

Kentucky's Safe Families in Recovery
In-Depth Technical Assistance
Summary Report
Regional Forums on Substance Abuse and Child Maltreatment
Courts, DCBS, Behavioral Health

Date: February 27, 2012

Background

Purpose

To strengthen the collaborative efforts between the Administrative Office of the Courts (AOC), the Department for Behavioral Health (DBH), and the Department for Community Based Services (DCBS), Kentucky applied for and was awarded technical assistance from the National Center for Substance Abuse and Child Welfare (NCSACW). The In-Depth Technical Assistance (IDTA) began in March 2010 and will continue until July 2012 in partnership with the NCSACW. The IDTA focuses on developing system collaboration to coordinate services and policies for serving families with co-occurring substance abuse and child maltreatment.

To achieve statewide change in the way target families are served, it was deemed necessary to engage leaders in all three agencies at the local level for sharing regional best practices, strengths and needs; obtaining stakeholder input for the IDTA efforts; stimulating regional interagency collaboration; and building an infrastructure of informed staff to provide ongoing input.

Goals

Regional forums were designed to focus the conversation between system leaders from DCBS, DBH and AOC at the local level. Leaders from each system were targeted to attend as the potential for creating policies and practice procedures that best streamline services for the target population. The forums also provided an avenue to disseminate ideas for best practices from the National Council as well as best practices that are currently in practice in Kentucky.

The regional forums are intended to facilitate local and state leadership to:

- To understand the need, strengths and current practices within each local region
- To disseminate strategies that facilitate quick access to treatment, retention in treatment, child safety and modifications to court dockets and practices
- To discuss across all three systems, values and agency practices
- Contribute to the statewide, cross system practice guidelines developed with IDTA.
- To identify next steps, including local leadership that will continue the conversation and help implement changes discussed

The participants in the forums will also be available to respond to draft documents coming from the IDTA and contribute toward drafting state policies and practices.

Implementation

Logistically, the State's IDTA Extended Core Team opted to conduct 15 regional forums, one forum in each of the 14 community mental health centers (CMHC) regions and one forum being held in Kentucky's most populous area, Jefferson County. Local leaders in all three agencies were identified with an influential judge (often the model court judge or other family court judge) inviting the other county judges and court officials, the DCBS service region administrator (SRA) from the region, and the CEO and director of substance abuse services from the CMHC. The three leaders in the agencies set the date and time for the forum and identified a convenient site often at the court house or a local community agency. Invitations were then extended to all judges serving families in the CMHC counties and 3-4 additional leadership staff from DCBS and the CMHC.

Each of the forum was facilitated by at least two representatives of the State's IDTA Extended Core Team representing whenever possible at least two of the three agencies. Each forum was three hours long with minutes and the power point slides specific to the region distributed following the forum.

The regional forum dates and locations are displayed here:

Seven Counties Rural: Shepherdsville – held on August 19, 2011
River Valley: Owensboro – held on September 1, 2011
Bluegrass: Lexington – held on September 6, 2011
Cumberland River: Williamsburg – held on September 23, 2011
Pennyroyal: Hopkinsville – held on October 31, 2011
Seven Counties Jefferson County: Louisville – held on November 9, 2011
Comprehend: Maysville – held on November 15, 2011
Mountain: Pikeville – held on November 16, 2011
NorthKey: Covington – held on November 18, 2011
Lifeskills: Bowling Green – held on November 30, 2011
Communicare: Elizabethtown – held on December 1, 2011
Four Rivers: Paducah – held on December 8, 2011
Kentucky River: Hazard – held on December 8, 2011
Adanta: Somerset – held on December 12, 2011
Pathways: Morehead – held on January 31, 2012

Participants

Total in attendance:

Judges and Court Personnel: 65 attendees

Department for Community Based Services: 85 attendees including the regional training coordinators that helped set up the meeting and participated in the forum.

Department for Behavioral Health (Community Mental Health Centers): 60 attendees

Results

During the forum, notes were taken to summarize the conversation. These notes were disseminated to the participants at each region and are summarized here.

Strengths

- Recent Child Abuse and Neglect Institute (CANI) training attended by nearly 100 judges across the Commonwealth. Judges report favorably about the training and its impact on daily practice. One recommendation from CANI is to increase collaboration between helping agencies (commensurate with the goal of IDTA).
- Uniform Family Court rules were introduced in January 2011. The uniform rules will increase consistency in family court practices and include some information about how to treat substance abusing families.
- Family Court, where available, helps streamline services and enables families to experience less confusion. Family Court judges are on the bench for 8 years, which helps with continuity and community collaboration
- Model Courts, where available, help to increase communication, problem solving and consistency. Some areas have created assessment protocols that are helping substance abusing parents access treatment faster. Model Courts work to make positive changes without spending money. For instance, GAL practice has been more consistent in areas with Model Court
- The Drug Summits provided to DCBS staff during November and December were seen as positive for staff. Social service staff were appreciative of the training, cited specific learning during the forums and are working to embed it in daily practice.
- Some Community Mental Health Centers or other providers have made behavioral health providers available in the courtroom for assessment purposes. Hardin county is implementing this with providers and TAP; River Valley has created an assessment form and has shared it with other regions in particular, Pennyroyal; Jefferson – DCBS and CMHC work together on assessment. During the forums, several sites discussed similar coordinated assessment protocols.
- UNCOPE pilot, where available, was well-liked. DCBS staff and CMHC report that the UNCOPE helps to begin services earlier and document the findings of DCBS. Collateral contacts are especially beneficial in the screening.
- DCBS is putting over money and effort into the substance abuse initiative to fund sites for transforming the system and providing substance abuse treatment.
- Family Team Meetings with the family, providers and DCBS and others allow all parties to discuss and develop plan, share progress, and problem solve.
- There are pockets of collaborative efforts and projects around the state:
 - START model for DCBS – increase in support groups, education for community, creation of more intense treatment options, stronger collaboration, parent mentors are wonderful; data shows positive outcomes for participants (Jefferson, NorthKey, Pathways, Mountain)

- Family Team Meetings (are helpful and multidisciplinary in nature, especially in Jefferson County.
- FISHN grant – helps to spread best practices for substance abusing parents
- Solutions program – Kentucky River Comp Care provides IOP in very rural counties.
- Recovery Kentucky Centers offer effective treatment for parents
- UK Targeted Assessment Program – useful to courts.
- Families Moving Beyond Abuse – rural Seven Counties program based on the drug court model; a specialized court docket for substance abusing parents; multidisciplinary team meets before each court session to improve communication.
- Reclaiming Futures Program in Cumberland River for troubled youth.
- Bluegrass region is attempting to have DCBS workers accompany clients to first mental health appointment to increase client engagement
- Trilogy Center in Western Kentucky offers effective comprehensive treatment.
- In select regions, communication is very good between key agencies (In Four Rivers region, DCBS and CMHC meet regularly in some counties; NorthKey has good communication with DCBS; Pennyroyal –longevity of key personnel in each agency has helped with communication; quarterly meetings are scheduled in Mountain region; Pathways – frequent communication between treatment and judge; Lifeskills and DCBS have regular meetings – would love judicial involvement; Frontline meetings occurring in most counties in Bluegrass region; SCS – rural – good relationships between judges and DCBS.

Weaknesses and Challenges

- Substance abuse is an “epidemic” – all three agencies feel like they are “spinning their wheels” and struggle to decide the best way to deal with this. Erupted in the past 10 years without good knowledge of how to intervene. These massive problems and the limited resources to deal with them result in burn out for providers in all three agencies and sometimes more extreme actions in an attempt to get something to help.
- There are spotty services and lack of services throughout the state. Some regions have no IOP services and others have no residential or detox service. There needs to have a coordinated continuum of case statewide with reasonable access for all.
- Different roles for different agencies (DCBS/Courts may be seen as punitive, DBH seen as helpers by clients). Courts made decisions and need to stay judicial in their focus; DBH needs to stay focused on treatment with a broader emphasis on understanding the family, and DCBS needs to focus on the children and accessing services and coordinating communication for the family.
- Overall lack of resources and funding
 - Decreased funding for all three agencies with inadequate funding to really address the problems.
 - Decreased resources in community given the rising problems.
 - Limited housing opportunities for SA parents
 - Lack of transportation for families especially in rural areas.

- Absence of childcare during substance abuse treatment
- When children are put in state custody, parents may lose some ability to access services and insurance to pay for these.
- Community Mental Health Centers have been flat funded for 15 years; services have decreased, but need is increasing.
- Managed care has significantly changed the way things are funded and created confusion. At each forum the CMHC's discussed the challenges of managed care. These concerns were documented separately and shared with leadership within the Cabinet.
- Medicaid does not pay for substance abuse treatment; Kentucky is one of only 10 states where this is the case.
- DCBS workers are overworked and have large case loads. The CDW (Court Designated Workers) and often DCBS state workers are young and inexperienced while doing a difficult job.
- Courts have difficulty meeting the standards of Reasonable Efforts because there isn't enough money or availability of services that a family may really need
- HB 463 – bail reform – is making the work of District Court very difficult; it is releasing inmates into the community (most of whom have some type of a substance abuse problem) with the idea that this will save money for treatment. However, there is inadequate treatment and no new funds have come from this.
- Federal timelines don't take relapse into consideration; ASFA doesn't always fit with the length of time it may take for parents to have solid recovery (6 months consecutive sobriety)
- Assessments often only rely on self-report; if they are ordered by court to have an assessment and they report "nothing's wrong," the Court does not have valid information by which to make a decision. When communication between the three agencies is limited, the clients can tell the courts that they can't get an appointment (when they could), that they don't know why they came, or they have no problem with substance abuse. It wastes time and money.
- Micromanagement from the top down ("Frankfort doesn't always understand what happens in our communities")
- Data may be an underestimate of the reality of substance abuse in some communities. The data highlighted a substantial problem the potential for diverted prescriptions, pockets of very high need, and gaps between needs and available service.
- There is a fear about sharing information across systems – which leads to poor communication between key players. Each agency needs to agree how to communicate in a way that satisfies HIPPA, 42 CFR. What releases of information are needed? Is a court order needed?
- There are inconsistencies and questions about how to best handle medicine assisted therapy (suboxone)
- There is an overall lack of services for fathers; fathers often not held to same standards mothers are in treatment plans
- Counties that border other states – there is difficulty in keeping clients from going across the border to receive prescription medicine that cannot be tracked in Kentucky

Drug Testing

- Limited in what they really tell you; are they accurate? There are so many variables to consider to get reliable results yet there are many options and it's hard to be an expert in how to get and use drug tests. The CMHCs have the most expertise and should lead the effort to develop the right protocol.
- Expensive – who pays for them? If parents are forced to pay, they may not meet reasonable efforts. Everyone sees the need for some drug testing, but the payment for this is confusing.
- How are they used? Great inconsistency across the state. A negative drug screen does not mean client no longer needs treatment nor do the results of a drug test indicate the level of service required.
- Agencies see use of drug testing differently: courts – need concrete information to make decisions; DCBS may use drug screens to document substance abuse as a risk to child safety; DBH uses drug screens to indicate how client is doing and what to do next in treatment.
- There was a great deal of discussion about how to assess for substance abuse and parental capacity to help support decisions by all three agencies.

Needs/Opportunities:

- Legislation to help provide services to children prenatally exposed to substances
- An understanding by all three agencies about legitimate prescription drug use
- Training of Uniform Family Court Rules
- Bench Cards provided to all judges to let them know wording is needed on the court orders to get the information needed (i.e. specific type of assessment, specific results from parenting classes)
- Family Court in every county
- Legal or legislative definition of what is a legal prescription versus one that could potentially be diverted.
- Money, training, and protocols for thorough parenting assessments.
- Increase programs that are proving to be effective, such as START
- Build community infrastructure for recovery; recovery support groups and knowledge.
- Sustainability for current federal grants (Bullitt County, Kentucky River, START, FISHN)
- Military families/communities have specialized needs
- Encourage communities to tap into local ASAP boards for support, even if it's small
- All three systems need support for their front line staff – increased training, increased salaries, safety precautions, focus on retention, build capacity.
- Increase community awareness of substance abuse by writing articles in local papers, etc.
- Treatment providers must provide adequate treatment summaries to both DCBS and Courts.
- All regions indicated the desire to continue meeting in some capacity
 - Comprehend region has continued to meet and did in fact create referral forms that have made communication easier

- Create a task force – about substance abuse initiatives – a manageable group committed to same goals and objectives; keep it small initially and then add other entities as needed.
- Possibly test the impact of drug testing strategies in some pilot regions since there really aren't concrete answers.

Next Steps

- IDTA documents that will guide agency collaboration will be sent for input.
- A distribution list for each region to send materials to the group for feedback.
- There may periodic phone conference calls and perhaps other meetings.
- Some regions have continued to meet on the topic in new or existing groups.

Since the Regional Forums

- State IDTA core team members sent the following documents to all regional forum participants for feedback:
 - > Values Statement (15 responses received; document revised based on feedback).
 - > Information sharing document (currently awaiting responses).
- Regional Forum participants were asked about ongoing initiatives (a few regions have responded that they are continuing to meet or have implemented change).