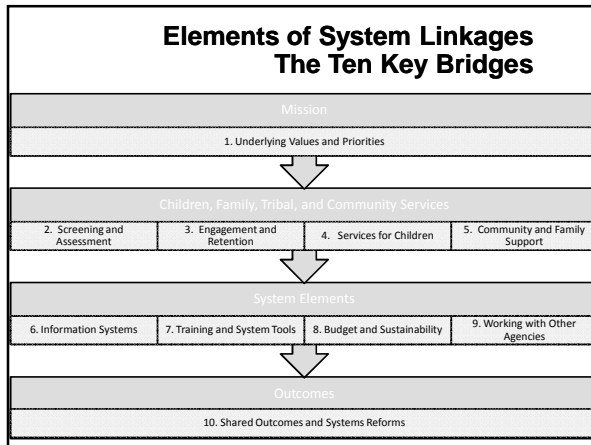



Workshop Overview


- Understand the key principles of family-centered substance abuse treatment.
- Identify various models of family-centered substance abuse treatment, including the continuum of services for children affected by parental/caregiver substance abuse.
- Identify how community partners can provide access to developmental and early intervention services for children.
- Understand the need to focus on women in treatment, although at the same time acknowledging the movement towards involvement of the father.

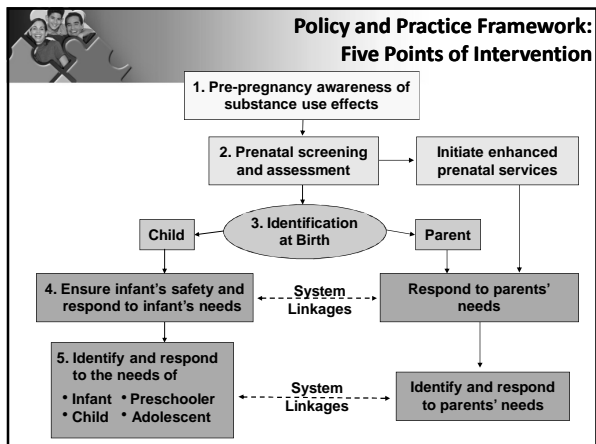


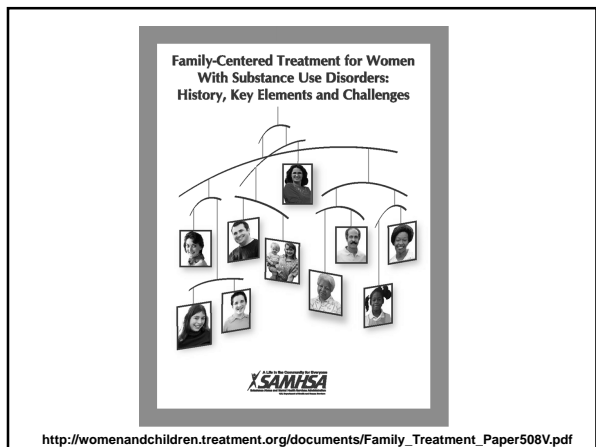


The Framework: Five Points of Intervention

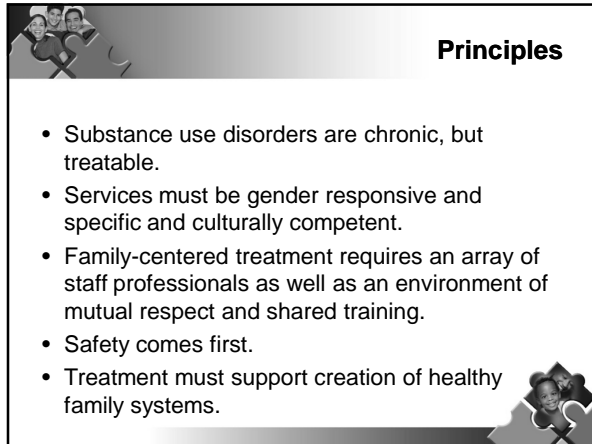
- Pre-pregnancy and public awareness
- Prenatal screening and support
- Screening at birth
- Services to infants and children
- Services to parents





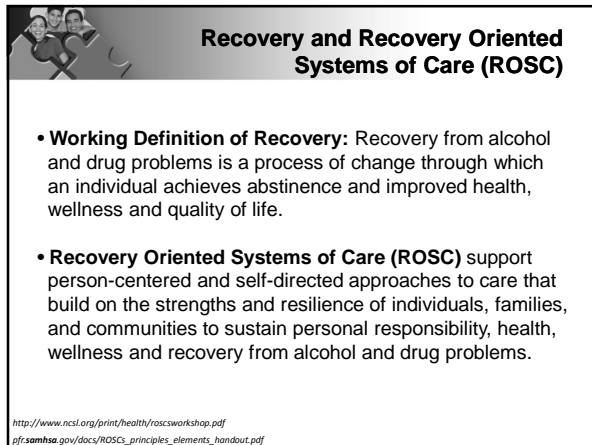


- ### Principles of Family-centered Treatment
- Family-centered treatment is comprehensive.
 - Women define their families.
 - Treatment is based on the unique needs and resources of individual families .
 - Families are dynamic, and thus treatment must be dynamic.
 - Conflict is inevitable, but resolvable.
 - Meeting complex family needs requires coordination across systems.



Principles

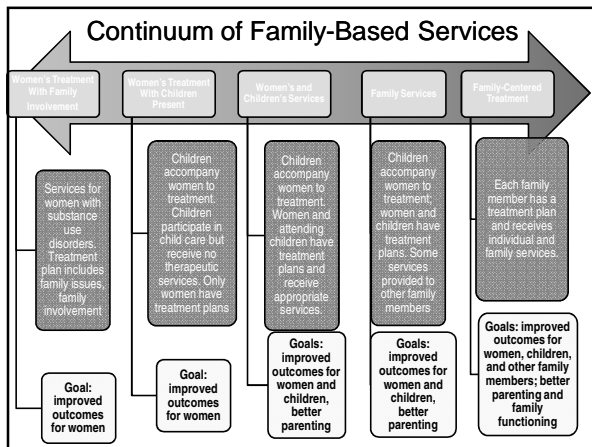
- Substance use disorders are chronic, but treatable.
- Services must be gender responsive and specific and culturally competent.
- Family-centered treatment requires an array of staff professionals as well as an environment of mutual respect and shared training.
- Safety comes first.
- Treatment must support creation of healthy family systems.

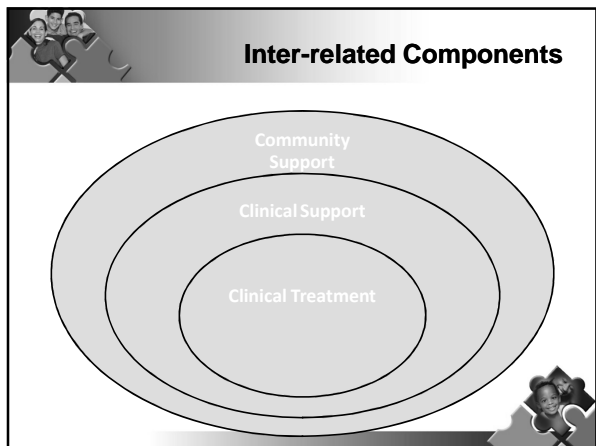


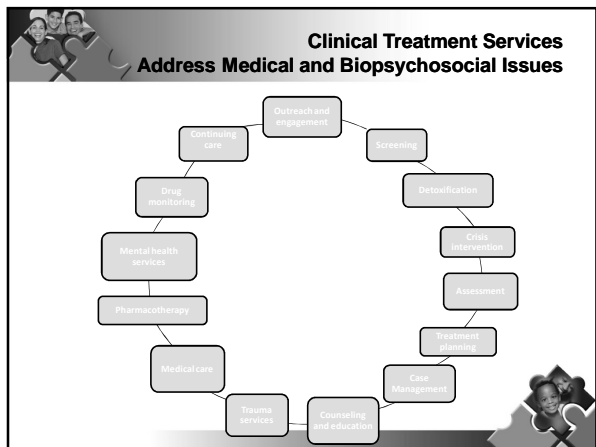
Recovery and Recovery Oriented Systems of Care (ROSC)

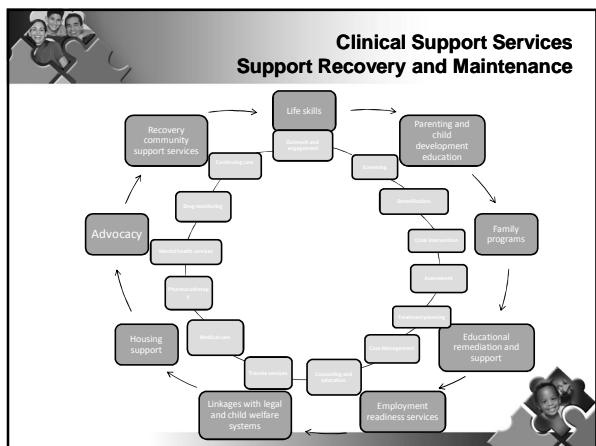
- **Working Definition of Recovery:** Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.
- **Recovery Oriented Systems of Care (ROSC)** support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to sustain personal responsibility, health, wellness and recovery from alcohol and drug problems.

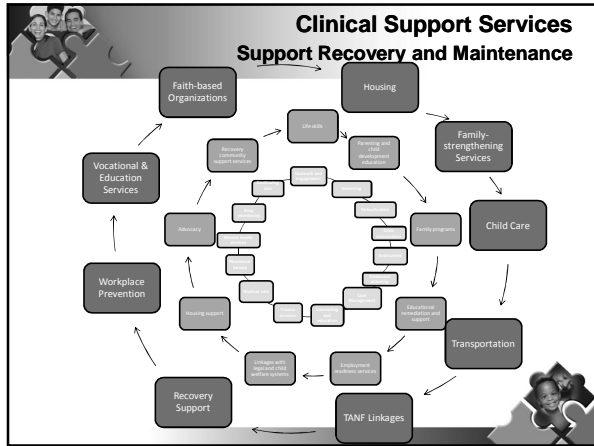
<http://www.ncsl.org/print/health/rosccworkshop.pdf>
http://samhsa.gov/docs/ROSCs_principles_elements_handout.pdf

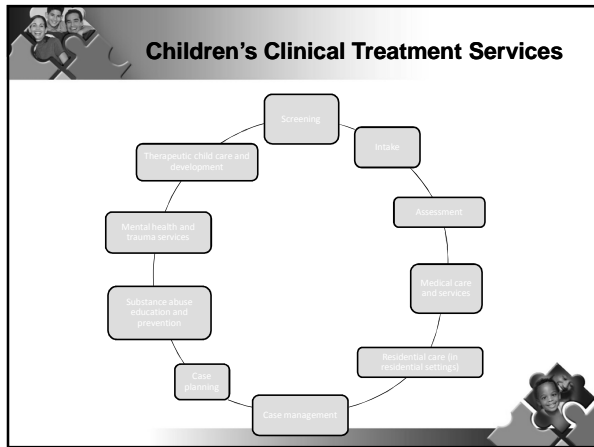


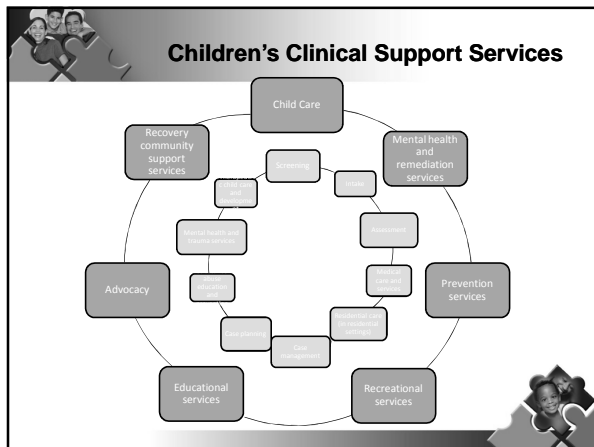


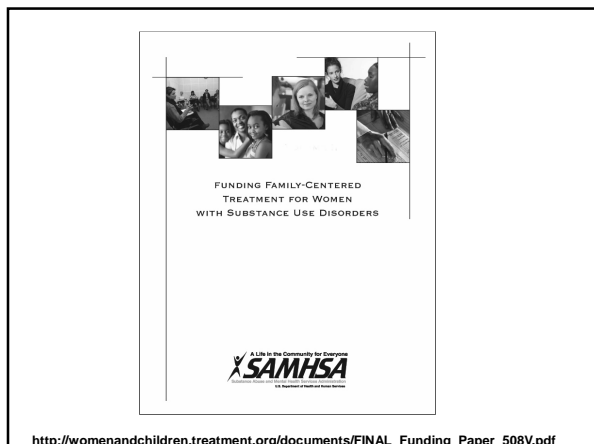










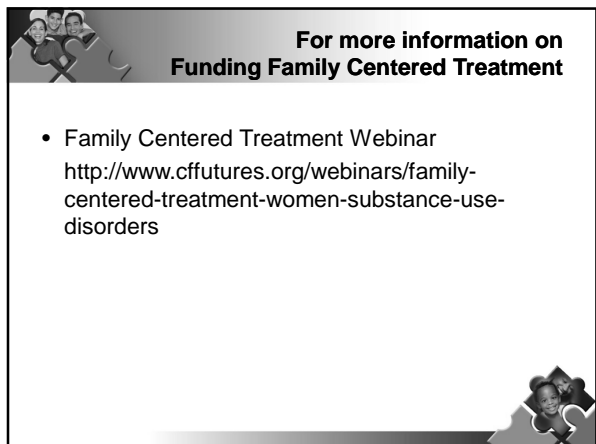


Purpose

- To identify strategies that will:
 - Increase funding flexibility
 - Maximize revenues
 - Optimize the efficiency of existing resources

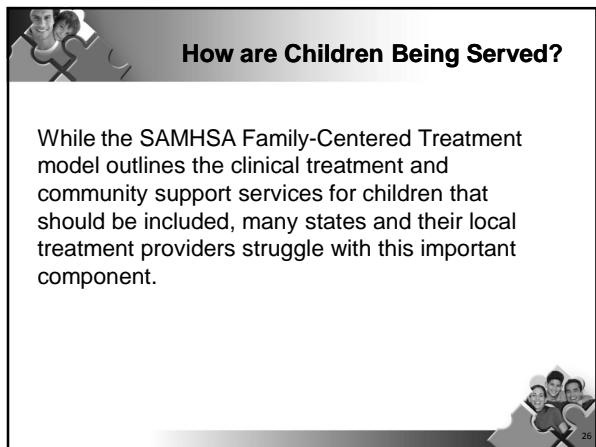
Funding Family Centered Treatment

- By...
 - Detailing Federal and State funding sources that could support treatment services for women and their families.
 - Providing concrete, next-step starting points.
 - Maximizing revenues.
 - Optimizing efficiency of existing resources.



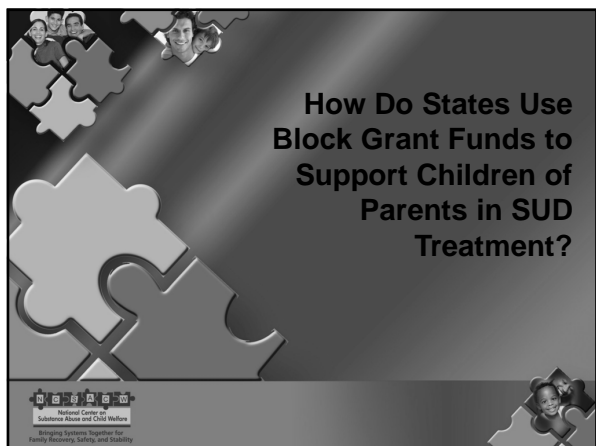
For more information on Funding Family Centered Treatment

- Family Centered Treatment Webinar
<http://www.cffutures.org/webinars/family-centered-treatment-women-substance-use-disorders>




How are Children Being Served?

While the SAMHSA Family-Centered Treatment model outlines the clinical treatment and community support services for children that should be included, many states and their local treatment providers struggle with this important component.




How Do States Use Block Grant Funds to Support Children of Parents in SUD Treatment?


National Center on Substance Abuse and Child Welfare
Bringing Systems Together for Family Resilience, Safety, and Stability



Intro


- NASADAD coordinated with NCSACW to conduct a case study of nine states that were identified as having taken the most steps to address this issue.
- States included: Colorado, Georgia, Massachusetts, Nevada, New Jersey, Massachusetts, Oregon, Texas, and Virginia.
- The study investigated (1) how States have defined therapeutic services for children; (2) what services States offer for children; (3) how a state determines whether and what type of therapeutic services a child should get; and, (4) how States ensure that children have access to such services.






Goal


- To identify policies and practices that States have implemented to offer high quality services for children whose parents enter SUD treatment.
- To understand the ways that SSAs and SUD treatment providers are able to collaborate with other agencies to provide cost-effective services to children whose parents enter SUD treatment.
- This study did not examine the efficacy of individual interventions or services provided by SUD treatment programs or through referral to other agencies.






Methodology


- Given a review of responses to the Block Grant applications, responses to inquiries through listserves and agencies that volunteered, the nine states were selected. They were also chosen for their geographic variety.
- The case studies were conducted through telephone discussions with State agency staff. NASADAD staff, with the assistance of the WSN and the NASADAD Research Committee, drafted a discussion guide using the National Center for Substance Abuse and Child Welfare's ten-element framework for cross-systems collaboration between Child Welfare agencies, substance abuse treatment agencies and the family court system.






Discussion Guide


- The discussion guide was used to address the following:
 - How States define therapeutic services for children whose parents enter SUD treatment, what requirements States have for counties or providers with respect to therapeutic services for children whose parents enter substance abuse treatment, and how State's ensure that these requirements are met.
 - What types of providers are required to deliver therapeutic services to children, and whether there are specific manuals or protocols providers are required to use.






Discussion Guide Cont.

- How the SSA assists SUD treatment providers to access therapeutic services for children that are provided by other social services agencies (Head Start, WIC, home visiting services, etc).
- Whether SSAs track the numbers of children who enter SUD treatment with their parents; the numbers of children who receive therapeutic services as part of their parent's treatment.
- How therapeutic services to children are funded.
- Whether and how the SSA provides training or TA to help providers deliver high quality therapeutic services to children.







Discussion Guide cont.

The discussions attempted to elicit information on 8 areas of focus:


- *Underlying Values*
- *Daily Practice – Client Screening and Assessment*
- *Daily Practice – Services for Children*
- *Working With Other Agencies*
- *Shared Information Systems*
- *Budgeting and Program Sustainability*
- *Training and Staff Development*
- *Outcomes*






Key Findings


- Various way in which States defined therapeutic services. Providers are directed to screen for needs and deliver prevention/early intervention services.
- Important yet sometimes challenging - Establishing which agency is primarily responsible for ensuring that children receive appropriate services.
- Services may be expensive, therefore a cost-effective way is to provide referrals to other agencies and leverage existing resources and funds such as Medicaid.






Key Findings

- Waitlists can be long and increases in criteria of children who are eligible for services may make referrals challenging.
- Careful consideration is needed when selecting appropriate assessment tools. Evaluations is needed to assess evidence based intervention in these settings.





Discussion

- Family centered treatment is an emerging field
- Complexity of the Issue
 - Working with women in treatment
 - Father involvement
 - Other factors including domestic violence, mental health issues, poverty
- The need for a collaborative approach
 - Not just an issue for the treatment providers

