Effective Cross System Information Sharing

Working Together to Improve Outcomes for Families Affected by Substance Use Disorders

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NATIONAL FAMILY DRUG COURT TTA Program

OJJDP

National Leadership

Cross-Agency Coordination

Technical Assistance Resources

Acknowledgement

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What We Know About

Families in CWS affected by parental substance use

The Need to Do Better for Families

Substance use disorders (SUDs) can negatively affect a parents ability to provide a stable, nurturing home and environment. **Most children** involved in the child welfare system and placed in out of home care **have a parent with a SUD** (Young, Boles & Otero, 2007).

Families affected by parental SUDs have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without SUDs (Gregorie & Shultz, 2001).

The **lack of coordination and collaboration** across child welfare, substance use disorder treatment and family or dependency drug court systems has **hindered their ability to fully support these families** (US Depart. of Health and Human Services, 1999).

These Children Experience Poor Outcomes

- Lower likelihood of successful reunification
- Behavior challenges and parentification
- Difficulty in school
- Developmental delays
- Lack of immunizations
- Children tend to stay in the foster care system longer than children of parents without substance use disorders (Gregoire & Schultz, 2001)

Working Together Differently

What is it going to take?

To better serve more children and families

Ensure best practices

Systems Change

Collaborative Trust and Shared Values

What is information sharing really about?

What?

Systems Change: A permanent shift in doing business that relies on **relationships** across systems and within the community to secure needed **resources** to achieve better **results** and outcomes for all children and families.

3Rs

Values - Why are We here? Why are You Here?

Rescue
Protection

Justice
Equal Protection

Hope
Recovery

Involved in Systems That Struggle to Serve Them

The lack of coordination and collaboration across child welfare, substance use disorder treatment, health care, and family or dependency court systems has hindered their ability to fully support these families.

Improving Communication – No Single Agency Can Do This Alone

Improving the outcomes of children and families affected by parental substance use requires a coordinated response which draw from the talents and resources of AT LEAST three systems:

- Child Welfare
- Substance Abuse Treatment
- Courts

Better Together

Common Vision
Extraordinary Effort

Court

Drug Treatment

Child Welfare

3 Systems with multiple:

- Mandates
- Training
- Values
- Timing
- Methods

NATIONAL FAMILY DRUG COURT TTA Program
Child Welfare
Children and Family Futures
Treatment
Courts
Working together to improve the outcomes
for families affected by child abuse and parental substance use

Monitor

Coordinate

Communicate

The FDC Team works together:

To monitor:

- Child safety and needs
- SUD treatment
- ASFA time limitations
- Service plan adequacy and compliance

Monitor

Coordinate

Communicate

The FDC Team works together:

To coordinate:

- Case multiple case plans to ensure consistency and avoid duplication
- Unique and over-lapping roles of other team members and reinforce each other's activities
- To maintain consistent approach with families

Monitor

Coordinate

Communicate

The FDC Team works together:

To communicate

- Critical information in a timely manner
- Any needed adjustments to ensure safety, appropriate clinical intervention, and timely reunification
- FDC progress to inform CWS case reviews and permanency hearings

Understanding Current Operations

Partners need an in-depth understanding of each other's systems and how they impact each other

- Who does what? When? Why? And How?
- How does that affect the families you serve?

In developing this understanding, partners:

- Raise awareness about unknown processes
- Clarify misunderstood processes
- Develop a shared, common language
- Identify opportunities for improvements

Barriers to Effective Cross-Systems Communication

- Discipline-specific training
- Legal mandates and administrative codes
- Lack of trust between the systems
- Competing timelines
- Caseload volume
- Confidentiality provisions

Key Steps to Building an Effective Collaboration

- Establish individual and cross-system roles and responsibilities
- Establish joint policies for information sharing
- Develop integrated case plans
- Develop shared indicators of progress
- Monitor progress and evaluate outcomes

PRACTICE GUIDANCE

Understanding how to respond to cases involving parental substance use.

The problems of child maltreatment and substance use disorders demand *urgent attention* and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.

Success is possible and feasible. Staff in child welfare, substance abuse, and court systems have the desire and potential to change individual lives and create responsible public policies.

Family members are active partners and participants in addressing these urgent problems.

WEAVING IT TOGETHER

Strategies and Models: Understanding how to respond to child welfare involved cases affected by substance use.

Presence & Immediacy

Is there an issue present?

What is the immediacy of the issue?

Nature & Extent

What is the nature of the issue?

What is the extent of the issue?

Developing & Monitoring Case Plans

What is the response to the issue?

Are there demonstrable changes in the issue?

Is the family ready for transition?

Did the interventions work?

Understanding Each Other's Terms and Processes: *Immediacy and Nature*

	Substance Use Treatment	Child Welfare	Court
Is there an issue?	Screen	Child Abuse Report	
What is the immediacy of the issue?	Immediate Need Triage	In-Person Safety Assessment	Preliminary Protective Hearing
What is the nature of the issue?	Diagnosis	In-Person Response Risk Assessment	Court Findings
What is the extent of the issue?	Multi-Dimensional Assessment	Family Assessment	Petition Filed; Preliminary Protective hearing

Understanding Each Other's Terms and Processes:
Developing and Monitoring Service and Treatment Plans

	Substance Use Treatment	Child Welfare	Court
What is the response?	Treatment Plan	Case Plan	Adjudication/ Dispositional Hearing: Court-Ordered Case Plan
Is there demonstrable change?	Treatment Monitoring	Case Plan Monitoring	Court Review Hearings
Is family ready for transition?	Transition Planning	Permanency Determination	Permanency Hearing
What is to happen after discharge?	Recovery Management	Family Well Being	Case Closed
Did the intervention work?	Outcome Monitoring	Outcome Monitoring	Outcome Monitoring

Establishing and Understanding Individual System and Cross-System Roles and Responsibilities

	Substance Use and Child Development	System Roles	Screening and Assessment
Substance Use Treatment	How substance use puts children at risk and how child welfare must respond	Child maltreatment reporting requirements	How to screen for child safety and conduct a diagnostic substance use assessment
Child Welfare	Basics of substance use and how it affects child development	Treatment system and how to help people in treatment	How to screen for substance use and conduct a family assessment
Court	Basics of substance use and how it affects child development	Role in ensuring treatment quality	Role in requiring assessments

Collaboratively All Three Systems	Establish information sharing policies	Establish case plans	Develop shared indicators of progress	Monitor progress and evaluate outcomes

Is This How we Communicate?

WHEN TRUST IS LOW

- Conflict among people increases
- Relationships deteriorate
- Divisive politics, turf wars, and infighting escalate
- Members of teams or organizations question their commitment
- Quality of relationships & services decline

Building Trust – Cross-System Collaboration

Partners across systems have:

- Agree upon shared mission
- Identified shared goals
- Obtained knowledge about their own and each other's data system capacities
- Develop case-level information sharing protocol
- Established cooperative working relationships to track families involvement across systems
- Secured support and buy-in for performance monitoring at all levels

HOW TO BUILD TRUST

- Keep promises and honor commitments
- Share information, both positive and negative, with the people who need it
- Don’t talk about individuals who are not present (nothing about us without us)
- Acknowledge and apologize for mistakes
- Involve people in decisions that affect them
- Give credit where credit is due

BENEFITS OF BUILDING TRUST

- Improved quality of services
- Increased commitment to the organization or team
- Better relationships with families
- More effective, cohesive teams
- Decreased frustrations caused by strained relationships
- Formal systems model partnership

WHO
needs to
know
WHAT,
WHEN?

But we are not allowed to share that information….

HIPAA: "A major goal of the Privacy Rule is to assure that individuals' health information is **properly protected** while **allowing the flow of health information needed to provide and promote high quality health care**, and to **protect the public's health and well being.**" (HHS, Health Information Privacy)

42 CFR – Part 2: More stringent than HIPAA, 42 CFR outlines under what limited **circumstances where information about the client's treatment may be disclosed** with and without the client's consent. Recent changes enacted in March, 2017.

2017 Changes to 42 CFR Part 2

- Revised and new definitions
- Consent options
- Medical emergency
- Qualified Service Organization
- Security for records requirements
- Research
- Audit
- Notice to patients of federal confidentiality requirements

Revised & New Definitions: Treating Provider Relationship

Regardless of whether there's been an in-person encounter:

1)Patient is, agrees to, or is legally required to be diagnosed, evaluated and/or treated, or agrees to accept consultation, for any condition by an individual or entity; and

2)The individual or entity undertakes or agrees to undertake diagnosis, evaluation and/or treatment of the patient, or consultation with the patient, for any condition.

* **Both Part 2 and non-Part 2 providers can have a "treating provider relationship"**

Source: Legal Action Center, 2017

Consent Options – To Whom: 4 Options

RECIPIENT IS….	FORM MUST INCLUDE….
1. An individual	The name of the individual
2. An entity with a treating provider relationship	The name of the entity
3. Third party payer	The name of the entity
4. An entity without a treating provider relationship	The name of the entity, plus: • Name of the individual participants • Name of entry participants who has treatment provider relationships, and/or • General designation of individual of entity participants or class of participants who has treating provider relationship

Source: Legal Action Center, 2017

Required Elements of 42 CFR Part 2 Consent Form

Changed
• Description of the amount & kind of info to be disclosed (e.g. “all records” versus “all treatment records”) • Description of individual/entity to whom disclosure may be made • *New element requires in certain circumstances*: notice of right to receive list of disclosures

No Substantive Change
• Name of patient • Name of general designation of person/entity making disclosure • Purpose of disclosure • Patients right to revoke consent, and any exceptions • Date, event, or condition upon which consent expires • Patients signature • Date signed

See Supplemental Materials for Sample Consent Forms

Source: Legal Action Center, 2017

Consent: Amount & Kind

Examples: Unacceptable Descriptions

- All of my health information
- All of my medications
- All of my lab tests results
- Discharge summary

Examples: Acceptable Descriptions

- All of my substance use disorder information
- All of my medications, including substance use disorder medications
- All of my lab results, including results related to substance use disorder
- Discharge summary, including substance use disorder information

See Supplemental Materials for Sample Consent Forms

Source: Legal Action Center, 2017

Two Levels of Information Sharing

Front-Line Level (micro)

- Case management
- Reporting
- Tracking

Administrative Level (macro)

- Baselines and Dashboards
- Outcomes
- Sustainability

Technical Assistance Tools to Help You

Front-Line Level (micro)

- System Walk Through
- Communication Pathways
- Example staffing forms

Administrative Level (macro)

- Baselines and Dashboards
- Drop-Off Analysis
- Data Sharing Agreements

Systems Walk-Through – A Tool to Increase Understanding

What is it?

- A virtual or actual client walk-through of current systems processes to capture all actions, tools, decisions and data points from referral to case closure to follow up

Why do it?

- To identify any problems with, for example, referrals, treatment access, service gaps, client retention, follow-up support, communication
- To understand what information is known to whom, when
- To generate recommendations to improve system processes and increase coordination
- To prioritize issues and develop a scope of work

PATHWAYS OF COMMUNICATION

SUBSTANCE USE DISORDER TREATMENT

SUBSTANCE USE DISORDER TREATMENT AGENCIES shares information with:

- CHILD WELFARE
- DEPENDENCY/FAMILY DRUG COURTS
- OTHER COMMUNITY AGENCIES

CHILD WELFARE

CHILD WELFARE shares information with:

- SUBSTANCE USE DISORDER TREATMENT AGENCIES
- DEPENDENCY/FAMILY DRUG COURTS
- OTHER COMMUNITY AGENCIES

COMMUNICATION BRIDGES—WHO NEEDS TO KNOW WHAT AND WHEN?

Families affected by substance use disorders are often simultaneously involved with multiple systems. As a result, systems need:

- A coordinated response
- Understanding of similar or parallel procedures
- Formal and clear patterns of communication during three distinct stages:

Stage I: Determining Presence and Immediacy: Is there a substance use or child abuse and neglect issue in the family, and if so, what is the immediacy of the issue?

Stage II: Determining Nature and Extent of the Issue, and Treatment and Case Plans: What are the nature and extent of the substance use or child abuse and neglect issue? What is the response to the substance use or child abuse and neglect issue?

Stage III: Monitoring Change, Transitions, and Outcomes: Are there demonstrable changes? Is the family ready for transition, and what happens after discharge? Did the interventions work?

OTHER COMMUNITY AGENCIES

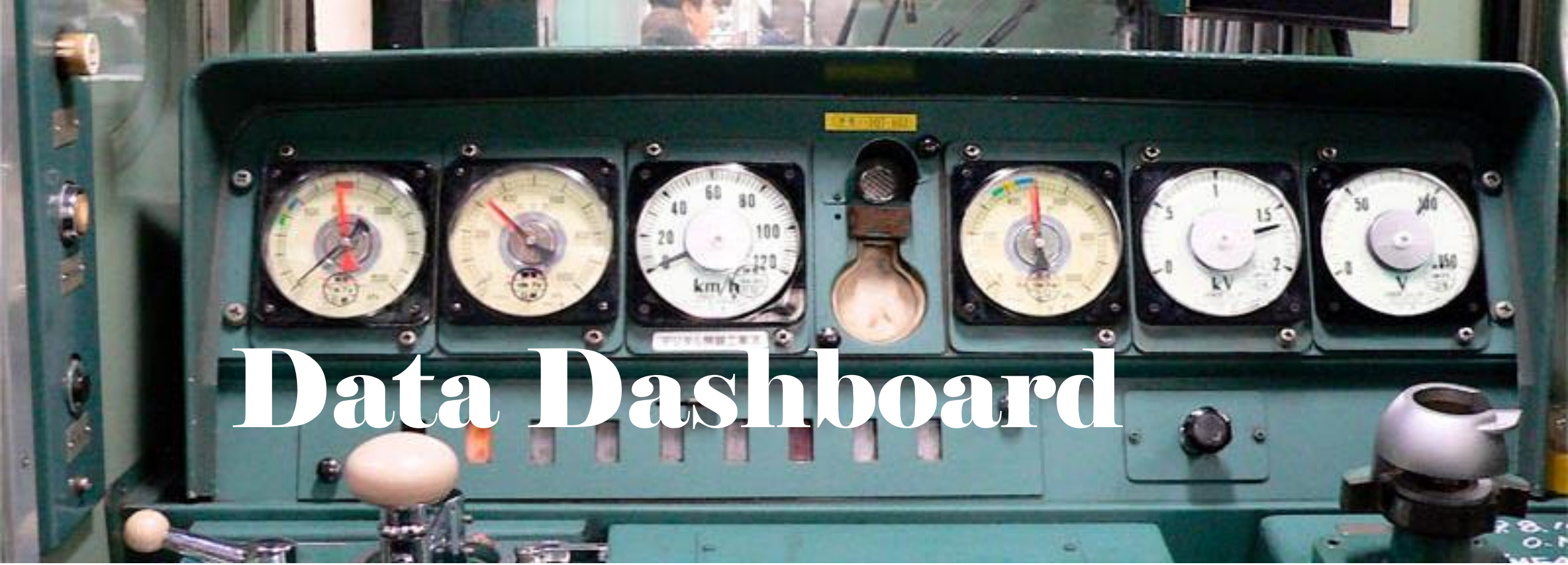
OTHER COMMUNITY AGENCIES share information with:

- SUBSTANCE USE DISORDER TREATMENT AGENCIES
- CHILD WELFARE
- DEPENDENCY/FAMILY DRUG COURTS

DEPENDENCY COURT / FAMILY DRUG COURT

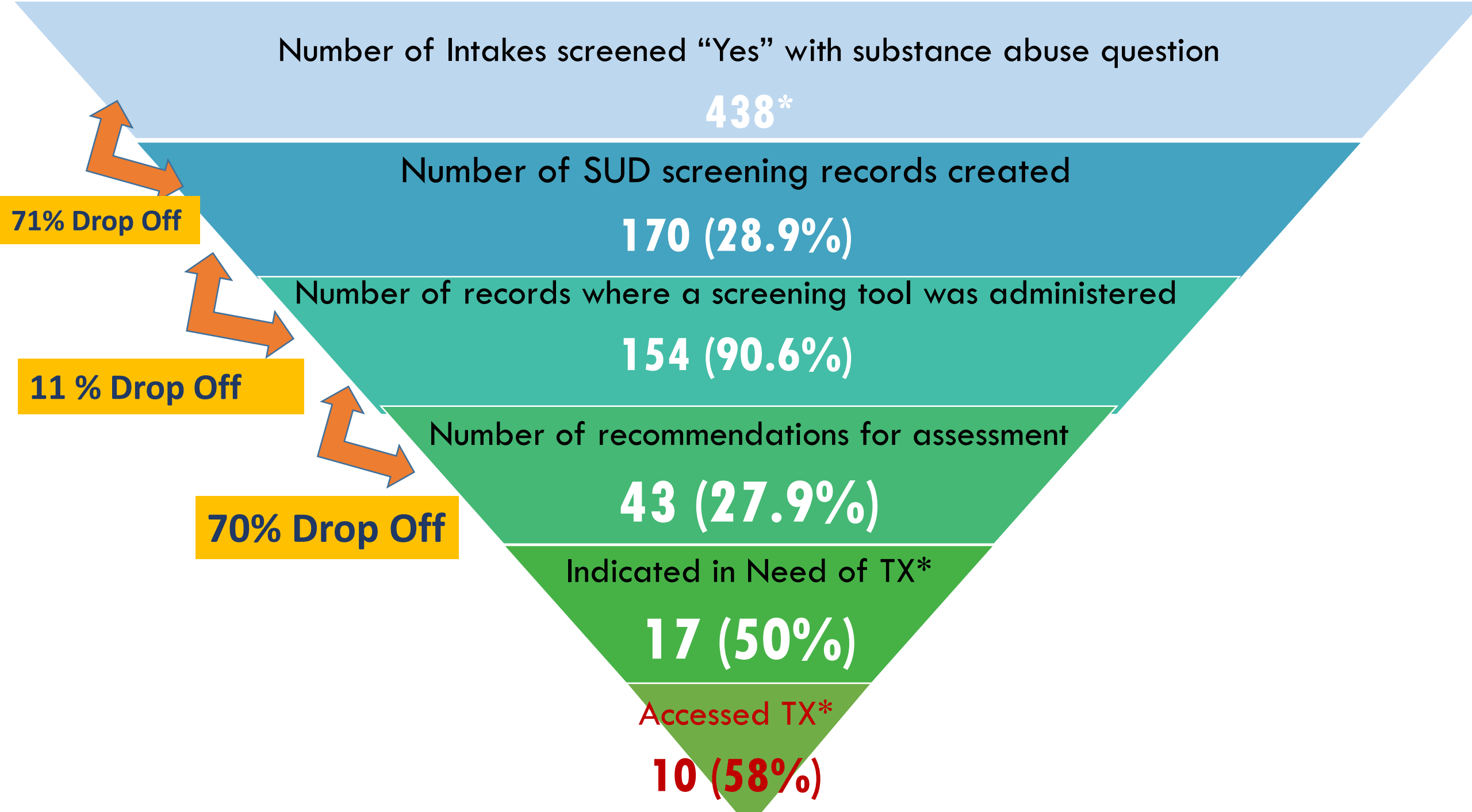
DEPENDENCY COURTS/FAMILY DRUG COURTS share information with:

- SUBSTANCE USE DISORDER TREATMENT AGENCIES
- CHILD WELFARE
- OTHER COMMUNITY AGENCIES



Data Dashboard

- What needles are you trying move?
- What outcomes are the most important?
- Is there shared accountability for “moving the needle” in a measurable way, in FDC and larger systems?
- Who are we comparing to?


Number of Intakes screened "Yes" with substance abuse question
438*
71% Drop Off
Number of SUD screening records created
170 (28.9%)
11 % Drop Off
Number of records where a screening tool was administered
154 (90.6%)
70% Drop Off
Number of recommendations for assessment
43 (27.9%)
Indicated in Need of TX*
17 (50%)
Accessed TX*
10 (58%)

Pathways of Communication

In your own practice or jurisdiction, what are some examples of barriers to *Communication* and *Information Sharing* that you've encountered?

Pathways of Communication

In your own practice or jurisdiction, what are some examples of strategies that worked to improve *Communication* and *Information Sharing* that you've encountered?

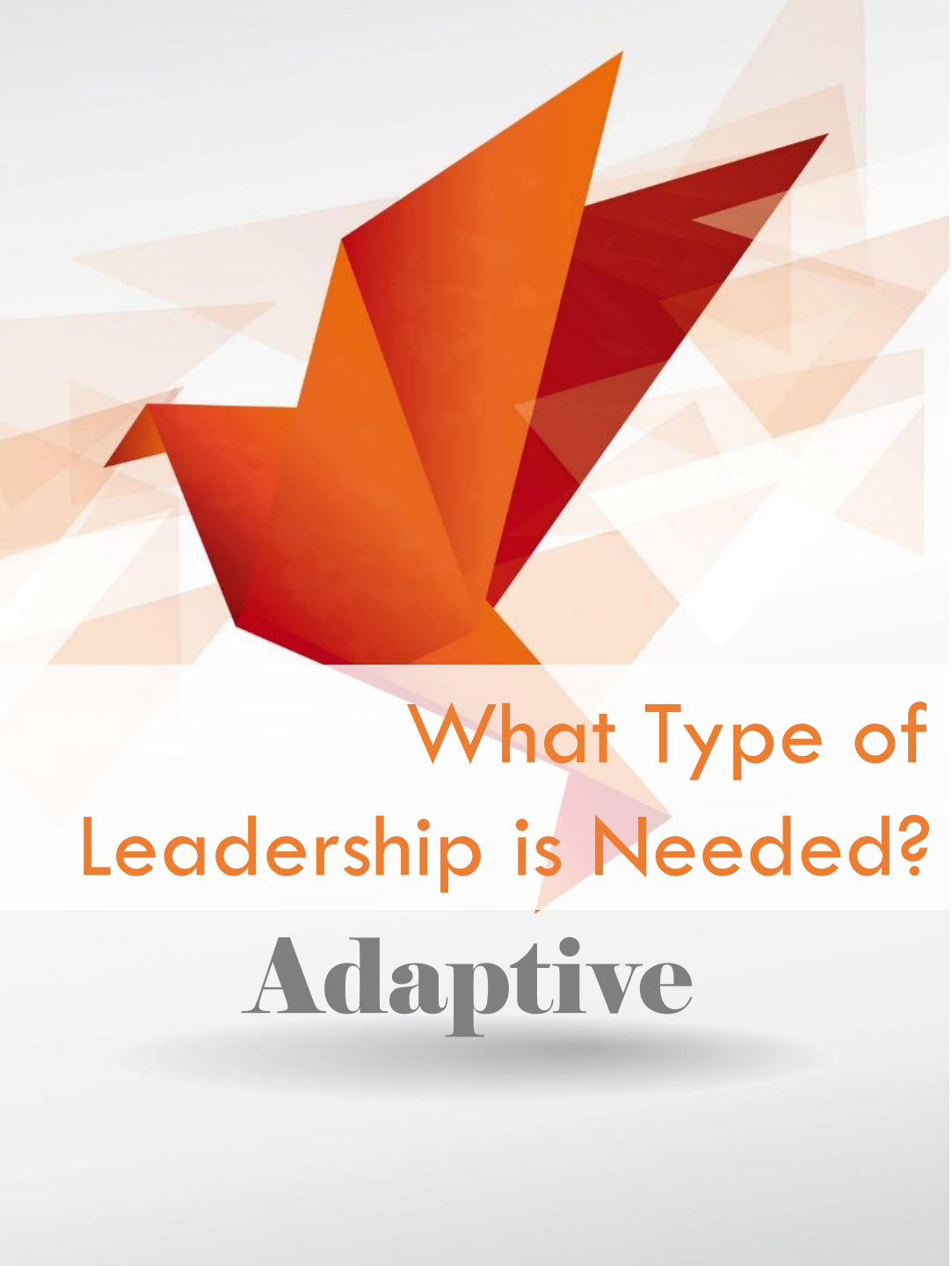
What Type of Leadership is Needed?

Barrier Busters

Effective leaders approach barrier-busting as a norm; they don't take barriers for granted.

They know the difference between barriers and excuses:

- *Confidentiality won't let us share information*
- *Other agencies don't understand our clients*
- *Our funders won't let us do it*
- *We don't have the funding to take our efforts to scale*



Adaptive Leadership:

- "is the practice of mobilizing people to tackle tough challenges and thrive" (Ron Heifetz, 2009)
- Is different than *management* which is about coping with technical challenges which can be resolved with access to appropriate people
- Approaches new partners with *empathy* by framing question of how can the Project meet their needs and agendas

What Type of Leadership is Needed?

Client-Centered

Client-centered leaders:

- Focus on what happens to clients and focus on how services affect children and families
- Understand results-based accountability by tracking key measures and indicators
- Hold meetings that move beyond simply reporting *"What our agency did last month"* to asking *"Are the children and families we serve doing better?"*

Q&A
Discussion

Family Drug Court *National Strategic Plan*

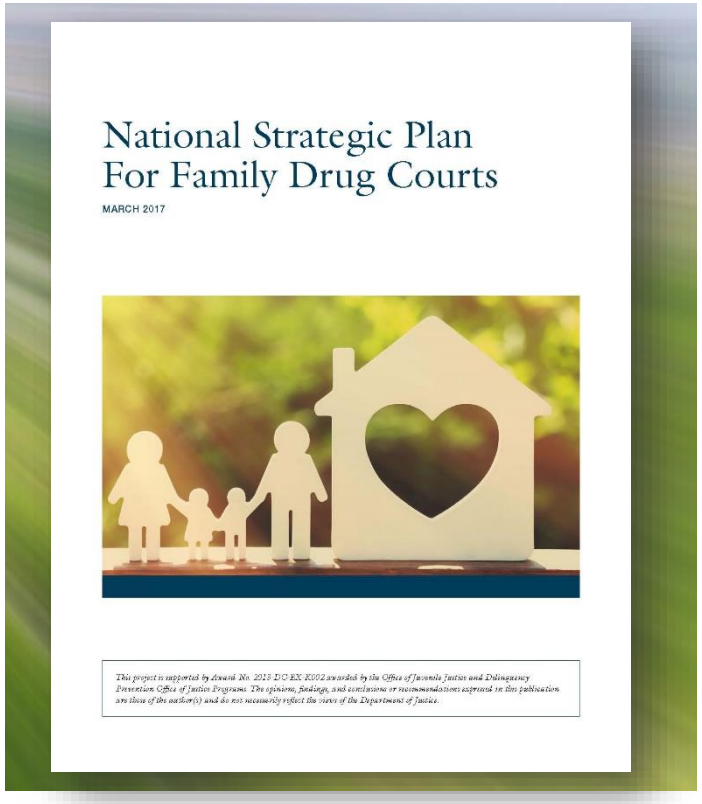
Vision:

Every family in the child welfare system affected by parental/caregiver substance use disorders will have timely access to comprehensive and coordinated screening, assessment and service delivery for family's success.

Ensure Quality Implementation

Expansion of FDC Reach

Build Evidence Base



NATIONAL FAMILY DRUG COURT TTA Program

www.cffutures.org/fdc

LEGAL ACTION CENTER

RESOURCES

- Publications
- Webinars & Videos
- Training
- Sample forms

The Legal Action Center is the *only non-profit law and policy organization* in the United States whose sole mission is to *fight discrimination* against people with histories of addiction, HIV/AIDS, or criminal records, and to *advocate for sound public policies* in these areas.

For more on 42 CFR and HIPPA visit LAC @ https://lac.org/

View the Recorded Webinar!

Data & Information Systems

The Fuel that Drives the FDC Bus

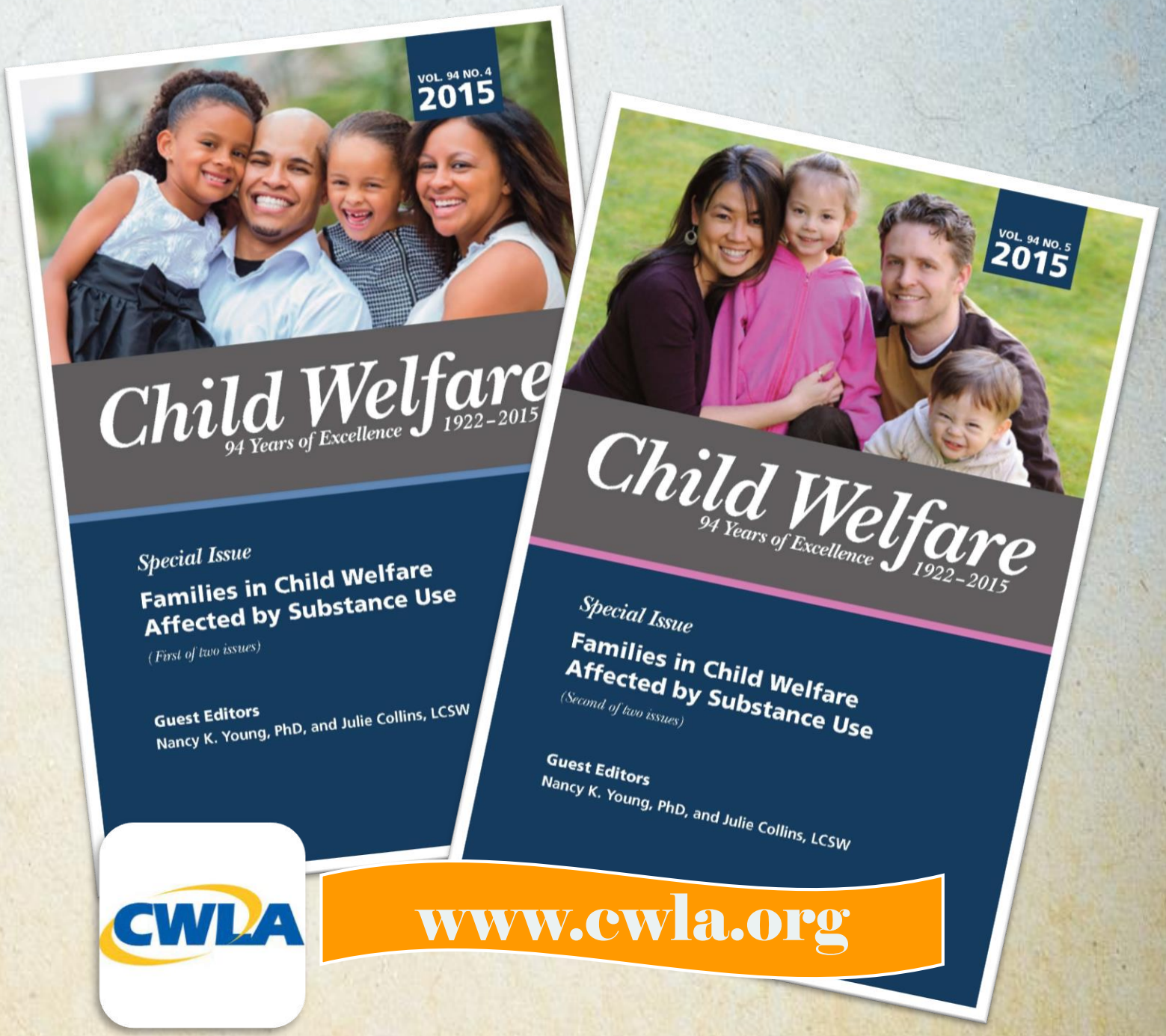
Includes Team Discussion Guide!

NATIONAL FAMILY DRUG COURT TTA Program

2015 Special Issue

Includes four Family Drug Court specific articles presenting findings on:

- Findings from the Children Affected by Methamphetamine (CAM) FDC grant program
- FDC program compliance and child welfare outcomes
- Changes in adult, child and family functioning amongst FDC participants
- Issues pertaining to rural FDCs



CWLA

www.cwla.org

Family Drug Court *Learning Academy*

- Over 40 webinar presentations
- 5 Learning Communities along FDC development
- Team Discussion Guides for selected presentations

www.cffutures.org

Family Drug Court *Blog*

- Webinar Recordings
- FDC Resources
- FDC News

www.familydrugcourts.blogspot.com

Discussion Guide *Understanding Treatment*

NATIONAL FAMILY DRUG COURT TTA Program

- For Child Welfare and Court Professionals
- Build stronger partnerships with treatment
- Ensure best treatment fit for families

www.cffutures.org

Family Drug Court *Online Tutorial*

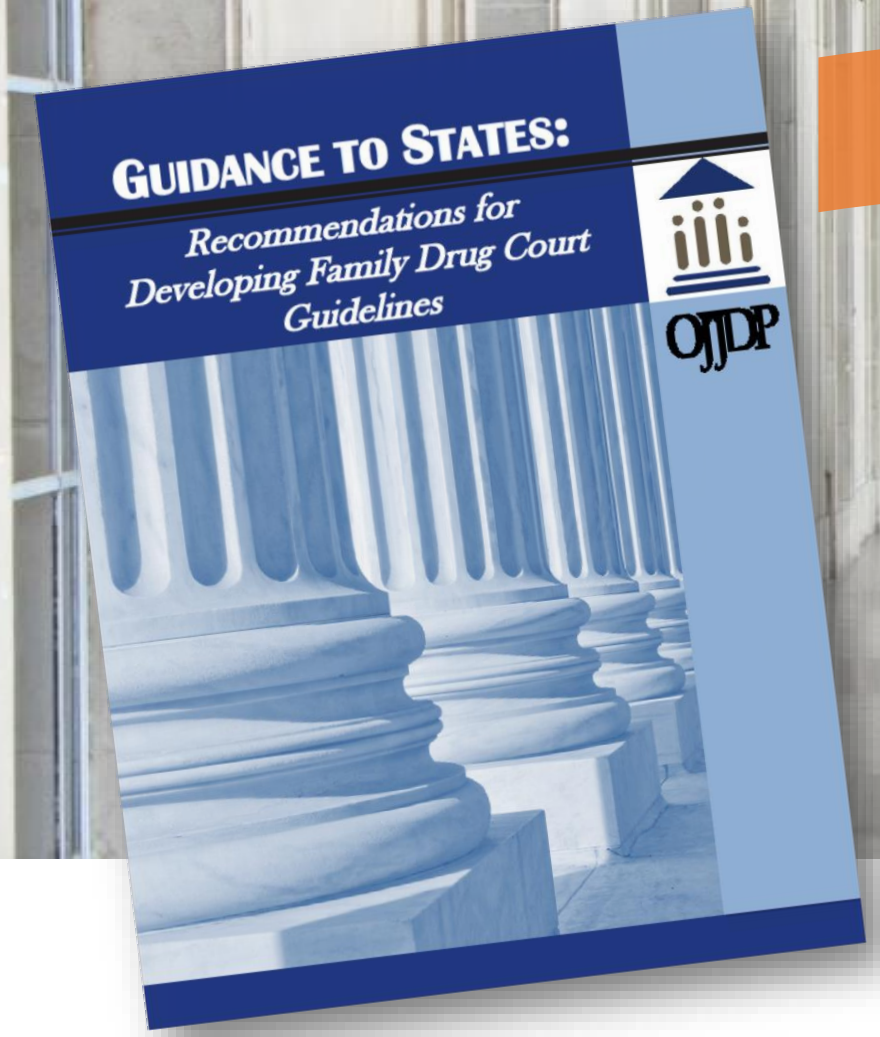
New Resource!

- Self-paced learning
- Modules cover basic overview of FDC Model
- Certificate of Completion

www.cffutures.org

NATIONAL FAMILY DRUG COURT TTA Program

Family Drug Court *Guidelines*



2nd Edition – Research Update

NATIONAL FAMILY DRUG COURT TTA Program

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Family Drug Court *Peer Learning Court Program*

NATIONAL FAMILY DRUG COURT TTA Program

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Family Drug Court *Orientation Materials*

NATIONAL FAMILY DRUG COURT TTA Program

Discipline Specific

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