Synthesis of Cross System Values and Principles: A National Perspective

Introduction

The purpose of this Statement is to guide the collaborative efforts of NCSACW’s Consortium members as they work together to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local and State agencies and tribal governments.

Family members who have substance use disorders undermine family stability and negatively affect child safety, well-being, and psychological and emotional development.

Substance abuse prevention, treatment, and recovery support need to be delivered to family members in the context of other issues, such as providing parenting skills classes; addressing mental and physical health needs; providing housing, education, employment, and nutrition services; and addressing domestic violence and criminal justice issues. It is important that sufficient resources and systems are in place to provide families with an adequate chance to recover from substance use disorders through immediate and effective service delivery.

This document reflects the shared values and principles of the NCSACW Consortium Member Organizations and forms the basis for developing collaborative solutions for identified cross-system issues in order to improve outcomes for children and families. It has been approved by each of the six NCSACW Consortium Organizations: American Public Human Services Association (APHSA), Child Welfare League of America (CWLA), Children and Family Futures (CFF), National Association of State Alcohol and Drug Abuse Directors (NASADAD), National Council of Juvenile and Family Court Judges (NCJFCJ), and National Indian Child Welfare Association (NICWA).

Background

A number of resources were thoughtfully reviewed in order to develop this document, which represents the “best thinking” that has resulted in multiple efforts at both the State and National level to establish shared cross-system values and guiding principles. Among the resources reviewed are:

- AACAP/CWLA Values and Principles for Mental Health and Substance Abuse Services and Supports for Children in Foster Care (2001)
- NAPCWA Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families (1999, an affiliate of APHSA)
Statement of Ideals

In developing this Statement, the NCSACW Consortium members took into consideration the notion that each state, tribe and community is challenged by its own systems and issues. Ideally, each state, tribe and community will have to weigh how their principles and systems translate into policy. For the purposes of this Statement, the Consortium defines well being as “a state of being healthy, happy and prosperous and includes safety, stability and permanency for the children and their families.” The goal of this shared values statement is to capture a set of ideal practices and relationships that can guide and inform states, tribes and communities.

Shared Values and Guiding Principles

Joint Accountability and Shared Outcomes

♦ The child welfare agency has accepted a shared role in facilitating recovery outcomes for persons with a substance use disorder and their families, the AOD treatment agency has accepted a shared role for facilitating child safety for persons with a substance use disorder and their families, and the court has accepted responsibility for monitoring the outcomes for children and families in the court system.

♦ All three systems have a shared role in achieving safety, permanency and well-being outcomes for children and families. Outcome data from across the three systems will be used to inform policy leaders and communities to develop, fund, and prioritize services that are known to be effective in improving outcomes.

Principles of Daily Practice

♦ AOD treatment will be available and accessible for children and families who suffer from a substance use disorder and/or co-occurring disorder.

♦ There is no “wrong door” for accessing services and creating opportunities for children and families to receive court, agency, and community-based services within their local service systems.
It is our professional responsibility to provide all children and their families with access to the timeliest, most appropriate, and most effective treatment/prevention services and supports to children and their families in the least intrusive environment possible to ensure the best outcomes.

Field practice and service delivery will be:
- child-focused
- family-driven
- culturally appropriate
- strengths-based
- age-appropriate
- community-centered
- evidence-based and data-driven
- trauma-informed
- recovery-oriented

A continuum of prevention, intervention, treatment and recovery supports are incorporated into the daily practice of all three systems.

A cross-systems multi-disciplinary team approach will be used to treat children and families in need of services.

Given the complexity of serving children and families, it is crucial to have a comprehensive array of services.

Information and Data Sharing

Professionals and caregivers at both the state and community level need to develop common knowledge and shared values about child protection and AOD issues in order to assist children and families with AOD problems to achieve positive outcomes.

Federal, State, and pertinent Tribal government confidentiality laws and HIPAA Privacy provisions will guide and direct the client information sharing process between the AOD and child welfare systems, the courts, and other related systems.

Information systems are needed that can be linked to share information and monitor family and treatment outcomes, and enable decision makers to manage resources and monitor performance.

Memorandum of Understandings (MOU) will be jointly prepared across systems to guide system collaboration and information sharing and communications protocols.

Training and Staff Development

Training should include elements from the core competencies articulated in the field practice and services delivery portion of the “Principles of Daily Practice” section.

Services and supports for families affected by substance abuse disorders in the child welfare and the court systems will be provided by knowledgeable, skilled service providers who understand the cultural diversity of the families and communities they serve.
♦ Policies will support culturally competent service delivery in procedures, outreach, advocacy, and training throughout the service delivery system, and incorporate knowledge of ICWA and tribal governments.

♦ Competencies - Federal and state confidentiality laws and HIPAA Privacy provisions will guide and direct the client information sharing process between the AOD and child welfare systems, the courts, and other related systems. Staff will be trained in laws and regulations concerning these issues.

♦ Community colleges, universities, graduate and law schools need to develop and offer classes that satisfy professional accreditation requirements.

♦ Professionals in these fields need to participate in cross and joint-training opportunities.

**Budgeting and Sustainability**

♦ It is essential to coordinate services and funding streams (flexible, joint, multiple) across systems to maximize the use of limited resources. Planning across systems makes better use of limited dollars and reduces potential duplication of services while increasing the availability of services and supports for the child and family.

♦ Sustainability is fostered by cross-system coordination and joint advocacy for the availability of sufficient resources in each system to adequately serve families who have co-occurring problems affecting their parenting, family stability, and risks to children.

**Working with Related Agencies**

♦ Collaboration is an essential element to effectively achieving the jointly identified outcomes of multiple systems. This approach requires a commitment to effective communication a willingness to be non-judgmental, and an understanding of how other systems work.

♦ Communications by and about collaborators must be respectful and positive and any collaboration issues and concerns need to be expressed and resolved privately between collaborating entities.

♦ As appropriate, a family’s substance use disorder will be addressed when working with related agencies, such as health care providers, housing, employment, education, domestic violence advocacy, and mental health services; and when working with the family involved in other courts such as domestic violence, criminal, and delinquency.

**Working with the Community and Families**

♦ When services are being designed and funding priorities are being set, family and community input needs to be part of the process.

♦ The family will be part of the process at each level of planning, service delivery, and evaluation.