11th Annual Summer Institute
July 22, 2010
Ron Carpio, MSW – VP Families FIRST
Hank Radda, PhD-University of Phoenix

Objectives
- To understand the vision and philosophy of the cross-system collaboration of AZ Families FIRST
- To demonstrate the effectiveness of the collaboration on child safety, treatment engagement and cost savings
- To appreciate the importance of adapting to new opportunities to enhance mission
- To dialogue about prospects for the application of cross-system collaboration

Why
- 70 to 90% of families in the child welfare system are substance abuse involved
- Collaboration is necessary – not a nice to have – it is required by the complexity of the issues, systems and solutions
The Original Collaborative Process

- Clear Vision
- Sponsorship
- Stakeholder involvement
- Best Practices / Promising Practices
- Formative Evaluation - Outcomes

Clear Vision

- Found Projects
  - Expedited Treatment Fund
  - Family Recovery Partnership
- ASFA – “Reasonable Efforts”
- Engagement Strategies
- SB1280 – Partnership “Supplement not Supplant for specific outcomes”
- Clear need - vision – authority

Sponsorship

- Governor’s Steering Committee
  - Legislators, Judiciary, Community, DES & DHS Directors – Quarterly meetings
- Implementation Committee
  - CPS, Providers, CASA’s, Courts, DV, etc
- Initial roll out of program and training focused on building local sponsorship
  - CPS, Providers, CASA’s, Courts, DV, etc
- Adoption of AZ Families FIRST Tx Model
Stakeholder Involvement

- 19 community meetings with over 300 participants
  - Top five issues
    - Lack of Supportive Service
    - Lack of Treatment Access
    - Lack of Coordination
    - Need for Training and Best Practices
    - Capacity in Continuum of Care
  - Client Focus Groups
  - Local implementation committees involved in RFP review feedback

Promising & Best Practices

- RFP contained clear articulation of promising and best practices.
  - Engagement Strategies
  - Motivational Interviewing
  - Recovery - Aftercare Models
  - Lessons from:
    - Expedited Treatment Fund
    - Family Recovery Partnerships
    - Consultation with Experts

Formative Evaluation & Outcome Measures

- Formative Evaluation
  - Qualitative Data – Interviews
  - Performance and Outcome Measures
- Feedback Loops – Performance & Issues
  - Quarterly meeting with providers
  - Quarterly collaborators meetings
  - Annual planning for improvement
    - Coordinated Programmatic Reviews
    - Developed trainings based on evaluation
Two Minute Overview of Families FIRST

A.R.S. 8-881 (Senate Bill 1280) – established the Joint Substance Abuse Treatment Fund

The two departments are required to coordinate the provision of services to eligible participants

Two Minute Overview of Families FIRST

The vision of the Substance Abuse Treatment Fund is to build a family centered service delivery system, which promotes family independence, stability, self-sufficiency, and recovery from substance abuse, assures child safety and supports permanency for children

Two Minute Overview of Families FIRST

A parent, guardian or custodian of a child named in a report to CPS as a victim of abuse or neglect and whose substance abuse is a significant barrier to preserving or reunifying the family.

There are 9 AFF contracts statewide. TERROS has held the contract for Maricopa County since its inception.

Outreach
Substance Abuse Treatment
Case Management
Recovery Support Services
Areas of Strength

- Co-administered by two state agencies
- Efficient and cost effective
- Provision for Recovery Support Services
- Provision for pre-assessment outreach
- Provision for accountability (Drug Screening)
- Provides accessibility to SA treatment
- Supported by Governor and legislators

Innovations Maricopa County
TERROS

- Contingency Management
- Co-location Project
- Parent-to-Parent Program
- Motivational Interviewing Training

Two Examples:

CO-LOCATION
Co-location - Project Vision

- Co-locate key staff in CPS offices (8)
- Provide case management services
- Provide substance abuse treatment services

Purpose: Improve coordination of services and to establish substance abuse expertise

Co-location - Project Challenges

- Must be "sold" to all involved parties
- Team had already experienced an unsuccessful attempt
- "Urban Legends"

Urban Legends: Provider

- Clients will not come for services
- Clients will be intimidated by CPS workers
- Clients will not see treatment providers as separate from CPS
- CPS will interrupt and distract clients
- Team building will be compromised
- Reduces staff's availability to provide client services
- Client confidentiality will be compromised
Urban Legends: Child Welfare

- We can’t have clients in “unauthorized” areas
- There is not enough space for provider staff
- Office security will be compromised
- Clients will be more demanding of our time
- Clients won’t come to services
- Confidentiality will be compromised

Co-Location – Current Status

- TERROS staff is co-located in 8 CPS sites
- Provide SA expertise at TDM meetings
- Improved coordination and communication
- Forum to educate child welfare staff on recovery and on addiction treatment
- Forum to educate provider staff on the philosophy and responsibilities of the child welfare system
- Allows for ongoing coordinated assessment of risk for child welfare families

Co-Location Sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Service and Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Central Ave</td>
<td>EDU, AFT &amp; 1 Case Manager</td>
</tr>
<tr>
<td>Glendale</td>
<td>EDU, SOP (subcontractor) 1 Case Manager</td>
</tr>
<tr>
<td>Thunderbird</td>
<td>1 Case Manager</td>
</tr>
<tr>
<td>Avondale</td>
<td>1 Case Manager</td>
</tr>
</tbody>
</table>
## Co-Location Sites

<table>
<thead>
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<th>Service and Staff</th>
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<tbody>
<tr>
<td>Tempe</td>
<td>1 Case Manager</td>
</tr>
<tr>
<td>South Mountain</td>
<td>1 Case Manager</td>
</tr>
<tr>
<td>Peoria</td>
<td>1 Case Manager</td>
</tr>
<tr>
<td>Gilbert</td>
<td>Assessments IOP, SOP, EDU AFT 2 CM &amp; 2 Therapists</td>
</tr>
</tbody>
</table>

## Co-location - Outcomes
- Co-located in 8 CPS sites
- Improved coordination and communication with CPS case workers
- Provide CPS with substance abuse expertise – staffings & TDM meetings
- Now a natural way of doing business

## Parent to Parent Recovery Coach Program
Parent to Parent Recovery Program

- Focuses on improving two outcomes.
  - Engagement
  - Continuation (retaining clients in treatment)
- Various strategies were implemented
  - Contingency management
  - Participation in TDM meetings
  - Availability of assessments within 5 days
  - Providing transportation

Engage clients into treatment

Encourage clients to remain in treatment

Help clients Navigate the child welfare system

Guide clients through the process of recovery

Parent to Parent - Training

The training program is designed to help recovery coaches to better understand and share their own successes with the child welfare system and their experience with recovery so they can effectively share these experiences in ways that help others achieve success.
Parent to Parent - Supervision

- Open door policy of supervisor
- Teaching Recovery Coaches how to prioritize client’s needs
- Encourages coordination of care among staff and agencies
- Supports staff members by encouraging their own recovery path and support system
- Weekly 2 hour staffing with therapists using the Genogram

Outcomes P2P

- Engagement: 80.5% of clients assigned a recovery coach completed an assessment vs 60% of clients not assigned a recovery coach
- Continuation: Clients assigned a recovery coach stayed in treatment an average of 54 days compared to 21 days for clients not assigned a coach

Areas Needing Re-vitalization

- Quick access to services regardless of funding source
- Focus on child safety and family involvement
- Collaboration with all systems
- Unique population = Unique programming
We Learned That

Both systems desire the same outcomes:
- Child safety
- Preservation/reunification
- Parent engagement into treatment
- Sobriety
- Parents to take responsibility for themselves and their family

We Learned That

A strong partnership between child welfare and the substance abuse provider is essential to achieving these shared outcomes

and that

Partnerships require maintenance

Collaboration – Possibilities

Individually write down opportunities for cross systems collaboration (5 min)

Group participants – share ideas and identify one cross system collaboration (10 min)

Report out cross system collaborative opportunities (5 min)
Operational Plan

- Explore areas where cross-system collaboration can be implemented
  - Medicaid (RBHA)
  - DOC
  - ADJC
  - FQHC integration

Evaluation Results

Increase in Timeliness, Availability and Accessibility of Services

- 3,954 families were referred to AFF statewide in 2009
- 91% received 1 or more outreach effort on or after the referral date
- Outreach efforts occurred on an average on 2.1 days of referral
- 80% of those referred received an assessment
Recovery from Alcohol and Drug Problems

- Most clients received an average of 1.24 drug screens per month
- 67% of clients tested negative on all of their drug screens during Tx

Child Safety and Reduction of Child Abuse & Neglect

- 97% of families participating in AFF had no subsequent report filed
- 0.5% of families had a subsequent substantiated report

Summary – Keys to Success
Cross-System Collaboration

- Develop and maintain respect and appreciation for the others responsibilities, roles, and expertise
- Nurture the partnership by establishing regularly scheduled meeting that allow for information sharing, updates and problem solving

Cross-System Collaboration

- Be patient and persistent
- Manage “Urban Legends”
- Identify champions from each system who will drive the process

Questions?