

## **Michigan Substance Abuse/Child Welfare Protocol for Screening, Assessment, Family Engagement, Retention and Recovery**

Kellogg Center  
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## **Workshop Objectives**

- The Problem
  - Substance Abuse/Child Welfare State Team
  - Child Welfare
  - Substance Abuse
  - SAFERR Protocol
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## Substance Abuse Problem

- National research has shown that 40 to 80% of parents with children in the child welfare system have substance abuse related problems serious enough to affect parenting of their children.
  - That means for Michigan, if we use the number of substantiated reports for 2002, there were about 10,300 parents involved in the child welfare system that had substance abuse problems.
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## The Four Clocks\*

- **Child's development**
- **TANF**
- **Recovery**
- **ASFA**
  - **Permanency Hearing 12 months after removal**
  - **15 of last 22 months in foster care requires TPR, unless there is a compelling reason**

\*Young, N.K., Gardner, S.L. & Dennis, K. (1998) *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy*. Washington, D.C.: Child Welfare League of America

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## **Substance Abuse/Child Welfare State Team**

- Began meeting March 2000 following a six month task force
  - Purpose: to work toward achieving priority outcomes.
  - Team consists of MDCH/MHSA/Bureau of Substance Abuse and Addiction Services, MDCH/Mental Health, DHS, SCAO and private agencies.
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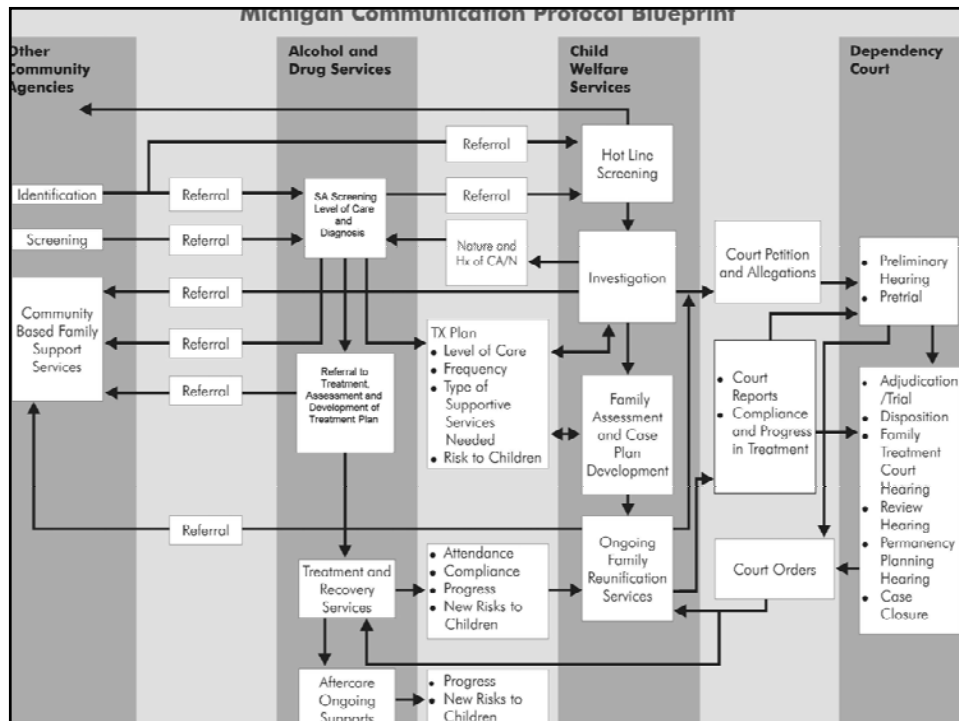
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## **NCSACW TA Application**

- The National Center on Substance Abuse and Child Welfare solicited for applications for intensive TA Spring 2003
  - The State Team submitted an application and was selected as one of four states to receive the TA
  - The purpose of the TA was to complete and implement a strategic plan
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## Products from TA:

- Develop and disseminate a communications protocol between substance abuse, child welfare, and the judicial system partners.
- SAFERR: Screening, Assessment & Referral for Family Engagement, Retention & Recovery





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## Current Strategic Plan

- Cross-system training
  - Data collection and sharing
  - Native American Liaison
  - SAFERR Protocol
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## Strategic Plan Status

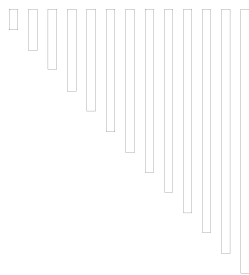
- SAFERR completed, printed and ready for training
  - Community Forums to address Cross-system training
  - Held a Native American Technical Assistance day for collaboration between tribes and state agencies
  - Data collection and sharing has been a challenge due to non-compatible data systems
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## Goals for the future

- Ensure that efforts result in systemic long-term change
  - The State Team is developing a series of products that can be used by any community to create a collaboration. It is important to get visibility for all the products and to push toward implementation where possible.
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## Child Welfare Perspective

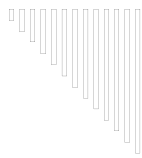
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## Why Are Substance Abuse Services Important to Child Welfare?

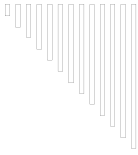
- National Perspective
  - Children's Protective Services Michigan
    - Investigations
    - Removals
  - Foster Care Michigan
    - Identified Needs
    - Services
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## Federal/State Requirements

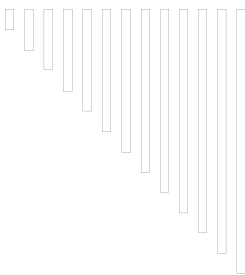
- Child Abuse Prevention and Treatment Act
  - Adoption and Safe Families Act
  - Michigan's Child Protection Law
  - Methamphetamine Protocol
  - Drug Endangered Children Protocol
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## How We Respond

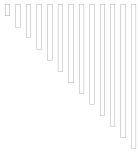
- Assessments and Screening
    - Safety
    - Risk
  - Child and Family Needs and Strengths
  - Initial Services Plan (ISP)/Updated Services Plan (USP)
  - Reunification Plan/Permanency Plan
  - Parental and Child Substance Abuse Services
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## Substance Abuse

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## Substance Use is a Complex Issue

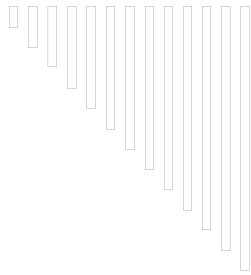
- 70% of women in drug treatment report histories of physical and sexual abuse. Onset before age 11 and occurring repeatedly.
  - 32% of women who became pregnant before reaching 18 had a history of rape or incest.
  - Women with histories of PTSD are 17 times more likely to abuse drugs.
  - Addicted women are more likely to be victimized.
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## Binsfeld Legislation

- Executive Order 1995-12 created the Binsfeld Children's Commission.
  - Theme: Safety, permanency and child and family well-being
  - Section 6232 of Public Act 368 changed to add a priority position for parents whose children have been removed or were in danger of being removed.
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Women have  
treatment needs that  
are different than  
men...

***... So treatment must be  
tailored to their needs.***

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## Parenting Issues

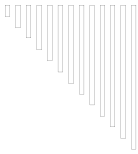
- Family and maternal characteristics**
  - Child care issues**
  - Care giving**
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## Specialized treatment

- Mental Health
  - Vocational
  - Parenting
  - Life skills
  - Self-esteem
  - Housing
  - Trauma recovery
  - Physical health
  - Transportation
  - Child care
  - Intensive case management
  - Recovery Supports
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## When women receive this comprehensive level of care, they:

- Improve parenting skills (including knowledge of growth and development, nutrition, safety, and positive discipline)
  - Use fewer or no drugs,
  - Have no involvement with the criminal justice system
  - Are employed
  - Have their children living with them or are reunited with their children,
  - Receive counseling separately and with their children, and
  - Participate in ongoing peer support groups.
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## Relapse & Relapse Prevention

- More than 26,749 women in Michigan accessed treatment last year (FY 2009).
  - Relapse occurs when an individual is unable to cope with life without drugs or alcohol.
  - Research has shown that women are less likely to relapse if they are able to engage intensely in therapy. (NIDA, 1998)
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## Critical Role of Values and Shared Principles

### ***Issues to Address***

- \* Who is the client – parent, child, family?
  - \* Can AOD users/abusers/addicts/alcoholics be effective parents?
  - \* What is the goal – recovery, child safety, family preservation, economic self-sufficiency, meeting statutory timelines for permanency?
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## Critical Role of Values and Shared Principles in SA/CW

### *How to Address these Issues*

- \* Use tools such as the Collaborative Values Inventory to uncover an agency or department's underlying issues and develop common principles for working across systems (SAFERR Appendix 1)
  - \* Ensure conversation happens at policy, supervisory and front-line levels
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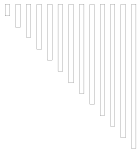


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## Collaborative Values Inventory

What Do We Believe about Alcohol and Drugs, Services to Children and Families and Family Courts?

- Assesses how much a group shares ideas about values that underlie its work
  - Helps bring to the surface issues that may not be raised if collaborative work begins with emphasis on programs and operational issues
  - Facilitates discussion around areas of common agreement and divergent views
  - Supports work toward consensus on principles as basis of state or local priorities for implementing practice and policies changes
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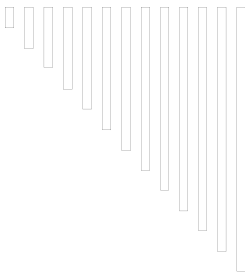


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## **Collaborative Capacity Instrument**

### **Reviews and Assesses the Status of Linkages Across SUD and CWS Agencies and Family Courts**

- Self-assessment for Substance Use Disorder and Child Welfare Service agencies and Family courts preparing to work together or who are seeking to move to a new level of cooperation
  - Designed to elicit discussion among and within both sets of agencies and the court
  - SAFERR Appendix V
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## **SAFERR Protocol**

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**Q: Why work to build collaborative policies, programs and relationships?**

- Better outcomes for families – ability to respond to a broader range of needs
  - Better use of scarce resources
  - No one system has the skills, training or time to respond comprehensively to whole family's needs
  - Collectively, multiple systems possess much greater knowledge about families
  - Collectively, multiple systems have a wider range of service and response options
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***More benefits of collaboration ...***

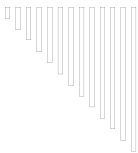
- With assistance from other systems, child welfare will be better able to address CFSR deficiencies and Program Improvement Plan strategies
  - Better address new CAPTA requirements for substance exposed newborns
  - Teamwork brings a wealth of perspectives and strengths
  - Multidisciplinary casework is better able to assess the needs and strengths of families
  - Result: Together we can help families recover and stay together
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**Q: What should we consider in getting started?**

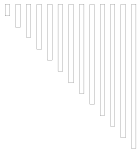
- How many families involved with child welfare have substance use disorders impacting placement or child safety and risk decisions?
  - How many substance abuse treatment clients have children who may be at risk of abuse or neglect?
  - In times of tight budgets, retrenching and planning for the future is a great use of time
  - Even if there is no new money, what can we do differently without new money?
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**A fundamental reciprocity is a challenge for the three systems**

- Child welfare needs to pay more attention to family substance use and its contributions to child safety and risk
  - Treatment agencies need to have a better understanding of child maltreatment and the impact of parental substance use on children
  - Family Court needs to support treatment and child welfare goals in substance abusing families
  - CW and SUD services, as well as family court need to share information for informed decision-making
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## **Key Barriers between Substance Abuse, Child Welfare, and The Courts**

- Competing Priorities
  - Treatment Gap
  - Information Systems
  - Staff Knowledge and Skills
  - Lack of Communication
  - Beliefs and Values
  - Different Mandates
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## **SAFERR**

The SAFERR is Michigan's current practice and key factors and processes for child welfare, substance use disorder services and Family Court systems to improve

- ★ Screening and Assessment
  - ★ Family Engagement
  - ★ Retention and Recovery
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## *The SAFERR*

- Provides a set of principles, standards and behaviors to guide daily practice.
  - Serves as a tool to improve practice and enhance collaboration between the substance abuse treatment system, the child welfare system and the family court system
  - Addresses the interactions that the Substance Abuse/Child Welfare State Team identified as most important to the provision of effective services to vulnerable children and families with substance abuse involvement
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## Seven areas included in SAFERR

Each section includes a table of “practice elements” with specific recommendations for the child welfare system, substance use disorder services and the family court.

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## The Seven Areas are:

- Collaborating for Success
  - Developing and Implementing Collaboration
  - Family Drug Court Principles
  - Screening: Presence and Immediacy
  - Assessment: Nature and Extent
  - Engagement and Retention
  - Transition Planning, Aftercare and Recovery Services
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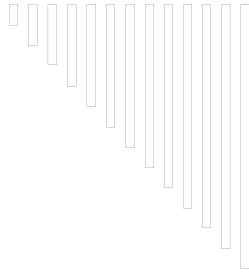


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## SAFERR Completed!

Reviewed and approved by DHS, DCH &  
SCAO  
Printed December 2009  
Planning for implementation and  
disbursement to each field of practice  
Linking to CWS and SUD policies  
Training

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Questions?

***Comments?***

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  - NCSACW – [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)
  
  - If interested in joining Michigan SA/CW  
State Team, please contact Angie
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# Michigan Communication Protocol Blueprint

