



## **IN-DEPTH TECHNICAL ASSISTANCE PENNSYLVANIA ON-SITE MEETING**

**JUNE 18, 2015  
MECHANICSBURG, PA**

### ***LESSONS LEARNED, CHANGES MADE, FAMILIES SERVED***

#### **GOAL**

***To improve outcomes for Pennsylvania children and families affected by parental-caregiver substance use disorders who are at-risk of, or involved with, the child welfare system.***

#### **OBJECTIVES**

***To work initially with eight counties, representing each of the Children's Roundtable Regions to:***

- Identify gaps in and barriers to serving families with substance use disorders
- Identify and begin to implement effective strategies
- Improve collaboration across systems responsible for serving these families—especially child welfare, treatment and the courts

#### **PROCESS**

***NCSACW Change Leaders worked with each county to:***

- Gather data and identify missing data elements
- Conduct case reviews, analyze and report findings
- Complete a walk-through and identify gaps, barriers and opportunities
- Identify practices, policies and decisions (local and state) that could support or impede this work
- Support the selection and implementation of effective programs, strategies, tools
- Facilitate cross-system communication through bi-weekly or monthly calls with partners
- Probe...prod...ask the hard questions...hold everyone accountable for results

## PROGRESS REPORTS FROM IMPLEMENTATION COUNTIES

*Each IDTA Implementation County was asked to prepare a PowerPoint in response to the following:*

1. **Key Partners**
2. **Advancing Practice:** Describe how you are, or plan to advance practice in your county to better address the needs of child welfare involved families with substance use disorders (e.g. improved knowledge, new methods or tools, improved collaboration...)
3. **Accomplishments:** List 1-2 accomplishments to date and the key mechanisms that enabled you to accomplish these goals/objectives.)
4. **Challenges and Barriers:** Describe 2-3 major challenges or barriers you have faced. Are they ongoing, or have they been addressed/resolved? If so, how?
5. **Outcomes:** What led to these changes and what outcomes to expect to achieve as a result?
6. **Sustainability:** What do you need to sustain what you are now doing?
7. **Contact Information**



# ALLEGHENY COUNTY

## **PARTNERS**

- The Allegheny County Office of Children, Youth and Families (OCYF)
- The Allegheny County Office of Behavioral Health
- The Allegheny County Office of Data Analysis Research and Evaluation
- The Allegheny County Court of Common Pleas

## **ADVANCING PRACTICE**

As a result of the IDTA process we have:

- We decided to use a standardized early screening tool to increase the identification of problematic substance use earlier in CYF cases
- Enhanced family engagement strategy to include motivational interviewing
- Built stronger drug and alcohol service pathways for CYF clients
- Modified our data management system to streamline our assessment processes
- Improved intra and interagency collaboration

## **ACCOMPLISHMENTS**

To date we have:

- Devoted additional staff to focus on substance use service linkages (Hired Manager of Best Practice Integration)
- Selected a brief drug and alcohol screening tool, created the accompanying business process, chose a client engagement strategy, and submitted a request to modify our data management system
- Improved our working relationship with our drug and alcohol providers
- Released a Community of Practice Request for Information
- Mechanism for change: The overarching mechanism used to help us accomplish our goals was collaboration

## **CHALLENGES AND BARRIERS**

- Navigating the confidentiality and child welfare mandatory reporting laws has been a barrier to sharing drug and alcohol related information. We are in process of enhancing our staff's overall understanding of confidentiality laws as well as the provider's reporting responsibilities
- Creating partnerships is not instantaneous, they require time and effort. We are in the process of solidifying our partnerships; we anticipate this process will be ongoing
- We are a large county and system and have many different individuals engaged in the IDTA process. Creating effective communication strategies is a challenge that we are presently working through
- There is a history of fragmented practice and disconnectedness within certain segments of our system. We have made progress in integrating our systems and practice

## **OUTCOMES**

The IDTA process led to us to more thoroughly examine our data and reexamine our structure and practices. As a result, we have:

- Enhanced information sharing collaboration and coordination through the process
- Additional data inputs from both staff and provider and better opportunities to track, monitor rates of engagement and rate of completion
- Created closer partnerships between The Bureau of Drug and Alcohol Services, drug and alcohol treatment providers, The Office of Children, Youth and Families, and The County Court of Common Pleas

## **SUSTAINABILITY**

To ensure our work is sustainable in the intermediate and distant future we will:

- Focus on quality improvement, evaluation, and oversight of both CYF and drug and alcohol services
- Promote ongoing communication between system partners

## **LESSONS LEARNED**

- It is imperative to gain the full support and commitment of leadership
- Implementing system improvement efforts requires cross system collaboration
- Our assessment, referral, treatment pathway needed improvement
- Creating instructive, clearly articulated goals and objectives is necessary to improve practice and outcomes

## **CASE EXAMPLE**

- There was a tremendous amount of buy-in from the provider community as a result of our recently released Community of Practice (RFI)
- The IDTA process spurred improved interaction with our CYF specific providers; we are now in frequent communication and receive progress reports regularly

## **CONTACT INFORMATION**

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# CUMBERLAND COUNTY

## **PARTNERS**

- Cumberland County Children & Youth Services
- Cumberland-Perry Drug & Alcohol Commission
- Cumberland County Children's Roundtable
- Court
- Cumberland-Perry MH/IDD
- Alternative Behavior Consultants (parenting support services)
- Criminal Justice Planning & Intermediate Punishment Program
- RASE Project

## **ADVANCING PRACTICE**

- Specialized Substance Use Case Management/Resource Coordination
- Substance Use Disorder Treatment 30 Day Progress Report
- UNCOPE screening tool to include training on administration of tool
- Collaboration with Criminal Justice Planning & IP Program to improve substance use testing program
- CYS/court staff training to address cultural change to include an understanding of disease concept model of addiction and relapse
- Collaborative efforts with substance use service providers
- Ongoing monitoring and tracking of length of time to evaluation and treatment
  - Substance Use Disorder Treatment 30-Day Progress Report (separate handout)

## **ACCOMPLISHMENTS**

- Specialized Substance Use Case Management/Resource Coordination Program with Cumberland/Perry D&A Commission
- Actively engaged Core Team
  - PerformCare (managed care)
  - Substance use testing
- Recovery support
- "Warm hand-off" efforts & developing positive relationships with substance use service providers
- Educating Community Partners

## **CHALLENGES AND BARRIERS**

- Confidentiality (numerous releases of information... minimum 7 for active communication)
- Funding for treatment
- Cultural change
- Training for staff
- Increased responsibilities in conjunction with increased workloads

## **OUTCOMES**

- The implementation of the SUD Case Management/Resource Coordination Program is intended to assist families with receiving needed SUD services in a timely fashion
  - This effort will improve permanency outcomes for children
- The creation of the County Core Team has enhanced education and understanding amongst community partners

## **SUSTAINABILITY**

Need funding:

- To increase population of Specialized Substance Use Case Management/Resource Coordination (Needs Based Planning & Budget)
- For staff training (possible utilization of AOPC/OCFC mini-grant).

## **LESSONS LEARNED**

- Under-utilization of significant county/ community resources
- Empowering versus enabling
- Value of medication-assisted treatment combined with traditional treatment
- Substance use testing is snapshot of moment in time... testing is a piece of assessment

## **CASE EXAMPLE**

- Mother with significant health problems & father with private insurance

## **CONTACT INFORMATION**

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## LACKAWANNA COUNTY

### **PARTNERS**

- Lackawanna County Office of Youth and Family Services
- Lackawanna County Commissioners
- Lackawanna County Courts
- Community Care Behavioral Health (CCBH)
- Northeast Behavioral Health Care Consortium (NBHCC)
- Lackawanna County Drug and Alcohol
- Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program

### **ADVANCING PRACTICE**

- Management restructuring:
  - Team based supervision
- Agency cultural change:
  - Assessing and identifying substance abuse and its role within the family
  - Identifying strengths and needs of the family as a whole in order to link each individual within the family to the appropriate services
- Implementation of Recovery-Oriented Systems of Care (ROSC):
  - Embraces and promotes recovery from alcohol and other drugs (AOD) through a framework of coordinated multiple systems, services, and supports which are person-centered, self-directed and designed to meet the individual's needs and chosen pathway to recovery

### **ROSC FRAMEWORK**

- The system builds upon the strength and resiliency of individuals, families, and communities to take responsibility for their health, wellness, and recovery from substance use disorders in order to improve quality of life.
- To utilize non-clinical community-based resources to support recovery, early identification, engagement and sustention of the recovery process.
- Access to recovery services and support increases:
  - Successful treatment completion rates
  - Promotes early re-engagement for those who have relapsed
  - Provides pathways to recovery for individuals not in need of clinical treatment services
  - The system would provide ongoing recovery-based services throughout the lifespan

## **ACCOMPLISHMENTS**

- Motivational Interviewing training:
  - Motivational interviewing is a form of collaborative conversation for strengthening a person's own motivation and commitment to change.
- Referrals:

Identifying substance use in the initial case opening by developing and utilizing several referral methods for early intervention:

  - Family Team Conferences (FTC)
  - Drug and Alcohol collaboration
  - Assessment tools such as the FAST and the CANS

## **CHALLENGES AND BARRIERS**

- ROSC:
  - Expected resistance to change as people and institutions displayed concern about their roles, positions, and possible change in status
  - A year to successfully explain the culture change within the community system, which would require a change in infrastructure, regulations, and financing as well as conceptual and attitudinal shifts
- Data System:
  - The inability to collect, sort and interpret information due to a system that is unable to process it and perform simple tasks

## **OUTCOMES**

- Collaboration with partners
- Improved access to services for individuals and families within the family structure.
- Case planning partnerships
- Community outreach and education

## **SUSTAINABILITY**

- An effective data system:
  - Will enhance the ability to generate valid measures in order to assess the fidelity of programs and interventions
  - An effective system will help analyze and define what is happening, why it's happening, and eventually what will happen. This produces a fact-based understanding, which promotes an exemplary decision-making process
- Community Collaboration:
  - Will continue to transform policy, services and systems
  - A positive impact for the families served in improving family functioning and child safety, well being and permanency



## **LESSONS LEARNED**

- Data System:
  - The need of a new data system, which would be efficient and meet agency needs
- Case Reviews:
  - Developed an in-depth understanding of early intervention and what tools were needed for effective outcomes
- Communication:
  - The importance of transparency in order to understand what was happening within the family system and being able to identify and collaborate in case planning

## **CASE EXAMPLE**

- First case:
  - Information not shared
  - No collaboration among providers
- Second case:
  - Utilization of early assessment and intervention
  - Improved outcomes for the family

## **CONTACT INFORMATION**

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# LEHIGH COUNTY

## **PARTNERS**

- Lehigh County Office of Children & Youth
- Lehigh County Drug & Alcohol Abuse Services
- Lehigh County Juvenile Probation
- Lehigh County Dependency Court
- Lehigh County Children's Roundtable

## **ADVANCING PRACTICE**

- D&A Attendance at:
  - Pre Placement Meetings
  - Post Placement Meetings
- Safe Start Collaboration:
  - Mobile Assessment
  - Analysis of LOC recommendations, non-treatment needs & barriers to treatment
- Direct referrals for assessment regardless of funding source:
  - Includes tracking of client through treatment continuum
- Motivational Interviewing

## **ACCOMPLISHMENTS**

- Safe Start
  - Assessment to Intervention programming to linkage of treatment services
- Mobile Assessment Sites
- Greater emphasis on non-treatment (D&A) needs

## **CHALLENGES AND BARRIERS**

- Changing the culture of how OCYS and D&A services are viewed – both internally and externally.
- Funding – creative programs do not tend to “fit” established funding line items.

## **OUTCOMES**

These changes are based on the high number of OCYS involved families who are also involved with substance use and abuse. However, access to and engagement in D&A treatment services can be a difficult environment for a family or OCYS worker to navigate.

- The anticipated outcomes:
  - Increase in number of clients assessed
  - Increase in number of clients accessing treatment and continued engagement in treatment continuum
  - Increase in number of families remaining unified / lower out of home placement

## **SUSTAINABILITY**

- Flexibility of funding sources – not all needs can be defined in terms of case management, treatment, intervention, and prevention.
- Continued buy in from OCYS and D&A staff.

## **LESSONS LEARNED**

- There is an ongoing need to provide training to OCYS staff regarding D&A particularly to help agency staff with understanding the process of relapse and signs and symptoms that impact parents ability to manage care of the children in the home
- Partnerships are key to success and it is critical to maintain open communication with D&A staff engaging them in the OCYS systems meetings / case reviews wherever possible as they lend to greater understanding of D&A impact and can assist with recommending and easing access to treatment
- Consistent review of internal processes is necessary so as to address areas of need / assure systems collaboration and continue to strengthen partnerships

## **CONTACT INFORMATION**

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# LYCOMING COUNTY

## **PARTNERS**

- West Branch Drug and Alcohol
- Abuse Commission(SCA)
- Crossroads Counseling, Inc.
- Lycoming/Clinton MH/ID
- Lycoming County Courts

## **ADVANCING PRACTICES**

Lycoming County has been very active in advancing our practice including:

- Training staff on the importance of drug and alcohol screenings, assessments and referral for services
- Improving our partnerships and communication with substance abuse treatment providers
- Creating a referral process and form for substance abuse evaluations
- Initiating the use of the CAGE screening tool
- Developed a tracking database for referrals and outcomes

## **ACCOMPLISHMENTS**

- Lycoming County has developed a referral process for drug and alcohol evaluations at West Branch Drug and Alcohol Abuse Commission (SCA). This process has allowed for improved communication with providers, an increase in the number of referrals made as well as an increase in the number of assessments completed
- Lycoming County has also improved our partnerships with substance abuse treatment providers by conducting a survey regarding communication between agencies, attending quarterly substance abuse treatment provider meetings and using their knowledgeable staff to conduct trainings

## **CHALLENGES AND BARRIERS**

- Changing the culture of the Agency is a barrier that we continue to address with trainings and discussions on the effects of substance use and abuse on families. One strategy that has helped is providing statistical evidence of the effects of substance abuse on child welfare cases
- Communication between the Agency and treatment providers was an issue, but by conducting a communication survey and taking a more active role in collaboration, this has greatly improved

## **OUTCOMES**

- Lycoming County has more families receiving substance abuse assessments and treatment services currently than prior to the IDTA process
- We are tracking the families referred to services
- The Agency anticipates a decrease in future referrals to the child welfare system for substance abuse concerns for the families that complete treatment. This will lead to safer children and healthier families

## **SUSTAINABILITY**

- Lycoming County will need to maintain the established partnerships with treatment providers in the area
- Continue to educate our staff
- Continue collaboration with the drug and alcohol community
- Include the CAGE screening tool in every assessment

## **LESSONS LEARNED**

- When completing the drop down data, the Agency learned there was a lack of engagement and connection with drug and alcohol services from Agency personnel
- A small amount of effort goes a long way in developing partnerships with treatment providers and collaboration with the drug and alcohol community
- Families are very willing to sign releases to allow agencies to collaborate with one another

## **CASE EXAMPLE**

- Report received alleging heroin use by a mother of a teenage daughter
- Assessment worker engaged the family and found supportive relatives
- FGDM was held to help plan for inpatient treatment
- SCA assessed for and arranged the inpatient treatment
- Mother attended inpatient treatment while her daughter lived with a relative
- Upon successful completion of treatment, mother relapsed within 3 days
- FGDM was held again and mother presented to the meeting under the influence, she was taken directly to the SCA who secured another inpatient treatment placement for her to begin the very next day
- Mother successfully completed the second inpatient treatment program
- Mother is residing with a relative, is employed and looking for stable housing
- Her daughter remains living with the relative and plans are in place for her to return to her mother's home once certain goals are obtained

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# CLINTON COUNTY

## **PARTNERS**

- West Branch Drug & Alcohol Abuse Commission
- Advocates For A Drug Free Tomorrow
- Crossroads Counseling, Inc.
- Lycoming-Clinton Joinder Board Programs

## **ADVANCE PRACTICES**

Describe how you are, or plan to advance practice in your county to better address the needs of child welfare involved families with substance use disorders (e.g. improved knowledge, new methods or tools, improved collaboration...)

- Continue to maintain partnerships with Drug and Alcohol treatment and prevention services
- Provide training opportunities for staff to strengthen skills and tools available to provide the excellent service and case management
- Continue to participate in Advocates to maintain and build connections with additional community resources, allowing Clinton County Children and Youth Services to be aware of services available for our families
- Implement SUD screening tools to be used during the screening process

## **ACCOMPLISHMENTS**

Initiated a training series with Crossroads Counseling Inc. on a bi-monthly basis concerning families and SUD issues. Steps to this include:

- Discussions with staff and administrations concerning challenges and barriers in working with families with SUD issues to assess the areas of need for training.
- Communicating with Crossroads to expand training opportunities
- Explore training opportunities within the Child Welfare Resource Center concerning substance abuse and families
- Using the information from the first walk in process to evaluate our needs as a county
- Expand training options with Bureau of Drug and Alcohol Programs (BDAP)
- Use of the Cage and Craaft screening tools to be used during the intake and ongoing case process with families. Implementing the use of West Branch referral sheet for future referrals:
  - Conference calls with National Center of Substance Abuse and Child Welfare
  - Using file review data, created agenda for meetings with service providers to ensure correct information concerning referrals and families involved
  - Introducing the screening tool to staff 6/2/2015. Training on use of screening tool 6/9/2015. Begin use of screening tool during intakes and ongoing services 6/16/2015

- Attending Advocates for a Drug Free Tomorrow collaborative organizational group to work on prevention, education, and service coordination within Clinton County:
  - Children and youth representative attending monthly meetings
  - Representative forwards on information from the meeting that includes service options, community education events, prevention tools

### **CHALLENGES AND BARRIERS**

- Describe 2-3 major challenges or barriers you have faced. Are they ongoing, or have they been addressed/resolved? If so, how?
- Coordinating schedules to meet with some partnerships on a regular basis. Strengthening the relationship with West Branch for referrals and follow up for recommendations
- Keep the awareness and momentum going. There is not a “quick fix” to this process. Making sure we maintain continued meetings and contact by various means, i.e., scheduled meetings, emails, conference calls, and sharing responsibilities involved with creating
- The process of implementing screening tools during the intake process that can often be an extensive process

### **OUTCOMES**

- What led to these changes and what outcomes to expect to achieve as a result?
- Significant increase in families with substance abuse related concerns becoming involved with the Child Welfare system
- The need to improve on assessing needs and services to families that were slipping through the cracks of the system
- The changes being implemented (i.e. screening tool, referral form, training, bi-monthly case reviews with service providers) because we felt that they were the most effective and practice to begin the change in the culture of Children and Youth and to sustain it

### **SUSTAINABILITY**

- What do you need to sustain what you are now doing?
- The buy-in to the changes and need for continued collaborative work
- Ongoing training about assessment, early intervention, and prevention work with families with substance abuse issues
- Continue to remember the reasons were are working on making expanding partnerships and creating change:
- To strengthen families with substance abuse issues with effective supports that will assist them in working together to stay together



## **LESSONS LEARNED**

- Individuals and families both are affected by substance abuse
- There is a significant increase in families referred to Child Welfare services in Clinton County that are directly connected to SUD issues in the past 5-6 years
- There are frustrations and challenges experienced by Child Welfare staff in providing services to families with SUD issues mostly related to the chronic nature of the disease symptoms that are related to the presence or lack of safety and well-being for the children
- The realization that while over the last 5 years there have been more discussions concerning substance abuse and families, we understand the need to do more and the IDTA process has helped to provide further direction
- Collaboration has been welcomed by the SUD treatment and prevention community and there has been more progress together than separately addressing the issues in Clinton County

## **CASE EXAMPLE**

- Mother is a 26-year-old single, White female with a 3-year-old daughter
- Case has been open with Children and Youth since 6/26/2014; mother has had 5 intakes prior to the case being opened
- Mother was on ARD program through probation for theft charge. During ARD process, she tested positive for opiates. She admitted drug of choice were prescription pills
- 1-3 months into ARD program, there was a raid at her home. Drug paraphilia and drugs were found in the home. Mother went to jail as a result
- Children and Youth were notified and obtained custody of the 3-year-old daughter. The child was placed with maternal great-grandparents and licensed under kinship care
- Mom was incarcerated for 1 week prior to being approved to go to a rehab facility
- Mother's attorney advocated for mother to attend treatment due to charges being related to drug use and being non-violent offences
- Judge made the decision to approve mother to attend a rehab
- Mother stayed at the Rehab Center for 30 then stepped down in treatment to recovery house
- She returned home to her grandparents, where her child continued to reside
- Mother got pregnant within 1 month of returning home and is due in September
- Mother is attending outpatient counseling 2 times per week and has relapsed once. She was initially sporadic with Narcotics Anonymous Meetings prior to being open to gaining support through faith-based community
- She attends church 1-2 times per week and has reported supports have been available to help with housing and emotional support
- Mother has obtained her own transportation, is currently working 30-35 hours a week, and looking for housing

- Caseworker is able to follow on the mom's progress in treatment during bi-monthly meetings
- Caseworker and mom also have rapport that demonstrates a constructive exchange and acknowledges strengths and achievements
- Caseworker notes that she considers the progress made by mother to be substantial

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**Denise Feger**

# MONROE COUNTY

## **PARTNERS**

- Monroe County Children & Youth Services
- Carbon/Monroe/Pike Mental Health/Developmental Services
- Carbon/Monroe/Pike Early Intervention
- Carbon/Monroe/Pike Drug & Alcohol Commission
- Catholic Social Services
- Community Care Behavioral Health Organization
- Monroe County Court of Common Pleas, The Honorable Judge Jonathan Mark

## **ADVANCING PRACTICE**

Participation in the IDTA has strengthened existing collaboration between agencies in Monroe County.

- Cross Training for agencies is being pursued to enhance services offered to our mutual clients.
- Information sharing is improving across agencies.
- Each agency gained increased understanding of the practices of other agencies.
- The Monroe Team is working toward the development of a standard written progress report for all county D&A treatment providers to utilize for judicial reviews.
- Most activities on our work plan focus upon programs and practices to encourage family engagement or provide family education.
- In April 2015, MCCYS staff participated in a drug awareness training provided by SARPD. This training focused upon what drugs are prevalent in the community, and educated front line staff on indicators of drug activity when in the field.
- A D&A Summit is being planned for October 2015; we hope to secure Bruce Schaffer to provide a presentation during this summit.

## **ACCOMPLISHMENTS**

- Family Engagement: Catholic Social Services is in the process of hiring a recovery specialist to engage parents that are hesitant, resistant, or unwilling to participate in assessment for D&A treatment services.
- Client Engagement: CAGE screening questions have been circulated to MCCYS staff as a quick tool to initiate discussion regarding substance use with clients while in the field.
- Family Support: Early Intervention is providing an informational session to MCCYS workers at the agency all- staff meeting on June 9, 2015.
- Family Education regarding substance use disorders is being provided by a local family support group: Families Helping Families.

## **CHANGES AND BARRIERS**

- Implementing cross-system training & information sessions has been challenging. The key to resolving this challenge is to maintain open communication with all partner agencies when training or information sessions are being scheduled or must be rescheduled.
- Data tracking across systems remains a barrier to evaluating the impact of the IDTA on practice, as each system maintains different data sets.
- Inadequate funding for drug and alcohol prevents the SCA from providing the appropriate full continuum of care and appropriate lengths of stay for drug and alcohol affected individuals.
- The inability to secure qualified drug and alcohol staff is identified as a challenge; therefore, the need for workforce development is essential.

## **OUTCOMES**

- Community Night was presented to the public on June 4, 2015, to inform Monroe County residents about services available within our community. Attendance at the event is estimated at 350-400 people.
- Motivational Interviewing training is being offered on June 15 2015.
- The CAGE screening tool has been circulated to MCCYS staff to initiate discussion with clients while in the field regarding D&A concerns.
- Families Helping Families is gaining momentum in Monroe County, providing family education & support regarding substance use disorders

## **SUSTAINABILITY**

- Sustainability requires ongoing communication, commitment, and evaluation by a core group of individuals from each discipline that continue to meet on at least a quarterly basis to discuss any issues and opportunities for continued growth.
- When making systemic changes it is important for there to be follow up to assess the efficacy of those changes and examine how these changes become part of the regular day-to-day process.
- The CMP Early Intervention Program needs to continually seek to address concerns of families regarding the development of infants and toddlers. Utilizing Child Find activities and providing education to individuals working in the field with families on a regular basis is very important.
- Data collection and analysis of the data is important for us to gauge our continued effectiveness in reaching and providing the services to families in need of them.
- Workforce development is essential to overcome the challenge of hiring & retaining qualified staff.

## **LESSONS LEARNED**

- The biggest lesson this process has highlighted is that we cannot assume that we know what other systems do and how they do it.
- We all need to be open to how we can continually grow and improve the services we provide by collaboratively working together to overcome obstacles we encounter.
- Each group/agency has a vested interest in assisting individuals and families with overcoming substance abuse.
- It truly seems that synergy has taken effect, in that; the whole is greater than the sum of the parts.
- Collaborative efforts can greatly enhance the efforts of individual entities in their knowledge base, time, and energy expended, and depth of perception.

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# VENANGO COUNTY

## **PARTNERS**

- Venango County Human Services
  - Children, Youth and Family Services
  - Substance Abuse Program
  - Mental Health/Developmental Services
- Venango County Courts
- Family Service and Children's Aid Society
- Community Services of Venango County
- Value Behavioral Health of Pennsylvania

## **ADVANCING PRACTICE**

- The UNCOPE Screening Tool will be implemented to better identify CW families with substance abuse issues.
- The Substance Use Indicators Checklist provided by the National Center will be used in conjunction with the UNCOPE.
- Continued use of the Child & Adolescent Service System Program (CASSP) and Special Case Reviews.
- Continue to provide staff with opportunities to increase their knowledge of SUDs by utilizing DDAP Onsite Trainings.

## **ACCOMPLISHMENTS**

- On March 9, 2015 the CASSP (Child & Adolescent Service System Program) and Special Case Reviews were re-launched in Venango County with the purpose of increasing collaboration and planning efforts for complex cases that are involved in 2 or more service systems
- Met with providers and county agencies to discuss releases to make sure proper ones were being utilized to better serve our families and to ensure timely access to treatment
- Recent DDAP Onsite Trainings provided to CW staff included "Adolescent Drug Abuse" and "Exploring Current Drug Trends." "Confidentiality," "Motivational Interviewing," and "PTSD and Addiction" are scheduled for July

## **CHANGES AND BARRIERS**

- Communication and collaboration between CW and Substance Abuse has improved greatly since the implementation of IDTA. However, one particular challenge moving forward will be continuing these relationships with staff changes.
- Confidentiality laws and regulations continue to be a barrier to communication and collaboration.

**OUTCOMES**

- The number of referrals made by CW to Venango County Substance Abuse Program for Level of Care Assessments has increased by 121% since the start of the IDTA process
- Increased communication and collaboration between the departments can be attributed to this change

**SUSTAINABILITY**

- Continued collaboration and communication
- Ongoing training
- Systems education
- Staff retention
- Staff buy-in

**LESSONS LEARNED**

- Communication between departments and treatment providers is very important to achieving positive outcomes for families.
- Additional training on SUDs was identified as a need in our county for caseworkers.
- Caseworkers need more knowledge regarding Medication Assisted Treatment.
- Collaboration has been welcomed by all involved partners during this process.

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