

Virginia
Safe Families in Recovery Project
2004-2009 Strategic Plan – Executive Summary



COMMONWEALTH OF VIRGINIA

Safe Families in Recovery Project

2004-2009 STRATEGIC PLAN Executive Summary

June 2004 Distribution

1. EXECUTIVE SUMMARY

The Virginia **Safe Families In Recovery Project (SFRP)** is a collaboration between the Virginia Department of Social Services (DSS); the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the Office of the Executive Secretary, Supreme Court of Virginia (OES), in partnership with regional agencies and community-based service providers. Since its inception in Fall 2003, the SFRP Advisory Team has grown to 35 members and includes representation from the Virginia Department of Health (VDH), Virginia Council on Indians, Department of Medical Assistance (DMAS), Virginia's Office of Comprehensive Service Act (CSA), the Mid-Atlantic Technology Transfer Center (MATTC) the Virginia Institute for Social Services Training (VISSTA), and Virginia's family treatment drug courts.

With the implementation of the Adoption and Safe Families Act and renewed emphasis on achieving safety, permanency and well-being for children in the child welfare system, finding effective ways to address concurrent substance abuse and child maltreatment problems in families takes on new importance. Over the last 10 years, a record number of single-parent families have entered the child welfare system because of parental substance abuse. Several elements must be present in order to effectively address this problem. Services must be comprehensive and well coordinated; staff from all systems must be cross trained in other systems in order to understand a family's needs and make appropriate referrals; practice must be empowerment-based, helping families and also solving external issues such as housing and employment; helpers must support the development of self-sufficiency in families and individuals; policies, procedures and agreements among systems must accommodate methods to share information, solve problems and overcome barriers; there must be a full continuum of services that are family-centered and community-based; gender specific services, involving the participation of children, must be available; and services must be individualized.

The Goals of the SFRP Initiative

1. Create the necessary statewide infrastructure to accommodate improved coordination of systems that will draw on the strengths of local communities and facilitate the development of local leadership teams, which will be tasked with implementing/ improving interagency collaboration across systems to improve outcomes for the target population; and
2. Achieve safe and timely permanency and well being for children and their families, with a particular focus on families' substance use recovery, by comprehensively addressing the needs of all family members.

Key Accomplishments of the SFRP Initiative

The SFRP has achieved a number of significant accomplishments. Foremost has been to increase stakeholders' awareness of the interface between substance use and child welfare involvement and the importance of providing integrated and timely services to these families. SFRP Advisory Team members

have shared and promoted information within their respective systems at the state and local level contributing to increased communication between systems, enhanced collaboration, and integration of efforts. Following the distribution of a community stakeholders' letter through the Governor's Office of Health and Human Services in January 2004, the Department of Social Services (DSS) issued a press release describing the initiative. From January – March 2004, the SFRP Advisory Team convened 5 workgroups (Community Development, Funding and Sustainability, Information Sharing, Professional Development and Service Delivery), which identified recommendations for the MOU and strategic plan. To obtain additional input from community stakeholders, 5 regional focus groups were conducted in April – May 2004 (in Culpepper, Newport News, Charlottesville, Roanoke, and Abingdon), with a total of 74 participants.

The activities of the SFRP have inspired or contributed to the development of several new initiatives – especially in the area of education and training:

- DMHMRSAS is in the process of contracting with the MATTC to develop a 5-session web based distance-learning class on family focused treatment for substance abuse treatment providers. The class will provide an overview regarding the importance of routinely addressing and promoting optimal family functioning; screening children for child safety, developmental delays, mental health issues, and health concerns and how to integrate parenting and childcare concerns into substance abuse treatment. The course will be offered twice by the MATTC to CSB staff at no charge and then made available to the general public for a modest fee. It is hoped that funds will be available in SFY 2005 to support the development of three additional web based courses: Identifying and Addressing Child Abuse and Neglect; Substance Abuse and Child Welfare; and Innovative Practices (Family Court, TANF initiatives etc.).
- DSS, DMHMRSAS and the Virginia Department of Health (VDH) are currently working with the National Technical Assistance Center for Children's Mental Health at Georgetown University's Center for Child and Human Development to develop a children's mental health and well being screening curriculum for substance abuse, social service, in-home health care providers and other providers that serve children and their families. Virginia's *Children's Mental Health and Well Being* curriculum will be based on the national *Bright Futures in Practice Mental Health Curriculum* developed for health care providers. This initiative was a direct outgrowth of SFRP's discussions regarding the importance of preparing service providers to screen children for developmental delays and mental health disorders.
- The Commonwealth Partnership for Women and Children Affected by Substance Use is a statewide consortium of providers that serves in an advisory capacity to DMHMRSAS and is represented on the SFRP's Advisory Team. The Partnership has elected to coordinate 3 regional cross trainings on substance abuse and child welfare and identified rural areas that aren't typically targeted for trainings. The cross trainings will provide an opportunity for local social service and substance abuse service providers to train one another on service delivery issues specific to their community.
- Virginia's Department of Social Services' Program Improvement Plan (PIP) includes strategies to improve access to substance abuse services, service availability, screening procedures, training for child welfare

staff and foster parents and concurrent planning training in partnership with the goals, objectives and deliverables of Virginia's NCSACW SFRP strategic planning grant. Tasks associated with the SFRP have been incorporated in the 2004-2006 Strategic Plan for the Judicial System of Virginia and in the 2004-2010 Comprehensive State Plan of DMHMRSAS.

- DSS applied for a Federal Title IVE Waiver that includes funds to provide intensive case management services for substance using parents of children involved in Virginia's drug courts. The grant will provide intensive case management services for 12-18 months, with the goal of reunification, to birth parents and foster kinship care families that provide care for children of substance abusers. If awarded, one intensive case management position will be allocated to each of Virginia's 3 family treatment drug courts in the first year of the grant enabling them to expand the services they offer. Over the 5 years of the waiver, up to 11 additional positions will be made available to Virginia's other Best Practice courts so they may develop Family Treatment Drug Courts and provide similar intensive case management services.

Resources Developed As A Result of this Initiative

As noted, the 3 systems have incorporated support of the SFRP's MOU, strategic plan, recommendations and other resources into their respective state plans. In addition, DSS has incorporated action steps into its PIP that pertain to improving screening, access and availability of substance abuse treatment. Should DSS receive the requested Title IV-E waiver; this will significantly increase the ability to coordinate resources for substance using parents before the juvenile courts.

A Call to Action

The partnerships, increased communication and collaboration fostered by the activities and objectives of the Safe Families in Recovery Project have created new resources and opportunities for ongoing collaboration across systems throughout Virginia. SFRP stakeholders recognize that change is a process rather than an outcome unto itself. Both time and tenacity are prerequisites for systemic evolution in thinking and practice to take root, even in the presence of key assets such as stakeholder buy-in, resources and resolve. It is important that, at both the state and local level, we remain sensitive to this reality and persistent in our efforts. There continues to be considerable stigma, misinformation and misunderstanding regarding substance use, its impact on the family as well as the community, and the very real potential for lasting recovery. To facilitate the desired shift in thinking, providers, consumers and the community need ongoing education and information regarding the dynamics of addiction and recovery, children's developmental needs and the benefits of treatment. To facilitate the desired shift in practice, providers need the appropriate training, resources and tools. It is with optimism and commitment that the following goals and objectives are presented on behalf of the SFRP Statewide Advisory Committee, paired with a vision for achieving health and wellbeing in Virginia's children, families, and communities.

2. GOALS AND OBJECTIVES

Information Sharing

Goal: To improve agency policies and cross-training practices related to information sharing between DSS and substance use providers in accordance with HIPPA, CFR 42 Part 2, child welfare confidentiality requirements and Best Practice recommendations.

Objectives: *Facilitate information sharing between local DSS offices and Community Service Boards.*

Objective: *Develop education model training for SA and CW related staff.*

Objective: *Create necessary communication mechanisms to ensure ongoing dissemination of policy updates.*

Service Delivery

Goal 1: Implement uniform screening for substance use disorders in parents whose children come into contact with the child welfare system and for safety of children whose parents enter substance abuse treatment.

Goal 2: Provide integrated substance abuse and child welfare services to families affected by substance use who are involved in the child welfare system

Objective: *Establish a joint protocol between local CSB and DSS offices for streamlined service planning, in which the DSS worker and CSB staff collaboratively discuss service goals prior to the development of an integrated, consumer-driven treatment plan.*

Professional Development

Goal: Ensure that SA, CW and court related staff has the necessary skills and knowledge to provide comprehensive integrated services to families affected by substance use who are involved with child welfare and court services

Objective: *DSS, DMHMRSAS & OES will provide discipline- specific and cross training to child welfare, substance abuse, health care and court related staff at the local level.*

Community Development

GOAL 1: Influence community behaviors, attitudes, ideas, actions, and policies and empower communities through education about the inter-relationships among substance abuse, child welfare, and public safety.

Objective: *Develop a formal social marketing strategy statewide, using established social marketing strategies and Memorandums of Agreements*

GOAL 2: Develop a locally managed and controlled service delivery system that collaboratively addresses the intersection of substance abuse and child welfare.

Objective: *OES, DSS, and DMHMRSAS will promote cooperation and collaboration among the systems through formal announcements of the interagency partnerships, memos to respective local agencies, and during state-wide conferences.*

Objective: *Identify and adopt unifying philosophies across the partnering systems to create a best practice system of care.*

GOAL 3: Design and implement a community-level Results-Based Accountability (RBA) system to evaluate child and family well-being outcomes related to substance abuse addiction and recovery

Objective: *Identify desired outcomes and establish community-level accountability for achieving those outcomes through a local reporting/ evaluation system in conjunction with a state entity to receive and analyze the data.*

Objective: *Establish a sustainable entity to continue the efforts of the Safe Families in Recovery Project post-technical assistance phase, e.g., continue to have representation from each partnering agency DMHMRSAS/OES/DSS. Incorporate this Center into one of the three partnering agencies, or establish as its own entity.*

Funding and Sustainability:

GOAL 1: Ensure that key funders and policy makers are well informed about the seriousness; the extent, the recommended solutions, and the funding needed to effectively address the safe and efficient adoption or reunification of children in Virginia's child welfare system, and for ensuring that adequate and appropriate prevention and treatment services are available in communities to avert legal involvement

Objective: Provide informational presentations to the appropriate secretariats of the Commonwealth.

Objective: Provide informational presentations to relevant policy and advisory boards and commissions of the Commonwealth.

Objective: Dialogue with and provide information to relevant health care and social services policy committees of the General Assembly

GOAL 2: Gain support from policy makers through education. Provide information on current social and financial indicators as well as outcome data regarding the safe and timely placement of children and services to these families

Objective: Provide brief written reports and make presentations to the various target audiences described above.

Objective: Develop quarterly statewide newsletter to highlight Virginia's progress, provide recognition of highly functioning collaborative projects at the local level, and provide information about training opportunities, and distribute to all stakeholders e.g service providers, policy makers, funders, etc

Objective: Develop web-site that links with known state and federal agencies involved with related projects

3. TIMELINE FOR STRATEGIC PLAN IMPLEMENTATION

<u>Key Goal/Objective</u>	<u>Implementation Timeframe</u>
Improve cross-agency policies and practices related to information sharing	June 2005 – March 2006
Develop education model training for SA and CW related staff.	October 2005 – January 2006
Implement uniform screening for parental substance abuse and child safety in families who come into contact with the CWS.	September 2004 – July 2006
Establish a model joint treatment planning protocol between local CSB and local DSS.	September 2004 – September 2005
Ensure that SA, CW and court related staff have the necessary skills and knowledge to provide comprehensive integrated services to the target population	September 2004 – June 2006
Conduct a statewide social marketing campaign	March 2005 – December 2006
Identify and adopt unifying philosophies across the partnering systems to create a best practice system of care.	March 2005 – December 2005
Enact a results-based system to evaluate outcomes of child and family well-being related to substance abuse addiction	March 2006 – January 2007
Establish a Virginia Center on Substance Abuse and Child Welfare to continue the efforts of the Safe Families in Recovery Project.	2008 - 2009