual understanding of each other's system, learn from one another, and can work towards a cohesive approach in our work on behalf of children and families.

Consider for example what you may learn from individuals working in peer recovery support (commonly referred to as peers, peer recovery specialists, family mentors, parent partners, etc.). Peers bring an invaluable skill set to our work with families enhancing our knowledge and perspective on substance use disorders and supporting parents on their path to early recovery and family stability.

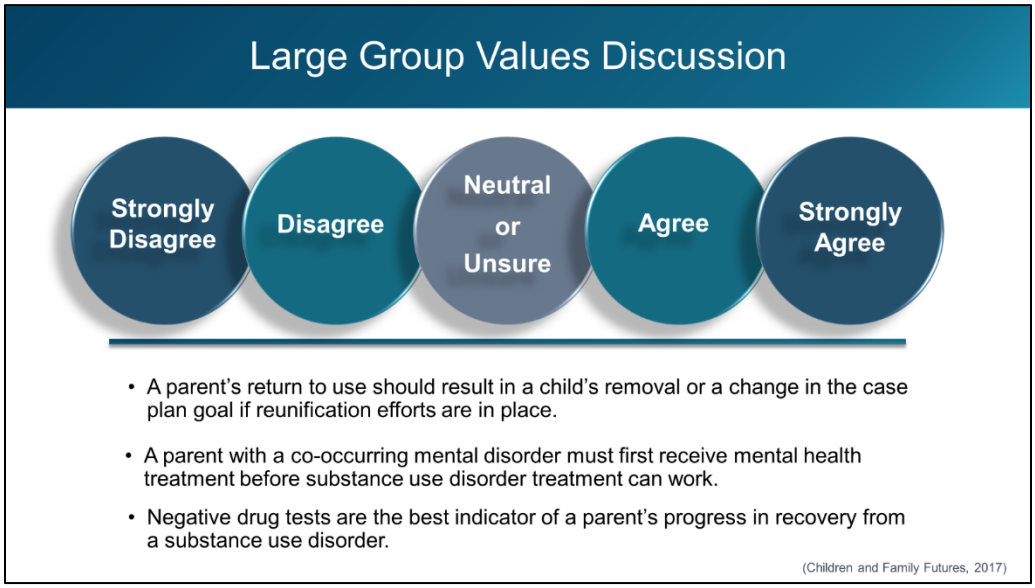
Prompts for Participants:

What have you learned from the integration of peer support (or what might you learn from the integration of peer support)?

How has your view on substance use disorders and the recovery process changed (or how might your view on substance use disorders and the recovery process change)?

Slide 18

Large Group Values Discussion



Facilitator Script:

Prompts for Participants:

By a show of hands, how many of us have encountered disagreement in professional settings about what a parent's return to use should mean in terms of reunification or child removal?

What about this second statement, a parent with a co-occurring mental disorder must first receive mental health treatment before substance use disorder treatment can work. What are the implications of this value (or belief) in co-occurring disorder service provision? How might this affect recovery and permanency outcomes?

Next, negative drug tests are the best indicator of a parent's progress in recovery from a substance use disorder. How might this value (or belief) limit our understanding and ability to effectively intervene to support a parent's long-term recovery?

Recognizing and understanding how differing values, philosophies, and perceptions influence our actions and inactions helps move us toward a more cohesive approach. Let's now continue exploring strategies to overcome common collaboration barriers.

Source: (Children and Family Futures, 2017)

Slide 19

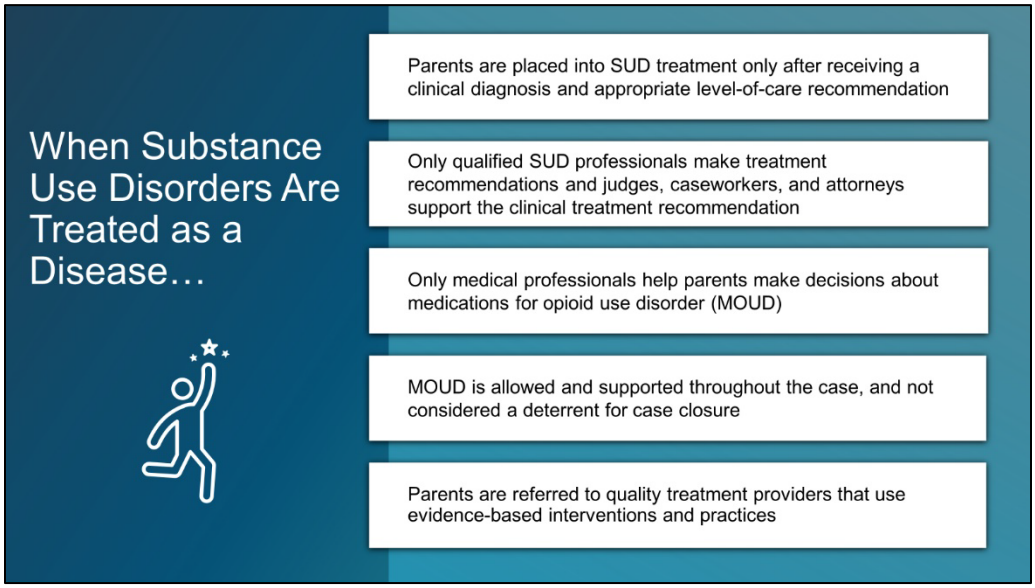
Moving the Needle from Stigma to Inclusivity

Facilitator Script:

Now that we've identified some areas of stigma and bias within our collaborative partnerships let's shift our attention to moving the needle from stigma to inclusivity.

Slide 20

When Substance Use Disorders Are Treated as a Disease…



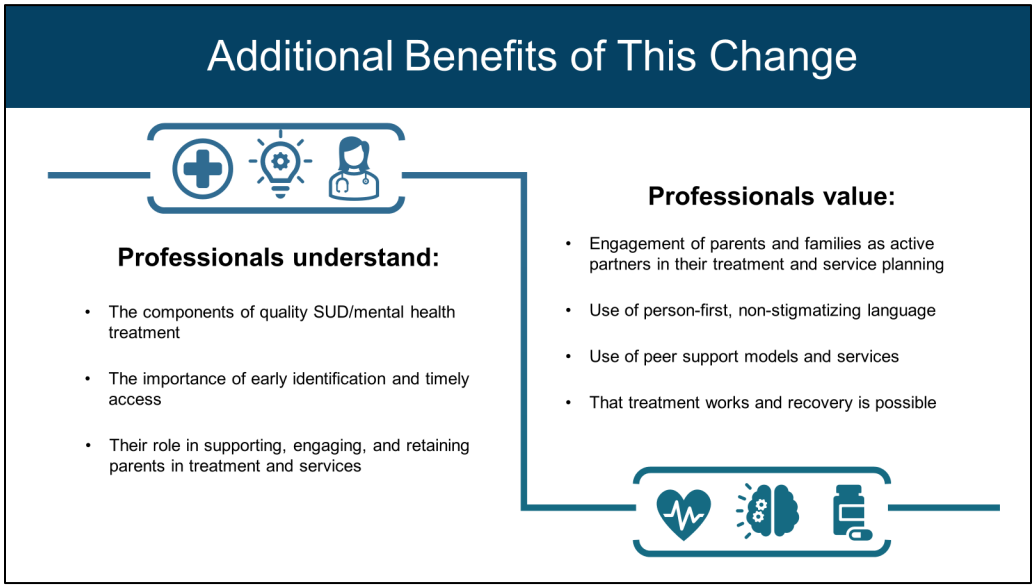
Facilitator Script:

How we view substance use disorders—particularly recognition as a chronic health condition can vastly change the experience for parents and families. When substance use disorders are treated like a disease, the following occurs….

- Parents are placed into SUD treatment only after receiving a clinical diagnosis and appropriate level-of-care recommendation
- Only qualified SUD professionals make treatment recommendations and judges, caseworkers, and attorneys support the clinical treatment recommendation
- Only medical professionals help parents make decisions about medication for opioid use disorder (MOUD)
- MOUD is allowed and supported throughout the case, and parents are not required to stop use of MOUD to close their case
- Parents are referred to quality treatment agencies that use evidence-based interventions and practices

Slide 21

Additional Benefits of This Change



Facilitator Script:

Additional benefits to gain when substance use disorders are treated as a disease…

Professionals understand:

- The components of quality SUD/mental health treatment
- The importance of early identification and timely access
- Their role in supporting, engaging, and retaining parents in treatment and services

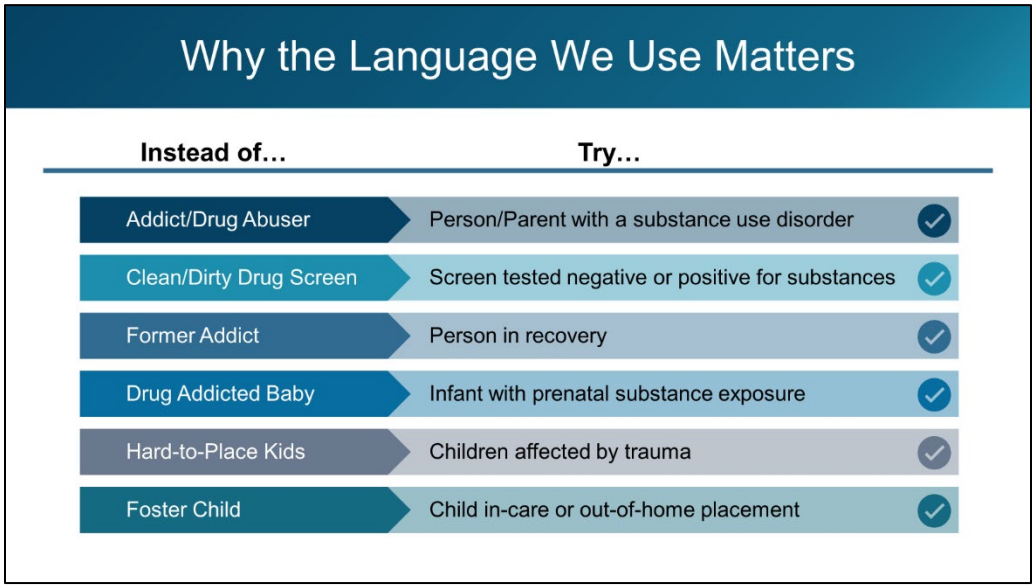
Professional also value:

- Engagement of parents and families as active partners in their treatment and service planning
- Use person-first, non-stigmatizing language
- Use of peer support models and services
- That treatment works and recovery is possible

Let's zero in on the importance of language as it relates to stigma and bias in the upcoming slides…

Slide 22

Why the Language We Use Matters



Facilitator Script:

The language we use matters—our words as professionals hold power. Here are some concrete ways we can help move the needle from stigma toward inclusivity.

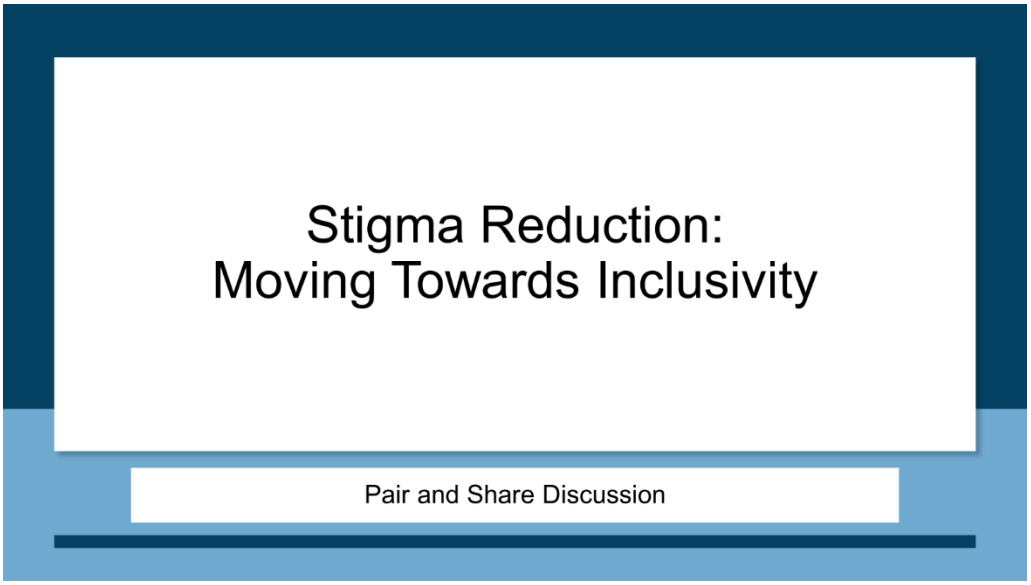
Prompts for Participants:

With a show of hands, how many of you are still hearing some of these older, stigmatizing terms being used in our daily interactions with colleagues or collaborative partners?

How do the terms in the 'Instead of' column perpetuate bias and disparate outcomes in our work with children and families affected by substance use and co-occurring disorders?

Slide 23

Stigma Reduction: Moving Towards Inclusivity



Facilitator Script:

Facilitator Notes: Pair and share discussions should be anywhere between 5-10 mins before bringing everyone back for a large group discussion. Ask for volunteers to summarize their pair share discussions and use the possible answers listed to help facilitate the discussion, if needed.

As we've discussed, a common barrier to multi-system collaborative partnerships involves differing values or beliefs about parents with substance use disorders.

Ask learners to turn to a neighbor and discuss their responses to the following questions:

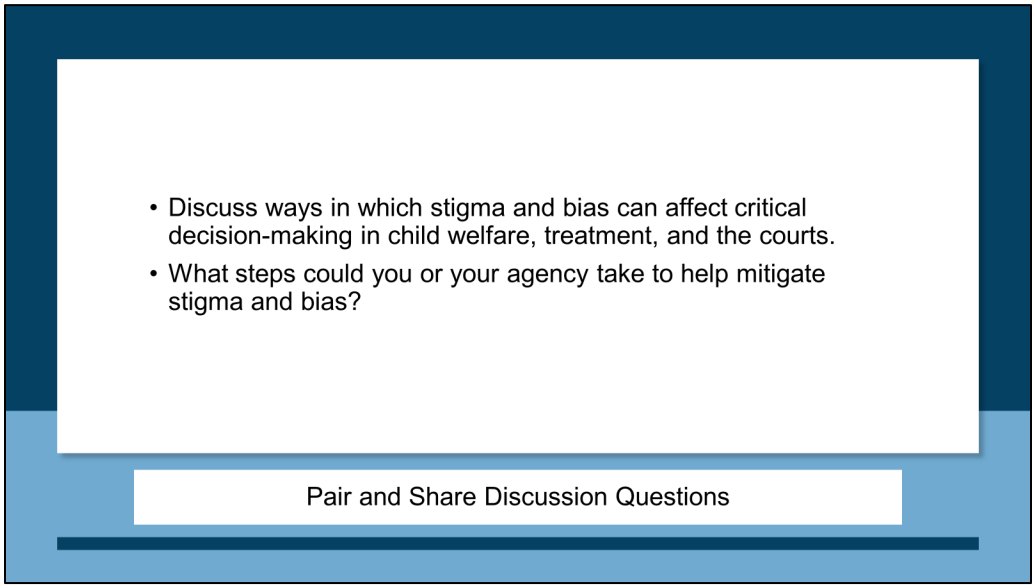
Prompts for Participants:

What are some common misperceptions about parents affected by substance use disorders (e.g., Once an addict, always an addict)?

- **Discuss ways in which stigma and bias can affect critical decision-making in child welfare, treatment, and the courts.**
- **What steps could you or your agency take to help mitigate stigma and bias?**

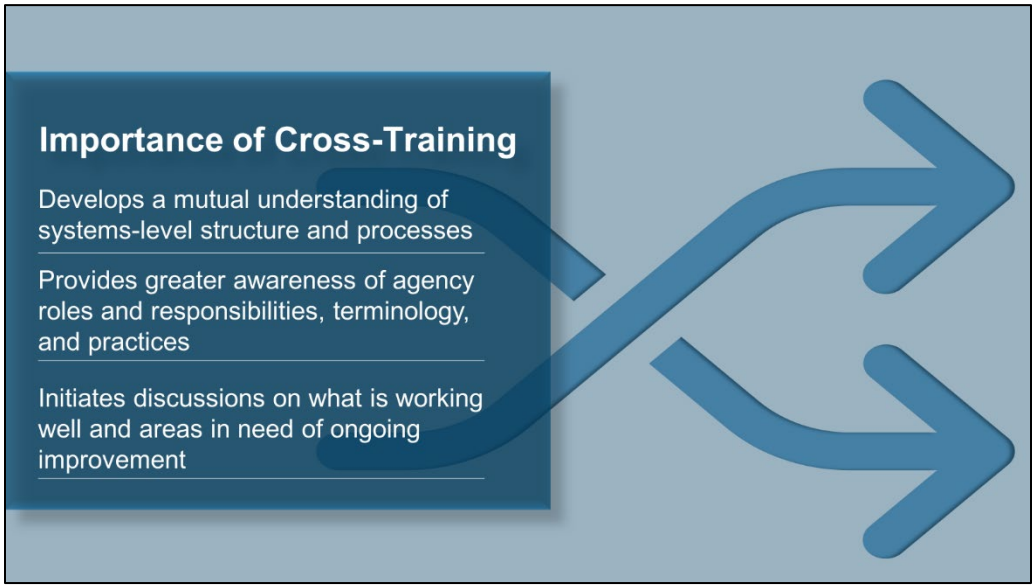
Slide 24

Pair and Share Discussion Questions



Slide 25

Importance of Cross-Training

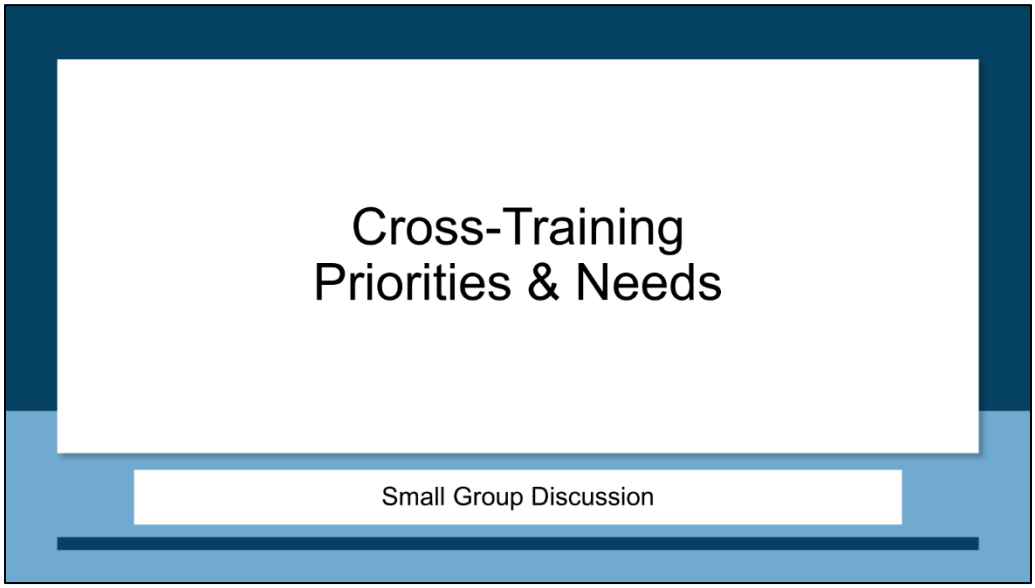


Facilitator Script:

Engaging in cross-systems training helps promote a mutual understanding of systems-level structure and processes—how partner agencies operate and the mission, values, goals, and mandates that guide their work with children and families affected by substance use and co-occurring disorders. Shared learning also provides an opportunity for greater awareness and understanding of agency-specific roles and responsibilities, terminology, and practices needed for effective partnerships. Lastly, shared learning builds a foundation of trust allowing for transparent and productive dialogue about what is working well and areas in need of ongoing systems- and practice-level improvement. Cross-training at all levels (administrative, management, and frontline staff) is crucial for developing, implementing, and sustaining cross-system initiatives.

Slide 26

Cross-Training Priorities & Needs



Facilitator Script:

Facilitator Notes: Small group discussions should be anywhere between 10-15 mins before bringing everyone back for a large group discussion. Ask for volunteers to summarize their small group discussions and use the possible answers listed to help facilitate the discussion, if needed.

Multi-system collaborative partnerships require a shared understanding of the other system's processes, roles, and functions.

Ask learners to convene in small groups to discuss their responses to the following questions:

For the purpose of this exercise, let's focus our efforts on developing a shared understanding of processes specific to child welfare and SUD treatment:

Prompts for Participants:

- **What are common misunderstandings or misperceptions about child welfare policies and practices?**
- **What are common misunderstandings or misperceptions about SUD treatment policies and practices?**
    - **Has your onboarding/ongoing workforce training included opportunities for cross-system training?**
    - **For those who answered yes, please share details about these cross-system learning opportunities including any key lessons or takeaways.**
    - **For those who answered no, what are some cross-system topic areas that would support a greater understanding for improved collaborative capacity?**

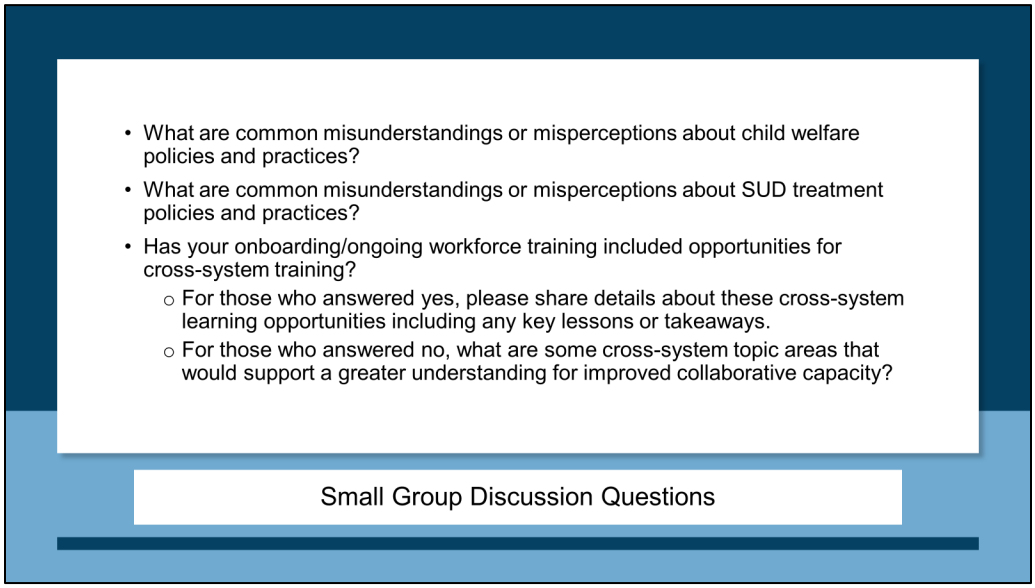
[Answers may include the stages of change, levels of care for substance use and mental health, assessment process, treatment interventions, or recovery management planning; or how child maltreatment is defined, how safety and risk of child is determined and the assessment process,

effects of parental substance use on children including prenatal substance use, benefits of including the whole family into treatment, how the Adoption Safe Families Act (ASFA) and other regulations guides decision-making in child welfare]

Source: (Children and Family Futures, 2021)

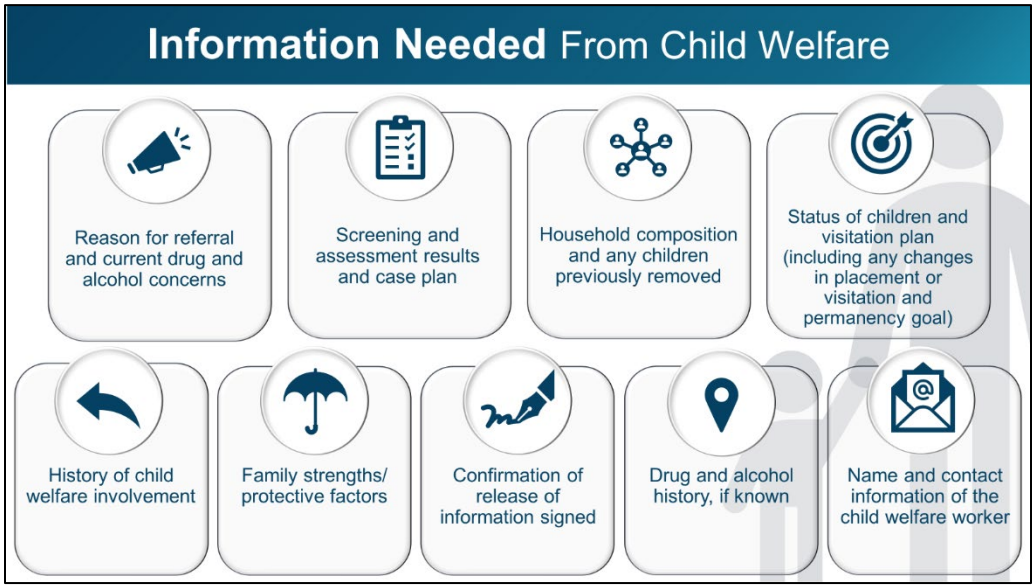
Slide 27

Small Group Discussion Questions



Slide 28

Information Needed From Child Welfare



Facilitator Script:

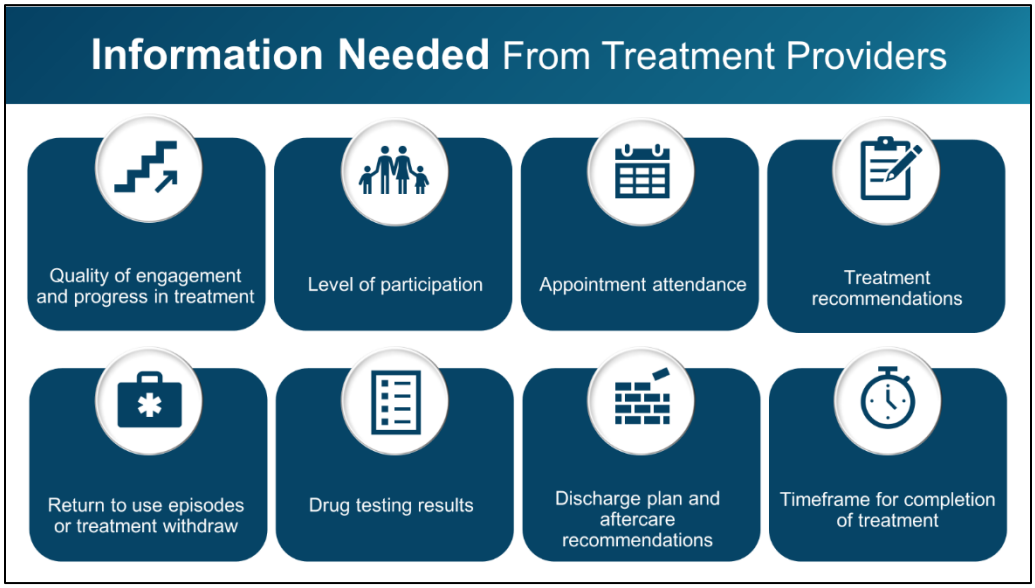
Let's now focus on the type of information needed between child welfare and substance use treatment providers to support collaborative practice. Child welfare has a lot of information about a parent, child, and family that can be beneficial for providers as they determine the appropriate level of care, engage in treatment planning, and make appropriate modifications to treatment plans. After a release of information is signed, we want to give the provider specific and detailed information about:

- Reason for child welfare referral and current presenting concerns (including presence of co-occurring disorders)
- Initial screening results and case plan goals and objectives
- Status of the children's placement and/or details of the family time or visitation schedule
- Historical information related to child welfare or other system involvement
- Summary of family strengths and protective factors
- Copy of the signed release of information form
- Contact information for the assigned child welfare worker

We also want to ensure timely notification to the provider as we notice a change in a person's behavior or case circumstances change like the children's placement status, household composition, and permanency goals, as these may affect a person's engagement in treatment and their recovery process.

Slide 29

Information Needed From Treatment Providers



Facilitator Script:

Now that we know what information substance use treatment providers need from child welfare let's review the reverse side of this partnership...

Details about a parent's participation in a substance use disorder treatment program help to inform progress being made toward child and family case plan goals and objectives including the ongoing assessment of safety and risk. Information to be shared includes:

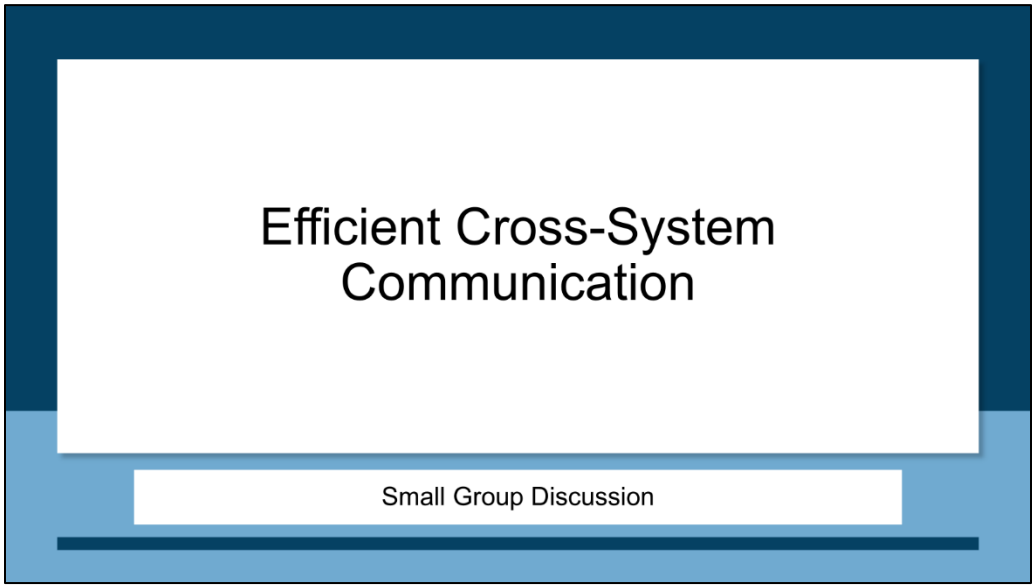
- Attendance at appointments—are scheduled sessions being kept, rescheduled, or are parents no showing?
- Initial and/or changes to treatment recommendations—is a higher level of care needed or is a parent ready to step down to a lower level of care?
- Quality of engagement—are parents actively or passively participating in their treatment sessions?
- Return to use or treatment withdraw—are there concerns with a return to use or disengagement in treatment services?
- Drug testing results—are results showing continued use, a return to use, prescription medications being used as prescribed or not at all?
- Discharge plan and aftercare recommendations—what plans are in place to support and sustain recovery?

It is also helpful for child welfare to have an anticipated date for completion of treatment to help measure and align with federal permanency requirements (e.g., ASFA).

Facilitator Note: ASFA requires that child welfare file for a termination of parental rights if a child has been in out-of-home care consecutively for 15 out of 22 months.

Slide 30

Effective Cross-System Communication



Facilitator Script:

Facilitator Notes: Small group discussions should be anywhere between 5-10 mins before bringing everyone back for a large group discussion. Ask for volunteers to summarize their small group discussions and use the possible answers listed to help facilitate the discussion, if needed.

Additional Note: Highlight any relevant forms and policies within the agency.

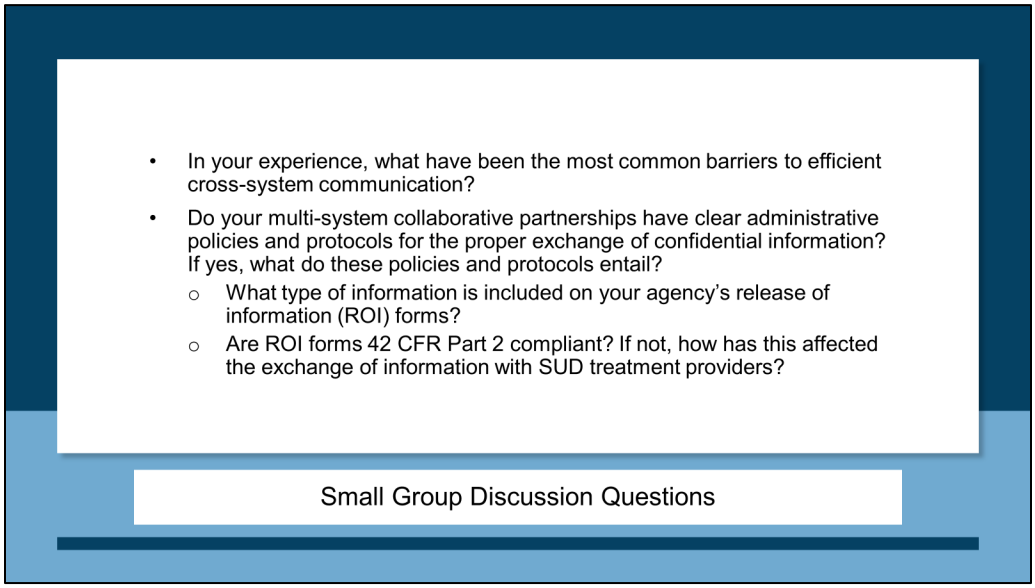
As we've discussed, information sharing can support more effective communication between systems to meet the needs of families and strengthen collaborative capacity. For the next [5-10 minutes], please use the following guiding prompts for your small group discussion and action planning.

Prompts for Participants:

- **In your experience, what have been the most common barriers to efficient cross-system communication?**
- **Do your multi-system collaborative partnerships have clear administrative policies and protocols for the proper exchange of confidential information? If yes, what do these policies and protocols entail?**
    - **What type of information is included on your agency's release of information (ROI) forms?**
    - **Are ROI forms 42 CFR Part 2 compliant? If not, how has this affected the exchange of information with SUD treatment providers?**

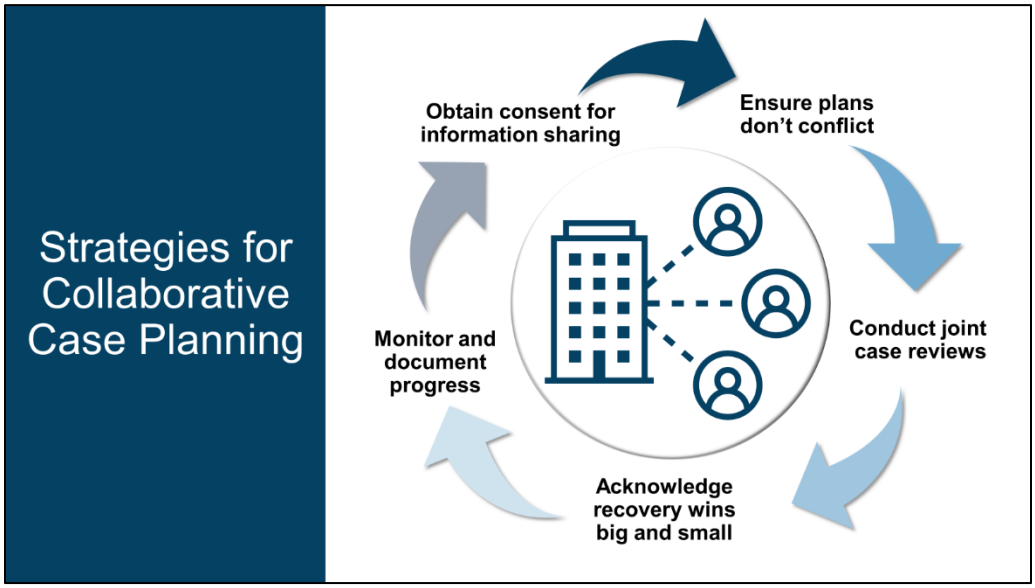
Slide 31

Small Group Discussion Questions



Slide 32

Strategies for Collaborative Case Planning



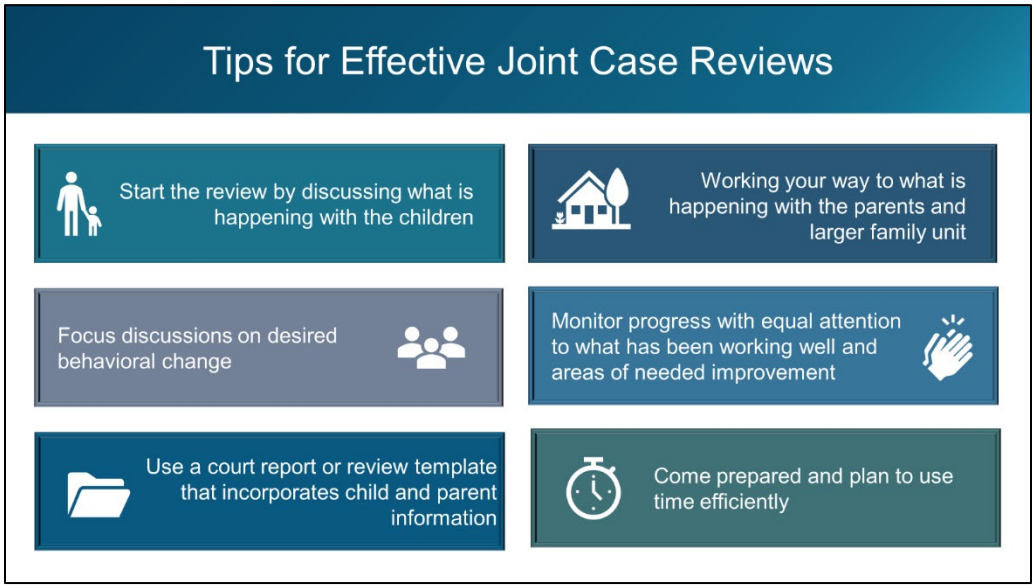
Facilitator Script:

Strategies for collaborative case planning begin with obtaining all the necessary consent for interagency information sharing. Once that is obtained, the first priority should be to ensure that the parent's substance use or co-occurring disorder treatment plan does not conflict in any way with the child welfare services case plan—and should there be any conflicts all providers should work together to resolve immediately because as we just covered—there really is no time to lose. Additional strategies for collaborative case planning includes holding joint substance use or co-occurring disorder treatment and child welfare service reviews, routinely monitoring and documenting progress toward respective goals and service objectives–and most importantly stopping to acknowledge and positively reinforce a parent's recovery wins—big or small!

Let's spend some more time explaining what we mean by joint case reviews…

Slide 33

Tips for Effective Joint Case Reviews



Facilitator Script:

And finally, let's cover some tips for implementing effective joint case reviews (also commonly referred to as staffings, child and family team meetings, or shared decision-making meetings). Regardless of the term is used in your local collaborative, they all share a similarity in that they represent a teaming approach that brings together cross-systems partners, parents and other family members with the common goal of monitoring progress and adapting treatment and case plans as needed. Now for a few practice tips…

First, by beginning the discussion with the children, this sets the tone for the conversation and puts the discussion in the context of the family—so essentially start with the children working your way to the parents and larger family unit.

Next, these discussions should focus on desired behavioral change including time dedicated to both acknowledgement of what's been working well (observable strengths, progress, and achievements) and areas of concern or worries (areas of needed improvement including current safety threats or risk factors, return to use or other de-stabilization indicators) while keeping the focus on problem-solving versus problem-reporting.

And finally, using a court report or review template that includes items specifically for the children, parents, and larger family unit will help ensure all information needed is discussed and that the meeting time is used efficiently. Items may include placement of the child, how many days in out-of-home care, family time or visitation, current safety and risk factors for children, identified strengths and increasing parental capacities, indicators of current substance use, a potential return to use, and recovery services needed to stabilize or meet the needs of the family and build protective factors, and next steps.

Slide 34

A Reminder About Measuring Progress

Facilitator Script:

Even though treatment providers and child welfare workers share the same recipients of services, we don't always measure and define progress the same way.

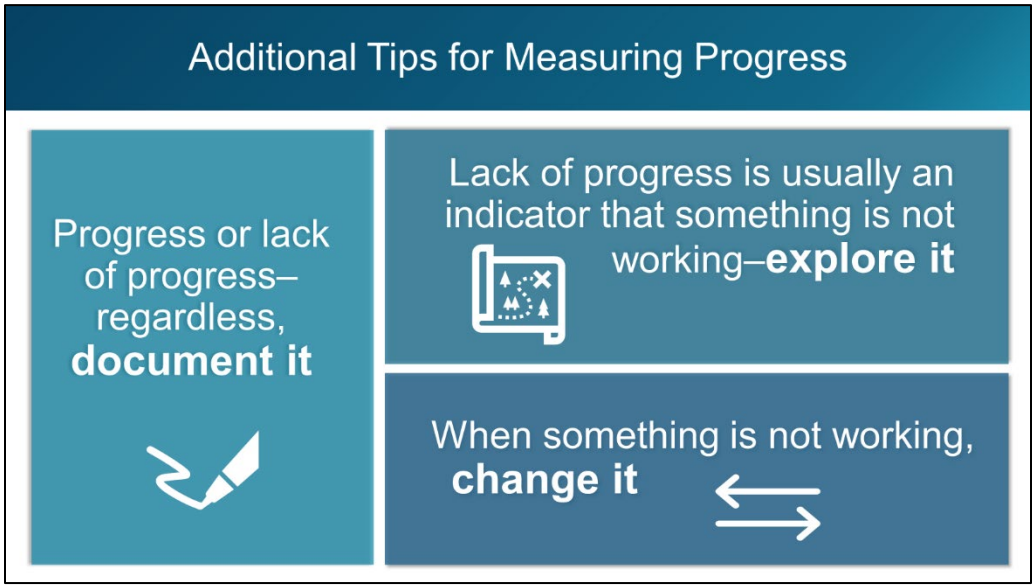
For many substance use and co-occurring disorder treatment professionals, progress is measured in two ways:

- Whether the person's treatment is resulting in increased periods of recovery and decreased periods of return to use or destabilization, and
- The scope and durability of changes people make in other areas of their lives so that recovery will be maintained—things like maintaining employment, building a recovery-oriented support system, attending self-help groups or meeting with a sponsor, etc.

When communicating with treatment providers about progress, be sure to ask how they define and measure this. For some treatment programs, progress may simply be regular attendance or negative drug screens. Ask for specific information as it relates to a parent's treatment progress to better inform your ongoing assessment and monitoring of the family's case plan goals and objectives.

Slide 35

Additional Tips for Measuring Progress



Facilitator Script:

Here are some additional tips or reminders when it comes to measuring progress. Regardless of the level of information obtained—progress or lack thereof—be sure to document it all. Also, lack of progress is usually an indicator that something in the treatment or child welfare service plan is not quite working out as planned. This is a great opportunity to explore and hear from the parent their perspective on challenges or barriers. Again, there is no time to waste so let's identify the issue and work collaboratively to make any necessary changes to the respective plans to position the parent and family for ongoing success.

Slide 36

Systems-Level Strategies for Building Collaborative Partnerships

Facilitator Script:

Now that we've talked through some strategies to build collaborative partnerships at the practice-level, let's shift gears and focus on what can be done at a systems-level to promote collaboration among family serving agencies.

Slide 37

Additional Tools for Implementing Collaborative Practice

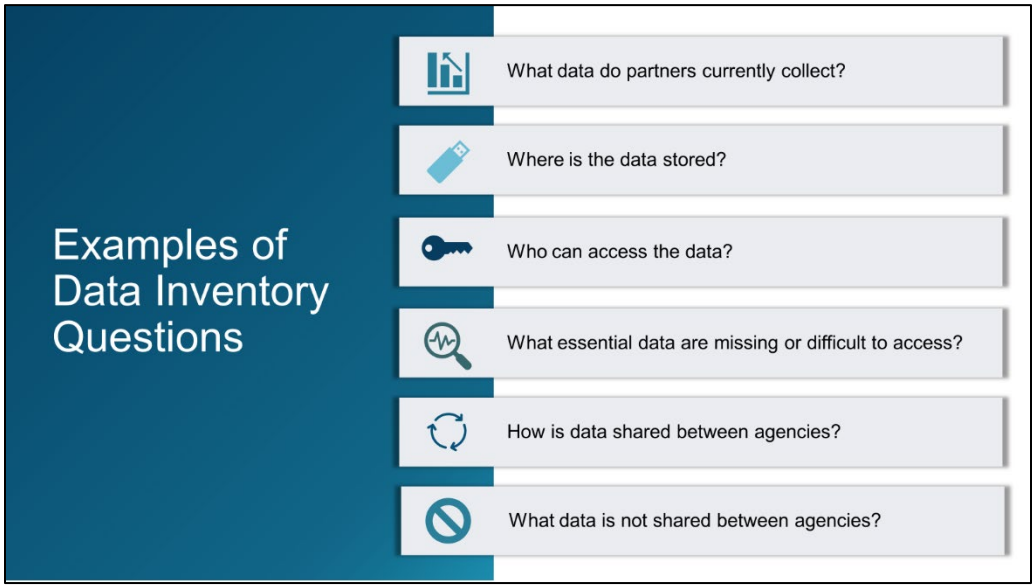
Facilitator Script:

Here are some additional tools to support you in your collaborative practice with other agencies working with the parents and families you serve:

- Use of Data Inventories: Conducting a data inventory allows the collaborative team to increase its understanding of the data key partner agencies already collect (e.g., child welfare services, alcohol and drug services, healthcare, and courts). The process of completing this data inventory can help identify available data sources, their limitations, and challenges with access.
- Drop-off Analysis: The information from the data inventory can be used to complete a drop-off analysis. We will review data inventory questions and a drop-off analysis in the upcoming slides.
- Systems Walk-Through: This process examines how a family moves through the current system to determine how the system currently operates and identifies effective practices or strengths, gaps, and barriers for families affected by parental substance use. It helps inform decisions on what to strengthen or change in practice and prioritizes next steps.
- Communication Protocols: Developing written communication protocols can help ensure efficient communication across all agency partners and allows partners to make informed decisions on next steps.
- Collaborative Capacity Instrument (CCI): The CCI is an anonymous self-administered questionnaire that measures the best collaborative practices across systems for families affected by parental substance use disorders. It is used as teams begin working with each other or after initially working with each other and wanting to improve collaboration within the team. It allows each team member to assess where the team is functioning well and is designed to generate discussions on the readiness to work more closely together. The National Center on Substance Use and Child Welfare (NCSACW) provides technical assistance for CCI administration and analysis of results.

Slide 38

Examples of Data Inventory Questions



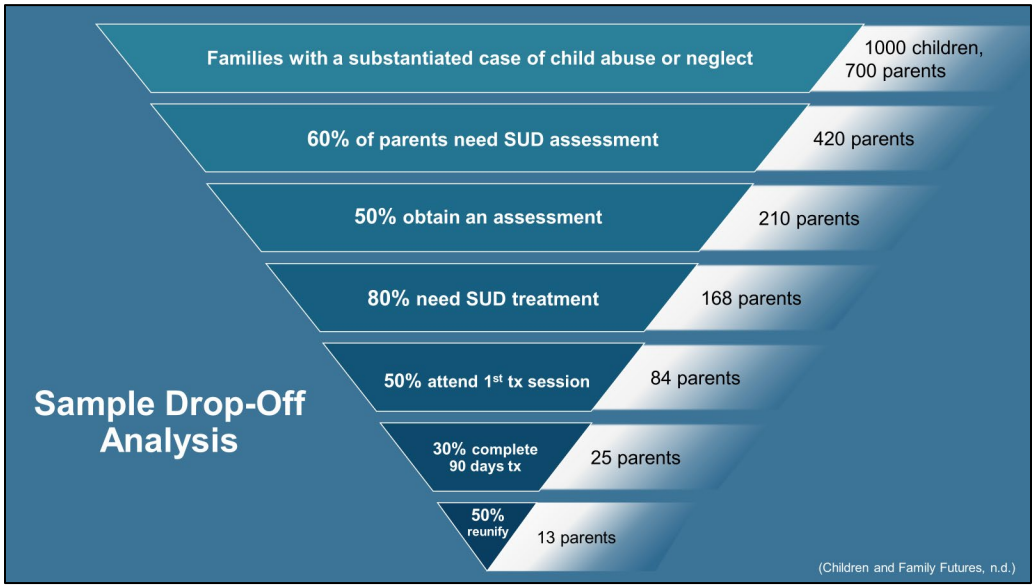
Facilitator Script:

Here are questions to ask when completing a data inventory. Asking questions such as these help collaborative teams make informed decisions about priorities and needs related to ongoing system improvement.

- What data do partners currently collect?
- Where is the data stored?
- Who can access the data?
- What essential data are missing or difficult to access?
- How is data shared between agencies?
- What data is not shared between agencies?

Slide 39

Sample Drop-Off Analysis



Facilitator Script:

A benefit of a data inventory is that it provides agencies access to the type of data needed for a drop-off analysis—a process for identifying points in service delivery that must be modified or created to better engage and retain parents and families in substance use disorder treatment and/or child welfare services. A drop-off analysis is intended to answer (at minimum) three key questions:

1. What are the steps associated with the current screening, assessment, and referral process in your state, tribe, county, or community?
2. How many parents, children, or families are involved in each step of the process?
3. At what point(s) in the process does your program experience a significant 'drop-off" in the number of parents, children, or families?

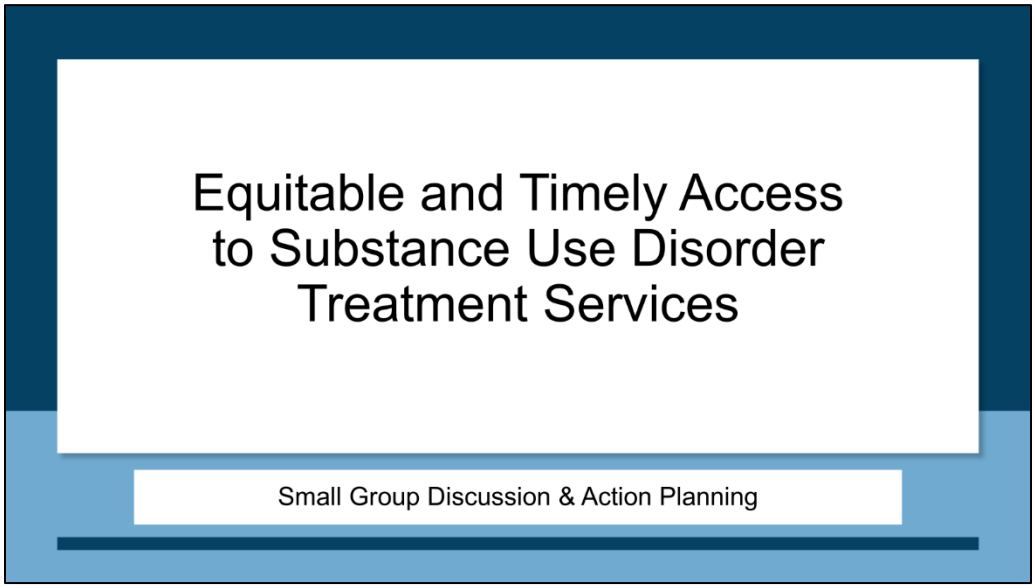
Facilitator Note: Walk learners through each point of service delivery and respective data to illuminate the drop-off and reinforce the need for changes to service delivery approach with families. The data presented does not represent any state, county, Tribe, or jurisdiction.

For more information on Drop-Off Analysis, review the additional resource from Children and Family Futures: Drop-Off Analysis.

Source: (Children and Family Futures, n.d.)

Slide 40

Equitable and Timely Access to Substance Use Disorder Treatment Services



Facilitator Script:

Families affected by substance use and co-occurring disorders require intensive efforts over a sustained period to support goals of early recovery, increased parenting capacity, and family stability.

We just witnessed the significant drop off that can occur at various stages of service delivery, further amplifying the importance of equitable and timely access to substance use or co-occurring disorder treatment services.

For the next [xx minutes], please use the following guiding prompts for your small group discussion and action planning.

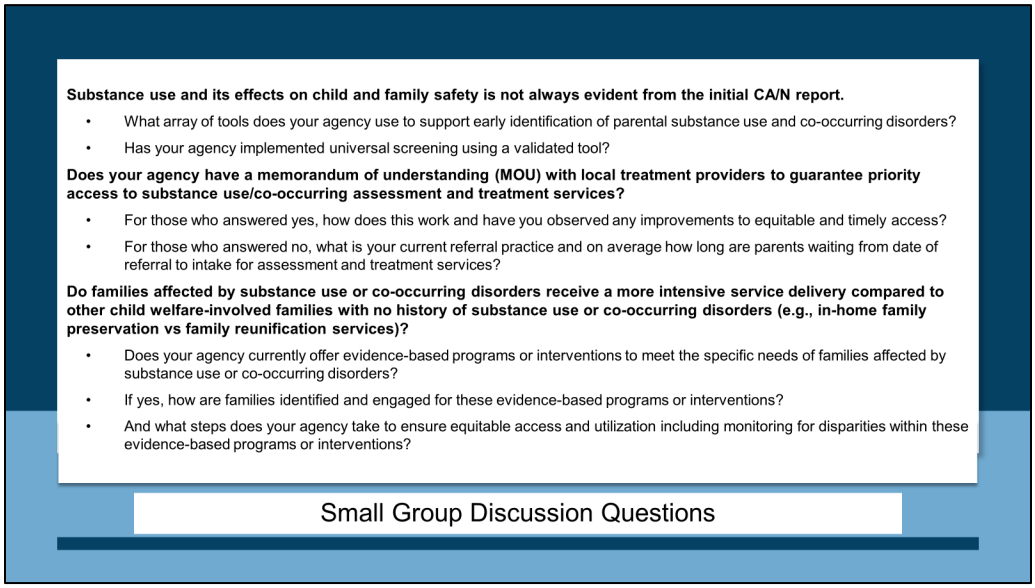
Prompts for Participants:

- **Substance use and its effects on child and family safety is not always evident from the initial CA/N report.**
    - **What array of tools does your agency use to support early identification of parental substance use and co-occurring disorders?**
    - **Has your agency implemented universal screening using a validated tool?**
- **Does your agency have a memorandum of understanding (MOU) with local treatment providers to guarantee priority access to substance use/co-occurring assessment and treatment services?**
    - **For those who answered yes, how does this work and have you observed any improvements to equitable and timely access?**
    - **For those who answered no, what is your current referral practice and on average how long are parents waiting from date of referral to intake for assessment and treatment services?**

- **Do families affected by substance use or co-occurring disorders receive a more intensive service delivery compared to other child welfare-involved families with no history of substance use or co-occurring disorders (e.g., in-home family preservation vs family reunification services)?**
    - **Does your agency currently offer evidence-based programs or interventions to meet the specific needs of families affected by substance use or co-occurring disorders?**
    - **If yes, how are families identified and engaged for these evidence-based programs or interventions?**
    - **And what steps does your agency take to ensure equitable access and utilization including monitoring for disparities within these evidence-based programs or interventions?**

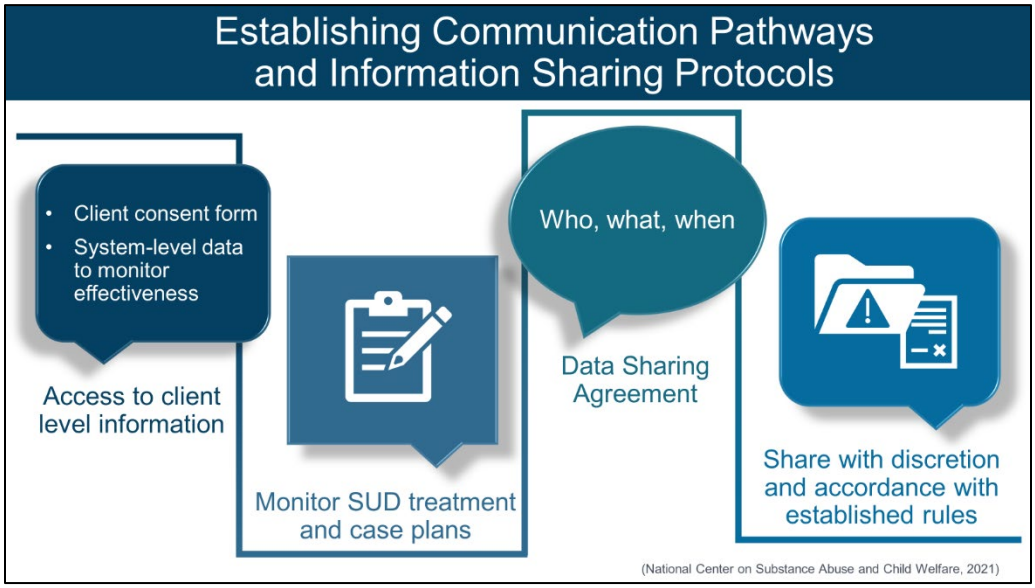
Slide 41

Small Group Discussion



Slide 42

Establishing Communication Pathways and Information Sharing Protocols



Facilitator Script:

Having protocols in place that support client-level information being disseminated across all agencies allows partners to better coordinate services and monitor their effectiveness through system-level data. Agency partners working with children, parents, and families need to consistently communicate to assess progress with treatment, identify any concerns, and make any needed adjustments to treatment or case plans.

As we talked about earlier, HIPAA and 42 CFR Part 2 protects client health and substance use disorder treatment information. Agencies can work together to develop and adopt a client consent form that satisfies the disclosure regulations and requirements of each agency and can help ensure ease of practice level collaboration and communication.

It is critical agencies develop clear administrative policies and protocols, so information is protected and properly exchanged to protect family's rights. This can be achieved by the development of a data sharing agreement. The agreement should outline what information is shared across agencies, who should receive it, and the frequency. Having an agreement can help ensure information is consistently shared, all rules and regulations on confidentiality are followed, and families are not over-identified.

Source: (National Center on Substance Abuse and Child Welfare, 2021)

Slide 43

Key Shared Outcomes for Families

Facilitator Script:

By implementing system-level policy efforts and evidence-informed practice strategies we are collectively doing our part to promote more equitable outcomes for all families regardless of race, ethnicity, gender, and other key demographic indicators:

- For Recovery this means parents access treatment more quickly, stay in treatment longer, and decrease substance use
- For Remain at Home this means more children remain safely at home in the care of their parents
- For Reunification this means children have shorter length of stays in foster care with higher rates of reunification
- For Repeat Maltreatment this means fewer children experience repeat maltreatment
- And For Re-Entry this means fewer children re-entering foster care post reunification

Slide 44

An Important Reminder About the 'Why' Behind Our Collaborative Partnerships

Facilitator Script:

In like everything we do, it's always important to remind ourselves about the 'why' behind our actions and commitments. We close today's training discussion with a reminder about why the work of collaborative partnerships between child welfare, substance use and co-occurring disorder treatment, the courts, and other family-serving agencies is so important…

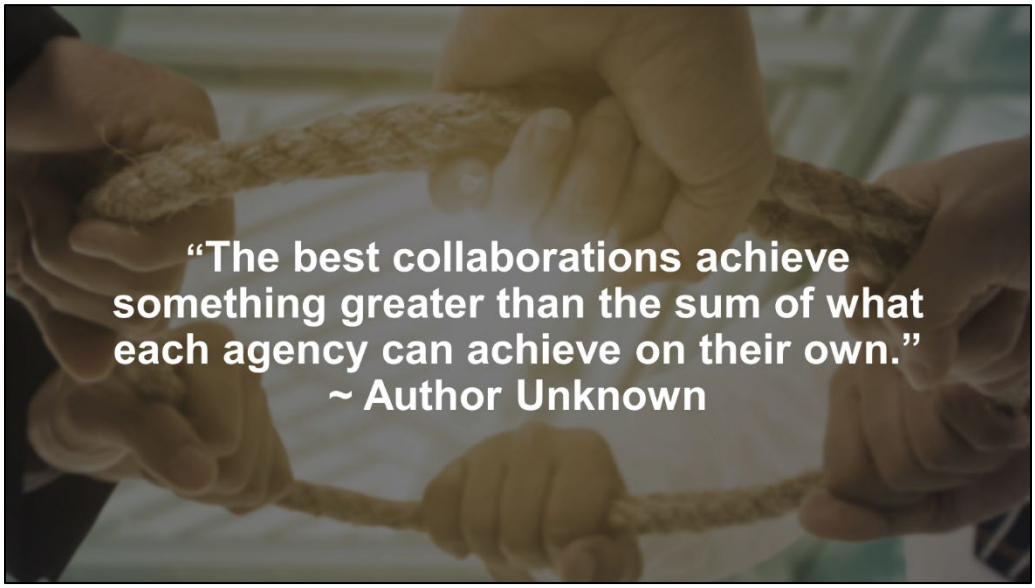
Our ongoing efforts for improved communication, coordination, and consultation combined with the ten elements of systems-level policy efforts and practice strategies and innovations result in:

- Increased engagement and retention of parents in substance use and co-occurring disorder treatment
- Fewer children removed from parental custody
- Increased family reunification post removal
- And fewer children re-entering the child welfare system and out-of-home care

Sources: (Boles et al., 2012; Dennis et al., 2015; Drabble, 2010)

Slide 45

The Best Collaborations…



Facilitator Script:

And we'll leave today's training discussion with a reminder that we simply cannot do this work alone—it is only together that we can truly help children and families thrive!

Slide 46

Contact the NCSACW TTA Program

Facilitator Script:

Well, this wraps up the instructional content for module seven. If you have any follow up questions from today's training, feel free to reach out to the National Center on Substance Abuse and Child Welfare at ncsacw@cffutures.org or toll free at 1-866-493-2758. Thank you all for our rich discussion today and for your continued work on behalf of children, parents, and families affected by parental substance use and co-occurring disorders. Take care, everyone!

References

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Resources

- Children and Family Futures: *Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement* (2021)
- Children and Family Futures: *Drop-off Analysis* (n.d.)
- National Center on Substance Abuse and Child Welfare: Building Collaborative Capacity Series: How to Develop Cross-Systems Teams and Implement Collaborative Practice—*Module 1: Setting the Collaborative Foundation: Developing the Structure of Collaborative Teams to Serve Families Affected by Substance Use Disorders* (2022)
- National Center on Substance Abuse and Child Welfare: Building Collaborative Capacity Series: How to Develop Cross-Systems Teams and Implement Collaborative Practice—*Module 2: Setting the Collaborative Foundation: Addressing Values and Developing Shared Principles and Trust in Collaborative Teams* (2022)
- National Center on Substance Abuse and Child Welfare: Building Collaborative Capacity Series: How to Develop Cross-Systems Teams and Implement Collaborative Practice—*Module 3: Setting the Collaborative Foundation: Establishing Practice-Level Communication Pathways and Information-Sharing Protocols* (2022)
- National Center on Substance Abuse and Child Welfare: Building Collaborative Capacity Series: How to Develop Cross-Systems Teams and Implement Collaborative Practice—*Module 4: Setting the Collaborative Foundation: Establishing Administrative-Level Data Sharing to Monitor and Evaluate Program Success* (2022)
- National Center on Substance Abuse and Child Welfare: Building Collaborative Capacity Series: How to Develop Cross-Systems Teams and Implement Collaborative Practice—*Module 5: Frontline Collaborative Efforts: Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs* (2022)
- National Center on Substance Abuse and Child Welfare: Building Collaborative Capacity Series: How to Develop Cross-Systems Teams and Implement Collaborative Practice—*Module 6: Frontline Collaborative Efforts: Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services* (2022)
- National Center on Substance Abuse and Child Welfare: Building Collaborative Capacity Series: How to Develop Cross-Systems Teams and Implement Collaborative Practice—*Module 7: Frontline Collaborative Efforts: Developing and Monitoring Joint Case Plans and Promoting Treatment Retention and Positive Family Outcomes* (2022)
- National Center on Substance Abuse and Child Welfare: *Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement* (2023)
- National Center on Substance Abuse and Child Welfare: *Child Welfare Timeline for Substance Use Disorder Treatment and Other Partners Technical Assistance Brief* (2022)

- National Center on Substance Abuse and Child Welfare: *Disproportionalities and Disparities in Child Welfare*—A Supplement to *Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals* (2021)
- National Center on Substance Abuse and Child Welfare: *Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders* (2021)
- National Center on Substance Abuse and Child Welfare: *Engaging Parents and Youths with Lived Experience: Strengthening Collaborative Policy and Practice Initiatives for Families with Mental Health and Substance Use Disorders* (2022)
- National Center on Substance Abuse and Child Welfare: *Key Considerations for Applying an Equity Lens to Collaborative Practice* (2022)
- National Center on Substance Abuse and Child Welfare: *Practice-Level Strategies to Create Systems-Level Change: Relationships* (updated 2022)
- National Center on Substance Abuse and Child Welfare: *Practice-Level Strategies to Create Systems-Level Change: Resources* (2022)
- National Center on Substance Abuse and Child Welfare: *Practice-Level Strategies to Create Systems-Level Change: Results* (2022)
- National Center on Substance Abuse and Child Welfare: *Successful Collaboration: Top Down or Bottom Up? Both Webinar* (2022)
- National Center on Substance Abuse and Child Welfare: *Sustainability Planning Toolkit - Five Steps to Build a Sustainability Plan for Systems Change* (2020)
- National Center on Substance Abuse and Child Welfare: *The Use of Peers and Recovery Specialists in Child Welfare Settings* (2018)
- Substance Abuse and Mental Health Services Administration and the Office of the National Coordinator for Health Information Technology: *Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me?* (2018)
- Substance Abuse and Mental Health Services Administration and the Office of the National Coordinator for Health Information Technology: *Disclosure of Substance Use Disorder Patient Records: How Do I Exchange Part 2 Data?* (2018)
- Substance Abuse and Mental Health Services Administration: *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use* (2016)
- Substance Abuse and Mental Health Services Administration: *Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts* (2012)