

OUTCOMES

ASAP Strategic Focus Area Need for Treatment within the Child Welfare System

MISSION: In accordance with Executive Order 2008-01, *Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services*, increase the State's capacity to meet the needs of families affected by substance abuse and mental health issues within the child welfare system.

Problem #1: Inadequate resources and lack of documentation of all funding resources available to support substance abuse treatment and mental health services within the child welfare system.

Goal: Direct resources to address the specific substance abuse and mental health needs of families within the child welfare system.

Responsible Agency: ASAP will provide direction to partner agencies to include DHS, DES, and AHCCCS.

Action Steps:

1. In order to ensure that CPS families are prioritized in receiving substance abuse treatment services, CPS and DBHS should:
 - Establish a timeframe for response to CPS referrals.
 - Establish a specific timeframe for the engagement of treatment services from the date of assessment,
 - Develop a tracking system to record and calculate the average response time, as well as the timeframes for engaging the client in program services.

Outcomes:

Problem #2: There is insufficient tracking and documentation across agencies regarding the need for substance abuse treatment for families within the child welfare system. A data collection mechanism should be created to identify individuals involved with CPS who have substance abuse issues and refer them for appropriate treatment services.

Goal: Establish a central data-collection infrastructure to collect information on the occurrence of substance abuse within families in the child welfare system.

Responsible Agency: ASAP will provide direction and coordinate with the EPI Workgroup; DES/DCYF

Action Steps:

1. As required in Executive Order 2008-01, DES/DCYF shall establish a data collection mechanism to identify individuals involved with CPS who have substance abuse issues and refer them for substance abuse treatment services.

Actions Taken/Outcomes:

DCYF has been facilitating a workgroup that is addressing this data collection need. A migration into the DCYF CHILDS system has been implemented, and began being utilized on January 1, 2009. DCYF anticipates that it will take several months of collecting and analyzing these data before any meaningful information will be available to inform decision-making about substance abuse treatment services.

Problem #3: Protocols and forms to document and record the substance abuse behavior of parents/families are not consistent among participating agencies, and should be revised so as to streamline services and coordinate treatment among agencies and programs.

Goal: In accordance with the fourth requirement of Executive Order 2008-01, establish and implement consistent protocols and forms for all agencies involved with families within the child welfare system to assess and document substance-abusing behaviors and share these assessments across agencies. These protocols will assess treatment needs and guidelines to coordinate provision of services.

Responsible Agency: DES and DHS

Action Steps:

1. Collect and analyze protocols, forms and procedures that document information about substance-abusing behaviors.

Actions Taken/Outcomes:

DES has revised its Strengths and Risk Assessment (SRA), which evaluates family functioning. This new tool, which has been implemented, includes additional questions about parental substance abuse and its impact on parents' ability to care for their children. The recommended questions are open-ended, non-confrontational, and are phrased to engage family members in identification of their own unique strengths and needs. An informational series on practice point topics was developed in FY 2007 and included a Risk Domains and Six Fundamental Safety Questions for substance abuse as it contributes to child abuse. Information gathered during these interviews is used to develop a family-centered case plan to support the achievement of the permanency goal and address the child's educational, physical health, and mental health needs.

DHS/DBHS has revised its Core Assessment and Service Plan procedures. Nationally accepted substance use screening forms are required: the UNCOPE for adults and the CRAFFT for kids. If the individual screens positive, an in-depth substance abuse assessment is then completed. In addition, substance use information is collected in the Client Information System (CIS) at DBHS, and this information must be updated at least annually for each enrolled member. The CIS system also captures information related to CPS involvement and if the referral was for AFF services.

2. Convene relevant agencies to establish and implement protocols to achieve consistent documentation of substance abuse treatment needs and guidelines to coordinate provision of services for clients. As of January 1, 2009 the agencies are required to utilize specific screening tools in order to gather and document information consistently among all service providers.

Outcomes:

DHS/DBHS has several Practice Protocols addressing substance abuse treatment best practices. Currently the protocols addressing treatment for women, treatment for adolescents, and treatment for co-occurring disorders are being revised and updated. Status of the revisions will be reviewed again in April 2009. Stakeholders, including CPS, are involved in reviewing these documents and providing public comment. These protocols address the importance of coordinating services.

<p>Problem #4: Assessments of substance use and abuse across agencies are inconsistent and services provided driven by funding sources and availability.</p>

Goal: State agencies will develop a common understanding of the continuum of services available and a common understanding of best practice approaches and intensity levels.

Responsible Agency: DBHS and providers

Action Steps:

1. Develop a common understanding of different types of programs and services and what to expect from them. Educate CPS workers on the different types of treatment and expectations.

Outcomes:

2. Hold ongoing discussions to create common expectations around recommendations for treatment programs and services and the actual services being provided.

Outcomes:

Problem #5: There is insufficient coordination of the case management system for children and families across agencies (child protection, juvenile court, education, treatment, etc.).

Goal: Structure a comprehensive, coordinated case-management system that maximizes limited resources and best serves the needs of families in the child welfare system.

Responsible Agency: ASAP will provide direction to partner agencies to include DHS, DES, and AHCCCS.

Action Steps:

1. Assess the capacity of caseworkers to understand and appropriately intervene with substance abuse-involved families.

Outcomes:

CPS caseworkers are provided with ongoing opportunities for training on working with families with substance abuse issues..

2. Identify cross-training opportunities to reinforce integration and coordination for agencies providing services to families within the child welfare system.

Outcomes:

DHS/DBHS has a Practice Protocol dedicated to working with children and families involved with the child welfare system. It is a required training for behavioral health staff and is available through a web-based training as well. CPS assisted in developing this training.

Completed Action Steps

1. Identify all public funding for substance abuse education and treatment.

Outcomes:

In December 2007, the Governor's Office of Strategic Planning and Budget (OSPB) and the Joint Legislative Budget Committee (JLBC) completed their Strategic Program Area Review (SPAR) of substance abuse funding for the State of Arizona. In FY 2007, 12 agencies received public funding for substance abuse programs and the state spent an estimated \$172 million on substance abuse efforts. Of this amount, \$58.4 million came from the State General Fund and \$84.9 million came from Federal monies. Approximately 84,300 people received substance abuse treatment services from the State in FY 2006. This report provides detailed information about the amounts received by the agencies as well as the specifics on the services provided with these monies (<http://www.azleg.gov/jlbc/2007SPAR.pdf>) .

2. Validate and/or verify existing state and federal formula funding that support substance abuse treatment.

Outcomes:

<u>Agency</u>	<u>Year</u>		
	<u>FY 1996 Expenditures (Actual)</u>	<u>FY 2007 Expenditures (Estimated)</u>	<u>FY 2006 Number Served (Treatment)</u>
Dept. of Health Services	\$36,208,700	\$117,136,200	60,105
Dept. of Education	10,495,900	20,336,100	-
Administrative Office of the Courts	3,701,400	8,862,900	14,976
Dept. of Juvenile Corrections	1,518,500	8,161,000	970
Dept. of Economic Security	665,200	7,224,500	4,727
Governor's Office	1,925,900	6,208,400	-
Dept. of Corrections	2,657,200	3,115,800	2,600
Drug & Gang Prevention Resource Center	--	435,500	-
Medical Board	--	200,400	100
Dept. of Public Safety	356,100	130,000	-
AZ Criminal Justice Commission	250,600	116,000	796
Board of Pharmacy	--	106,500	42
Other	<u>2,101,100</u>	<u>--</u>	<u>-</u>
Total	\$59,880,600	\$172,033,200	84,316

(Source: *Strategic Program Area Review for Substance Abuse*- Governor's Office for Strategic Planning and Budget and Joint Legislative Budget Committee).

3. Conduct a gap analysis between what is needed and what is available for substance abuse treatment within the child welfare system.

Outcomes:

According to the *Substance Abuse Treatment Services Capacity Report* (<http://gocyf.az.gov/SAP/documents/SubstanceAbuseTreatmentServicesCapacityAssessment.pdf>) of the Substance Abuse Epidemiology Work Group, the total number of providers across the state contracted through the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) to provide substance abuse treatment services to adults is 133. These 133 providers staff a total of 327 outpatient clinics; 251 specialty treatments; 1010 residential substance abuse beds; 355 detoxification inpatient beds; 180 detoxification sub-acute beds; 40 stabilization services; and 18 Methadone clinics.

This report also indicates that at any one time, Arizona Families, Families in Recovery Succeeding Together (F.I.R.S.T.) (AFF) providers have the capacity to service 1,207 individuals in non-residential services and 27 individuals in residential services through Department of Economic Security (DES) AFF funding.

The report also finds that when the number of AFF substance abuse treatment providers by Geographic Service Area (GSA) is examined on a per capita basis, the number of providers per 100,000 adults is found to be highest in GSA 4, which is inclusive of Gila and Pinal counties, and in GSA 1, which covers the northernmost parts of the state. The GSA with the lowest number of AFF service providers per capita is GSA 6, the most populous area of the state. These data uncover a need for more AFF treatment providers in Maricopa County.

This same pattern is found for substance abuse treatment providers available to the overall adult population. Substance abuse treatment services (per 100,000 adults) are fewer in Maricopa County than they are in other areas of the state.

The data collected to inform this report and the collection system implemented by ADHS/DBHS and the Substance Abuse Epidemiology Work Group will become integrated into ADHS/DBHS's network development and system of care plans. The ADHS/DBHS System of Care planning process incorporates review and analysis of utilization data, complaint/grievance data, satisfaction surveys, and stakeholder input in order to assess potential gaps and to establish network growth goals for the coming year.

Future capacity assessments:

- will be completed on a yearly basis in order to assess changes in the state's capacity to provide substance abuse treatment services and to assess gaps in service capacity in each county/GSA.
 - i. This will be done by mapping the addresses and zip codes of the service providers captured through the efforts of ADHS/DBHS, DES/DCYF and the Substance Abuse Epidemiology Work Group using Geographic Information Systems (GIS) software; this will graphically portray the locations of service providers to determine gaps in services by type of service provider.
- will go beyond counting the number of substance abuse treatment providers in an effort to uncover potential causes for any gaps in substance abuse treatment services and the utilization of such services, such as lack of public transportation, waiting lists, and lack of licensed treatment providers.
- will attempt to examine the co-occurrence of involvement in the child welfare system and the need for substance abuse treatment services by geographic area in an effort to answer existing questions:
 - i. Do counties/GSAs experience differential levels of child welfare involvement?
 - ii. Do areas with higher involvement in the child welfare system have the appropriate substance abuse treatment services available for families with such need?

Information on substance abuse treatment services should be coupled with data on adult substance use patterns in Arizona. The simultaneous assessment of these two components will allow a better determination of potential gaps between substance abuse treatment service need and the state's ability to adequately address such need.

DBHS has begun to conduct site visits to review substance abuse program effectiveness and will make recommendations to providers for program improvements. They will also target expansion where it appears to be most needed. Health Services Advisory Group (HSAG) has just completed an independent review of the women's residential treatment programs, and DBHS has just completed a review of Intensive Outpatient Programs for adolescents around the state. Coaching sessions (a joint effort between DBHS and DCYF) with AFF providers are ongoing, and these serve as a mechanism to review clinical practice, cross agency/service coordination, and maximization of federal funds.

4. Reprioritize existing resources to target treatment needs of families within the child welfare system.

Outcomes:

In response to Executive Order 2008-01, state agencies administering substance abuse treatment funding have made the provision of treatment for families involved with CPS a priority. Agencies are leveraging existing resources and working together to prioritize CPS families, while ensuring that federal funds are maximized before state funds are expended.

In September 2008 a report highlighting the progress made in implementing Executive Order 2008-01 was presented to the Governor, and below are highlights pertaining to the reprioritization of existing resources to target treatment needs of families within the child welfare system:

- The Arizona Parents Commission on Drug Education and Prevention (Parents Commission), which is staffed and administered through the Governor's Office (GOCYF) /Division for Substance Abuse Policy, will award \$2 million through a competitive grant process to programs that will target the incorporation of comprehensive family care into substance abuse treatment. These programs will provide essential family skills training programs to CPS involved substance abuse treatment clients, improving their chances of successful parenting and improving the safety of their children.
- ADJC is currently reviewing a proposal to convert a general population unit to a chemical dependency treatment unit, a result of their analyses of treatment capacity. This conversion would create an additional fifth unit for chemical dependency and would increase the number of beds available to adjudicated youth in need of treatment services. In turn, this expansion of capacity would increase the state's capacity to provide substance abuse treatment services to CPS involved families.

- The Department of Economic Security (DES)/Division for Children, Youth and Families (DCYF) was awarded a \$1.5 million federal assistance grant to develop the Arizona Families F.I.R.S.T. (AFF) Parent to Parent Recovery Program in Maricopa County. This program enhances existing AFF client services by utilizing peer recovery coaches for methamphetamine-using parents, at no extra cost to the state, and funds an additional staff person to coordinate this program, freeing up the other AFF statewide coordinators to spend their time and resources working around the state.
- ADHS/DBHS has expanded the capacity to serve those in need of detoxification services in rural areas of the state by opening substance abuse detoxification/stabilization centers in Payson, Yuma, Globe, Holbrook and Winslow. This expansion provides an additional capacity to serve CPS involved families in need of substance abuse treatment services in a manner that is timely and meets their treatment needs.
- The inability for clients to obtain Arizona Health Care Cost Containment System (AHCCCS) eligibility has been an impediment to accessing treatment for families involved with Child Protective Services (CPS). Within DES, AFF and the Family Assistance Administration (FAA) have worked together to improve clients' chances of gaining eligibility and thus to have the funding available to pay for the substance abuse treatment services they require. Strategies have been employed to acquire the information necessary to assist a client with applying for a birth certificate, as well as to educate providers about the acceptable documents that may be used to establish residency.
- DHS/DBHS has incorporated language into the Regional Behavioral Health Authority (RBHA) contract amendments that directs contractors to instruct subcontracted providers to screen all AFF clients for Title XIX/XXI eligibility. This will free up state funds in order to serve more clients:

“In support of Executive Order 2008-001 Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services: The Contractor shall require subcontracted providers to screen all individuals receiving services through Arizona Families F.I.R.S.T. for Title XIX/XXI eligibility in order to maximize Federal monies where possible. Federal monies include the SAPT Block Grant, which is intended for use by non-TXIX eligible persons in need of substance abuse treatment and are available for families involved with Child Protective Services who are in need of substance abuse treatment.”

DHS/DBHS and DES/DCYF also believe there are other opportunities for data sharing that can inform effectiveness of efforts to maximize federal funding. DCYF and DBHS have worked hard to establish and maintain TXIX eligibility for AFF clients but there is still a need to measure how impactful these actions have been.

- The Arizona Department of Corrections (ADC) has incorporated the prioritization of CPS involved families for substance abuse treatment services into their priority ranking system for inmates in need of treatment to ensure that inmates whose families are involved with CPS receive the treatment they need while incarcerated. The delivery of substance abuse treatment to inmates whose family members are involved with CPS will

help to ensure that upon their release their families and children will be safer and more secure.

5. Identify the diverse data sources across state agencies.

Outcomes:

Appendix B of the *2007 Substance Abuse Epidemiology Profile*, entitled *Data Resource Section*, is a compilation of the data sources used for the creation of the document. This document is a working document that serves to illustrate the diverse data sources available in Arizona to inform our knowledge of substance abuse consumption and consequence patterns. This information will be expanded upon for the *2009 Substance Abuse Epidemiology Profile*.

The Substance Abuse Epidemiology Work Group serves as a pass-through for data collection/analysis requests from various agencies; coalitions; and interested individuals. While a unified data-collection infrastructure is not feasible at this time due to the incompatibility of data systems, any data request is filtered through the Substance Abuse Epidemiology Work Group to the appropriate agency due to its diverse membership and knowledge of the state system.

6. Establish an infrastructure for the coordination of case management of families across agencies.

Outcomes:

DHS/DBHS requires each RBHA to have a collaboration agreement with the District CPS office that is reviewed and updated annually. This collaboration agreement clearly outlines collaboration efforts and case management coordination. In addition, the DHS/DBHS policies and protocols related to Child and Family Teams outline the coordination of efforts when multi-agencies are involved.