

Tip Sheet 1

BUILDING CROSS-SYSTEM EFFORTS DURING A PUBLIC HEALTH CRISIS

The National Center on Substance Abuse and Child Welfare (NCSACW) developed a series of tip sheets focused on supporting families affected by substance use disorders (SUDs) and who are involved with child welfare services during a public health crisis.

■ Tip Sheet 1

Building Cross-System Efforts
During a Public Health Crisis

Tip Sheet 2

Supporting the Workforce During
a Public Health Crisis

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Supporting Families During A Public
Health Crisis

These tip sheets offer key considerations and resources for child welfare services, substance use disorder (SUD) treatment providers, courts, and healthcare providers who serve families affected by SUDs as they work together to make policy and practice modifications to address the needs of both staff and families during this public health crisis.

Cross-systems collaboration is especially critical during a public health crisis to ensure that families receive services they need to stay safe and healthy and to remain strong and able to thrive in the long-term, while adjusting to community changes. This current health crisis has challenged service providers to expand their scope, enhance their ability to share information, and create innovative ways of working together to join their resources to best support families.

The need for cross-systems collaboration is heightened during times of crisis, as no single agency has the resources, capacity, or expertise to holistically support families affected by SUDs and involvement with child welfare services. Collectively, they can connect their resources and ensure that families do not slip through the cracks.

This tip sheet provides some key considerations in building and leveraging cross-system efforts during the current public health crisis and includes practice examples and related resources.

KEY CONSIDERATIONS FOR BUILDING CROSS-SYSTEM EFFORTS

CONSIDERATION #1: DEVELOP OR ENHANCE A COLLABORATIVE TEAM THAT SERVES FAMILIES AFFECTED BY SUDs AND CHILD WELFARE INVOLVEMENT

Building a collaborative team to create a comprehensive response to the needs of families is challenging in the best of times and can be even more challenging during a crisis. Communities may find it difficult to implement a collaborative team or continue with regular meetings and cross-systems work when resources and time are scarce and face-to-face contact is limited. It is crucial for teams to strategize how to carry forth collaborative work to meet families' needs.



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Below are some examples of strategies that communities are using to build and strengthen their collaborative teamwork during this public health crisis:

- ✓ To address the need for consistent and open lines of communication, some collaborative teams have set up coffee break talks and staff-specific social media applications to connect staff within and across organizations who are serving the diverse needs of families challenged during a current public health crisis.
- ✓ Service providers that have always cared for children and families and collaborated with mental health and healthcare partners are expanding their cross-systems efforts by collaborating with substance use treatment organizations, child welfare professionals, and courts to address the need of families affected by SUDs.
- ✓ In communities where child welfare and substance use disorder treatment partners already work closely together, treatment professionals who are communicating with families more frequently during the public health crisis are sharing information (within the bounds of the team's information sharing agreement and family consent) about families' needs and progress when child welfare staff are not able to make frequent face to face or virtual visits.

Children and Family Futures developed a framework for collaborative practice to better serve these families that communities can leverage during times of crisis and beyond. [The Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement](#) offers five systems-level policy efforts shown to help build a strong, multiagency collaborative team required to implement and sustain innovative practice strategies on behalf of these families. The framework also lays out five practice strategies and innovations that lead to improved outcomes for children and families.

Related Resources • NCSACW's [Screening and Assessment for Family Engagement, Retention and Recovery \(SAFERR\)](#) resource provides strategies and tools to build a cross-systems collaborative team with representation from child welfare, substance use disorder treatment, dependency courts, and other community-based service providers to enhance identification of families affected by substance use disorders and increase engagement into treatment and recovery.

• NCSACW's [Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services and Courts](#) offers information about the operational characteristics of each system involved with cross-system communication and coordination within state, county, and tribal jurisdictions. This tool can help partners better understand the vision, operations, and activities of their partner agencies to assist in navigating practice and policy change efforts.

• The Better Care Playbook article [Moving Toward Recovery-Oriented Complex Care Through COVID-19 Response](#) outlines how the COVID-19 Response provides opportunities for health systems to build new relationships and approaches needed for a recovery-oriented approach to complex care.



CONSIDERATION #2: IMPLEMENT INNOVATIVE CROSS-SYSTEMS POLICY AND PRACTICE STRATEGIES TO SUPPORT FAMILIES

Crisis can motivate collaborative partners to make rapid practice and policy changes. Ensuring partners have information about what practices and policies are most effective for families affected by parental SUDs is critical to ensure that these changes help children remain safe, parents receive support, and families thrive.

[Regional Partnership Grant](#) (RPG), [Family Treatment Court](#) (FTC), and [Quality Improvement Center](#) (QIC) teams identified innovative ways collaborative teams can support each partner agency and continue toward their shared goal of supporting family safety, stability, and well-being. Below are some examples of policy and practice innovations that teams are implementing in response to the public health crisis:

- ✓ Child welfare agencies are using their funds to purchase food, provide phones, assist with paying utilities, and meet other family needs.
- ✓ Public health departments are working with their grant administrators to use grant funds to purchase food for families in need.
- ✓ SUD treatment providers are using program fees to provide cards for phone minutes, smartphones, and other devices to clients in need. The treatment agencies justify these expenses as part of their "costs of doing business," as it supports their ability to continue to provide billable treatment to their clients.
- ✓ Agencies are accessing on-line legal aid to help participants apply for food benefits, cash assistance, and unemployment.
- ✓ Communities are soliciting donations of toys, art supplies, books, and other activities for families to have at home.
- ✓ Agencies are contracting with local pharmacies to ensure participants receiving medication-assisted treatment (MAT) obtain their medication. They are also developing partnerships with local taxi agencies to transport participants to appointments and to pick up their prescriptions.
- ✓ Agencies are developing partnerships with local real estate agencies to connect families with stable housing.
- ✓ Teams are assembling guides to delineate the SUD treatment providers that continue to conduct in-person services, those that have moved to virtual platforms, and those that have suspended services. This guide helps the team stay abreast of changes with local SUD treatment providers so they can support parents who receive services and parenting support from multiple providers.
- ✓ Teams are developing community resource lists with partner organizations to help families identify services.

Related Resources • Jerry Milner, Associate Commissioner of the Children's Bureau developed a [podcast](#) and [article](#) to provide guidance to child welfare agencies and courts that emphasizes the need to support families and the importance of community-based collaboration.

• The Center for Community Investment tool [Reimagining Strategy in the Context of the COVID-19 Crisis: A Triage Tool](#) provides a framework and matrix to assist cross-system teams consider how to modify current collaborative strategies and services to reimagine collaborative goals during the current public health crisis and into the future.

• NCSACW's case study, [Collaboration Pathways for Infants and Families Affected by Substance Use Disorders: Lessons From New Jersey](#), describes the context of New Jersey's technical assistance engagements with NCSACW to implement collaborative practice to improve outcomes for families affected by SUDs and who are involved with child welfare services. The case study describes the barriers they encountered, as well as guidance for practice and policy reform that will assist states in improving outcomes for children and families.

CONSIDERATION #3: DOCUMENT AND EVALUATE POLICY AND PRACTICE STRATEGIES IMPLEMENTED DURING THE PUBLIC HEALTH CRISIS

Agencies and cross-system teams have sought flexibilities in existing statutes or implemented new policy and practice changes very rapidly to respond to the needs of families during times of crisis. It is important to document these changes to

ensure that teams have record of the specific strategies that were implemented. In addition, teams should evaluate these strategies to understand how they have affected family outcomes. If they are shown to lead to positive family outcomes, teams may be able to replicate, sustain, and infuse these policy and practice changes into standard practice, even after the public health crisis ceases.

Some communities intend to use the changes implemented to address the public health crisis to advance practice through sustained use of virtual platforms and enhanced communication protocols.

Many communities are using their current data collection and evaluation processes to track their system changes, participant experiences and family outcomes during this public health crisis:

- ✓ Programs are continuing to track participant data related to engagement, access and successful completion of services over the duration of this public health crisis.
- ✓ While data related to the ability to access substance use disorder treatment in a timely manner has shown long waits for appropriate treatment, data related to engagement rates of families has improved.
- ✓ Families and service providers remain committed to progress in service access and adherence to child welfare case plans aimed at safety, stability and reunification.
- ✓ Service providers are using memos, emails, change matrices and other written documentation to share changes related to services with families, collaborating service partners, evaluators and the communities they serve.

Related Resources • The National Conference on State Legislature's web-based resource [COVID-19 and Child Welfare Case Workers: A Resource Guide for State Legislatures](#) provides numerous examples of state and federal guidance documents created to ensure shared understanding of practice standards, policy priorities, funding decisions and expectations for cross-system partners services to families.

CONCLUSION

Cross-systems collaboration is critical as communities respond to the unique needs of families affected by SUDs during the public health crisis. Building new partnerships and keeping current collaborations strong relies on implementing best practices while making necessary modifications for continuity of connection, mutual support, and communication. Just as families are finding new systems of support to ensure health and safety during this crisis, organizations are finding collaborative partnerships to accomplish common goals and enact their mission. This crisis has highlighted the interconnectedness of agencies, programs, and services for families affected by SUDs and who are involved with child welfare services, and has pointed to the need for diverse resources to support these families.

ABOUT US

The National Center on Substance Abuse and Child Welfare (NCSACW) is a technical assistance resource center jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau (CB), Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services. NCSACW provides no-cost consultation, training, and technical assistance to child welfare agencies, SUD treatment agencies, courts, healthcare, early childhood providers, and other related entities. NCSACW supports these agencies in making policy and practice changes to improve outcomes for families affected by SUDs.

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