

# Tip Sheet 2

## SUPPORTING THE WORKFORCE 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

### Tip Sheet 3

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.

A public health crisis requires the child welfare, substance use treatment, court, and healthcare workforce to work in new and creative ways to support families affected by SUDs and who are involved with child welfare services. Staff need to have an understanding of the unique needs of these families, the evidence-based services and supports that lead to positive outcomes, and practice modifications that address the immediate needs of families during crisis. Trauma-informed services are vital for these families.

Trauma often precipitates substance use disorders for parents. Children who endure chaotic environments due to a parent's substance use disorder and involvement in the child welfare system often experience trauma as well. Evidence-based programs that simultaneously address parental trauma and child trauma help build protective factors that support a parent's recovery, improve safety and protect children from future negative outcomes including development of their own mental health or substance use disorder. The key systems that serve these families must provide additional support for staff during this public health crisis.

This tip sheet offers some key considerations for child welfare, substance use treatment, courts, and healthcare providers to ensure that the workforce has access to the information, training, and resources it needs to effectively engage and provide services to families during the current public health crisis. This tip sheet also offers considerations and resources for administrators, supervisors and frontline staff aimed at enhancing the workforce's health and safety during this rapidly changing and challenging time.

### KEY CONSIDERATIONS FOR SUPPORTING THE WORKFORCE

#### CONSIDERATION #1: ENHANCE SUPERVISION, PROMOTE SELF-CARE, AND PROVIDE ACCESS TO SUPPORTS THAT FOSTER STAFF HEALTH, SAFETY, AND WELL-BEING

Professionals who deliver front-line services to families affected by SUDs are at the core of the agency's ability to function successfully. While a crisis has a clear and direct effect on clients, a crisis also effects staff. Agencies must make modifications to agency policies, staff supervision, and support that promotes self-care and ensures staff's health, safety, and well-being.



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Agencies engaged in [Regional Partnership Grant](#) (RPG), [Family Treatment Court](#) (FTC), and [Quality Improvement Center](#) (QIC) teams aimed at improving the well-being of children affected by parental SUDs through interagency collaboration have identified the following strategies to enhance support for staff during this public health crisis:

- ✓ Regular and frequent clinical and peer supervision
- ✓ Daily check-ins, between individuals and as a team
- ✓ Agency promotion and sponsorship of self-care activities
- ✓ Increased team building supports such as team group text messages and virtual coffee hour
- ✓ Leadership encouragement for the use of personal time off and flexible work schedules
- ✓ Encourage team members, coworkers, and leaders to listening with intention
- ✓ Provide regular, structured opportunities for direct service staff to communicate with supervisors, administrators and system leadership about challenges they are experiencing
- ✓ Provision of a sufficient supply of face masks, hand sanitizer, face shields, thermometers and other equipment for staff and families to implement public health best practice recommendations

In addition to direct service providers, peers and recovery support specialists are a critical part of the workforce in many child welfare, substance use treatment, court, and community-based agencies. To meet the unique needs of peers during the current public health crisis, the Mental Health Technology Transfer Center created the webinar, [What Peer Support Specialists Need to Know About Telehealth](#). The Substance Abuse and Mental Health Services Administration Bringing Recovery Supports to Scale Technical Assistance Center provides a variety of [webinars](#) and resources to support the unique needs of the Peer and Recovery Support Specialist workforce and has recently added a web-session on [Providing Digital Peer Recovery Support Services](#) with an associated [resource list](#).

- Related Resources** • The Children's Bureau and the Centers for Disease Control's webinar [Child Welfare Worker Safety in the Time of COVID-19](#) reviews relevant guidance and recommendations by the Centers for Disease Control and Prevention on how to reduce child welfare case workers' risk of contracting or spreading coronavirus while conducting in-person interactions with children and families during the crisis.\*\*Requires Adobe Connect\*\*
- The National Child Welfare Workforce Institute created a series of webinars, [Supporting the Virtual Workforce](#), which focus on converting existing workforce development activities to online formats while maintaining high-quality services for families and job satisfaction for employees. These webinars provide strategies for child welfare, substance use treatment, and court professionals and administrators who are facing the challenges of modifying practice and supporting a new, virtual way of providing safety and support to families involved with child welfare services.



## CONSIDERATION #2: PROVIDE EDUCATION AND TRAINING FOR STAFF ON THE COMPLEX NEEDS OF FAMILIES INVOLVED IN CHILD WELFARE AND AFFECTED BY SUDs

Professionals must understand what services are effective for families affected by SUDs to enhance safety and well-being for families once a need is identified. The needs of these families are often complex and interwoven, and thus cross-systems collaboration to meet those needs is critical.

NCSACW offers three free online tutorials to educate professionals on how to assess and address the needs of families affected by SUDs and who are involved with child welfare services. These tutorials also highlight collaborative practice strategies to improve coordination among child welfare services, substance use treatment providers, and court professionals.

- ✓ [Tutorials for Substance Use Disorder Treatment Professionals](#)
- ✓ [Tutorials for Child Welfare Professionals](#)
- ✓ [Tutorials for Legal Professionals](#)

**Related Resources** • The NCSACW resource, [Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment](#), aims to provide a fundamental understanding of the substance use treatment and recovery process to support professionals who are referring parents to substance use treatment. Child welfare and court professionals can use this tool to make informed referral decisions for services that are a good fit to meet the needs of parents and their families.

- [The Use of Peers and Recovery Specialists in Child Welfare Settings](#), developed by NCSACW, examines how child welfare agencies and family court programs have integrated peers and recovery specialists into their service delivery to enhance support for families affected by SUDs and who are involved with child welfare services.
- The Center for Health Care Strategies blog post on [Mobilizing Project ECHO to Build Provider Capacity in Response to COVID-19](#) discusses how agencies can use the proven successful ECHO strategy to expand and improve services during the public health crisis through shared staff learning across diverse jurisdictions.

### CONSIDERATION #3: SUPPORT STAFF IN UNDERSTANDING THE NEEDS OF FAMILIES DURING THIS CRISIS TO MAKE APPROPRIATE MODIFICATIONS TO SERVICES

During a crisis, professionals who directly serve these families have the challenging task of ensuring continuity of programs and supports for families. Using evidence-based programming and making modifications to delivery formats can ensure quality and accessibility of services to families who may be isolated due to health and safety necessity during a crisis.



**Related Resources** • The American Academy of Pediatrics' [Guidance for Children and Families Involved with the Child Welfare System During the COVID-19 Pandemic](#) is designed to support the continuation and improvement of protection of family integrity in the child welfare system including a stable home and caregiver to nurture a child's development and prevent trauma across the lifespan so that all children and families may flourish.

- The Zero to Three webinar [Child Welfare Professionals' Attending To Risks for Abuse and Neglect During COVID-19](#) outlines the child welfare workforce response to risks for abuse and neglect during the COVID 19 pandemic.
- A joint statement on [Child Welfare Courts During a Public Health Crisis](#) made by several legal organizations describes ways in which the court system can support families involved with child welfare during the current public health crisis. Court leadership has the responsibility of ensuring access to due process and counsel, promoting family time, and providing consistent case review.
- The National Institute on Drug Abuse's article, [COVID-19: Potential Implications for Individuals with Substance Use Disorders](#), provides a guide for SUD treatment professionals as they consider how the current public health crisis may affect the clients they serve.



### CONSIDERATION #4: PROVIDE EDUCATION AND TRAINING FOR STAFF ON HOW TO IDENTIFY SUDs AMONG FAMILIES WHEN FACE-TO-FACE VISITS AND DRUG TESTS ARE NOT POSSIBLE

Assessing the safety of children and the needs of families with limited opportunity for face-to-face interaction during a public health crisis is challenging for professionals responsible for child well-being. Child welfare professionals must have a strong understanding of risk and protective factors for families affected by SUDs to ensure families receive appropriate supports and children remain safe. Agencies must also help staff recognize stigma and bias that could negatively affect decision making, particularly under stressful circumstances.

NCSACW's [Child Welfare Tip Sheets](#) provide child welfare professionals with a simple reference for important elements of working with families with SUDs. These tip sheets offer information on how to identify families affected by SUDs, assess potential safety issues, and help families access the SUD treatment and other supports they need. Many of these strategies can be used during this public health crisis with modification to delivery platforms, such as physically distant onsite contact or virtual contact through computer or telephone.

Many communities have found that, during the current public health crisis, they cannot rely on the traditional means of family oversight, such as drug testing and face-to-face observation. Communities have noted that they have needed to rely more on assessment of behavioral indicators, often through virtual means. Behavioral indicators are observable behaviors displayed by parents that point to substance misuse or unsafe parenting practices. Using behavioral indicators allows staff the opportunity to focus on assessing how substance use may be impacting child and family safety, as opposed to merely looking for the presence or absence of substance use. Behavioral indicators can show how a parent is responding to a child during times of crisis and how they are coping, including how their recovery is progressing. These observations are often much more telling than solely reviewing the results of a drug test.

**Related Resources** • The National Council on Crime and Delinquency's document, [Child Welfare Safety Assessment and Planning During COVID-19 and Social Distancing](#), describes how to conduct safety assessments and safety planning under crisis conditions with less reliance on drug testing and a greater focus on behavioral indicators.

- Many communities are shifting away from relying solely on drug tests and toward a more holistic approach to assessment of using behavioral indicators. This approach of using behavioral indicators to assess safety rather than relying primarily on drug testing is outlined in the NCSACW document, [Drug Testing in Child Welfare: Practice and Policy Considerations](#), and the American Bar Association article, [Effective Strategies for Courtroom Advocacy on Drug Use and Parenting](#).
- Some communities rely heavily on drug testing to support client engagement and accountability. The American Society of Addiction Medicine provides recommendations for [adjusting drug testing protocols](#) in response to the current public health crisis to help these communities.

## CONSIDERATION #5: PROVIDE EDUCATION AND TRAINING TO STAFF ON TELEHEALTH AND OTHER VIRTUAL SUPPORT FOR FAMILIES

Ensuring service continuity during the current public health crisis is a challenge for professionals who traditionally rely on face-to-face contact and service delivery. In using evidence-based programming along with a variety of virtual resources, staff can help families continue to progress on case/treatment plans, access support services, and ensure safety and well-being for the entire family.

Though the current public health crisis has some unique elements, communities can draw on lessons about providing service continuity in challenging environments, such as in rural communities. These lessons and strategies can help communities improve service accessibility for isolated communities during the public health crisis, and beyond.



**Related Resources** • The Mental Health Technology Transfer Center Building Telehealth Capacity [website](#) provides information, webinars, and discipline-specific topic areas related to telehealth. The site has recordings of a weekly series that progressively builds from a basic telehealth introduction to more complex administrative and policy considerations for implementation of best practices in telehealth.

- The Children's Bureau offers a list of [COVID-19 Resources](#) and [Guidance on Caseworker Visits via Videoconferencing](#) to provide information on requirements, expectations, flexibility, and best practices to the child welfare workforce during the current public health crisis.
- The National Council on Crime and Delinquency article, [Considerations for Successful Video Visits with Young Children](#), provides solutions to challenges experienced by staff and families using virtual platforms to facilitate family time.
- The Association for Family and Conciliatory Court's document, [Virtual Parent Time](#), provides information on best practices in facilitating and implementing virtual parent time.
- The National Center for State Courts and their partner agencies provide a host of resources for courts and legal professional, including:
  - o [Corona Virus and the Courts](#)
  - o [Emergency Preparedness in Dependency Courts](#)
  - o [Treatment Courts and COVID-19: What to Consider During a Pandemic](#)
- The Capacity Building Center for Courts offers [Guidance on Conducting Remote Hearings](#) to provide information and best practices for court and legal professionals.
- The Tribal Law and Policy Institute and the Center for Court Improvement provide the webinar, [Supporting Wellness Court Participants and Staff During COVID-19 Pandemic](#), which offers guidance for Tribal Healing to Wellness Court programs in adapting treatment court operations during the COVID-19 crisis.
- The Substance Abuse and Mental Health Services Administration provides [Coronavirus \(COVID-19\) Resources](#) for substance use treatment professionals as well as a listing of [Virtual Recovery Resources](#) to educate the workforce on virtual and remote service options.
- The Addiction Technology Transfer Center provides [Pandemic Resources](#) along with the [Telehealth Learning Series for SUD Tx and Recovery Supports](#) for SUD treatment providers and peer support specialists faced with transitioning their services to telephone and videoconferencing methods in response to COVID-19 social distancing guidelines.



## CONSIDERATION #6: DEVELOP COMMUNICATION STRATEGIES TO ENSURE STAFF CAN ACCESS CLIENT-LEVEL INFORMATION

During a time of crisis, not all staff in the agencies that serve families may have access or availability to directly meet with clients. Thus, they must rely on their diverse partners' expertise and insight into family needs and progress in treatment. Other professionals who work with a family may have information and interactions that are important to make the best determinations about safety, risk, and needs. To allow for this information exchange, collaborative teams must develop or enhance their existing information sharing protocols that dictate the proper sharing of client-level information across agencies.

Prior to the current public health crisis, many collaborative teams have used NCSACW's [Pathways of Communication Tool](#) to help them determine the specific information that needs to be shared among partners, how that information can be shared efficiently, and how to use the shared information to best serve clients and improve programs. Modification to standard communication practices may be necessary during a time of crisis as modes, frequency, and urgency of communication may all be in flux. Revisiting a communication plan to consider more effective communication during and after a crisis will likely be necessary. For teams that do not have a communication plan, developing one is important to short- and long-term success for collaborations, staff and clients. Creating a flexible communication plan that can serve the needs of the team during the crisis and beyond can be a useful exercise in understanding information needs and communication barriers.

RPG, FTC, and QIC collaborative teams shared some modifications to their communication plans and strategies:

- ✓ More frequent communication among staff by email in between “formal” collaborative meetings
- ✓ Increased use of telephone contact, text messaging, email, and virtual teleconferencing to connect with partners
- ✓ Increased information sharing about client conditions, such as needs for concrete support, progress on case plan activities, stability of recovery, participation in services, and overall coping with current crisis conditions

### **CONSIDERATION #7: WORK WITH PROGRAM DEVELOPERS TO UNDERSTAND HOW MODIFICATIONS TO PROGRAMS AFFECT EFFECTIVENESS**

Evidence-based programs (EBPs) rely on implementation of specific service elements administered in a certain way to ensure effectiveness. This is known as “fidelity” to the program model. Some communities are working with evidence-based program developers and evaluators to consider how modifications to implementation during this crisis may impact program effectiveness and outcomes for families. Working with developers and making concrete changes to EBPs will require training for staff who deliver the services.



# 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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In Colorado and Kansas, community partners implementing parenting education and support services through evidence-informed programs have adapted components of their programs to make parent, child, and family groups accessible through virtual platforms, such as Zoom and GoToMeeting. These changes required substantial program support to access technology and learn how to use the virtual platforms. The evidence-based Strengthening Families Program (SFP) traditionally includes a family meal as a component of the program that allows families to practice parenting in a common family setting with support from professionals and other families. When current public health orders made meeting for a meal impossible, staff of the Kansas SFP partnered with a local nonprofit food delivery service to ensure families had ingredients to prepare a family meal. This meal delivery helped families who were experiencing food insecurity due to the current crisis as well as provided an opportunity for practicing parenting techniques learned during the virtual sessions.

Times of crisis can propel practice forward. Working with EBP developers to evaluate and learn from the program modifications required by the public health crisis could lead to further permanent changes that better support isolated families and those with barriers to accessing services far beyond this current crisis.

## CONCLUSION

Some communities have been effectively supporting families affected by SUDs and who are involved with child welfare services for decades, while others are just beginning this important work. Regardless of history, communities are developing new ways to work together during the current public health crisis. This new context is an opportunity for the workforce to explore and improve practice to better serve these families and ensure they thrive. It is also an important time for agencies to make policy and practice modifications that support the safety, health, and effectiveness of the workforce during this uniquely stressful time.