

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
- ❖ Source: Dillard (2002) *Final Evaluation Report*

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
- ❖ Source: Testa et al. (2003) *Illinois AODA IV-E Waiver Demonstration Interim Evaluation Report*

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

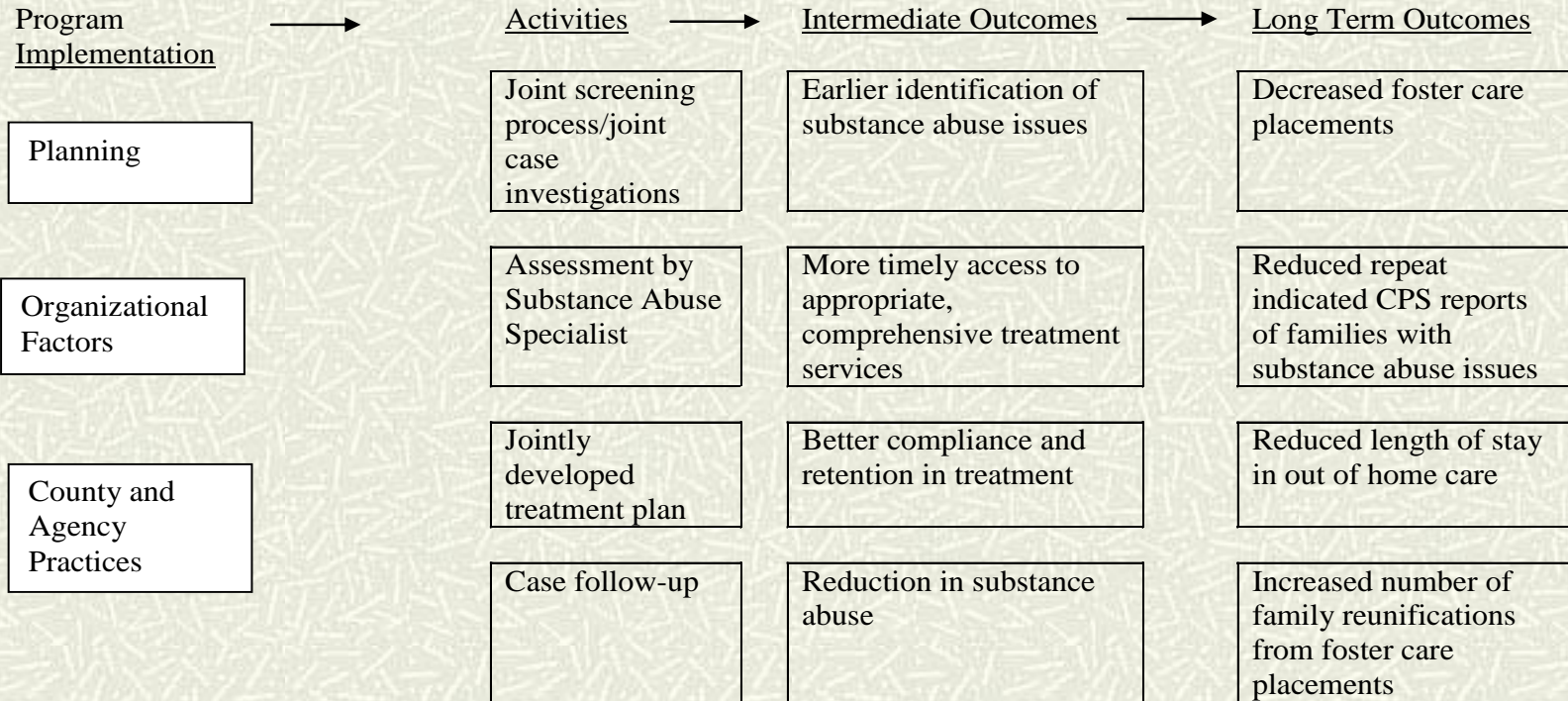
Description: Program Goals

- ❖ 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

Description: Program Logic Model



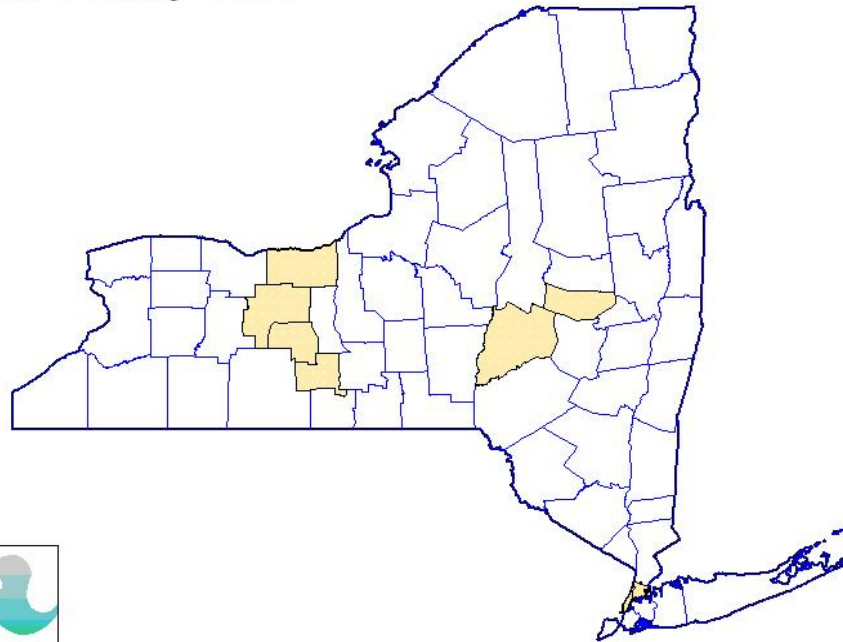
Description: Lead Agencies

- ❖ 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:

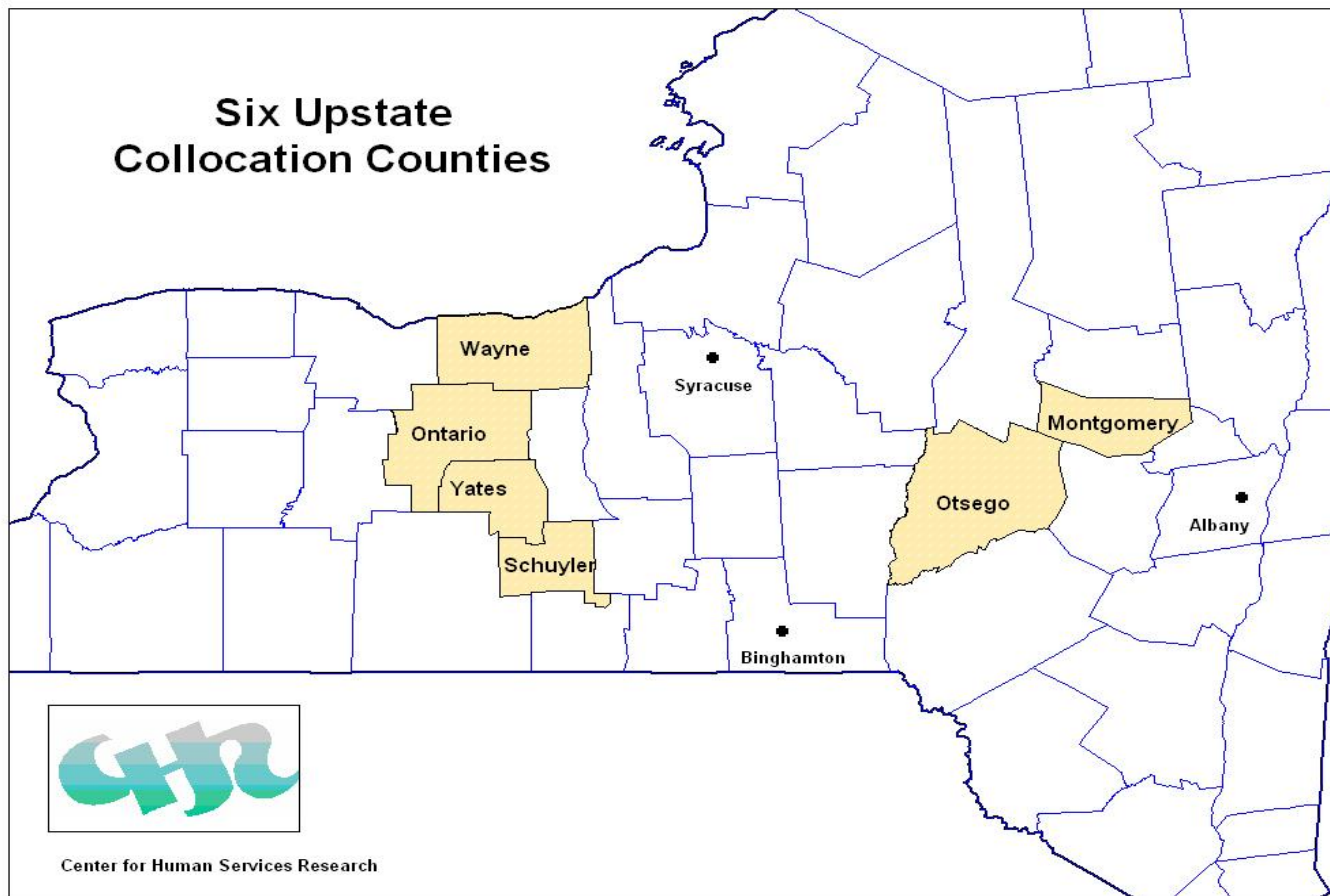
Map of Program Sites

New York State Collocation County Sites



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Description: Map of Program Sites



Description:

Map of Program Sites

Three Collocation Sites
in New York City

Bronx
Manhattan
Brooklyn



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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

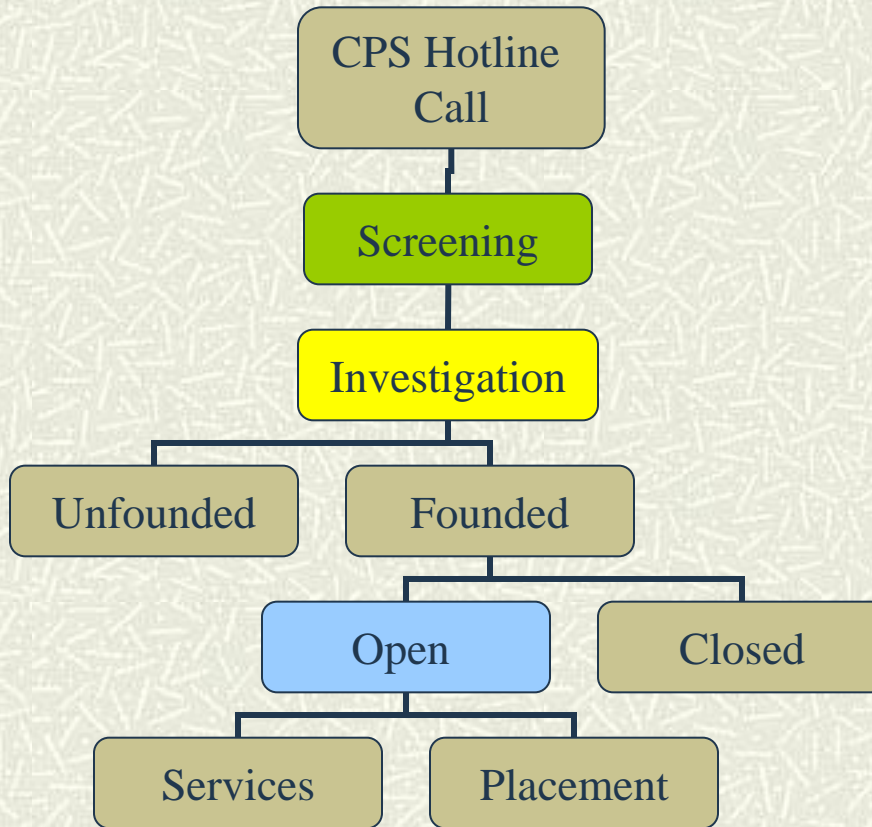
Implementation Findings: Program Initiation

- ❖ 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



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



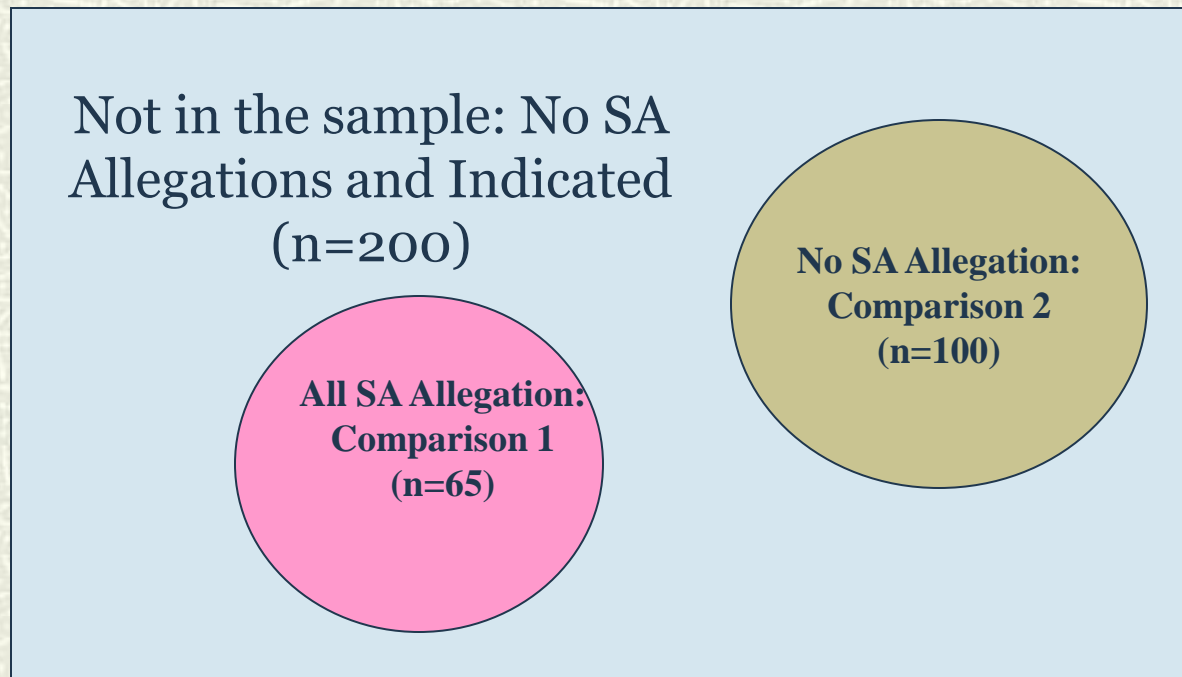
Next Steps



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



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