Implementing a Family-Centered Approach

For Families Affected by Substance Use Disorders and Involved With Child Welfare Services

MODULE 3

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

National Center on Substance Abuse and Child Welfare

SAMHSA
Substance Abuse and Mental Health Services Administration

Children's Bureau

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Substance use disorders (SUDs) affect the entire family—they can interfere with a parent's ability to take care of and bond with a child and can disrupt family health and well-being. Traditional SUD treatment focuses on the individual, despite evidence that parents and children are most effectively served through a family-centered treatment approach. A family-centered approach to SUD treatment 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. The Family First Prevention Services Act (FFPSA) offers a historic opportunity for child welfare agencies and their SUD treatment partners to expand and enhance family-centered interventions.

To help communities move toward family-centered care, the National Center on Substance Abuse and Child Welfare (NCSACW) prepared a series of companion modules on implementing a family-centered approach. This series is designed for state, county, and agency-level collaborative partners that are working together to improve systems, services, and outcomes for children and families affected by SUDs. The modules include:

- 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**

About This Module

This final module highlights the state- and local-level leadership and collaboration required to successfully implement the family-centered practice lessons presented in Module 2. It describes collaborative efforts and policy-level activities such as priority setting, data collection and evaluation, tapping existing and new funding streams, and other collaborative strategies to ensure the implementation and sustainability of a family-centered approach.

NCSACW recognizes that a family-centered approach extends well beyond the 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. The work of all partners must reflect an understanding and responsiveness to the fact that parents and children live within the context of a larger family system and that families exist within the context of their community and culture. The cultural influences of race, ethnicity, religion, geography, and customs are considerations that must be prioritized when implementing a family-centered approach.

NCSACW strives to improve family recovery, safety, and stability by advancing best practices and collaboration among agencies, organizations, and courts working with families affected by substance use and co-occurring mental health disorders and child abuse or neglect. For more information about this module or assistance with implementing a family-centered approach, visit the NCSACW webpage or email us at ncsacw@cffutures.org.

The Importance of State and Local Leadership

State and local leaders who plan, oversee, and fund SUD treatment services ensure that services meet the needs of the persons to be served. A family-centered approach that addresses the needs of each member in the family has demonstrated positive outcomes. SUD treatment has historically been underfunded and much of the available funding is categorical (i.e., focused on specific populations or evolving priorities). Transitioning traditional services to a family-centered approach requires collaboration between key state and local partners and a commitment to review and potentially redirect available resources. Identifying a champion to direct and oversee this process increases the likelihood of success.

State and local policymakers have a critical role in making decisions about the scale (the number of those served compared to the need) and scope (the breadth and type of services delivered) of family-centered treatment services. They are responsible for:

- Recognizing and prioritizing family-centered treatment as more effective than adult-only treatment.
- Conducting a needs assessment for family-centered services and identifying any gap between current treatment services and need for family-centered treatment services.
- Reviewing the available funding opportunities for family-centered treatment, both within treatment funding streams and those allocated to non-treatment agencies whose support is essential for serving children and families affected by SUDs.

Collaboration among state and local agencies requires leadership, clearly specified tasks, and agreement on what results can be achieved with a specified level of resources allocated across agencies. In states where counties and other local entities have major implementation roles, achieving effective collaboration requires building in an active, sustained role for these local agencies and leaders. Successful providers of a family-centered approach emphasize that, whenever possible, they include state agency partners from the start of their efforts to move toward family-centered treatment.

Determining the Scale and Scope of a Family-Centered Approach in Treatment

It is important to determine the scale and scope of the transition from traditional services to family-centered treatment. The *scale* of a family-centered approach involves the number of children and parents who can be served. *Scope* is concerned with the array of services that reinforce and sustain the initial benefits of a family-centered approach, including access to services that reflect the family's race, ethnicity, religion, geography, customs, and other special needs.

To plan for scale and scope of a family-centered approach, policymakers need to include agencies whose resources and expertise can support and reinforce SUD treatment providers, such as home visiting, developmental services, early intervention services, parenting skills education, and early childhood education. Child welfare agencies can provide both prevention and intervention supportive services for families in the child welfare system. Courts need to understand the available data on the effectiveness of treatment programs to which they refer clients, since those agencies' impact determines courts' decisions about reunification or removal and termination of parental rights.

The transition to a family-centered approach can be done incrementally rather than be viewed as "all or nothing." Collaboration across all partner agencies is ideal but can also be done on a smaller scale. For example, a treatment agency can work with the local child welfare agency to begin providing family-centered treatment to a group of shared clients or begin sharing information and coordinating services for the adults and children in the family. While the goal may be to change all traditional treatment to family-centered treatment across the system, new practices can be implemented on a smaller scale as a starting point.

Priority Setting

One of the most challenging tasks of collaboration is setting priorities. Priorities respond to the needs of clients with specific characteristics such as foster care status, prenatal exposure, single-parenting, or trauma histories. Priorities also take geography into account, recognizing the special needs of dense urban areas as well as those of rural and tribal populations. To move forward with implementing or expanding a family-centered approach, policymakers and collaborative partners agree to make it a priority.

Priority-setting as a collaborative task requires consensus to ensure that resources—both new funding and redirected, existing funding—are targeted on the most effective programs and families with the greatest needs. Collaborative meetings avoid the tendency to focus primarily on what agencies are doing, concentrating instead on the more important focus of whether children and families are doing better. That emphasis on accountability for results rather than merely tracking agency activities is an important shift, enabling partners to answer the critical questions of *what works, for which clients, compared to our baseline results for those clients with current approaches.*

Data Collection and Evaluation

Collaborative teams review available data on a regular basis and use this information to make adjustments in service approaches, to assess for cultural responsiveness, and to support ongoing funding. In the absence of a shared data and evaluation system, partners work toward sharing data that is available. It is beneficial to document what data will be shared and establish a regular process for the review of data and any available evaluation.

This task of developing consensus among collaborative partners on how to measure progress against baselines requires a data sharing and evaluation system across agencies. Each collaborative partner has its own way of collecting data and its own screening and assessment tools. Some agencies may have high-quality data on the costs of their current services, while others may not yet collect cost or cost-offset data in depth. Developing a shared data and evaluation system also requires funding. Collaborative teams have succeeded in seeking additional funding for evaluation through partnerships with local or regional universities and research agencies. The credibility of these agencies' evaluation capacity can assist in securing the additional funds needed for improved analysis and evaluation.

Funding a Family-Centered Approach

Collaborative teams start with developing an inventory of all available funding sources to understand available and upcoming funding. Teams can request each of the collaborative partners to list the funding streams that support its portion of the project and those that might be available in the future. Funding from non-treatment agencies to serve the whole family can be included in the funding inventory and can be sought and negotiated with each of these agencies and its funding sources. Santa Clara County (n.d.) in California developed a funding matrix, which teams may customize and use as a template in their own communities.

Costs of Family-Centered Treatment

The exact cost of implementing family-centered treatment is hard to quantify as it is not a one-size-fits-all approach and the actual service array is unique to each community. In addition to differences in cost across treatment modalities, there are variable expenses associated with service delivery, such as the range and intensity of services and the length of stay in services.

SHIELDS for Families (Los Angeles, CA) is a large-scale organization that offers a comprehensive continuum of SUD treatment services ranging from early intervention to residential treatment programs. The total cost across multiple agencies is approximately $25,000, which is shared by SHIELDS' collaborating partner service agencies (California Child Welfare Co-Investment Partnership, 2017; SHIELDS for Families, n.d.).

Family treatment courts (FTC) are a promising model to implement family-centered treatment and provide evidence of cost savings to other systems and the community. FTCs are juvenile dependency or family court dockets for cases of child abuse or neglect in which parental substance use, and often co-occurring mental health disorders, is a contributing factor (Center for Children and Family Futures & National Association of Drug Court Professionals, 2019). FTCs use a collaborative, family-centered treatment approach to address the complex needs of families and have achieved promising results in child safety and permanency, parental recovery, and family well-being outcomes (Bruns et al., 2012; Green et al., 2007; Lloyd, 2015; Zhang et al., 2019). Across three studies that examined the cost-effectiveness of FTCs (Burrus et al., 2008; Carey et al., 2010a, 2010b), program costs ranged from approximately $7,000 to $14,000 per family. The average net cost savings was approximately $5,000 to $13,000 per family, which was calculated by factoring in the investment costs and the value of the outcomes produced (Marlowe & Carey, 2012).

Funding Streams

Funding available to support family-centered treatment can be drawn from both federal treatment funding streams and a wider network of allied services from other public and private sources. The Dennis et al. (2008) publication, *Funding Family-Centered Treatment for Women With Substance Use Disorders*, provides a description of the various funding sources that can be used. Funding sources include Substance Abuse Block Grant, Medicaid, the Mental Health Block Grant, Social Services Block Grants, and other sources, including the newly available substance use disorder portion of the FFPSA Title IV-E funding (Substance Abuse and Mental Health Services Administration, 2012; Woodward, 2015). Some exemplary family-centered treatment providers have negotiated with accountable care organizations to enable reimbursement for some components of family-centered treatment.

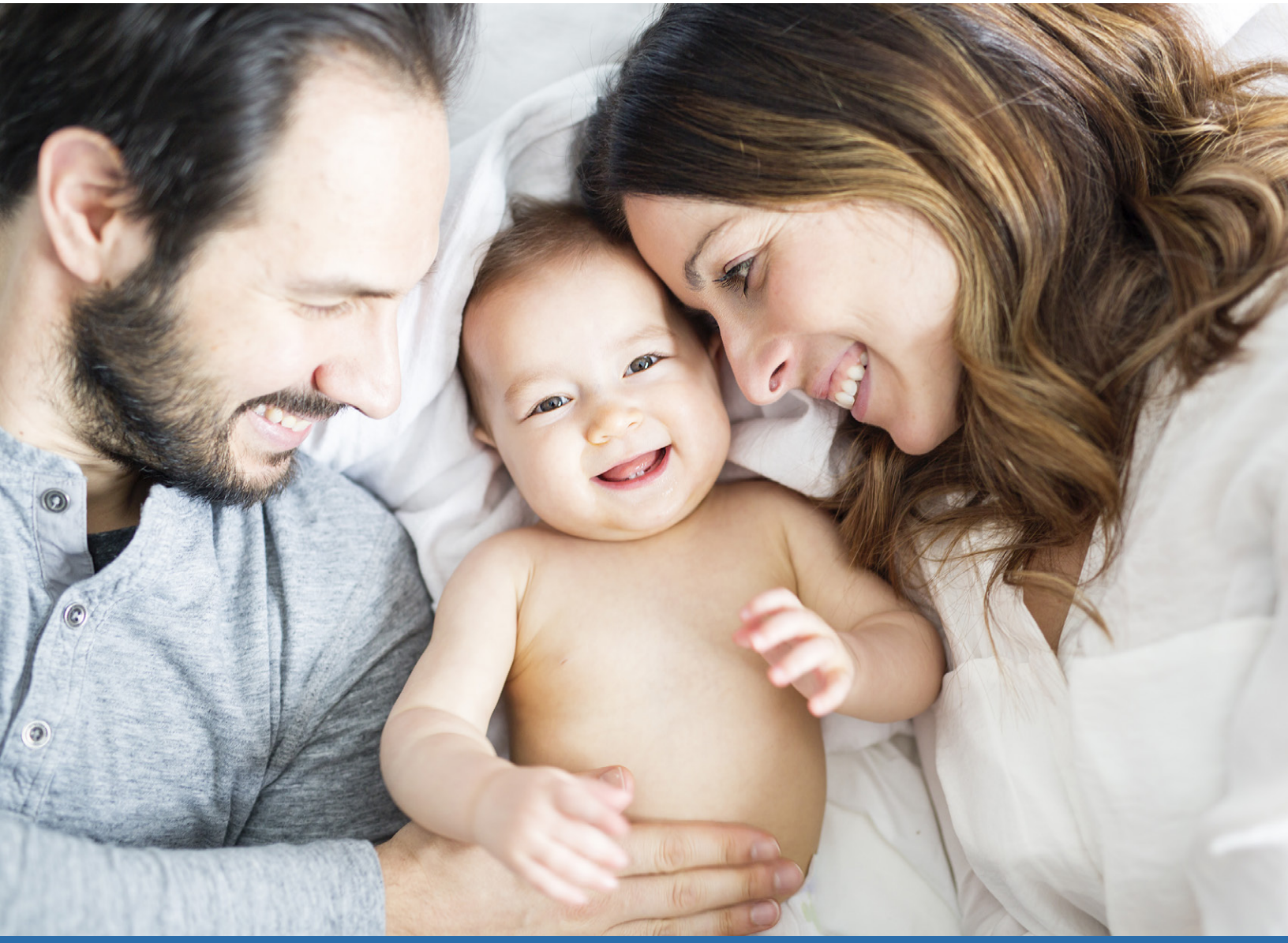
There are four types of federal and state programs (Hayes et al., 2004):

- **Entitlement programs** – Open-ended, uncapped appropriations that provide funding to serve all children and families that meet the program's eligibility criteria (e.g., Medicaid, Title IV-E).
- **Formula (or block) grants** – Capped appropriations that provide a fixed amount of funding to states or localities based on established formulas, which vary from grant to grant and generally require a state match. Formulas are usually tied to population characteristics (e.g., Substance Abuse Prevention and Treatment Block Grants, Temporary Assistance for Needy Families [TANF]).
- **Discretionary grants** – Capped appropriations for specific project grants awarded on the basis of competitive applications. Growing numbers of discretionary grant programs (e.g., Head Start) require collaborative efforts by a consortium of community agencies and organizations.
- **Direct payments** – Capped appropriations that support direct financial assistance to individual beneficiaries who satisfy eligibility requirements (e.g., Supplemental Security Income [SSI], Section 8 housing).

State Variability in Funding

States' capacity to transition to family-centered treatment may be affected by prior policy regarding health and mental health coverages for treatment; decisions to accept or reject Medicaid expansion; the role of managed care entities; state laws and definitions of child risk and safety; and state investments in early childhood development and maternal and child health.

State funding allocations and policy may determine which collaborative partners are most likely to respond to SUD treatment providers' efforts to enhance family-centered treatment. States that expanded Medicaid may have options that non-expansion states may lack. States that prioritize treatment clients in their home visiting programs or early care and education slots may be able to link these programs to treatment more effectively than others that lack such priorities. Understanding the landscape of funding options can guide selection of those services that may be critical first steps toward more comprehensive family-centered treatment programs.



Strategies To Negotiate Shared Implementation and Sustainability

SUD treatment providers at state and local levels that are seeking resources for a family-centered approach will need to negotiate with external agencies and organizations. Sometimes state agencies can lead this process, while in other cases local agencies will need to negotiate with each other in a process that may take time and patience.

Some of the strategies that have proven effective in negotiations for shared implementation and sustainability of a family-centered approach across agencies include:

- Clarifying how many children and families in SUD treatment providers' caseloads may now or in the future be clients of other agencies. The risk factors documented for children in families affected by SUDs are substantial, and some agencies may recognize how much they share these current and prospective clients.
- Exercising entitlements of the children of parents in family-centered programs, such as the need for developmental screening under the Individuals with Disabilities Education Act for children under 3 in the child welfare system, or the priority for children with special needs in Head Start programs.
- Seeking state legislation that establishes a priority or presumptive eligibility for children whose parents are in SUD treatment.
- Responding to media attention to agency performance with an opportunity for such agencies to demonstrate how effectively they are working with partners in achieving their tasks.
- Developing joint proposals for external funding, which may be more successful if an interagency application is made rather than a single agency seeking funding for its own operations.
- Working with community-based agencies, such as family resource centers, whose staff can play important roles in providing staffing for peer recovery support and advocacy for additional funding for a treatment agency.
- Agreeing upon a level of improvement in baseline outcomes for which partner agencies would share credit, to the extent that their resources have contributed to those results.
- Agreeing that potential partner agencies help identify shared clients during the intake process by collecting relevant data that is helpful to all collaborative partners.
- Compiling data on which clients may be screened out or find access difficult to potential partner agencies and developing plans to reduce such barriers to access for children and parents.

Some of these strategies may be more appropriate than others, and tailoring approaches to external, non-treatment agencies' needs and goals is a critical task in negotiating for the resources needed to add ingredients that enhance a family-centered approach.

Some exemplary providers of a family-centered approach have reviewed their clients' need for and access to income and work supports such as Supplemental Nutrition Assistance Program; TANF; Special Supplemental Nutrition Program for Women, Infants, and Children; housing assistance programs; and home visiting. These providers have negotiated agreements with the agencies that provide these services when necessary to stabilize families in family-centered treatment and aftercare.

Collaborative Policy Tasks

Collaborative partnerships also need to complete state- and local-level policy tasks to expand and sustain a family-centered approach, including:

- Developing interagency agreements for client-level data sharing across agencies involved in family-centered treatment to monitor treatment enrollment and completion data as well as other benchmarks of parents' and families' stability. Partners agree upon the performance measures and outcomes to assess the effectiveness of family-centered services. Partnerships develop a dashboard of shared data for partners to regularly review and to inform needed adjustments to services that promote positive outcomes for families.
- Creating data-informed estimates of the levels of need for family-centered programs and a projection of the gap between need and current levels of available family-centered services. Data are at a level of detail that spotlight racial and ethnic characteristics and informs decisions about responding to disproportionate needs and services, including any relevant disparities between treatment completers and those who dropped out.
- Implementing a collaborative governance structure that includes senior leadership from each partner agency, middle managers who implement programs and changes, front-line staff, and consumers. This governance structure ensures consistent oversight, commitment to shared vision and goals, and sustainability of the initiative.
- Developing interagency agreements that delineate the levels of family-centered services to be funded with resources from multiple agencies. Partnerships can complete an inventory of funding sources to review and update regularly to aid with this policy task.
- Developing interagency agreements that promote annual reporting of data and results to leadership to ensure the sharing of positive outcomes and promote the expansion and sustainability of services.
- Creating state-level incentives and requirements for expanded local collaboration, such as among health providers and early intervention services, or among early care and education systems and treatment providers whose clients need childcare onsite or closely linked to treatment.

State, local, agency, and community leaders seeking to implement a system-wide family-centered approach will likely need to do so in an incremental manner. Continuing to collaborate with key partners, share and review data, and inventory available funding can lead to the necessary policy changes and implementation of more family-centered approaches, which result in better outcomes for the individuals, families, and communities served.

The FFPSA provides a new arena for moving toward a family-centered approach. With child welfare IV-E funding available for approved prevention and treatment programs, a multi-agency approach to wide scope and broader scale is possible.

For additional information on FFPSA:

- Review the Children's Bureau Title IV-E Prevention Program webpage.
- Review the Summary FFPSA Federal Guidance Program Instructions and Information Memoranda.
- Access the Children's Bureau Regional Office that is linked to your state.
- Access Planning Title IV-E Prevention Services: A Toolkit for States.

The FFPSA toolkit specific to the SUD treatment provisions includes five key steps toward using the new legislation and funding information is available here (Children and Family Futures et al., 2020).

The toolkit has details on how to explore what approved family-focused practices can be funded by FFPSA.

Take Action—Next Steps

- Prioritize a family-centered approach as a goal for SUD treatment.
- Assess the need based on review of current treatment approaches to families.
- Review current funding streams and potential new funding that could increase or redirect resources needed for family-centered program expansion.
- Negotiate with partner agencies whose support is essential to providing a family-centered approach.

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