



Starting a Blended Housing/Treatment Model in Your Community

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Bringing Systems Together for
Family Recovery, Safety, and Stability

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A Program of the

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
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Background Information Leading Up to NE's Housing Model Development

- The National Center on Substance Abuse and Child Welfare's (NCSACW) provides technical assistance in developing the cross-system partnerships and practice changes that are needed to address the issues of substance use disorders among families in the child welfare system.
- The State of Nebraska applied for, and in March of 2010 was selected, to participate in the NCSACW program of In-Depth Technical Assistance (IDTA).





Nebraska's IDTA Collaborating Agencies

- Center on Children, Families, and the Law/Court Improvement;
- Department of Children and Family Services;
- Division of Behavioral Health;
- Behavioral Health and Pharmacy Manager, Medicaid;
- Division of Public Health;
- Division of Community Based Supervision, Programs & Services Office of Probation Administration; and
- Federation of Families for Children's Mental Health.





Nebraska's Selected Priorities

- Nebraska's leaders identified the priority population for this TA as all families entering the child welfare/juvenile services system due to problems related to parental substance use, with particular emphasis on children in out-of-home care.
- Nebraska has historically had a larger than average out of home placement rate. Out of home care represents a high cost to the state.





Factors Supporting NE's interest in a Family Model

- A study undertaken by the Nebraska Court Improvement Project in conjunction with the NCSACW found that approximately 1/3 of mothers and 1/4 of fathers are provided Level 1 outpatient treatment (not intensive outpatient).
- This may indicate a treatment dosage that is too low to address the treatment need that is typically associated with someone whose use has contributed to the maltreatment of their own children. These findings and widespread statewide sentiments suggested a more comprehensive treatment model is needed in NE.





Housing Planning Teams/Emerging Programs

- Following an IDTA presentation that included descriptions of innovative treatment/housing models around the US at a Through the Eyes of A Child conference, many participants expressed an interest in developing such capacity in NE for child welfare/substance involved families.
- Workgroups sprang up in Sidney, Omaha and Lincoln to explore options.





Housing Planning Teams/Emerging Programs

- The workgroups were comprised of judges; other court professionals; Guardian Ad Litem; substance abuse/behavioral health providers; Nebraska Families Collaborative (FDC); Magellan and at times included participation from NE legislators)





Housing Planning Teams/Emerging Programs

- Two tentative programs have emerged from these planning efforts:
- Field of Dreams in Sidney; and
- Better Together in Omaha.
- Some of the NE leaders and professionals responsible for these efforts are here to share more specifics with you in a few minutes.
- Additionally representatives from Lincoln and Norfolk have engaged in some preliminary planning discussions.





Substance use prevalence in the child welfare system?

- National studies report a range of 33%-66% however these studies are more than a decade old and occurred during a time when identification and screening processes were not as advanced as they are now.¹
- Approximately 75% of NE's hotline reporters mention substance use as a factor in the child maltreatment report.²
- A NE study of 400 randomly selected 3-A cases found 56% of CW cases had substance abuse (SA) identified as a problem in the case record.³





Level of care and dosage?

- It will be important to take a closer look at the actual dosage of treatment that is being provided to ensure that it is sufficient to address the extent of treatment need that is typically associated with someone whose substance use has risen to the level of contributing to the maltreatment of their own children.





SA prevalence among CW parents

- Substance use is known to be higher among families in which children have been placed in out of home care.
- Alcohol and drug use is often under-recognized as a factor in CW cases, however, a large body of research documents that substance abuse is a treatable public health problem with a wide range of cost-effective treatment solutions.





Why is it important to identify and treat substance use?

- There will never be enough adoptive families nor enough financial support for all children to be adopted out if efforts are not made to help the families that can be helped stay together safely.
- Addiction is generational and many of today's parents were yesterday's child welfare children.





Why is it important to identify and treat substance use?

- Untreated addiction will sabotage the efforts of systems that are working to help families in the child welfare system and contributes to repeat maltreatment.
- Addiction is a factor in most deaths of children in the child welfare system.
- The economic and social costs of untreated addiction are significant at a time when state and federal budgets are stretched. Moreover these costs are largely preventable.





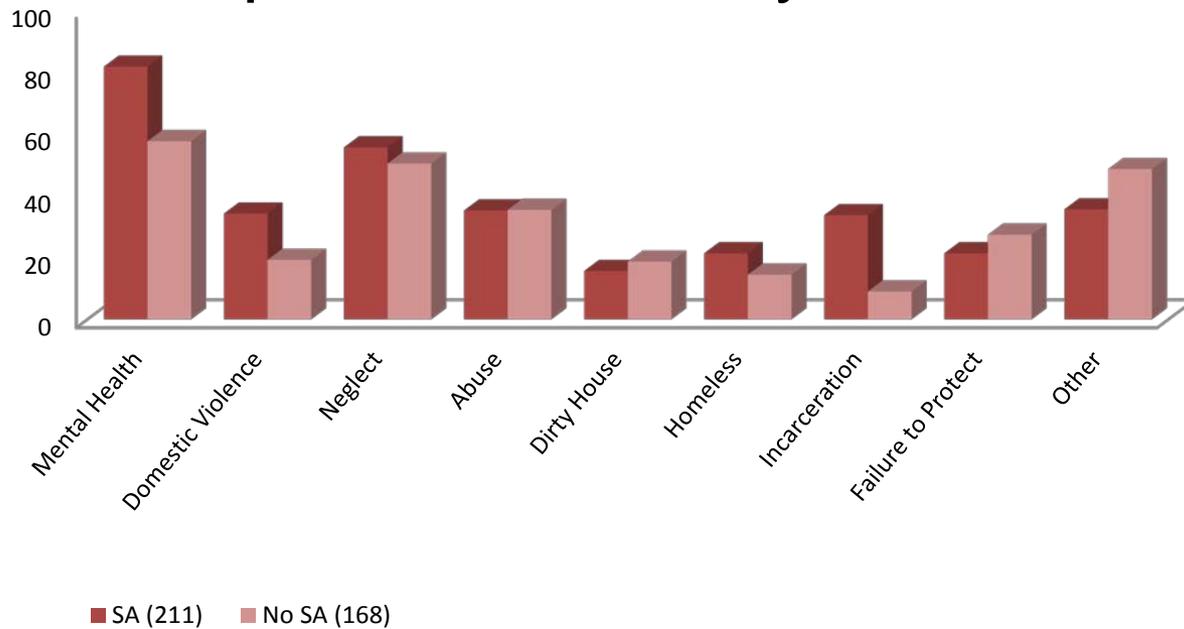
Is substance use the only problem?

- How many families in the child welfare system have you ever met in your entire career that have just one problem?



Substance Use co-occurs w/ mental health and other conditions

- NE Court Improvement Study:





Poverty

**Parenting
challenges**

**Unemployed/
Low Skills**

Addiction

**No diploma
or GED**

**Literacy
challenges**

**MH
conditions**

**Learning
Disabilities**

**No
safe/stable
housing**

**Phy/Sexual
Abuse**

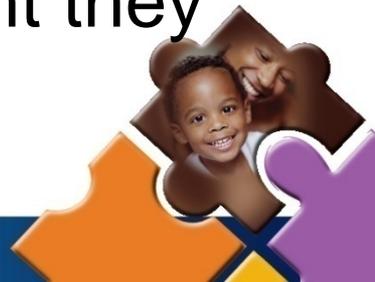
**Trauma/
PTSD**

**CJ
Involvement**

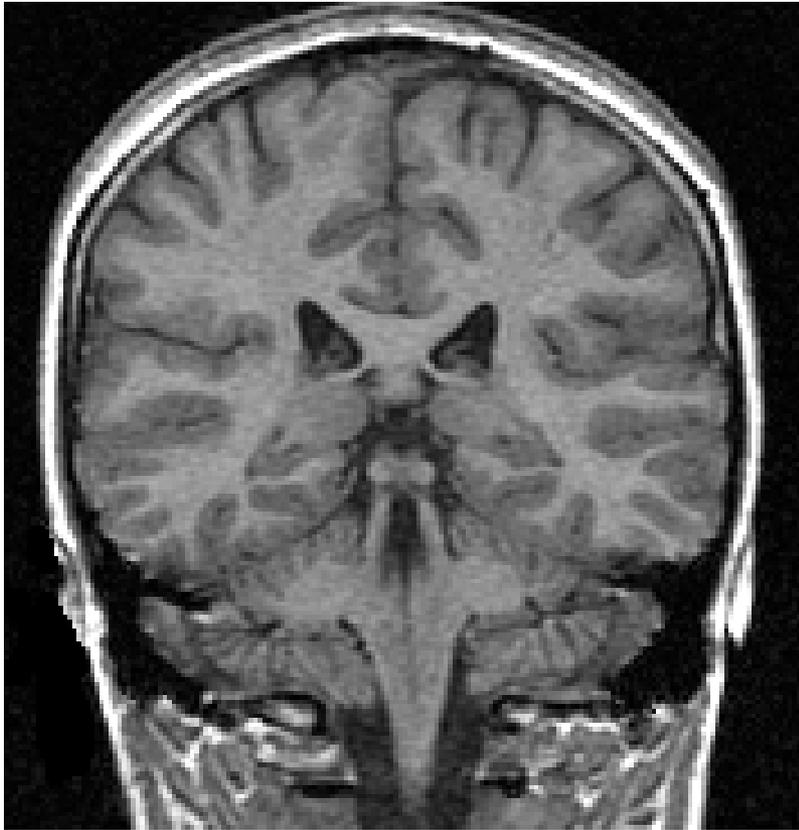


Low-level Outpatient or Drug Ed ...

- Low-level Outpatient or drug ed...REALLY????????
- Does this make good common sense to you?
- With (1) So much at stake And ...
- (2) With the high probability that the parents (particularly mothers) were victims of trauma themselves which contributed to their adverse behaviors (including the maltreatment of their children) ... they deserve the best shot we can offer them for the comprehensive treatment they need - not to be set up for failure.



Lateral Ventricles Measures in an 11 Year Old Maltreated Male with Chronic PTSD, Compared with a Healthy, Non-Maltreated Matched Control ⁴





Trauma can compromise functioning

- The experience of trauma can actually cause neurological changes in the structure of the brain. The experience of trauma can compromise the individual's functioning. Processing of information in the “rational” parts of the brain is impaired and slower. ⁵
- There are several studies that have repeatedly demonstrated the damage to the hippocampus and the cortex as a result of traumatic exposure. Impairment in neurological and cognitive functioning results. Context and understanding are sacrificed for speed and survival.



Unintended Consequences

- For example, suppose a stimulus occurs in trauma survivor enrolled in women's substance abuse treatment program, like hearing a staff member say something perceived as demeaning but which actually was not. Her amygdala may be quickly activated but the hippocampus and cortex may not effectively translate the stimulus and decrease the arousal before her behavior escalates. As you can imagine, such a situation can lead to all kinds of adverse personal consequences for this trauma survivor.

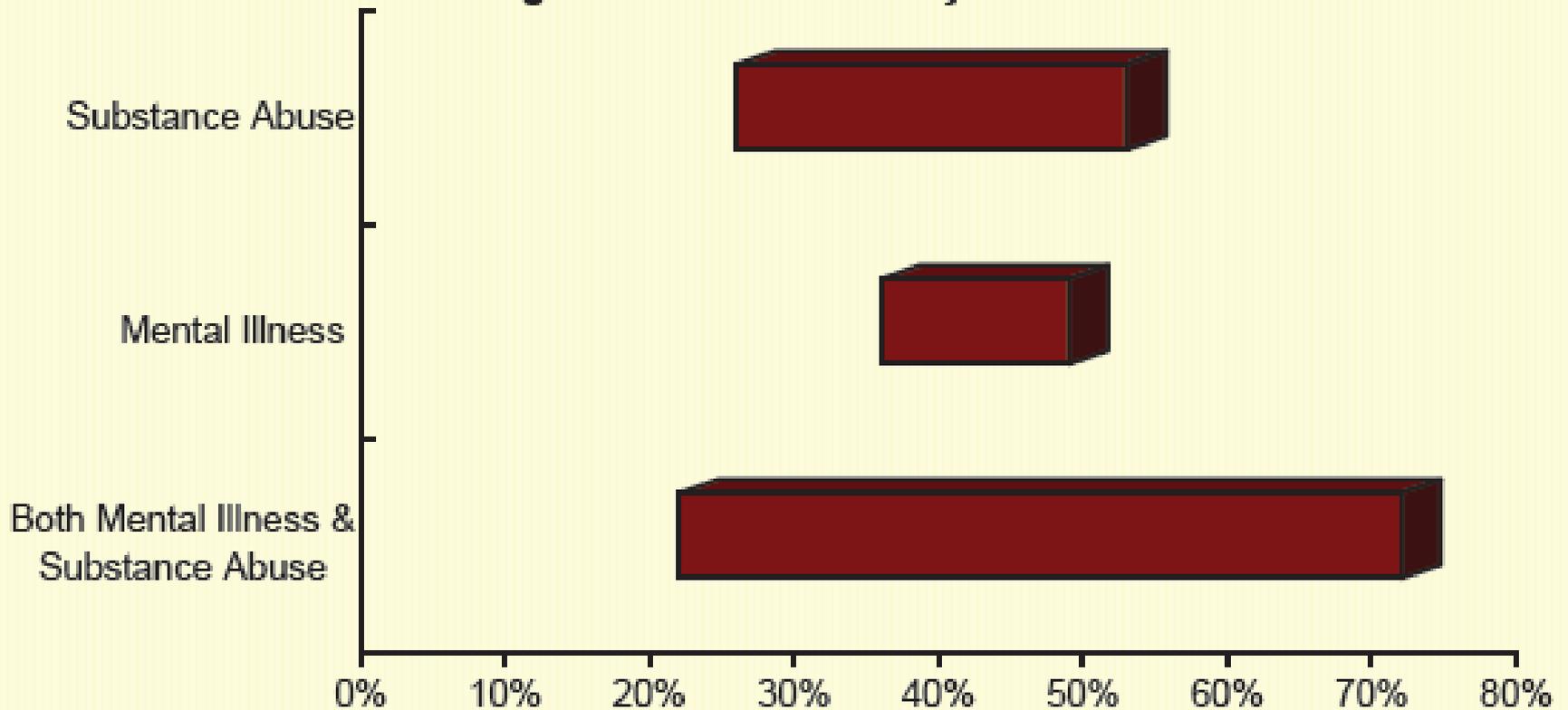


Trauma-Informed or Misinformed?

- Between 44% and 56% of women seeking treatment for a substance use disorder had a lifetime history of Posttraumatic Stress Disorder (PTSD).⁶
- Given the high percentage of trauma (including some PTSD) among the families in the child welfare system (particularly those affected by substance use disorders), does your system have the requisite expertise to directly or indirectly treat this condition?

High Correlation Between SA/MH Co-Occurring Disorders and Trauma ⁷

Ranges of Mental Illness & Substance Abuse Prevalence Rates Among Clients with a History of Trauma ²¹





Trauma-Informed or Misinformed?

- Are your treatment programs at least trauma-informed? If not, the extent to which your efforts with these families rise to a “reasonable efforts” level may be in question. At worse they could be inflicting unintended harm, including re-traumatization.
- Also, multiple admissions and premature discharges from treatment facilities could be a result of the realization by many women that their needs were not being met in treatment.⁸



Trauma-Informed or Misinformed?

- For too long, counselors in many substance abuse treatment programs have focused only on the addiction itself, naively assuming that other issues would either resolve themselves post recovery or would be dealt with later by other professionals. However, treatment for women's addictions is apt to be ineffective unless it acknowledges the realities of women's lives, which include the high prevalence of violence and other types of abuse.⁹



Trauma-Informed or Misinformed?

- By addressing the vulnerabilities that so often lead clients to relapse and return to use, TIC can improve engagement, retention, and successful outcomes, thus making services more effective.

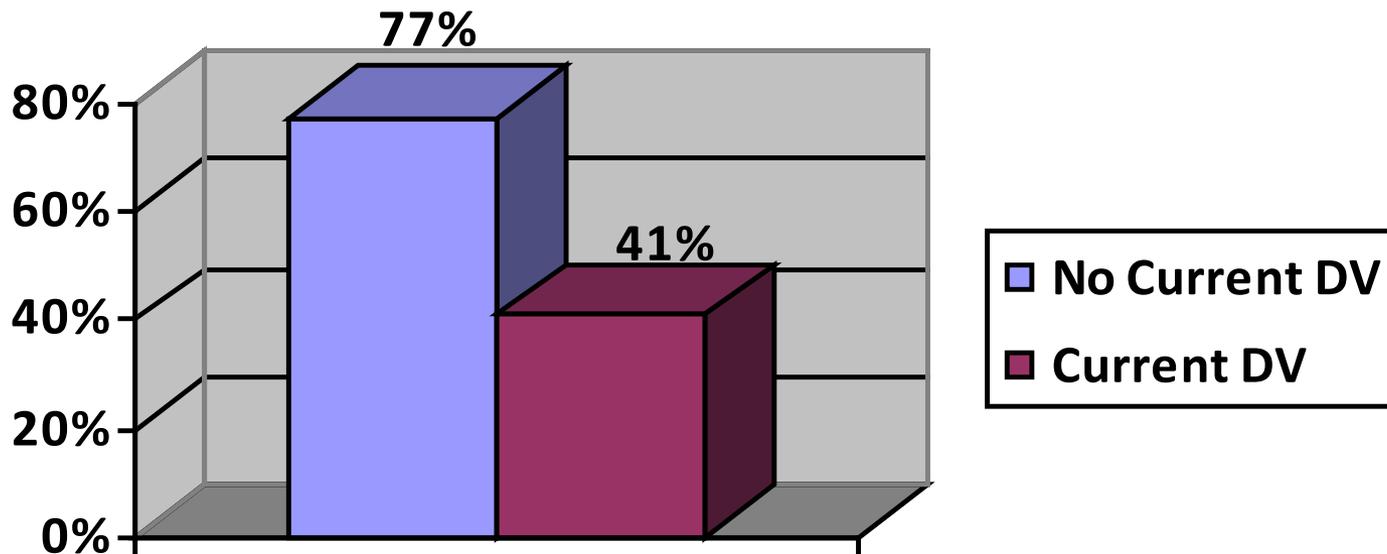
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- This suggests many benefits to treatment systems that become trauma informed, especially as it affects reunifications that may be tried to successful treatment completion.



Trauma-Informed or Misinformed?

**Substance Abuse Treatment Completion in
a Study of 360 Women (11)**





Are our current efforts “reasonable”?

- Let’s take a minute to brainstorm the types of services this mom, her children and the fathers of the children might need.





Are our current efforts “reasonable” and sufficient?

- Now let’s compare what we have identified to what is typically available in the jurisdictions in which you work.
- How do these align? Do current efforts in your jurisdiction meet reasonable “clinical” efforts standards?
- Can we do better ... and if so how in these times of fiscal constraints?





Rationale for innovation

- If you answered “Yes” you are not alone.... And you came to the same conclusion arrived at by many others around the country who have gone on to develop programs that offer the array and depth of services needed for all family members but without incurring the costs of a residential program.





Innovative Housing Models

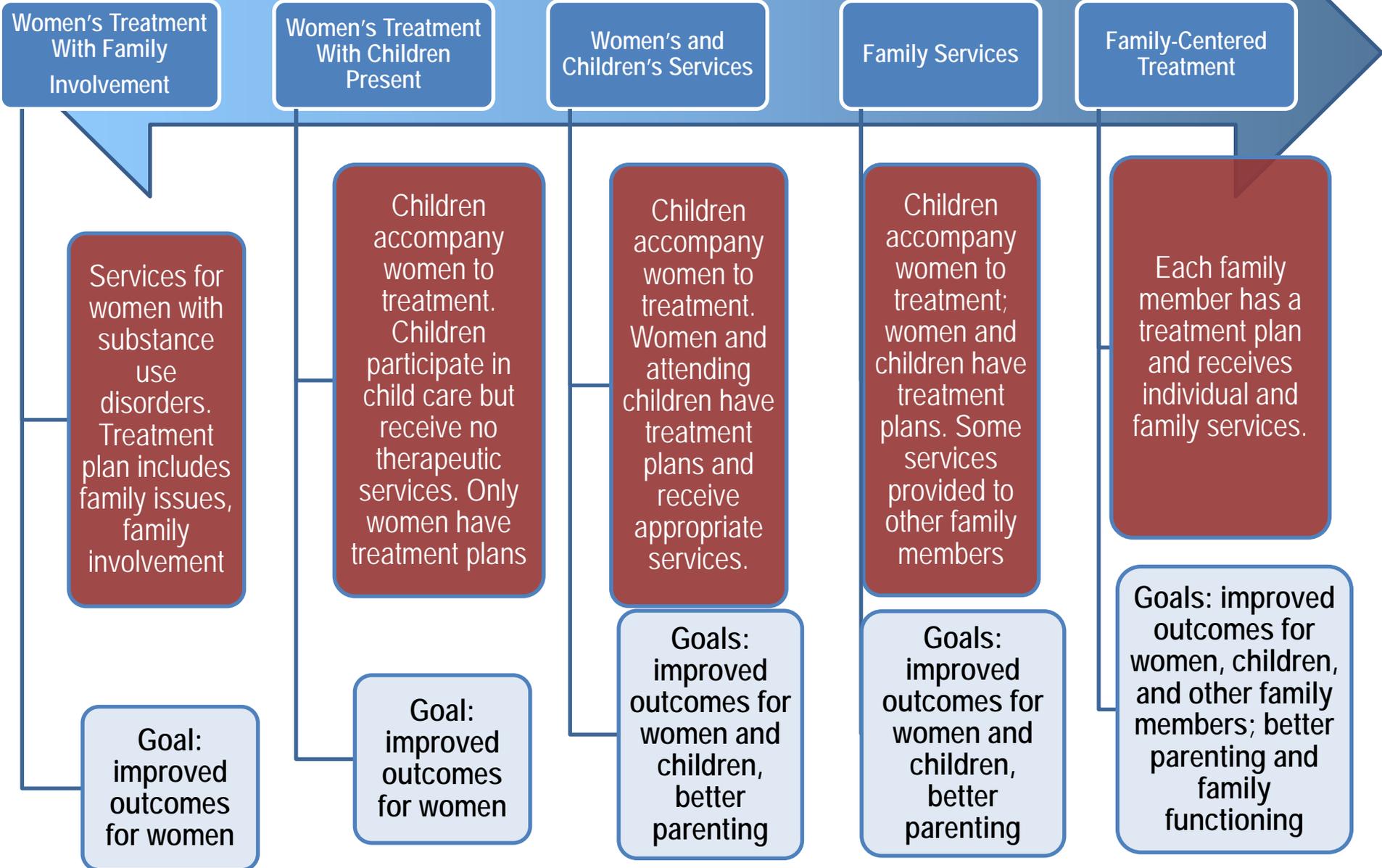
- Many other states have experienced success and realized cost savings by using more in-home therapeutic service models as well as innovative housing models for substance affected families that provide intensive family services at rates lower than out of home placement or traditional residential treatment.



Family-Centered Treatment for Women With Substance Use Disorders: History, Key Elements and Challenges

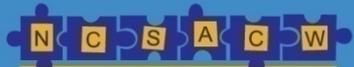
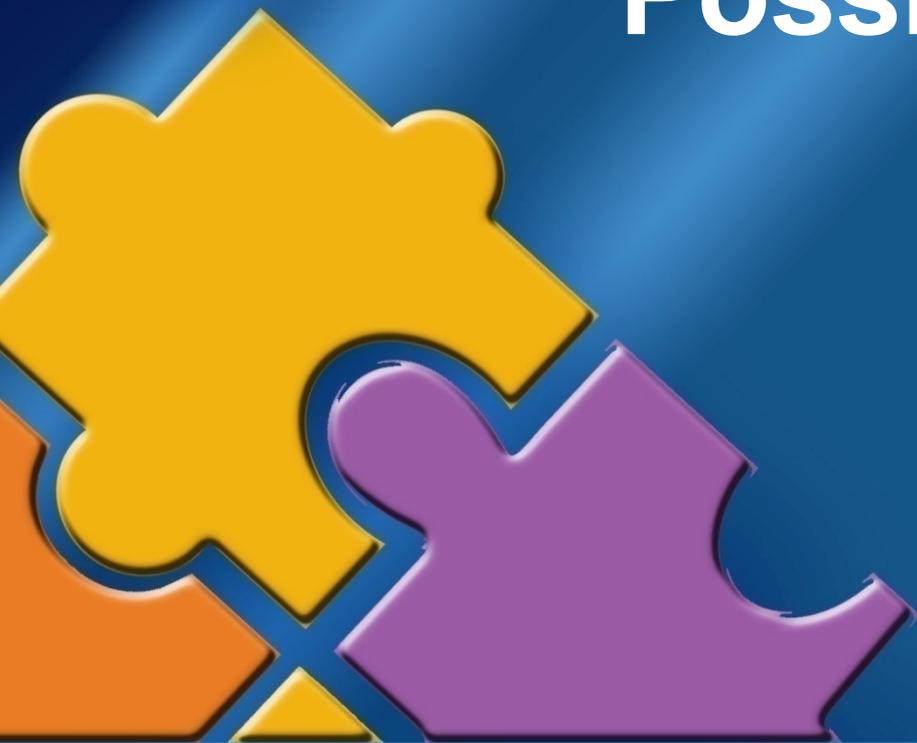


Continuum of Family-Based Services





Possible Solutions?



National Center on
Substance Abuse and Child Welfare

Bringing Systems Together for
Family Recovery, Safety, and Stability





Innovative Housing Models

- A Tennessee family-based drug treatment program has saved taxpayers more than \$2.5 million over 12 years by keeping children with their mothers and out of foster care and an additional \$2 million by keeping addicted mothers out of jail.¹² Other states, such as Georgia, have saved far more using similar models.



The Millennium Center (TMC) in Cuthbert GA





TMC admission criteria:

- Substance Abuse or Dependence
- 18 or older and is pregnant or parenting and who has, or will have, custody of their children within 6 months of admission to treatment.
- Meets DFCS criteria.
- Is eligible for Section 8 Housing.





TMC includes ...

- Twenty Housing Units
- Therapeutic Activities Building
- Administrative Building
- First Steps Child Development Center
- Albany Technical School





Includes an onsite Child Development Center



Includes an onsite Child Development Center





Important Treatment Considerations for Reasonable Clinical Efforts

- For too long, counselors in many treatment programs have focused only on the addiction itself, naively assuming that other issues would either resolve themselves post recovery or would be dealt with later by other professionals.





Important Treatment Considerations for Reasonable Clinical Efforts

- The right level of care should be made available (service aligns with the level of need) or a back up plan (including recovery support) should be put in place if the right LOC is not immediately available. The treatment should also be:
 - Evidence-based.
 - Individualized and family focused with screening, assessment and services for all children, parents and other relevant family members/caretakers.
 - Gender specific.
 - Trauma-informed or trauma-specific.
 - What would this mean for your jurisdiction?





Better Together, Omaha

Our planning process:

- Research concept
- Define treatment and service components
 - Building on experience with Family Works, a women & children treatment program
- Engage partners
- CFS feedback on design
- Define funding system





Better Together, Omaha

- Our partners:
 - NFC & HHS—CFS services
 - Region 6 Behavioral Healthcare—Tx funding
 - Douglas County Housing Authority—Section 8 housing
 - Apartment complex management—location
 - TANF (HHS & Employment First)—economic support
 - Visiting Nurses—Health screening/education





Better Together, Omaha Our Focus

- Child safety & well being
- Parental recovery
- Building nurturing parent-child bond
- Family prepared for success post discharge
 - Support system for sustained recovery
 - Parenting support system
 - Employment and housing
 - Health care home established





Better Together, Omaha Proposed Services

Enhanced IOP SA treatment –12-15 hrs week using Best Practices for addictions treatment

– **MATRIX Model**

– **Gender specific treatment**--Helping Women Recover & Helping Men Recover ---Addresses the common triggers for relapse

**Self

**Relationships

** Sexuality

** Spirituality

– **Peer Support** —on-site

– **Family Education and Support**—Celebrating Families!





Better Together, Omaha Proposed Services

Treatment for co-occurring mental health disorders—most often depression/anxiety

- Psychiatric care, individual and group therapy
- Address trauma—'Seeking Safety'
- Build coping skills—DBT & CBT
- Sanctuary Model and Collaborative Problem Solving





Better Together, Omaha Proposed Services

Intensive Parenting Support

- Safe Start Assessment and Therapy
- Keys to Interactive Parenting Scale
- Parent Child Interaction Therapy
- Parenting Education—Nurturing Parenting & Incredible Years—group & individual
- Parenting Goals included in the Treatment Plan
- Individualized coaching and support





Better Together, Omaha Proposed Services

Case Management

- Identification of other individual and family needs
- Medical, education/employment, transitional housing
- Coordination with Employment First
- Leveraging community resources to address all needs





Better Together, Omaha Proposed Services

On-site Peer Support

After hours support provided by peer with sustained recovery who lives on-site.

Scheduled Peer Support groups

On-site AA, 16 Step Recovery Groups





Better Together, Omaha

Our successes:

- Partnership with HHS and funders
- Support from Douglas County Housing Authority for use of Family Reunification Vouchers
- Potential apartment complex partner identified
- Program framework established
- Funding plan for pilot project





Better Together, Omaha

Challenges:

- Fitting new idea into existing funding systems
- Finding an apartment complex
- Figuring out start-up when dependent on finding enough apartments
- Getting buy-in from all stakeholders in CW case
- Sustaining post pilot project as State rates don't cover actual costs





Better Together, Omaha

What we can share:

- Treatment & Service model design
- Participate handbook (program rules)
- Budget assumptions
- Job descriptions
- Data collected from Family Works on client needs





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Questions and Discussion



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Substance Abuse and Child Welfare

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