# 2016 State Roundtable Report

## Drug & Alcohol Workgroup


**Co-Chairpersons**

Honorable Jonathan Mark
*Court of Common Pleas of Monroe County*

Kerry Browning,
*Court and Community Services Director*
*Department of Human Services/*
*Office of Youth & Family Services*
*Lackawana County*

# Drug and Alcohol Workgroup Members

## Co-Chairpersons

**Honorable Jonathan Mark**
*Judge*
Court of Common Pleas
of Monroe County

**Kerry Browning**
*Court of Community Services Director*
Department of Human Services/
Office of Youth & Family Services
Lackawanna County

## Members

Darlene Black
*HSPS Supervisor*
Department of Human Services/
Office of Children, Youth & Families

Kerry Browning, LSW
*Court and Community Services Director*
Department of Human Services/
Office of Youth & Family Services
Lackawanna County

Honorable Gregory Chelak
*Judge*
Court of Common Pleas of
Pike County

Maureen A. Cleaver
*Director*
Division of Prevention & Intervention
Department of Drug & Alcohol Programs

Kathleen Creamer, Esq.
*Managing Attorney*
Community Legal Services of Philadelphia

Nicole Crisp
*Director of Social Services*
Children and Youth Services
Cumberland County

Sharon S. England, JD, MSW, LSW
*Department Manager*
Child Welfare Resource Center
Univ. of Pittsburgh School of Social Work

Amy Grippi
*Chief of Staff*
Department of Human Services/
Office of Children, Youth & Families

Kerry Houser
*Supervisor*
Adult Probation
Cumberland County

Stephen P. Imms, Jr., Esq.
*Master in Judicial Review of Children*
Court of Common Pleas
Montgomery County

Ken Martz, PsyD, CAS
*Special Assistant to the Secretary*
Department of Drug & Alcohol Programs

Honorable Albert Masland
*Judge*
Court of Common Pleas of
Cumberland County

Courtney McCann, MSW, LSW
*Practice Coach*
*D&A Consultant*
Children & Youth Services
Dauphin County

Honorable Joy Reynolds McCoy
*Judge*
Court of Common Pleas of
Lycoming County

Nadine Miller
*Program Improvement Administrator*
Children & Youth Services
Montgomery County

Hope Mitchell
*FGDM Coordinator*
Children & Youth Services
Clinton County

Laurie O'Connor
*Director*
Children & Youth Services
Montgomery County

Peggy O'Connor, MSW
*Social Service Coordinator*
Children & Youth Services
Luzerne County

Chereese Phillips
*Special Initiatives Officer*
Office of Children, Youth & Families
Allegheny County

Jean Rush
*HSPS Supervisor*
Department Human Services/
Office of Mental Health Substance Abuse Services

Matt Salvatori
*Director of Case Management Services*
Children & Youth Services
Lycoming County

P.J. Sauerman
*Program Manager*
Children & Youth Services
Monroe County

J. Layne Turner, MPA
*Administrator*
Drug & Alcohol Abuse Services
Lehigh County

DeMara Williams
*Youth Representative*
Lehigh County

Kathleen Williamson, Esq.
*Deputy County Solicitor*
Dept. of Law/Children & Youth Services
Lehigh County

Dustin Zitterbart
*Senior Program Specialist*
Department of Human Services
Venango County

**Administrative Office of Pennsylvania Courts/Office of Children and Families in the Courts**

Lynne Napoleon, M.S.
*Judicial Program Analyst*

Sandra E. Moore, MSW
*Director*

Elke Moyer
*Administrative Associate/*
*Graphic Designer*

# A Call for Collaboration: Addressing the Issue of Substance Abuse in Child Welfare

*The mission of the Drug and Alcohol Workgroup is to promote child safety, permanence, and well-being for families touched by substance use disorders by providing access to a continuum of services that include early engagement, cross-systems collaboration, and clinical integrity.*

**BACKGROUND:**

During its 2013 meeting, the Pennsylvania State Roundtable (SRT) spent several hours discussing the subject of substance abuse in the context of child welfare. As was heard clearly in all of the Leadership Roundtables, and as common knowledge within the field, substance abuse is an ever-increasing problem in communities across the Commonwealth. It was decided that a workgroup be created to explore the issue of substance abuse as it intersects with the child welfare population. Ultimately charged with making recommendations that will improve practices for families in the child welfare and the dependency system that are affected by substance use disorders, areas of focus for the workgroup were as follows, in priority order:

- Changing the culture, beliefs, and approaches to addiction, including the manner in which addiction is treated
- Finding effective treatment for substance abusers and their families
- Recovery/relapse supports
- Funding issues
- Identifying and overcoming barriers to successful treatment
- Drug & alcohol assessments
- Research, investigate, review, and visit successful programs and evidence-based practices and report positive outcomes
- Dual diagnosis, co-occurring disorders
- Collaboration

The Drug and Alcohol Workgroup (Workgroup) was convened in August, 2013 led by Honorable Jonathan Mark, Court of Common Pleas of Monroe County and Wendy Hoverter, LCSW, Children and Youth Administrator of Cumberland County. In 2015 Kerry Browning, LSW, Court and Community Service Director, Department of Human Services, Office of Youth and Family Services of Lackawanna County replaced Wendy Hoverter as co-chair. The Workgroup, with a membership that covers a broad spectrum of state and local level positions within the courts, child welfare, substance abuse and mental health fields, met monthly to explore the issue of substance abuse in Pennsylvania.

Brainstorming at its first full meeting, the Workgroup discussed issues, barriers to service, and the individual and collective strengths and weaknesses of our systems. Even with a more diverse group of participants than the SRT, the results of the discussion mirrored the SRT for its concerns and priority areas of focus: changing

beliefs and cultures surrounding substance abuse, effective treatment at objectively proper levels of care, cross-systems education and training, and funding. At the end of the meeting, one member remarked, "Wow! We are people in systems who work side-by-side every day but who don't know each other." That prescient in-the-moment statement foreshadowed a common theme that the Workgroup has heard, loud and clear, from numerous sources: collaboration between child welfare, treatment providers, and the courts is essential to improving the lives of and the provision of services to children and families affected by substance abuse.

Research validates the position of both the SRT and Workgroup that collaboration is key when working the substance abusing child welfare population. The Center for Disease Control and Prevention's National Center for Injury Prevention and Control (2014), identified risk and protective factors associated with child maltreatment. Included on its list of individual risk factors for perpetration of child maltreatment is substance use. The connection between child maltreatment and substance use necessitates collaborative and coordinated delivery of services by two interveners, the child welfare professional and the substance abuse treatment provider. However, barriers exist. According to Lee, Esaki, and Greene (2009), several factors can serve as barriers to genuine and effective collaboration between these two primary interveners including but not limited to different perceptions and loyalties, segregated delivery of services, conflicting policies and biases and differential treatment which inhibit communication, and consequently collaboration.

An extensive literature review confirmed the beliefs of the SRT and the Workgroup. In its simplest form the literature showed:

- ✓ The importance of treatment interventions including the whole family.
- ✓ The need for collaboration and cross-training between the courts, child welfare, mental health and drug and alcohol.
- ✓ The need to recognize addiction as a disease in order to move forward with helping individuals and families affected by SUDs.

To assist with the priority charge given by the SRT, culture change regarding substance using people and facilitate change at the local level, the Workgroup sought the assistance of the National Center on Substance Abuse and Child Welfare (NCSACW). The partnership assisted the Workgroup in identifying, fleshing out, and better understanding the unique features of the issues in Pennsylvania through an established program known as In-Depth Technical Assistance (IDTA). Simultaneously, the IDTA process provided direct assistance to eight diverse counties known as the "core counties" in the IDTA program. The Workgroup gained a deeper understanding of how substance abuse affects children and families. With this deeper understanding, the Workgroup will now focus on evidence-based practice recommendations.

**2014 PENNSYLVANIA STATE ROUNDTABLE:**

The Workgroup made several recommendations to the SRT in May 2014. Recommendations included:

- Moving forward in working with the National Center on Substance Abuse and Child Welfare.

  ✓ *Work has progressed forward in eight counties, each doing an intensive case review process, a walk through and gap analysis, and creating a plan of action to address their priority areas. Implementation of strategies to enhance substance abuser services is ongoing.*

- Requesting that the Office of Children, Youth and Families consider incorporating substance use case identification in their development of a CWIS system.

  ✓*A request was made at a Pennsylvania Children and Youth Administrators meeting by co-chair Wendy Hoverter. This was followed up by a written request to the Office of Children, Youth, and Families for consideration in their second level CWIS release.*

- Requesting that the Summit Committee include a session on Substance Use Disorders including the neurobiology of addiction to address a cultural change.

  ✓*A request was made to the Summit Committee to include a session on Substance Use Disorders during the bi-annual summit. The summit was held April 20-22, 2015 and included a plenary session, Effective Strategies for Working with Families with Substance Use Disorders, presented by Pam Baston, one of the consultants for the National Center on Substance Abuse and Child Welfare.*

- Urging Local Children's Roundtables to invite a representative from the Drug & Alcohol system and join them if one is not already present.

  ✓*Counties have been encouraged to include someone from the local Single County Authority and/or a primary substance abuse treatment provider on their local Children's Roundtable. Many counties reported extending this invitation.*

Continuing to prioritize the issue of culture change, the SRT approved all Workgroup recommendations. Additionally, it tasked the Workgroup with developing a cross systems training providing for a shared understanding of substance abuse and the needs of substance using people involved with the child welfare system. Additionally, the SRT requested that the issue of confidentiality, as it relates to the release of treatment information, be explored.

## 2015 PENNSYLVANIA STATE ROUNDTABLE:

Recommendations made to and approved by the SRT in 2015 were:

- Develop a resource to serve as a quick reference guide for substance use disorders.

    - ✓ *Work is progressing on the resource guide. Information about the guide's contents is provided in the section on Progress and Updates.*

- Develop the training content for a cross-systems training addressing substance use disorders and a training delivery plan.

    - ✓ *A training plan is completed and training content will soon be finalized. More information is provided in the Progress and Updates section.*

- Continue with the In-Depth Technical Assistance process and develop a plan to disseminate findings and process for replication to counties.

    - ✓ *The National Center on Substance Abuse and Child Welfare (NCSACW) concluded their work with the Drug and Alcohol Workgroup in December 2015. IDTA counties found their work with NCSACW very beneficial. Most beneficial to counties was the opportunity for the court and CYS to work closely with their local drug and alcohol agencies.*

- Submit a written request to the Department of Human Services to consider adding a component on Substance Use to the Quality Service Review Process.

    - ✓ *Considering the depth and magnitude of work involved to add a component to the already developed Quality Service Review Process, the workgroup decided that it would be better to have a conversation with key players, determining the best avenue for capturing information in a meaningful fashion.*

## PROGRESS AND UPDATES:

Since the last State Roundtable, the Workgroup continues on its mission to encourage collaboration between courts, child welfare and drug and alcohol agencies. Collaboration leads to a deeper understanding of each system and creates a culture conducive to developing shared values. Creating such, in the Workgroup's opinion, is vital to lasting cultural change.

Though hampered by months of travel restrictions due to the budget impasse, the Workgroup met via conference call. Much of the work was done in committees to ensure progress. Once travel restrictions were lifted, regular meetings resumed.

**Resource Guide Committee**

The Resource Guide Committee continues to work towards completion of the guide. It is the intent of the committee to provide useful, easy-to-access information for the legal community and child welfare. By creating a guide that collects the important information in one place, questions can be easily answered and system partners can provide guidance to those who may have a substance use disorder (SUD). Links for dependency system professionals who are struggling personally with a SUD will also be included.

The guide will be organized in the following sections:

1. Introduction
    - Substance Abuse as a Disease
    - Shared Values
2. Indicators of Substance Abuse
    - Physical Warning Signs
    - Behavioral Warning Signs
    - Psychological Warning Signs
    - Signs of Withdrawal
    - Signs of Use of Specific Drugs
3. Screening/Assessment/Referral
    - What is a screening?
    - When should a screening be used?
    - What are the components of a best practice assessment?
    - Where can assessments be done?
    - What is a warm hand-off and how is one done?
4. Levels of Care
    - Spectrum of Treatment Options
    - PA's Client Placement Criteria (PCPC)
    - General Guidelines: When to Use Which Option
5. Medication Assisted Treatment
    - Is medication assisted treatment helpful?
    - What is the intended effect of the medication?
    - Lifelong or short term use of medication assisted treatment?
    - What is the impact of medication assisted treatment on parenting ability?
6. Recovery/Recovery Supports
    - What is recovery?
    - What are the signs of a healthy recovery?
    - What is a relapse and how should it be handled?
    - Recovery Supports-What are they?
7. Questions to Ask Before, During and After Treatment
    - Questions from the Bench
    - Questions Caseworkers Can Ask Clients

8. Confidentiality
    - Federal and State Laws
    - Release of Information/Consent Requirements
    - Information That Can Be Released
    - Collaboration between Agencies within Confidentiality Boundaries
9. Funding
    - Federal, State and County Funding Sources
    - Benefit Flowchart
    - Priority Populations
    - Impact of High Deductible Private Health Insurance
10. Resources
    - Office of Children and Families in the Courts
    - Office of Children, Youth and Families
    - Department of Drug and Alcohol Programs
    - Office of Mental Health and Substance Abuse Services
    - National Resources
    - Where to Turn for Help
11. Glossary of Terms
    - Definitions
    - Acronyms

A sample of the content and layout of the resource guide is provided below this paragraph. The Workgroup will be requesting State Roundtable members to provide feedback on elements that may be missing from the guide's sections or suggestions for layout of the resource guide.

---

## Indicators of Substance Use Disorders

- **Physical warning signs of drug abuse**
    - Bloodshot eyes, pupils larger or smaller than usual
    - Sudden weight loss or weight gain
    - Deterioration of physical appearance, personal grooming habits
    - Unusual smells on breath, body, or clothing
    - Tremors, slurred speech, or impaired coordination

- **Behavioral signs of drug abuse**
    - Drop in attendance and performance at work or school
    - Unexplained need for money or financial problems; may borrow or steal to get it.
    - Engaging in secretive or suspicious behaviors (lying, vagueness about where they go and who they are with)
    - Frequently getting into trouble (fights, accidents, illegal activities)
    - Drastic changes in personality or mood

- **Psychological warning signs of drug abuse**
  - Unexplained change in personality or attitude
  - Sudden mood swings, irritability, or angry outbursts
  - Periods of unusual hyperactivity, agitation, or giddiness
  - Lack of motivation; appears lethargic or "spaced out"
  - Appears fearful, anxious, or paranoid with no reason

## Screening, Assessment, and Referral to Treatment

**Screening** is not the same as a **level of care assessment** in attempting to identify if an individual may have a Substance Use Disorder. Screening is used to identify people who are likely to have a disorder and should be referred for a more in-depth assessment that will determine if treatment is needed and what level of care is most appropriate to address the Substance Use Disorder.

***What is a screening and when should it be used?***

The purposes of screening include:

1. To obtain information to ascertain if emergent care is needed in the following areas:
   a. Detoxification
   b. Prenatal Care
   c. Perinatal Care
   d. Psychiatric Care

2. To motivate and refer, if necessary, for a level of care assessment or other services.

3. To identify individuals being referred by an emergency room or urgent care facility following an overdose.

A screening tool at a minimum, must contain:

1. Date of initial contact
2. Demographic information
3. Appointment date for level of care assessment, if appropriate
4. Questions to determine the need for emergent care services
5. Identification of individuals who have been referred by an emergency room or urgent care facility following an overdose

The Department of Drug and Alcohol Program's (DDAP) screening tool contains two parts that can be found on DDAP's website (www.ddap.pa.gov) under the DDAP Document Library, Forms page.

***What are the components of a best practice assessment?***

Level of care assessments are completed by someone trained in gathering the appropriate information and applying applicable criteria for adults and adolescents. A level of care assessment is defined as a face-to-face interview with the individual to ascertain treatment needs based on the degree and severity of alcohol and other drug use through the development of a comprehensive confidential personal history, including significant medical, drug & alcohol (to include abstinence and recovery periods), social, occupational, educational, military, employment, and family information criteria that will assist the assessor's determination of the appropriate level of care to address the severity of disease. Placement criteria is discussed in more depth under the section "Substance Use Disorder Levels of Care for Treatment". A level of care assessment is also required to contain an assessment summary describing clinical impressions, level of care determination, and referral to treatment (if applicable).

---

## Confidentiality Committee

The Confidentiality Committee is building on the information provided in last year's State Roundtable Report. Currently they are exploring different systems' training on confidentiality and barriers to exchange of information. Information provided by the committee will be included in the resource guide so it can be easily accessed.

## Cross-Systems Training Committee

After many sessions of brainstorming and debate, the Cross-Systems Training Committee concluded that the best use of the training approved by the State Roundtable would be to hold a one-day training. The morning of the training would be via video (for consistent and standardized information) for the court/legal community as well as caseworkers. Because the morning part of the training will be basic to issues of substance abuse and recovery, it is not intended for D&A professionals. Information about the process of implementing a service review process like the IDTA will be included. The afternoon will be a facilitated conversation between child welfare, legal/court and drug/alcohol professionals laying the foundation for beginning a Pennsylvania specific process similar to IDTA. Roll out of the training is anticipated in Spring 2017.

## In-Depth Technical Assistance (IDTA) Project

Since June of 2014 the Workgroup has been actively involved with the National Center on Substance Abuse and Child Welfare (NCSACW) as part of their in-depth technical assistance project. Through their federal contract, the NCSACW provides Pennsylvania with four consultants that work individually with eight counties: Allegheny, Clinton, Cumberland, Lackawanna, Lehigh, Lycoming, Monroe, and Venango. These counties were selected via a competitive process and chosen as a reflection of the state's county size diversity. Each agreed to closely analyze their child welfare and substance abuse

data, participate in a systems walk-through with their consultant, plan, and implement changes to a priority area of their choice.

The overall goal of the IDTA process in Pennsylvania is two-fold: to help counties make positive changes that impact the quality or accessibility of services to substance abusing families involved with child welfare and to define a process that non-IDTA counties can replicate and do their own analysis of cases at the intersection of child welfare and substance abuse. To capture this process, each county was asked to elect a "core team" leader and the leader joined the Workgroup. At each Workgroup meeting the core team leaders have an opportunity to share success and challenges happening at the local level and suggest ways to efficiently complete tasks.

Work with the NCSACW wrapped up in December 2015. Many counties found similar concerns and common practice changes were implemented across counties including:

1. Strengthened collaboration among child welfare, local SUD providers and the courts; in some counties this means the development of special case review teams and meetings designated as joint case reviews;
2. Increased transparency within teams and across systems;
3. Earlier identification (screening and assessment); use of standardized screening tools and protocols for referral to assessment and treatment;
4. Enhanced family engagement and family education; including use of motivational interviewing techniques and Recovery Coach/SUD Specialists; other recovery support services;
5. Implementation of a specialized case management model;
6. Increased, consistent and timely information sharing (assessments, progress reporting);
7. Staff training on disease model to promote culture change;
8. Increased collaboration with Early Intervention/Safe Start; and,
9. Tracking of child welfare referrals and outcomes across SUD services.

**County-Specific Analysis and Recommendations from NCSACW**

**Allegheny**

***Strengths* –** Based on the preliminary assessment of their system response to addressing drug and alcohol needs for CYF parents, Allegheny successfully identified some systemic barriers to treatment including: (1) a need for better data collection and interpretation; (2) a lack of knowledge of best practices among stakeholders; and, (3) uniform screening. To strengthen their system, Dr. Walter Smith, Allegheny's DHS/CYS Administrator, prioritized focusing on cases in which parents had an SUD treatment need but did not receive an assessment or did not participate in treatment. Dr. Smith suggested the need to obtain sufficient information to analyze who is not going to treatment, who is not getting an assessment and why to obtain sufficient data to answer questions that would improve their practice. For example, their hope was to find out if

clients that did follow through with treatment had caseworkers who were very engaged and responsive to their needs. Or, if CYF clients who used heroin were more likely to drop out of treatment than clients who abused alcohol. In response, Allegheny is actively moving away from accepting general descriptive data to more detailed and specific data that helps CYF understand the barriers and make significant and sustainable changes.

The Allegheny DHS developed and released an RFP that will be awarded in January 2016 that incorporates best practices that address SUD treatment and recovery needs of caregivers, adolescents, and their immediate family members who are involved in the child welfare system. They will contract with one or more providers to work within the child welfare (CYF) framework to provide: screenings and assessments; service referral support; case consultation with and education to workers; and peer recovery supports to families. These services and supports are required to be timely to ensure that SUD needs are identified quickly and individuals are connected to the appropriate supports. Selected provider(s) staff will be available on site to work with CYF staff and families and will work collaboratively with DHS to ensure effective implementation and ongoing quality improvement.

After conference calls with its developer, Dr. Norm Hoffmann, and much deliberation and consideration, the Allegheny team decided to adopt the UNCOPE screening tool as a uniform early identification strategy. Their first supervisor training in it occurred in late October. The UNCOPE will be administered during the FAST assessment, Allegheny's family assessment tool which occurs by the 30$^{th}$ day of the case and every six months thereafter. They also created a new screen and centralized screen in their data management system called the "health screen" at all points in the case from intake on, so any worker can check the box to indicate there may be a drug and/or alcohol concern. Caseworkers have an ongoing opportunity to refer to the SUD provider immediately if need be.

***Recommendations –***The Allegheny team is encouraged to continue SUD screening (UNCOPE) by CYF caseworkers to ensure that substance use is uniformly identified at the earliest possible point in the case so that assessment and treatment resources can be leveraged. The screening results can be stored on KIDS for monitoring, accountability, and ongoing system improvement purposes.

Expanding case management and recovery support services for families with SUD can increase the likelihood that Allegheny's SUD-involved families connect to and remain engaged in treatment and other needed health and human services and community resources.

Allegheny would benefit from working with other counties and state agency leaders to address the restrictive confidentiality regulations that exceed federal thresholds to determine the value added versus barriers caused. Allegheny child welfare and SUD staff and families stand to benefit from better cross system communication.

Lastly the Allegheny IDTA team could access the NCSACW updated online training as a way to increase their understanding of SUD issues among child-welfare involved families. This no-cost CEU training could benefit staff directly and Allegheny families indirectly.

The Allegheny team continues to work hard on their IDTA and broader system goals and have made progress in spite of a number of significant challenges and funding constraints. They are encouraged to keep the forward momentum and to continually assess the effectiveness of the changes they have already made and continue to make. One example would be to repeat a random case review process a year from now to assess the impacts of standardized SUD UNCOPE screening and increased case management and recovery support on the engagement, retention and system outcomes of SUD/child welfare involved families.

## Clinton

***Strengths –*** Clinton began the initiative in partnership with Lycoming County. The two counties share drug and alcohol treatment services, although their child welfare systems are independent. Initially, Clinton Child Welfare was represented by a single participant. However, when the counties split, Clinton Child Welfare leadership joined the team and quickly engaged in the IDTA work.

Clinton improved their communication practices with local treatment facilities as well as the county assessors. They worked jointly with Lycoming County to develop a referral form which included consents and child welfare background. As a small county, they were able to capitalize on their relationships to develop cross-system communication strategies between child welfare and treatment providers. They restructured their already established cross-systems monthly meeting to ensure that substance use issues were not overlooked and integrated substance use education and coaching through a local provider. The use of the referral form aided their communication with the local county assessment office. They also reached out to assessment staff to discuss communication pathways.

***Recommendations –*** As stated above, Clinton is a small county and they grew into the IDTA process. Once their team was assembled, they engaged in thoughtful discussions and developed strong protocols to aid in information sharing. The Clinton Child Welfare Assistant Director sat on the core team along with several other child welfare

representatives from the full continuum of services. The team capitalized on their small county size by implementing a cross-system monthly meeting prior to IDTA. The meeting brought together child welfare and treatment along with other local providers. They staffed shared clients as well as broader county issues. Through the IDTA, the team recognized how those meetings sometimes missed the mark on substance use issues and worked to restructure them to better aid these families.

Clinton was also able to integrate a screening tool for both adults and teens. Clinton chose the CAGE for adults and the CRAFFT for adolescents. The acronyms for both these screening tools are a mnemonic of the questions asked in the screening. In both instances they worked closely with their local SUD treatment provider to pick a tool and to train their workforce. Workforce training was further enhanced by monthly workshops provided by their same treatment provider. These monthly workshops served to educate child welfare on substance use, but also to allow them to staff difficult or confusing cases. Ultimately, Clinton was able to strengthen is local relationships in a mutually beneficial way that aided local families.

## Cumberland

***Strengths –*** The Cumberland Core Team learned a number of lessons and accomplished several key tasks during the IDTA process. Their team has continually met monthly and has successfully tackled a number of issues. During the IDTA period, they developed and implemented a contract with another county office for a new drug testing procedure, much like the STARs (Strengthening Treatment and Recovery data system) random testing model, and made it more accessible and fair to clients than it has been in the past. They also learned they cannot rely solely on a drug test to inform them about the SUD needs of a client—they now use testing results as only one piece of a comprehensive assessment process.

Cumberland also developed a new case management model (see products). This model assists individuals with obtaining a substance use assessment/evaluation and possible subsequent treatment but has proved to be challenging for child welfare workers for various reasons. Cumberland County Children and Youth Services now contracts with the Cumberland/Perry Drug and Alcohol Commission (CPD&AC) for the provision of specialized substance use case management services or resource coordination services. The priority populations for this pilot program are parents of children age 5 and under involved with the Juvenile Court System, and they hope to expand it more widely as resources permit.

While Cumberland, like all PA counties, struggles with cumbersome confidentially releases, they improved information sharing between systems through their development of a new information sharing tool (see attached product), based on the STARs reporting tool. Through the various Core Team meetings, they identified SUD

resources in their community of which they were not previously aware particularly the RASE (Recovery-Advocacy-Service-Empowerment) project. They are actively practicing empowering clients and understand if they help clients in early recovery overcome barriers it is not “enabling.”

Through IDTA, the Cumberland team has become better informed about medication assisted treatment (MAT) and that it can be a powerful tool when combined with the appropriate level of traditional treatment. They also met with their managed care organization to better understand treatment funding. Cumberland’s core team partners feel they have benefitted greatly being a part of the team in understanding all the systems better.

***Recommendations –*** Cumberland’s IDTA team continues to faithfully meet and work hard on system improvements. They are encouraged to regularly monitor the progress of their new treatment summary report form and the outcomes from their expanded specialized case management program. Assuming the success of the case management model and if funding permits, the model could be expanded to benefit additional families. Cumberland is encouraged to continue its progress on finalizing a standardized SUD screening instrument and process for child welfare-involved families affected by SUDs so they can benefit from earlier identification and connection to assessment, treatment and recovery support resources.

Like other PA counties, Cumberland would benefit from working with their state agency leaders and other counties to address the restrictive confidentiality regulations that exceed federal thresholds to determine the value added versus barriers caused. Cumberland child welfare and SUD staff and families stand to benefit from better cross system communication.

Lastly the Cumberland IDTA team could access the NCSACW updated online training as a way to increase their understanding of SUD issues among child-welfare involved families. This no-cost CEU training could directly benefit staff and indirectly benefit Cumberland families.

## Lackawanna

***Strengths*** – Lackawanna County acknowledged a culture change in how county CYS staff worked with parents/caregivers with substance use disorders. They indicated a shift in how they assess and identify substance abuse and its role within the family and how they identify strengths and needs of the family as a whole to link each individual within the family to the appropriate services. They also continued and strengthened their pre-IDTA initiative to implement a Recovery-Oriented System of Care (ROSC).

Lackawanna County has an integrated human services organization structure, headed by a county Human Services Director with responsibility over all county human services.

That structure supported and strengthened cross-system collaboration. The Human Services Director participated in most of the monthly calls, and there was consistent participation by the county CYS, A&D, and MH Directors. In addition, the Director of the Medicaid managed care agency, Community Care Behavioral Health, for the region, was a regular participant in the IDTA process.

***Recommendations –*** As mentioned above, Lackawanna County has an integrated human services structure. This integration manifested itself in several ways, including a dedicated case manager in CYS and funded by the county A&D office, to assist staff and work with families with substance use issues; involvement of CYS leadership in the implementation of ROSC throughout the community; and Motivational Interviewing training of CYS workers provided by Community Care Behavioral Health.

During this IDTA engagement, the county human services director decided to transition to a new county child welfare information system (modeled after the Montgomery County system). This is a substantial undertaking that required state office approval. On several occasions the Core Team Leader (CL) discussed with the human services director the opportunity to better identify families with substance use and mental health issues in the new information system, with data fields that are specific to substance use and mental health. The CL recommended reviewing the drop-off points presented at the November on-site meeting, and developing the capacity to measure those drop off-points via the new information system. If this system capacity is developed, it could be a model other counties could replicate.

**Lehigh**

***Strengths*** – Lehigh and Lackawanna Counties, in particular, had substantive collaborative relationships between child welfare and substance abuse prior to IDTA, and they used IDTA to bring more of a strategic focus and framework to their collaboration. Their level of collaboration will be sustained.

Lehigh County initiated multiple practice changes that strengthen collaborative practices. These practices include county drug and alcohol staff participation in Children and Youth Services (CYS) pre and post placement meetings; Safe Start (Early Intervention program for parents with substance use issues); Collaboration including a 10-12 week SUD Intervention Program on site and conducting mobile assessments; and the county D&A program managing CYS referrals for SUD assessments and client tracking through the treatment continuum.

***Recommendations*** – Although the county A&D and CYS Administrators were the only participants on the monthly calls, that process worked for Lehigh County, as they were working on collaborative initiatives before the IDTA engagement. They held core team

meetings (bi-monthly, and placement staffing (weekly) outside of the monthly IDTA calls.

Over the course of the IDTA process, the A&D Administrator engaged the Medicaid (Medical Assistance/Health Choices) managed care provider to discuss tracking of CYS referrals in services supported by Medicaid, and not county funding. This was significant, as Medicaid in Lehigh County may constitute over 80 percent of funding support for clients receiving treatment services in the county. Magellan agreed to assist with the tracking of CYS referrals to Medicaid funded providers.

One of the accomplishments of this team was the creation of a tracking system (Excel spread sheets) to track CYS referrals to A&D services. All referrals come to the county A&D office, and they assign provider agencies to conduct assessments, which occur in a timely manner (they conduct mobile assessments as well). The A&D Administrator did not want to share these tracking data with the A&D providers, stating he was not ready to share that information. The CL made several requests to share the data on one of the monthly calls, but the Administrator was reluctant to do so, as he wanted more time to solidify the process. The CL recommends that those data be incorporated into Lehigh County's strong collaborative work, and be shared on a quarterly basis with the core team and partner and provider agencies.

The client team staffing and the Intervention Services that have been implemented on site at the Safe Start Early Intervention Program should be considered for replication in other counties.

## Lycoming

***Strengths –*** Lycoming County focused on developing information sharing protocols with their local assessment office and treatment provider. Their county workgroup included the head of the county alcohol and drug programs along with child welfare representation. They were also joined the director of a local treatment facility. Prior to the IDTA process, Lycoming had limited relationships with local alcohol and drug programs. Through the IDTA process, they developed a referral form, which included a consent form and child welfare history. They also focused on relationship building between staff in both departments. At the conclusion of IDTA, Lycoming child welfare staff continued to reach out to county AOD providers to begin relationship building, integrate the referral form and improve communication.

Lycoming leadership recognized the importance of early identification of substance use and worked with their local SUD professionals to integrate the CAGE screening tool. CAGE results were also shared with SUD assessors.

***Recommendations*** – Lycoming's priority from the start of their IDTA initiative was to strengthen relationships between child welfare and SUD treatment. Prior to their involvement with IDTA, these two systems were operating in silos. Through IDTA, the county team began by reaching out to local treatment providers to understand how best to communicate with them. Treatment providers responded with a request for more information, particularly through the assessment process. The County Treatment Administrator participated in most core team calls and welcomed child welfare's partnership. Together they developed a referral form (later picked up by Clinton County) that outlined child welfare's concerns about parental substance use. The form included any known treatment history along with a signed consent form.

Being a rural county, Lycoming was able to reach out to most of the providers that their families utilized. Over the period of IDTA, Lycoming scheduled site visits with providers, introduced them to the referral form, and discussed the best format for ongoing communication. They, like Clinton County, referred most frequently to a local outpatient provider. They worked closely with this provider to develop trainings for their workforce and to identify and implement a screening tool (CAGE).

Overall, Lycoming County was able to shift its culture to one of collaboration. They were able to institutionalize this shift through the use of the referral form. They continue to reach out to local providers to formalize the process across the county.

**Monroe**

***Strengths*** – Monroe County has improved communication and information sharing among county CYS, A&D, Early Intervention, and Mental Health Systems. Most of the activities on their work plan focused on programs and practices to encourage family engagement or provide family education.

Judge Mark (Monroe County) provided strong leadership not only in Monroe County's IDTA process, but throughout the community as well.

***Recommendations*** – With the exception of Judge Mark convening CYS and A&D leadership, very little convening of the core team members in Monroe County was done outside of the monthly calls. There was good representation (CYS; A&D; MH; Early Intervention; Carbon, Monroe Pike Cos. D&A Commission; Catholic Social Services) on the monthly calls. While relationships and information sharing improved, more concrete accomplishments (e.g., judicial progress reports, implementing CAGE screening in CYS, standardizing referral information and releases of information) could have been achieved had the respective system leaders been more assertive in following through with tasks between monthly calls. Monroe County human services are organized in a parallel structure. The IDTA liaison was a CYS program manager, not the Administrator, and she did not have the authority to engage the A&D Administrator or other team members to follow through with tasks. The core team has agreed to meet after their quarterly County Human Services Directors meeting. The IDTA consultant

recommended to Judge Mark that the CYS Administrator take over convening of the core team, and that responsibility be rotated with the A&D Administrator.

## Venango

***Strengths*** – Venango Human Services is an integrated structure that is reorganizing into a phase of life model. The model will create multidisciplinary teams to work with families on multiple issues, in a collaborative format. The Venango Team was well represented and led by the Human Services Director. Local SUD treatment, county assessors, early intervention services, medical care, managed care and child welfare were all well represented on the core team.

The integrated model in Venango aided the efforts towards collaboration between child welfare and the SUD system. Through staff training, Venango saw a 121% increase of referrals from child welfare to SUD assessment services.

***Recommendations*** – Venango had a cohesive core team established prior to the IDTA initiative. The team had been working on mapping out local resources and shifting to a multi-disciplinary team model (described above). As a rural county, Venango was able to make quick strides in building relationships between its SUD and child welfare staff. While not formalized in protocol, the relationships will be cemented through the teaming structure in development in Venango.

To further capitalize on their teaming structure, Venango reincorporated the Child and Adolescent Service System Program (CASSP). The program provides intensive case collaboration for families involved with multiple systems. As Venango continues to advance to more collaborative, teaming structure across their Human Services division their work in IDTA will serve to keep substance use in the conversation. The substance use focus was further bolstered by the identification of a screening tool (UNCOPE) and their core team structure – which will continue monthly meetings to develop a process.

## General Recommendations

The IDTA consultants encouraged each of the county teams to engage their local hospitals and health care practitioners to discuss CAPTA notifications for pre-natal exposure and infants born with a physical dependence on opioids; and how to collaboratively address the increase in opioid disorders that are resulting in increases in overdoses and emergency room visits. The three areas the discussions could focus on are:

- Healthcare staff education on addiction and opioid use disorders,
- CAPTA notifications and PA laws for mandatory reporting, and
- How to make a referral or access publicly funded treatment services for their patients.

Recommendations were also made to implement a tracking system to track notifications to CYS from health care practitioners of substance-exposed infants, and how many substance exposed children (0-3) are referred for developmental assessments (Part C) and services.

The NCSACW closed their work with the DAWG and IDTA counties but they continue to be available for consultation to both. The DAWG has sent a request to our NCSACW liaison, Linda Carpenter, for technical assistance with our training curriculum and written guide for our in-state IDTA project.

**CONCLUSION:**

In the wake of an ever increasing heroin epidemic, child welfare and substance abuse systems are bursting at the seams; courts are packed with cases that are either driven by or impacted by the use and abuse of drugs and alcohol. Looking toward the futures of the children and families that are being served, it is necessary to ask, "Are we doing all that we can do, as a system and a society to provide substance abusing individuals the access, the treatment and the recovery support that will give them the best chance for success?" While it is likely resources will remain finite, how can the resources currently available be used to the best advantage and what non-monetary measures can be taken to identify those with substance use disorders early on and provide supports to them on their journey to recovery?

The Workgroup endeavors to help counties answer these questions by bringing them the best thinking of experts across the commonwealth. Substance abuse is a complex issue with many repercussions for families and communities. ***The Workgroup would like to specifically thank the eight Pennsylvania volunteer IDTA County Teams, judges and child welfare administrators for the extensive time, effort and work they contributed. Their efforts stand not only to beneiit their own counties but the larger system reform effort and, most important, children and families across the Commonwealth.***

During the next year, the Workgroup will continue to explore and develop recommendations and resources that will support counties in their struggle to stem the tide of addiction and its effects.

In addition to completing the Resource Guide and the training, the Workgroup will focus on issues critical to:

- Substance Exposed Infants/Neo-Natal Abstinence Syndrome
- Heroin Addiction
- Effect of Substance Use Disorder on Families and Children

**RECOMMENDATIONS:**

The Drug and Alcohol Workgroup respectfully submits to the Pennsylvania State Roundtable the following recommendations:

1. Create a Pennsylvania-specific process similar to the IDTA process.

2. Explore the possibility of having a session on substance abuse at the 2017 Summit that is led by an in-state expert and includes a panel from IDTA counties on the benefits of the process and how to replicate the process.

3. Create a video of D&A information to support the workgroup's training being developed that will standardize the material across all counties/regions. The video will address the needs of court/legal and child welfare professionals.