New York State Collocation Program: Findings from the Implementation Study

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Agenda

- Substance Abuse and Child Welfare
- Initiatives and Programs of Other States
- Description of NYS Collocation Program
- Evaluation Methodology
- Implementation Study Findings
- Design of the Outcome Study
Substance Abuse in the Child Welfare System
Substance Abuse and Child Welfare: Prevalence of Substance Abuse

- Child Welfare League of America (1998) report that as many as 80% of drug exposed infants will come to the attention of child welfare before first birthday.
- Substance abuse was a factor for 78% of cases entering foster care (GAO, 1994).
- 55% of the families in the CPS have parental substance abuse issue: about half of these families will have one or more re-reports over 2 years (Wolock and Magura, 1996).
- Unfortunately, lack of solid data or consistent statistics.
Substance Abuse and Child Welfare: Treatment Barriers for Women

- Women face significant barriers gaining access to substance abuse treatment due to issues of transportation, outreach and child care (Marsh et al., 2000)
- Services not designed to meet special needs of women
  - More likely to come from drug-abusing and disorganized families and isolated from sources of support
  - More health and mental health problems
  - Often victims of sexual abuse or domestic violence
- National shortage of drug treatment for women
Substance Abuse and Child Welfare: Need for Collaboration

- Adoption and Safe Families Act of 1997 shortened family reunification timelines making coordinated service delivery and treatment efforts crucial.

- National surveys found only 50% of those child welfare involved parents that demonstrated a need for substance abuse treatment services actually received services (Young & Gardner, 1998).

- In study of maltreatment recurrence among CPS cases, 55% of substance-abusing caretakers were considered detrimental to child’s safety, yet only 22% received services (Fuller & Wells, 2003).
Substance Abuse and Child Welfare: Challenges to Collaboration

- Different goals, legal mandates, and practice
  - Timeliness for placement is key for CPS, but not for SA
  - Substance abuse treatment providers may have concerns about confidentiality; need to protect client from CPS
  - CPS workers may lack sufficient training and expertise on addiction, treatment and recovery

- Conflicting Roles
  - SA staffs view addiction as a chronic, relapsing condition: Client Focus
  - Child welfare system seeks to protect children and, whenever possible, to keep families together: Child Focus
Substance Abuse and Child Welfare: Progress to Date

- Administrative policies have been inconsistently applied within the child welfare system (Campbell, 2002)
- Smith (2002) found that all three groups - SA counselors, CW caseworkers, and mothers - identified interagency conflict as a major obstacle to successful reunification
- Collaborative efforts have been limited to pilot programs and formal adoption has not yet occurred (McAlpine, Marshall & Doran, 2001)
Other State Initiatives
DE: Title IV-E Waiver Project

- Multidisciplinary Team Treatment Project
- Substance abuse counselor located in Department Family Service Units (CPS)
- Initiated in 1996
- Program operated for 5 years
- Reduced foster care days and costs
CT: Project SAFE

- Collaboration of Department of Children and Families (DCF) with a network of 43 substance abuse treatment providers
- DCF caseworkers have immediate access to providers and make initial evaluation appointment
- Approximately 68% completed a SA evaluation
- Only 36% of those referred attended one or more treatment sessions
- Source: Carroll et al. (2001) *The American Journal on Addictions*
IL: Recovery Coach

- Use of “Recovery Coaches” for parents with substance abuse problems who lost custody due to SA problems
- Initiated in 2000
- Parents with recovery coaches are more likely to access services and in a more timely fashion
- Children in the demonstration group had fewer days in foster care
MI: Collocation of MH and Health

- Collocation of Mental Health at Primary Health Care Setting
- Randomized controlled trials studying patients with major depression receiving broad-based collaborative treatment by both Physicians and MHs
- Collocation of MH in same building with physicians was strongly associated with increased interaction and collaboration
- Source: Valenstein et al. (1999) Journal of Family Practice
New York State Collocation Program
Description: Historical Background

- RFP in Fall 2000 using TANF prevention funds
- Support of new community-based services for vulnerable children and families
- Focus on prevention
- Collocation programs began in July 2001
Description:
Program Goals

- Decreased foster care placements
- Reduced re-reports of child maltreatment of families
- Reduced length of stay in out-of-home care
- Increased number of family reunifications from foster care placements
Description: Program Design

- Place certified SA treatment specialists (CASACs) in local child welfare offices
- Assist child welfare staff with cases involving parental substance abuse
- Early identification, joint CW/SA assessments, joint family service planning, timely referrals, and case management services
## Program Logic Model

<table>
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<tr>
<th>Planning</th>
<th>Activities</th>
<th>Intermediate Outcomes</th>
<th>Long Term Outcomes</th>
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<tbody>
<tr>
<td>Joint screening process/joint case investigations</td>
<td>Earlier identification of substance abuse issues</td>
<td>Decreased foster care placements</td>
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<tr>
<td>Assessment by Substance Abuse Specialist</td>
<td>More timely access to appropriate, comprehensive treatment services</td>
<td>Reduced repeat indicated CPS reports of families with substance abuse issues</td>
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<tr>
<td>Jointly developed treatment plan</td>
<td>Better compliance and retention in treatment</td>
<td>Reduced length of stay in out of home care</td>
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<tr>
<td>Case follow-up</td>
<td>Reduction in substance abuse</td>
<td>Increased number of family reunifications from foster care placements</td>
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### Organizational Factors
- County and Agency Practices
Description: Lead Agencies

- 9 program sites started by 5 SA Treatment agencies

- Upstate:
  - Finger Lakes Addictions Counseling & Referral Agency, Inc. (FLACRA)
  - Otsego Chemical Dependencies Clinic
  - St Mary's Hospital

- NYC:
  - Women in Need, Inc. (WIN)
  - Veritas Therapeutic Community, Inc.
Description: Map of Program Sites

New York State Collocation County Sites

Center for Human Services Research
Description:
Map of Program Sites

Six Upstate Collocation Counties

Wayne
Ontario
Yates
Schuyler
Montgomery
Otsego

Binghamton
Albany

Center for Human Services Research
Description:
Map of Program Sites

Three Collocation Sites
in New York City

Center for Human Services Research
Evaluation Methodology
Methodology: Project Overview

- Funded by Children’s Bureau, DHHS in 2003
- Three year evaluation project
- Process/ Implementation study (Year 1)
  - 7 Program Sites (4 Upstate 3 NYC)
  - Focus Groups, Interviews and Reports
- Outcome Study (Years 2 and 3)
  - Focus on one site
  - Case record reviews
Methodology: Implementation vs. Outcome

- Study the implementation at the system level
  - Identify factors for successful implementation and barriers to success
  - Provide insights on the design of the outcome study
- Examine program impact on parents and children
  - Assess program effectiveness on substance abuse and child welfare outcomes
  - Identify factors that facilitate or hinder the achievement of outcomes
Implementation Findings
Implementation Study: Data Collection

- State level interviews
- Site visits (7 sites)
  - Focus groups of child welfare workers
  - Focus groups of child welfare supervisors
  - Interviews with Program Coordinator
  - Interviews with administrators of the treatment agency
  - Interviews with child welfare administrators
Implementation Findings: Program Initiation

- The program framework was identified in the RFP but was left up to the localities to design the program mechanics.
- Program was usually planned by administrators from the substance abuse agency with some input from child welfare administrators.
- Funding uncertainties resulted in initial start-up challenges.
Implementation Findings: Program Initiation

- While program planners were well aware of difficulties involved in cross systems work, there were few practices put in place to overcome this.
- Acceptance of substance abuse specialist by child welfare staff was crucial because referrals were by discretion of child welfare staff.
- Some other programs in place that overlapped with collocation initiative.
Implementation Findings: Client Identification for SA

- Site Variation in how to identify clients
- No systematic way of client identification
- Client identification occurred in four ways
  - The initial hotline call
  - Initial investigation
  - Following the initial investigation
  - Families “known to the system”
Case Identification

CPS Hotline Call

Screening

Investigation

Unfounded

Founded

Open

Closed

Services

Placement
Implementation Findings: Client Identification for SA

- The target population was defined as TANF eligible parents involved with CPS.
- Not all clients could be served: lack of staff and change in focus.
- Some programs also serve PINS cases.
- This precludes obtaining some program goals (e.g., family reunification).
- However, a majority of the clients are parents with SA issues.
Implementation Findings: Client Engagement

- “Good Cop/Bad Cop” approach
  - CW investigation provides “window of opportunity”
  - SA specialists are not part of the CPS
  - CW focus on child safety
  - Separate roles but complimentary
  - Better results for both SA and CW
Implementation Findings: Client Engagement

- Helping Relationships with Clients
  - Clients more open with SA specialist
  - SA specialists are knowledgeable about where to send clients and how to get them into services quickly
  - SA specialists were also experts in getting clients engaged in services
- Helping Relationships with CW workers
  - Mutually beneficial relationships
Implementation Findings: Conclusions

- Collocation is a promising approach
- Overall, programs serve the target population, deliver intended services
  - Variations in program objectives and practices by site (e.g. no consistent policy in client identification and follow-up)
- Collocation is a particular form of collaboration
  - Not based on an equal partnership
Implementation Findings: Conclusions

- The success of implementation depends on skills of SA specialist in forming relationships and understanding the child welfare culture

- Changes in perceptions
  - At the system level
  - At the worker level
Implementation Findings: Conclusions

- Perceived Effects:
  - Quicker treatment referrals
  - More appropriate treatment services
  - Earlier identification of SA issues
  - Increased engagement and compliance with treatment services
  - Better appeal than further court-ordered treatment
  - More evidence to indicate
Implementation Findings: Practice Implications

- Get buy-in from CW front line workers
  - Market the program to front line staff
  - Involve the workers in the design

- Provide structure for early operations:
  - Ensure physical proximity

- Continue support from treatment agency to Collocated SA specialist

- Hire the right person

- Consider how the new initiative fits into existing programs
Next Steps
Next Steps: Specific Aims

- To assess the impact of collocation on child welfare outcomes
- To identify characteristics and co-occurring issues of parents with substance abuse problems in the child welfare system
- To assess the impact of collocation on referrals and assessment of substance abuse problems of the clients served by collocation
Pre-Collocation CPS : 1999

Not in the sample: No SA Allegations and Indicated (n=200)

All SA Allegation: Comparison 1 (n=65)

No SA Allegation: Comparison 2 (n=100)

N for All Indicated in 1999: 365

Allegations can be added to investigation summary later during the investigation

Mary Murphy, Ontario County CASAC, worked from 7/01-12/04
Case Record Review Procedure

Stage 1: Identify groups
- Identify Collocation CPS Group (about 40 per year) from FLACRA from 2002 and 2003
- Identify Comparison groups 1,2 from a pre-Collocation period from CONNECTIONS (A central database)

Stage 2: One Year Follow-up
- Follow each case from the collocation group and comparison group 1,2 for one year from the focal CPS report date
- Record the information into the forms and enter each case into an Access database