



IMPLEMENTING
THE SUBSTANCE
USE DISORDER
PROVISIONS OF
THE FAMILY FIRST
PREVENTION
SERVICES ACT

A TOOLKIT FOR CHILD WELFARE
AND TREATMENT STAKEHOLDERS

**SECTION 5: CREATE
STRONG PARTNERSHIPS TO
MAXIMIZE SUCCESS**

CONTRIBUTING ORGANIZATIONS:



Children and Family Futures
Strengthening Partnerships. Improving Family Outcomes

childfocus®



NASADAD National Association of
State Alcohol and Drug Abuse Directors

SECTION

5

CREATE STRONG PARTNERSHIPS TO MAXIMIZE SUCCESS

Family First can lay the groundwork for successful new collaborations across systems and serve as a sustainable mechanism to ensure families have access to family-centered treatment in the long-term. Even in states with strong collaborations already in place, agencies need to constantly educate new leadership and frontline staff on policies governing placement and service delivery, reinforce best practice principles, and communicate leadership priorities that are consistent with new research and changing understandings of what works to help families stay together. Those with sustainable partnerships can more readily work together on new policy opportunities as they emerge and measure their progress toward achieving better outcomes over time.

This section in the toolkit highlights best practices that have already emerged through collaborative work, including implementing plans of safe care and the Regional Partnership Grants, as well as some key policy and practice challenges that are unique to Family First implementation.

Best Practices for Collaboration⁹

- 1. Clarify mission, underlying values, and principles of collaboration:** Family First provides an opportunity to define the shared mission of the partners, mandates of each system, and how they contribute to implementation. This process helps to build trust between the systems. Often these agreements are captured through a Memorandum of Understanding, which is developed by an Advisory Council or Steering Committee. This step serves as a critical foundation for Family First implementation and helps to ensure that implementation efforts remain focused on a shared mission rather than focused solely on compliance with the requirements of the law.
- 2. Screening and assessment:** Effective screening and assessment on the part of both child welfare and SUD system partners is essential to match children and families to appropriate services to meet their needs, including the right evidence-based programs, as well as the most appropriate level of care, including family-centered residential treatment and other family-centered treatment approaches.
- 3. Engagement and retention in care:** Along their path to recovery, parents must make behavioral changes and learn new coping skills that will take time. This process may require multiple attempts before it is successful. Working together, child welfare, SUD treatment, and community partners can provide support and encouragement for parents' long-term recovery goals, including keeping the family intact.
- 4. Services to children of parents with SUDs:** Parental SUDs can have a major impact on children, and partners must work together to ensure that children receive specialized prevention and early intervention services. In addition to the EBPs reimbursable under the new Title IV-E prevention funding stream, the

⁹ Adapted from *The Collaborative Practice Model for Family Recovery, Safety and Stability*, Children and Family Futures, 2011.

child welfare system can help ensure that other interventions are available to meet the developmental needs of the children.

5. **Working with the community-based treatment organizations:** Many community-based organizations provide evidence-based SUD treatment services eligible for Title IV-E reimbursement under the law. When supporting families with SUDs, it is important that partners understand the landscape of community-based organizations, (e.g., funding, reporting, staffing) and other family support systems available to the family.
6. **Efficient communication and information systems:** Without efficient communication protocols, families must navigate multiple complex systems that may involve duplicative or conflicting steps, requiring them to tell their story multiple times and delaying effective service delivery. If implemented well, Family First can help encourage partnerships that streamline the assessment and referral process to quickly connect families to the services they need.
7. **Budgeting and program sustainability:** Long-term sustainability for innovative approaches requires diversification of funding resources from multiple agencies in a state or community. Family First is significant in part because it provides a long-term, sustainable source of funding to support family-centered treatment approaches. For more information about additional funding streams available to serve families who are affected by SUDs, see Section 4 of this toolkit.

8. **Training and staff development:** Cross-training for personnel at all levels within child welfare and SUD treatment agencies is necessary to promote a shared understanding and respect for each other's agencies. Without such training, conventional practices can reinforce barriers caused by agencies working in silos.
9. **Working with related agencies:** Most families affected by SUDs require assistance from multiple agencies to address their complex issues, including child and adult mental health, child development, domestic violence, primary health care, housing, and employment-related services. In the context of Family First implementation and effective SUD treatment, it is important to holistically meet the needs of families affected by SUDs to improve their long-term recovery outcomes.
10. **Joint accountability and shared outcomes:** For collaboration to be effective and sustainable, partners should measure outcomes for the whole family—both parents' recovery as well as children's safety and permanency. Outcomes measurement for the whole family is critical to reflect a family-centered approach to monitoring effectiveness.

Family First Implementation Challenges and Strategies

Family First planning and implementation presents an excellent opportunity to reinforce the goals of both child welfare and SUD treatment agencies, and to establish successful practice and policy strategies to help children and families. The chart below highlights practices to avoid, as well as strategies to successfully plan and implement Family First.

POSSIBLE PITFALLS	STRATEGIES FOR SUCCESS
<p>Embarking on collaborative efforts without understanding the perspectives of other systems: With so many other priorities competing for the attention of child welfare and SUD systems, it can be tempting to rush into Family First implementation without taking the time to recognize and discover the different perspectives each system brings to the partnership. This oversight can lead to misunderstandings and blame, which typically comes at the expense of families they are serving.</p>	<p>At the outset of implementation, gain an understanding of the perspective, goals, and mandates each system brings to the partnership: Through a coordinating team or leadership committee, set the stage for implementation by both defining shared goals and acknowledging the differing perspectives each partner brings to the partnership. These goals, as well as specific roles and responsibilities for each partner engaged in Family First, can be articulated in an MOU.</p>
<p>Using plans of safe care to bring more children into foster care: Plans of safe care and Family First provide important new pathways to connect families to family-based substance use treatment services. Unfortunately, in some states, plans of safe care have increased attention on families with SUDs and, in the worst cases, led to more children being removed from their parents and placed into foster care. This outcome runs counter to the intent of federal law, as well as what research shows to be best practice when working with families affected by SUDs. This practice can also have a chilling effect for families who need treatment but may be reluctant to trust the child welfare agency to help connect them to services for fear of having their child removed and placed into foster care.</p>	<p>Take advantage of new federal opportunities to help keep families together: Plans of safe care and Family First are intended to keep children with their families whenever safely possible by connecting families to needed SUD treatment services. These federal reforms support more proactive measures to keep families together. In keeping with the spirit of these laws, stakeholders must ensure that implementation leads to more families experiencing recovery—rather than being separated. An appropriate goal for working with a family with a SUD is to understand and help create conditions that lead to change. Motivational Interviewing, a practice technique used by many SUD treatment professionals, is an approach that may be helpful for child welfare caseworkers to help parents improve their self-esteem and feelings of competence and develop the feeling that he or she is able to change.</p>
<p>Having child welfare outreach to treatment providers without involving SUD systems: Child welfare agencies may be tempted to reach out directly to providers to develop contractual relationships, without involving the SUD public administrators. Engaging these administrators is critical, as they have responsibility for oversight of individual providers and can assess whether they are equipped to work with families. They also understand how current SUD funding streams work and how they can be blended effectively with Title IV-E prevention funding.</p>	<p>Involve SUD systems experts from the outset of Family First implementation efforts: Treatment systems leaders are important sources of information for child welfare agencies. They can help child welfare systems develop contracts that are aligned with the current state and federal SUD funding and ensure that best practice principles in the SUD system are being followed. They can also help to reinforce policies and practices that reduce confusion and fragmentation for the family and improve coordination of services.</p>

POSSIBLE PITFALLS	STRATEGIES FOR SUCCESS
<p>Treating medications used in MAT as an inappropriate substance: MAT is not always well-understood by the child welfare system, which can lead to inappropriate decisions about the family’s treatment and safety plans, as well as unrealistic expectations about recovery timelines and other recovery supports that may be needed for the family.</p>	<p>Educate all stakeholders about the role of MAT and how to incorporate it into child welfare case planning: The Title IV-E Prevention Services Clearinghouse has already approved Methadone Maintenance Therapy as a promising practice, and child welfare and court personnel should be educated on how the broad range of MAT treatment options can help keep families safely together.</p>
<p>Placing families into residential treatment without assessing their need for that level of care: Residential treatment is appropriate for some, but not all, families. It is a highly structured and intensive placement option, and although it offers numerous benefits, it is not necessary for families who can be served through outpatient or in-home services.</p>	<p>Reinforce the importance of a continuum of SUD services and placement options: It is important that a whole continuum of family-centered treatment services be available to families, and that patient placement criteria help to determine the level of treatment required to meet their needs. For Medicaid reimbursement, medical necessity determinations are required for treatment.</p>
<p>Promoting family-centered treatment without engaging all family members: Although Family First is intended to address the needs of the entire family when making a referral to SUD treatment services, this is not always the norm. For example, some states do not have a mechanism for paying for programs for a father. In addition, many family-based residential providers do not accept children over a certain age, or more than one or two children in treatment with a parent. Other family members still living in the home may also need income support and other supportive services.</p>	<p>Use the new resources available through Family First to strengthen the capacity of treatment providers to work with the whole family: Central to a family-centered approach is meeting the needs of all family members. In addition to providing therapeutic, health, developmental, and other services to meet the needs of children in SUD treatment with their mothers, family-centered treatment should also engage fathers, as well as other children (i.e. siblings) in the family.</p>
<p>Relying solely on SUD treatment services to meet family needs: SUD treatment alone will not keep families together, and planning teams will need to engage a variety of stakeholders to meet the holistic needs of families.</p>	<p>Ensuring families have access to a range of services to meet the whole family’s needs: Successful family-centered treatment depends on a blend of services that are tailored to the unique needs of the families being served. Families with SUDs may have a variety of other needs that must be met for treatment to be successful, including housing, transportation, legal support, recovery support, parenting, and mental health treatment. While Family First will not pay for all these supports, it is important to leverage the support of other systems for successful outcomes.</p>

KEY QUESTIONS

1. What is each represented system's role in achieving shared priorities and outcomes?
2. What are some barriers to collaboration between these two systems?
3. What does each partner believe about the nature of substance use disorders and the role of treatment to improve family outcomes?
4. What does each partner believe about the role of child welfare to improve family outcomes?
5. Do partners agree on the markers of effective practice and service delivery? What are those markers?
6. How is "best interest" defined for children? For mothers? For families? Do families have sufficient input in determining this?
7. What do partners believe constitutes recovery?

RELATED RESOURCES:

- [Synthesis of Cross System Values and Principles: A National Perspective](#)
- [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#)
- [Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers](#)
- [Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements, and Challenges](#)
- [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#)
- [Addiction Technology Transfer Center \(ATTC\) Network](#)
- [HealthKnowledge Course: Supporting Recovery with Medications for Addiction Treatment \(MAT\)](#)
- [Tutorial for Substance Abuse Treatment Professionals](#)
- [Tutorial for Child Welfare Professionals](#)