



# ***2017 State Roundtable Report Drug & Alcohol Workgroup***

# 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

Ron Ayler  
*Social Worker*  
Family Advocacy Unit  
Community Legal Services of Philadelphia

Kerry Houser  
*Supervisor*  
Adult Probation  
Cumberland County

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

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

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

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

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

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

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

Lori Mentzer  
Human Services Program Specialist  
Dept of Human Services  
Office of Mental Health & Substance Abuse Services

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

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

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

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

Kathleen Williamson, Esq.  
*Deputy County Solicitor*  
Dept. of Law/Children & Youth Services  
Lehigh 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 the 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-chairperson upon her retirement. 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 with 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. Now that the IDTA process is complete, issues which have been deferred will be comprehensively addressed and research and evidence-based practice recommendations for Pennsylvania will be developed.

In addition to examining the issues counties are facing with the opiate addiction epidemic and the accessibility and quality of services, the Workgroup continues to refine

the national IDTA program to a Pennsylvania specific process that can be replicated in counties that could not be part of the national program.

### **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 forward with 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.*

### **2016 PENNSYLVANIA STATE ROUNDTABLE:**

Recommendations made to and approved by the SRT in 2016 were:

- Create a Pennsylvania-specific process similar to the IDTA process.
  - ✓ *A Pennsylvania specific IDTA process is being created that mimics the process used by the National Center of Substance Abuse and Child*

*Welfare. It will be ready to test in volunteer counties in the fall with a kick-off training.*

- 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.
  - ✓ *The 2017 Children's Summit included a presentation on substance abuse by Ken Martz, Special Assistant to the Secretary of the Department of Drug and Alcohol Programs, an in-state expert on substance abuse. Following the presentation was a panel highlighting innovative practices in several counties.*
- 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.
  - ✓ *The storyboard for the video has been the main focus of the Workgroup and it is in the final stages of completion. Videotaping will be held this summer and training in Fall 2017.*

## **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. The Pennsylvania In Depth Technical Assistance (IDTA) process is the culmination of the Workgroup's efforts in this area.

### **Pennsylvania IDTA Process**

The Pennsylvania IDTA process mimics the process used by the National Center on Substance Abuse and Child Welfare. It collects together, on one team, the individuals in the county that can impact county change in the child welfare and drug and alcohol systems. This team works together to review current practices, identify gaps in practice and develop a plan for change. The plan will then be implemented by the county and assessed in a continuous quality improvement fashion. Workgroup members who have previously gone through the IDTA process will provide assistance, support, and encouragement to the volunteer/test counties.

Due to the intensity of support needed during this test phase, only two counties will be selected. Counties need to be in a general geographic proximity to one of the Workgroup volunteers who will work through the process with the test county. Similar to the national IDTA process, it is likely that the Workgroup member will need to visit the county two to three times in person with support via conference call at other times. As

such, the Workgroup will be doing a direct reach out to possible test counties. Counties will be identified by the end of May 2017 and a kick-off training event scheduled for some time in the fall of 2017.

It is anticipated that the test counties will have developed a plan of action and begin implementation prior to next State Roundtable. By that time the test counties' process, will be well underway, enabling the Workgroup to finalize the process and have the process and resources available for the 2018 State Roundtable.

### **Substance Abuse Video**

The Workgroup spent a majority of their time developing a storyboard for the video that will be used in the PA IDTA kick-off training event. Illustrating the need for collaboration and developing a common culture around substance abuse issues, the video is intended for a mixed audience of legal, treatment and child welfare professionals. The format of the video will be mainly a "talking head" structure, with experts identifying salient points regarding substance abuse. System professionals will set the stage for common values between the legal system, child welfare system, and the drug and alcohol system.

The video will underscore the importance of recognizing the impact of values and perceptions about substance abuse in the provision of services to families. Secondly, the video will identify the roles and responsibilities of various professionals encountered in child welfare cases involving substance abuse. Finally, strategies for collaborating and coordinating services will be illustrated.

It is anticipated that the video will be filmed over the summer and available for use in the training kick-off events in the fall of 2017. A copy of the video storyboard, providing further information on what is to be filmed, is attached.

A resource guide, in the final stages of development, will be part of the test phase of the PA IDTA process. It will be evaluated for content/usefulness and becoming a part of the resources of the process.

### **2017 Children's Summit Substance Abuse Session**

The 2017 Children's Summit was held in April. A session on substance abuse was included with Dr. Ken Martz, Special Assistant to the Secretary of the Department of Drug and Alcohol Programs, as a featured speaker.

Following Dr. Martz's presentation, a panel presented innovative practices in their counties around substance abuse. First, Lynne Rainey, Administrator of Bucks County CYS presented on their Mobile Engagement Services which include having a Drug and Alcohol staff person located in the CYS office and assessments that are mobile and go to the consumer instead of having the consumer come in for an appointment.

William Browning, Administrator of Lackawanna County DHS, detailed their process of team meeting as a way to engage the substance abusing parent involved with child welfare. Important to this process is their way of having service providers at the table to provide a “warm handoff” between the provider and the parent.

Lastly, Laurie O’Connor, Administrator of Montgomery County CYS, provided information on their Early Childhood Consortium that is poised to address the issue of neonatal abstinence syndrome and substance exposed infants. She shared the challenges they faced in developing the Consortium and the intended outcome of safe plans of care.

Information from all of the summit participants will be available on the Drug and Alcohol Workgroup’s webpage on the OCFC website at <http://www.ocfcpacourts.us/childrens-roundtable-initiative/state-roundtable-workgroupscommittees/drug-and-alcohol>.

## **CONCLUSION:**

The Workgroup believes that it has brought its best thinking and recommendations to the State Roundtable regarding culture change. While work will continue in the test phase of the PA IDTA process, the Workgroup would like the permission of the State Roundtable to turn their attention to the effect of substance use disorder on the family focusing on the parenting ability of a person under the influence of substances including those used in medication assisted treatment. Additionally, best practices regarding the non-substance abusing parent and children will be explored. Substance abuse effects all members of the family. Helping families touched by substance abuse grow stronger and function in healthy ways provides a good chance for successful outcomes for substance abusers and for the well-being of their children.

## **RECOMMENDATIONS:**

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

1. Test the Pennsylvania IDTA process in two volunteer counties.
2. Develop a resource for judges regarding things to consider when a parent is using substances, either because of a substance use disorder or as part of treatment.
3. Work jointly with the Trauma Workgroup to explore the intersection of substance use disorder and trauma.

Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)

**Assigned Roles**

**Project Coordinator:** Lynne Napoleon  
**Script Writer:** DAWG Education Committee  
**Content Consultants:** TBD  
**Video Designer:**  
**Voice Over:**

Video Brochure script:  
 Proposed soundtrack:  
 Proposed voiceover: Narrator

Shot	Audio	Video
a	<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Possible content: (need to edit down to most salient points)                             <ul style="list-style-type: none"> <li>○ According to the U.S. Department of Health and Human Services, the abuse of alcohol and drugs is a serious risk factor for child safety.</li> <li>○ Most states identify substance abuse as one of the top two factors in child abuse and neglect. (Child Welfare League of America) (from Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers U.S. Department of Health and Human Services <a href="http://www.samhsa.gov">www.samhsa.gov</a> )</li> <li>○ In PA during calendar year 2015, there were:</li> <li>○ A total of 7,966 valid general protective services reports as a result of parental substance abuse.</li> </ul> </li> </ul>	<p><b>Title Text 1:</b></p> <p><b>Visual:</b></p> <ul style="list-style-type: none"> <li>• <b>Talking Head</b></li> <li>• <b>Cutaway video (B roll) depicting content</b></li> </ul> <p><b>Text:</b></p> <ul style="list-style-type: none"> <li>• Corresponding text or graphs summarizing key points in narration</li> </ul>

Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)

	<ul style="list-style-type: none"> <li>○ Of these, 799 were specific to children under the age of one.</li> <li>○ Further analysis of this data shows that 301 were specific to children who presented with withdrawal symptoms from prenatal exposure, three were identified as having fetal alcohol spectrum disorder (FASD) and 495 were identified as being affected by illegal substance use by the mother.</li> <li>○ Additionally, during the same year, 169 reports of child abuse were substantiated noting that parental substance use was a contributing factor in the child's abuse. For substantiated abuse cases, this is not limited to prenatal substance exposure.</li> <li>○ Unfortunately, we've also seen child fatalities and near fatalities that have been caused by the use of substances. These devastating cases are closely reviewed to understand how they could have been prevented and what systems, services, communities, and families can do to protect children impacted by addiction.</li> <li>○ A thorough analysis of the data received is underway, and includes a close look at fatalities and near fatalities that resulted from co-sleeping while the parent or caregiver was under the influence of a substance, a child ingesting a substance that was accessible to them, a child being provided a substance, and any other circumstance in which the perpetrator was deemed to be under the influence at the time of the incident.</li> <li>○ Parental substance use, particularly drug use, is identified as the number one reason children enter out-of-home care in Pennsylvania. Based on placement data provided by county children and youth agencies, on March 31, 2016, approximately 16,000 children were in out-of-home care and of those children nearly 55 percent (8,819) were removed from their homes as a result of parental drug use. Further analysis of data specific to children entering out-of-home care as a result of parental drug use, suggests that 31 percent of those children had no other removal reason noted, while 25 percent also noted neglect and 14 percent noted inadequate housing as co-occurring reasons for removal.</li> <li>○ The data specific to placement trends for children under the age of one who enter care as a result of parental substance use continues to rise. Of the children in care on March 31, 2016, 16 percent of those in care as a result of parental substance use were under the age</li> </ul>	
--	--	--

**Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)**

	<p>of one. When looking solely at the reasons children under age one enter out-of-home care, 60 percent of children are removed as a result of parental substance use</p> <ul style="list-style-type: none"> <li>○ When looking at outcomes upon discharge from the foster care system between October 1, 2015 and March 31, 2016, 52 percent of all children in care return home discharged to reunification, compared to 43 percent who were removed for parental substance use. The average time spent in care for all children who discharged between October 1, 2015 and March 31, 2016 was 15.9 months. Those children whose removal reason(s) included parental drug abuse averaged 16.6 months in care before discharge.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Collaboration, is essential to improving the lives of and the provision of services to children and families affected by substance abuse</li> <li>○ However, challenges such as conflicting policies, segregated delivery of services, differential treatment, different perceptions and loyalties, biases, and lack of engagement of children and families all inhibit communication, creates barriers, and interfere with collaboration (Lee, Esaki, and Greene, 2009)</li> <li>○ Recognizing the existence of these challenges the Administrative Office of Pennsylvania Courts through its Pennsylvania State Roundtable convened the Drug and Alcohol Workgroup to examine the delivery of substance abuse services to children and families in Pennsylvania and sought the assistance of the National Center for Substance Abuse in Child Welfare (NCSACW)</li> <li>○ Eight diverse Pennsylvania counties participated in the NCSACW’s In-Depth Technical Assistance (IDTA) project whereby multi-disciplinary teams conducted an intense examination of their counties’ coordination of services to children and families affected by substance abuse and ultimately developed and implemented strategies to enhance their communication and improve their collaboration not only with each other, but with the children and families</li> <li>○ This video program was developed to share the insights of the workgroup and the professionals who participated in the IDTA and provide guidance to all professionals who</li> </ul>	<ul style="list-style-type: none"> <li>● Recognize the impact values and perceptions have on the effectiveness of services provided to children and families experiencing substance abuse</li> <li>● Distinguish the roles and responsibilities of the various professionals providing services to children and families experiencing substance abuse</li> <li>● Identify strategies for collaborating and coordinating the delivery services to children and families experiencing substance abuse</li> </ul>

**Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)**

	<p>seek to improve their collaboration with each other as well as the children and families they serve leading to effective collaboration and service delivery</p> <ul style="list-style-type: none"> <li>○ You can learn more about the IDTA process by xxxx</li> </ul> <p>Upon completion of this program you will be able to:</p> <ul style="list-style-type: none"> <li>○ Recognize the impact values and perceptions have on the effectiveness of services provided to children and families experiencing substance abuse</li> <li>○ Distinguish the roles and responsibilities of the various professionals providing services to children and families experiencing substance abuse</li> <li>○ Identify strategies for forming partnerships with other professionals and children and families to support the effective delivery of services to children and families experiencing substance abuse</li> </ul>	
<p>b</p>	<ul style="list-style-type: none"> <li>○ Let's start with considering the impact values and perceptions have on the effectiveness of services provided to children and families experiencing substance abuse:</li> <li>○ Have you ever said or thought the following:             <ul style="list-style-type: none"> <li>○ If they would put as much energy into their child as they did getting high they would be successful in parenting/caring for/reunifying with their child.</li> <li>○ They are just trading one drug for another. (related to methadone)</li> <li>○ They are not really in recovery; they are still getting a high from it.</li> <li>○ The visitation plans stipulates that they call 24 hours before their visit to confirm.</li> <li>○ Early assessment of a case with parental substance use/abuse: That case is going to TPR.</li> <li>○ They need to have three consecutive clean urines before increasing their visits.</li> </ul> </li> </ul>	<p><b>Visual:</b></p> <ul style="list-style-type: none"> <li>• Use different voices for statements</li> <li>• Still pictures of professionals</li> </ul> <p><b>Text:</b></p> <ul style="list-style-type: none"> <li>• Summary of corresponding text</li> </ul>

Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)

	<ul style="list-style-type: none"> <li>○ They have been getting high since for over ten years, they are not going to change now</li> <li>○ They have only been clean for (a week, a month, six months...)</li> <li>○ They care more about drugs than their child.</li> <li>○ You can't believe anything mom/dad says.</li> <li>○ Subject Matter expert(s) possibly nationally known who would appeal to all professional groups to challenge participants to critically think about these common statements which reflect biases related to:             <ul style="list-style-type: none"> <li>○ substance abuse</li> <li>○ disease model perspective</li> <li>○ children's v. parent's rights</li> <li>○ race, gender, culture etc,</li> </ul> </li> <li>○ Emphasizing:             <ul style="list-style-type: none"> <li>○ Any bias effects professionals' ability to engage clients/patients and our ability to effectively collaborate together</li> <li>○ The importance of non-judgmental, empathic, and cultural awareness and responsiveness in the delivery of services to children and families</li> <li>○ Importance of disease model approach to treatment and services v. punishment</li> <li>○ Importance of engaging the children and families in the collaboration the AFSA guidelines and timeliness of achieving permanency goals for children v. duration of effective substance abuse treatment</li> </ul> </li> </ul>	
c	<ul style="list-style-type: none"> <li>○ It's important to distinguish the roles and responsibilities of the various professionals providing services to children and families experiencing substance abuse</li> <li>○ To help us we are going to speak to representatives of some of the agencies involved in the treatment and provision of services to children and families in the child welfare</li> </ul>	<p><b>Visual:</b></p> <ul style="list-style-type: none"> <li>• Subject matter expert(s) from each professional group</li> </ul>

Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)

	<p>system experiencing substance abuse</p> <ul style="list-style-type: none"> <li>○ They are:             <ul style="list-style-type: none"> <li>○ Dept. of Human Services/Office of Children, Youth, and Families – Secretary Ted Dallas / Deputy Secretary Cathy Utz</li> <li>○ Dept. of Drug and Alcohol Programs – Secretay Gary Tennis</li> <li>○ Dept. of Health Secretary Karen Murphy</li> <li>○ OMHSAS Deputy Secretary Denis Marion</li> <li>○ Judicial system role and responsibilities Justice Baer</li> </ul> </li> <li>○ Possible content/questions:             <ul style="list-style-type: none"> <li>○ What do you see as your departments/agencies’ primary role in helping children and families?</li> <li>○ What would you say are the shared values you have with the other providers of services?</li> <li>○ How does your department’s rules and procedures such as confidentiality impact your collaboration with other providers?</li> <li>○ How do you few the role of the child and parent in the treatment and service process</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• (Ken Martz as SME for D &amp; A confidentiality)</li> </ul> <p><b>Text:</b></p> <ul style="list-style-type: none"> <li>• Summary of corresponding text</li> </ul>
<p>d</p>	<ul style="list-style-type: none"> <li>○ In their IDTA, Lackawanna and other counties identified strategies for forming partnerships to support the effective delivery of services to children and families experiencing substance abuse.</li> <li>○ Lackawanna enhanced its collaboration amongst service providers, children, and families through its family team conferencing format. Critical features of these family conference meeting are the inclusion of all relevant service providers, the families and children (when appropriate), and an approach that reinforces the disease model perspective, values the voice of the children and families, recognizes that time is of the essence to ensure the safety, permanence, and well-being of children, and promotes cultural awareness and</li> </ul>	<p><b>Visual:</b></p> <ul style="list-style-type: none"> <li>• Family conference meeting</li> <li>• Narrator with corresponding text emphasizing critical points</li> </ul> <ul style="list-style-type: none"> <li>• <b>Text:</b></li> </ul>

Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)

	<p>responsiveness</p> <ul style="list-style-type: none"> <li>○ In this depiction of a family team conference, Lackawanna team members will model the discussions, decisions, and actions that frequently occur in the course of a family team conference involving a family affected by substance abuse. The family members in this video are portrayed by professionals to protect their privacy. Names and identifying information has been changed.</li> <li>○ Lackawanna team to identify the scenario to include but not limited to the following parameters: <ul style="list-style-type: none"> <li>○ Child in placement</li> <li>○ Heroin and prescription drug abuse</li> <li>○ Decision making and action steps to include <ul style="list-style-type: none"> <li>▪ Parent child visitation</li> <li>▪ In-patient treatment</li> <li>▪ Housing issues</li> </ul> </li> <li>○ Participants to include: <ul style="list-style-type: none"> <li>▪ Facilitator</li> <li>▪ Family</li> <li>▪ SCA</li> <li>▪ Caseworker</li> <li>▪ FGDM Coordinator</li> <li>▪ Foster parents</li> <li>▪ Housing coordinator</li> <li>▪ Key professional representatives</li> </ul> </li> </ul> </li> </ul>	
--	--	--

Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)

	<ul style="list-style-type: none"> <li>○ Process:           <ul style="list-style-type: none"> <li>▪ Facilitator introduce self, emphasizing :               <ul style="list-style-type: none"> <li>• objectivity</li> <li>• disease model</li> <li>• ASFA timelines</li> </ul> </li> <li>▪ Participants introduce themselves and briefly describe their respective roles</li> <li>▪ Case worker presents results of assessments and identify areas of need :               <ul style="list-style-type: none"> <li>• Substance use</li> <li>• Visitation</li> <li>• Housing</li> </ul> </li> <li>▪ Facilitator leads discussion for each item</li> <li>▪ Decisions and action steps are identified for each area</li> <li>▪ Important inclusions:               <ul style="list-style-type: none"> <li>• Family voice</li> <li>• Bridging funding ie helping with payment until Medicaid eligibility</li> <li>• Dual diagnosis issues</li> <li>• Cultural awareness issue which is handled in a strength-based manner</li> <li>• Clear action plans</li> <li>• Plan to return to report on progress</li> </ul> </li> </ul> </li> </ul>	
--	--	--

Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)

	<ul style="list-style-type: none"> <li>• Effective and realistic collaboration with candid discussion regarding barriers such as confidentiality and with realistic strategies to overcome them</li> <li>• Possible need for waivers</li> <li>• Transportation to treatment</li> <li>• Family Service Plan is developed to include:             <ul style="list-style-type: none"> <li>○ Safety, permanency well-being</li> <li>○ Concurrent planning</li> <li>○ Linkages to services</li> <li>○ Holistic approach to treatment</li> <li>○ Anticipated outcomes and prognosis</li> </ul> </li> <li>▪ Use of accurate and relevant assessment and data to inform decision making</li> <li>▪ Candid discussion re different options and perspectives             <ul style="list-style-type: none"> <li>○ Which intervention comes first</li> <li>○ Mental health</li> <li>○ Substance Abuse</li> <li>○ Visitation v. Treatment</li> <li>○ Immigration documents / legal status</li> </ul> </li> </ul>	
e	<p>Summary and conclusion</p> <ul style="list-style-type: none"> <li>○ As was depicted in this simulated family group conferencing meeting, collaboration is more than networking or cooperation. It means forming an effective partnership.</li> </ul>	<p><b>Visual:</b></p> <ul style="list-style-type: none"> <li>• Narrator with corresponding text</li> </ul>

**Partnering to Provide Effective Services  
to Children and Families  
Experiencing Substance Abuse  
(working title)**

	<ul style="list-style-type: none"> <li>○ Collaboration is a mutually beneficial and well-defined relationship, entered into by two or more entities to achieve common goals</li> <li>○ An effective partnership among professionals with family members can support children and families with substance abuse conditions and preserve their relationships with their children</li> <li>○ This collaboration and partnership provides the opportunity to ensure the safety, permanency, and well-being of all children.</li> <li>○ When considering the development of these partnerships, ask yourself : :             <ul style="list-style-type: none"> <li>▪ Why should I partner with other professionals as well as with the children and families?</li> <li>▪ Why should these other professionals partner with me? (what do I have to offer)?</li> <li>▪ How do I partner with these other professionals?</li> <li>▪ What issues and services should be included in our collaboration?</li> <li>▪ What challenges such as confidentiality requirements hamper our collaboration with each other?</li> <li>▪ How can we increase the chances for a successful collaboration?</li> </ul> </li> </ul> <p>(above section is adapted from Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers U.S. Department of Health and Human Services <a href="http://www.samhsa.gov">www.samhsa.gov</a>, pg. 22)</p>	
✓		