Implementing a Family-Centered Approach for Families Affected by Substance Use Disorders and Involved with Child Welfare Services

National Association for Alcoholism and Drug Abuse Counselors (NAADAC) 2022 Annual Conference | October 7 - 12, 2022

Brian Southworth | Senior Program Associate, National Center on Substance Abuse and Child Welfare
Jennifer Foley | Senior Program Associate, National Center on Substance Abuse and Child Welfare
Natasha Marvin | Program Associate, National Center on Substance Abuse and Child Welfare

Acknowledgment

This presentation is supported by contract number 75S20422C00001 from the Children’s Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).

https://ncsacw.acf.hhs.gov | ncsacw@cffutures.org

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Learning Objectives

Participants will:

1. Learn about the essential ingredients required to successfully implement a family-centered approach;

2. Obtain practical strategies, lessons, and considerations from family-centered practitioners who have successfully implemented a family-centered approach;

3. Gain an understanding of the collaborative efforts and policy-level activities needed to implement and sustain a family-centered approach.

Better Together: Weaving Practice and Policy to Improve Outcomes for All Families

#bettertogether
Family-Centered Approach Modules

Module 1
Overview of a Family-Centered Approach and Its Effectiveness

Module 2
On the Ground—Family-Centered Practice

Module 3
Collaboration To Support Family-Centered Practices at the County and State Level

Module 1
What’s Inside?

- An overview of a family-centered treatment approach
- The benefits of a family-centered treatment approach and research on its effectiveness
- A series of steps that communities can take to implement a family-centered approach

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Defining Family

A family-centered approach recognizes that family is defined by the individual receiving services.

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

Who Do We Mean When We Say “Family”?

- Multiple generations and households
- Immediate or nuclear family members (e.g., children and other parent)
- Extended family members (e.g., aunts, uncles, cousins, stepparents, grandparents)
- Individuals who play a significant role but are not related by blood or marriage
- Resource families and other supports

Every Person Defines “Family” Differently
**Family-Centered Approach**

Recognizes that addiction is a **brain disease** that affects the entire **family**, and that recovery and well-being occurs **in the context of the family**.

Provides a comprehensive array of clinical treatment and related support services that meet the needs of **each member in the family**, not only the individual requesting care.

Extends well beyond the substance use disorder (SUD) treatment system, the child welfare system, the courts, and mental health services, and includes **all other agencies and individuals** that interact with and serve families.

*(Adams, 2016; Bruns et al., 2012; Children and Family Futures et al., 2020)*

---

**Essential Ingredients of a Family-Centered Approach**

*(National Center on Substance Abuse and Child Welfare, 2021)*
Family-Centered Approach for Families
Affected by Substance Use Disorders

Presented by: Brian Southworth, MSW,
Natasha Marvin, MS, and Jennifer Foley, BS,
CADC

Continuum of Family-Based Treatment Services

<table>
<thead>
<tr>
<th>Parent’s Treatment with Family Involvement</th>
<th>Parent’s Treatment with Children Present</th>
<th>Parent’s and Children’s Services</th>
<th>Family Services</th>
<th>Family-Centered Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services for parent(s) with substance use disorders. Treatment plan includes family issues, family involvement.</td>
<td>Children accompany parent(s) to treatment. Children participate in childcare but receive no therapeutic services. Only parent(s) have treatment plans.</td>
<td>Children accompany parent(s) to treatment. Parent(s) and attending children have treatment plans and receive appropriate services.</td>
<td></td>
<td>Each family member has a treatment plan and receives individual and family services.</td>
</tr>
<tr>
<td>Goal: improved outcomes for parent(s)</td>
<td>Goal: improved outcomes for parent(s)</td>
<td>Goals: improved outcomes for parent(s) and children, better parenting</td>
<td>Goals: improved outcomes for parent(s) and children, better parenting</td>
<td>Goals: improved outcomes for parent(s), children, and other family members; better parenting and family functioning</td>
</tr>
</tbody>
</table>

(Werner et al., 2007; Substance Abuse and Mental Health Services Administration, 2009)
Essential Ingredients of a Family-Centered Approach

- Collaborative Partnerships
- Adequate and Flexible Funding
- Performance Monitoring
- Intensive and Coordinated Case Management
- High-Quality Substance Use Disorder Treatment
- Comprehensive Service Array

Governance Practices
Clinical Practices

Collaborative Partnerships
Foundation to support the development of a comprehensive, community-based, family-centered approach

Adequate and Flexible Funding
New and flexible funding required for implementation of innovative services

Performance Monitoring
Process for regular performance monitoring and ongoing quality improvement

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Family-Centered Approach for Families Affected by Substance Use Disorders

**Essential Ingredients of a Family-Centered Approach**

**Intensive and Coordinated Case Management**
Ensures that partners can address the multiple and complex needs of adults, children, and multigenerational households affected by SUDs.

**High-Quality Substance Use Disorder Treatment**
Evidence-based, gender-specific and trauma-informed models to deliver therapeutic services and aftercare support.

**Comprehensive Service Array**
Access to services that address the needs of children and adults and that support and strengthen the family.

The cultural influences of race, ethnicity, religion, geography, and customs are considerations that are prioritized when implementing a family-centered approach. These differences contribute to regional variations.

Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in recovery, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Retention and completion of comprehensive substance use treatment have been found to be the strongest predictors of reunification with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2011).

Women who participated in programs that included a “high” level of family and children’s services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services (Grella, Hser, & Yang, 2006).

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
In families where safety and risk have been identified, how can a family-centered approach be applied to address the SUD treatment needs of parents while balancing the safety concerns for children?

Module 2
What’s Inside?

- A summary of the family-centered approach ingredients
- Various practice examples and strategies from family-centered practitioners
Family-Centered Approach for Families Affected by Substance Use Disorders

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC

Collaborative Partnerships

- Conduct community assessments
- Place co-located or out-stationed treatment staff
- Promote active community outreach and involvement
- Integrate peer support specialists and family members as partners

Adequate and Flexible Funding

- **Apply**: Grant money and demonstration projects to launch a family-centered approach
- **Engage**: State partners early in the planning for a family-centered approach
- **Use**: Braided/blended funding to deliver a family-centered approach
- **Market**: The improved outcomes of a family-centered approach to make the case for sustained funding
Perspectives from the Field

“We did some cost analysis that says if you do family-centered care, in the long run, you’re going to save your community, taxpayers, money, etc. One of the huge obstacles is money . . . how you pay for [a family-centered approach].”

Performance Monitoring

<table>
<thead>
<tr>
<th>Track</th>
<th>Identify</th>
<th>Monitor</th>
<th>Engage</th>
<th>Use</th>
<th>Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs and outcomes associated with family-centered treatment including what families are being served</td>
<td>Disproportionate access and gaps in services and strengthen the program and services provided</td>
<td>Fidelity to a model</td>
<td>Collaborative partners</td>
<td>Data for continuous quality improvement</td>
<td>Outcomes to obtain funding</td>
</tr>
</tbody>
</table>
Family-Centered Approach for Families Affected by Substance Use Disorders

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC

Perspectives from the Field

“You have to have community leaders that are willing to **take a risk to do things differently**. That comes from educating themselves, then sharing that education with those in the community and then finding money to make it happen.”

Perspectives from the Field

“We're always going out there and telling anybody who will listen about what we do, how we do it, and hear our outcomes. **To get people to sustain you, you've got to have outcomes.** You've got to have data. You've got to be able to show your data and have somebody **tell their story**, which is always very powerful.”
Intensive and Coordinated Case Management

No single agency can do this alone
Diverse partnerships to meet multiple and complex needs of the whole family
Well-trained teams built on trust and accountability
Strong, supportive hand-offs for families
Information sharing and communication

Perspectives from the Field

“The changes we had to make included attempting to develop a universal release of information to have all the participating organizations wrapped around the family unit. We also had to adapt to other organizational cultures to form a family team culture…We also had to continue to develop procedures for sharing information between the different organizations providing the services.”
High-Quality Substance Use Disorder (SUD) Treatment

**SAMHSA's Five Elements for Quality Treatment**
- Accreditation
- Medication
- Evidence-based practices
- Family-centered
- Recovery supports

**Expanded Elements for a Family-Centered Approach**
- Trauma-informed and trauma-responsive
- Quick access to SUD services
- Gender-specific
- Includes children
- Ongoing training for staff

Comprehensive Service Array

**High-quality SUD treatment**

**Parenting support and education**

**Fathering program**

**Family relationships**

**Child/adolescent screening and assessment**

**Child/adolescent-specific services**

**Early care and education**

**Mental health treatment**

**Medical services**

**Comprehensive case management**

**Vocation and education services**

**Housing support**

**Peer support specialists/family mentors**

**Transportation**

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Prevention and Family Recovery

The Prevention and Family Recovery (PFR) initiative seeks to demonstrate how a comprehensive family-centered FTC approach—grounded in effective cross-systems collaboration and evidence-based practices—improves child, parent and family outcomes, particularly in the areas of child abuse and neglect, reunification and parent-child relationships.

The Prevention and Family Recovery initiative is generously supported by: The Doris Duke Charitable Foundation and The Duke Endowment

PFR Project Goals

- Expand the service array for FTC families
- Strengthen the capacity of FTCs to implement and sustain a family-centered approach
- Identify breakthrough strategies that support a family-centered approach
- Evaluate the progress and challenges with implementing such an approach
- Disseminate lessons learned to advance the field
### Nine Key Lessons for an Effective Family-Centered Approach

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increased, Renewed, and Continued Focus on Cross-Systems Collaboration is Needed to Achieve and Sustain Systems Change</td>
</tr>
<tr>
<td>2</td>
<td>The Effectiveness of Parenting and Children’s Services is Integrally Linked to Timely and Effective Substance Use Disorder Treatment</td>
</tr>
<tr>
<td>3</td>
<td>A Formal Governance Structure is Necessary to Prioritize, Oversee, and Sustain the FTC</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>FTC Teams Need to Maintain a Consistent and Strong Focus on FTC Participant Recruitment, Timely Engagement, and Retention</td>
</tr>
<tr>
<td>5</td>
<td>Developing the Evidence-Based Program Capacity of Sites is a Complex Undertaking</td>
</tr>
<tr>
<td>6</td>
<td>FTC Teams Need to Build Bridges to Connect Families to Services and Service Providers to Each Other</td>
</tr>
</tbody>
</table>

---

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Nine Key Lessons for an Effective Family-Centered Approach (continued)

7. Integrating a Truly Family-Centered Approach Requires Several Paradigm Shifts

8. Building Data Capacity to Advance a Family-Centered Approach Involves Moving Beyond Just Numbers

9. Achieving Larger Systems Change Requires Understanding and Adapting to the Changing Contextual Environment

10 Guiding Principles for Applying a Family-Centered Approach

1. The parent defines “family.”

2. The FTC team recognizes the family as an essential collaborative partner with an equal voice in the process.

3. The FTC team recognizes participants are parents and strong parental capacity is an integral part of family recovery and well-being.

4. The FTC team uses a holistic, integrated approach to serving the family together as a unit rather than treating the individual parent or child separately.

5. The FTC team recognizes and seeks to engage resource parents as a valuable support for the family.
10 Guiding Principles for Applying a Family-Centered Approach (continued)

6. The FTC team uses a supportive, nurturing, strengths-based approach rather than a punitive one.

7. The FTC and partner agencies are trauma-responsive to parents, children, and families.

8. The FTC team is culturally responsive to parents and their families.

9. The FTC team defines and measures parent progress and success in terms of desired behavioral changes, not solely compliance and attendance.

10. A family-centered approach needs to be a cross-systems effort involving all partners rather than simply a court endeavor.
Transitioning to a family-centered approach requires collaboration between state and local partners.

Determining the Scale and Scope

The **scale** of a family-centered approach involves the number of children and parents who can be served.

**Scope** is the array of services that reinforce and sustain the initial benefits of a family-centered approach.
Importance of State and Local Leadership

1. Recognize and prioritize family-centered treatment as more effective than adult-only treatment
2. Conduct a needs assessments for family-centered services and identify any gap in services
3. Review available funding opportunities for family-centered treatment

If you are not collecting data, how do you know:

- if children, parents, family members are benefiting from your program and family functioning is improving compared to the larger system?
- if specific groups (e.g., race, age or gender) of families don’t have access or have worse outcomes than others?
- if your program is worth sustaining given the increased resources?
Who pays for a family-centered approach?

Community Mapping

Micro: Identify sources in the community to meet needs of children, parents, and all families that need services

Macro: Coordinate and align services, resources, and initiatives in the community
Recent legislation to support a family-centered approach

**Comprehensive Addiction and Recovery Act (CARA)**

**Primary Changes to the Child Abuse Prevention and Treatment Act (CAPTA) in 2016**

1. Further clarified population to infants “born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”.

2. Specified data to be reported by states to the maximum extent practicable.

3. Required Plan of Safe Care to address “the health and substance use disorder treatment needs of the infant and affected family or caregiver”.

4. Required “the development and implementation by the state of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with state requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver”.

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Family-First Prevention Services Act (FFPSA)

- "Title IV-E foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse: Allows title IV-E foster care payments for up to 12 months for an eligible child placed with a parent in a licensed residential family-based substance abuse treatment facility (section 472(j) of the Act)."

- "Title IV-E Prevention Services: Time-limited foster care prevention program and services: Provides new optional title IV-E funding for time-limited (one year) prevention services for mental health/substance abuse and in-home parent skill-based programs for candidates for foster care (as defined in section 475(13) of the Act) without regard to whether the child would be eligible for title IV-E foster care, adoption, or guardianship, pregnant/parenting foster youth, and the parents/kin caregivers of those children and youth (sections 471(e), 474(a)(6) and 475(13) of the Act). See attachment B for more information on this provision. Effective 10/1/18, but claiming may not begin until 10/1/19 per section 474(a)(6) of the Act."


Achieving Systems Change

Individual Projects separate from the larger system

Joint Projects that achieve project enhancements

Systems Change Initiatives driven by relationships, results, and resources

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
How?
A developmental process that requires patient urgency

STAGES of COLLABORATION

- Changing the Narrative
- Changing the System
- Changing the Rules
  - Shared data systems
  - Shared case plans
  - Universal protocols

Information Exchange
Joint Projects

Better outcomes for children and families
A new way of thinking and talking

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Take Action
Next Steps

- Conduct a needs assessment and determine what services are missing, what services are available, and which available services are evidence-based
- Assess disproportionate access and outcomes by race, age or gender, and other important demographics or characteristics
- Review current funding streams and research potential funding opportunities
- Negotiate with partner agencies whose support is essential to providing a family-centered approach
- Incorporate a continuous quality improvement process that incorporates data, feedback, and measurement of outcomes for families who are receiving services and the communities they live in
- Remember that being family centered is an evolving process and that all programs are on a continuum

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
References


Presented by: Brian Southworth, MSW,
Natasha Marvin, MS, and Jennifer Foley, BS,
CADC
References


Resources
Contact the NCSACW TTA

National Center on Substance Abuse and Child Welfare

Website: https://ncsacw.acf.hhs.gov/
Email @ ncsacw@cffutures.org
Toll-Free 1-866-493-2758

- Connect you with programs that are developing tools and implementing practices and protocols to support their collaborative
- Training and technical assistance to develop, implement and sustain collaboration and systems change
- Resource identification and curation to support partners and collaboratives focused on supporting families affected by substance use and mental health disorders.

Family-Centered Approach Modules

Click here to download the Family-Centered Approach Modules:
https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx
Free Online Tutorials for Cross-Systems Learning

Understanding Child Welfare and the Dependency Court: A Guide for Substance Use Treatment Professionals
Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

https://ncsacw.acf.hhs.gov/

Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder

NEW RESOURCE!
Five-Part Video and Webinar Series

Medication-Assisted Treatment and Common Misconceptions
Civil Rights Protections for Individuals with a Disability: The Basics
Civil Rights Protections for Individuals with an Opioid Use Disorder
Child Welfare Case Staffing: Social Worker and Supervisor
Child Welfare Case Staffing: Child Welfare Court Case

Available @ https://ncsacw.acf.hhs.gov/topics/medication-assisted-treatment.aspx
Family-Centered Approach for Families Affected by Substance Use Disorders

Prevention and Family Recovery: New Resource

To view the three resources in the series, please visit our website here:


Disrupting Stigma
How Understanding, Empathy and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders

Available @ https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
Medication-Assisted Treatment

Judicial Benchcard and Primer

- Includes policies for using MAT, considerations, and key takeaways for judicial professionals
- Highlights key details that partners should bring to court, information on frequently used medications for MAT
- Focuses on special populations including pregnant women, parents involved in child welfare, and co-occurring disorders

Available @ https://ncsacw.acf.hhs.gov/topics/medication-assisted-treatment.aspx

Drug Testing in Child Welfare

Brief 1: Considerations for Developing a Child Welfare Drug Testing Policy and Protocol

Brief 2: Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points

Available @ https://ncsacw.acf.hhs.gov/topics/drug-testing-child-welfare.aspx

Presented by: Brian Southworth, MSW, Natasha Marvin, MS, and Jennifer Foley, BS, CADC
This seven-part series is organized into two clusters. The first cluster provides a framework for establishing a collaborative team. The second cluster highlights strategies to achieve timely access to treatment and support services for families.