INTEGRATION OF SUBSTANCE USE DISORDER TREATMENT AND FOSTER CARE SERVICES:

A PILOT FOR HAWAI'I

Presented By:

The Association for Infant Mental Health Hawai`i (AIMH HI)

Prepared By:

Erika Warner, LCSW, CSAC

THIS PAGE WAS INTENTIONALLY LEFT BLANK

OVERVIEW

The Hawai'i Department of Health, Office of Planning, Policy and Program Development (OPPPD) commissioned a community provider to conduct an assessment and make recommendations on the provision of Substance Use Disorder (SUD) treatment to pregnant and parenting women with dependent children (PPWDC) using coordinated or integrated Foster Care Services (FCS) for infants combined with intensive SUD treatment for the mother. Research for this proposal was done in a limited timeframe, due to the date of the commissioning, which was approximately 6 weeks. Providers and administrators throughout the United States were contacted to better understand how other states are integrating SUD. At a local level, more than a dozen key stakeholders were contacted to gather information, feedback and suggestions on the pilot program presented here.

Two overarching themes were frequently discussed:

- *Hawai'i needs more effective care coordination between existing programs to help ensure better integrated service delivery*
- *Rather than services being preventative, Services for parents with SUD tend to be reactive and fragmented*

In order to better integrate Substance Use Disorder and Foster Care Services, it is proposed that we offer increased support for parent(s) at the earliest time possible. We can use the existing providers, services and agencies already doing the work, in a more collaborative and integrated way, through a parent partner program to support the birth parent and provide care coordination.

SCOPE OF THE PROBLEM

Hawai'i's families are hurting, in 2019, Hawai'i reported 2,843 children in the Foster Care, and 43 % of them were ages 0-5 (State of Hawai'i Department of Human Resources , 2020, p. pg 20). Early childhood is a crucial period for development and attachment and removal of mother and infant at this time can have detrimental effect, the evidence from psychological research is clear: When children are separated from their parents, it can have traumatic repercussions for kids' lives down the line (Association for Psychological Science , 2018) . Hawai'i reports showed that in 2019 41.5 % of child "victims" were assed to have a caregiver with drug abuse as the precipitating risk factor (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2020, p. 11). Hawai'i's youngest children and their parents need help sooner.

How can we help support parents prior to entry into the Child Welfare System? The earliest point of intervention is prior to pregnancy or during the gestational period. Substance Use Treatment providers refer to this unique population as Pregnant and Parenting Women with Children (PPWC). Women that are pregnant deciding to enter treatment face a variety of challenges, but pregnancy can create an increased readiness to change (Hankin, MaCaul, & Huessner, 2000). Many pregnant women with co-occurring disorders are distrustful of substance abuse and mental health treatment providers, yet they need multiple services (Grella, 1997). According to PWWDC providers in the state, women will tend to alter their substance use in anticipation of delivery, but many will ultimately test positive for substances at time of birth or will have inevitable CWS involvement due to their prior history with CWS.

With "Drug Abuse" noted as a primary factor in child abuse and neglect, we might be inclined look to the Substance Use Disorder (SUD)Treatment Centers for guidance on prevention and/or interventions. Focusing on earliest intervention points, would require a focus on a unique population in the SUD treatment community, which is referred to as Pregnant and Parenting Women with Dependent Children (PPWDC) . This special group of parents have specific needs.

BEST PRACTICES IN SUD AND FOSTER CARE

The Comprehensive Substance Abuse Treatment Model (2007) encourages treatment agencies to understand that for women who are mothers, their children are a major factor influencing why the enter, complete and/or leave treatment (SAMHSA, 2009, p. 281). They also suggest that a comprehensive SUD treatment program provide integrated clinical and community services that range for medical needs, to transportation, life skills and child related services (Figure 1). Children who have moms with SUD also have unique needs, see Figure 2.

FIGURE 1

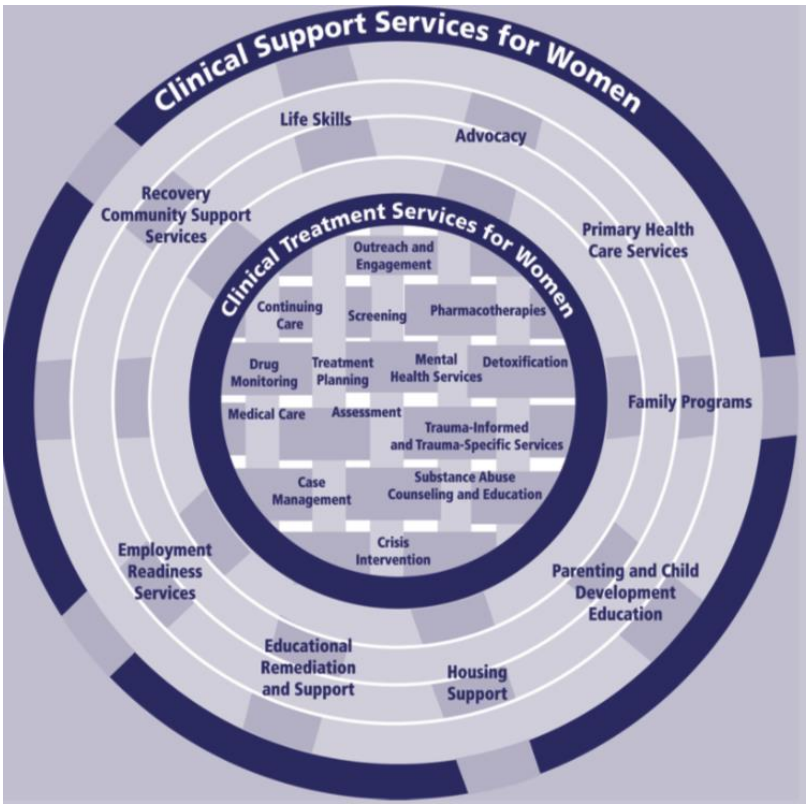
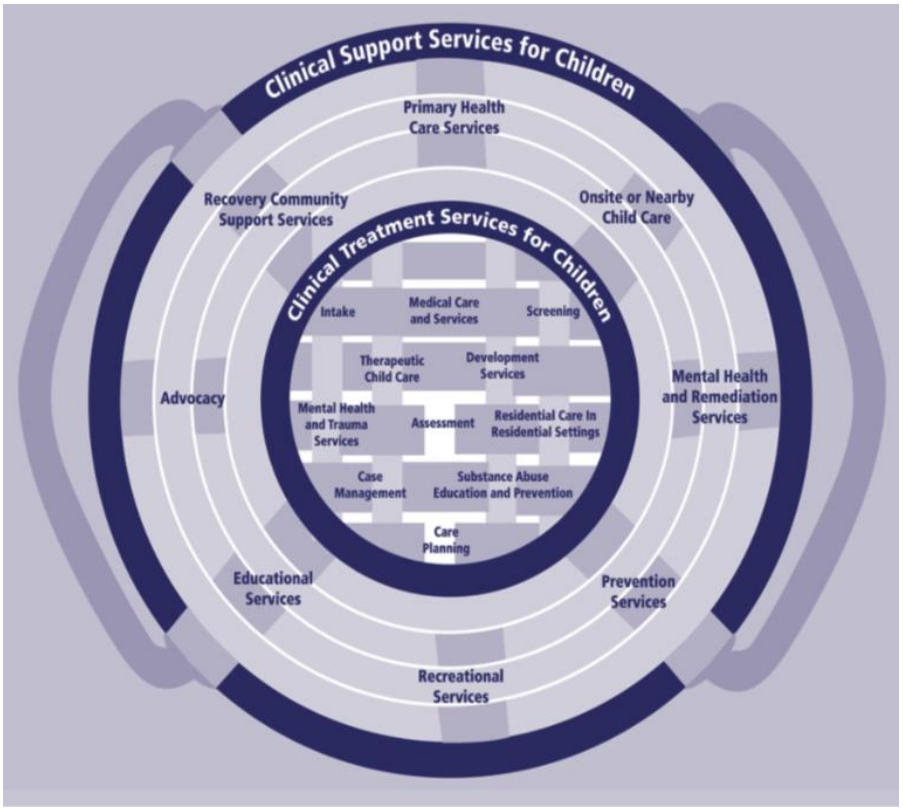


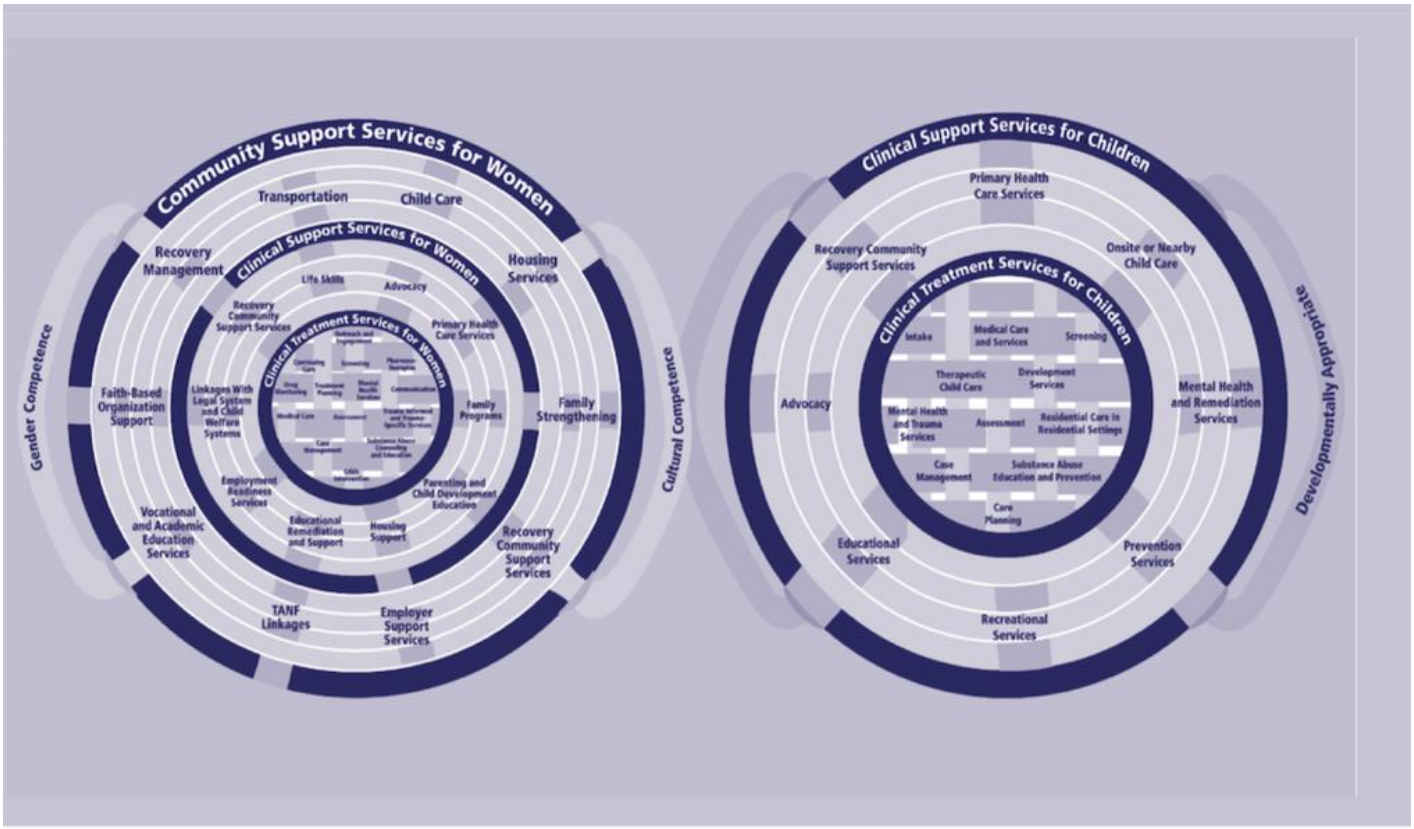
FIGURE 2



Clinical SUD services are generally provided by the SUD treatment provider but they need support. Support Services are pivotal to the successful treatment of women and children (SAMHSA, 2009, p. 283).

The Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that there is limited research highlighting therapeutic approaches for women outside of trauma informed services. Based on what is available, they suggest that effective women's treatment programming works across systems with considerable focus on integrated care and the identification of specific treatment needs for women. Women often need clinical and treatment services tailored to effectively address pregnancy, childcare, children's services and parenting skills (SAMHSA, 2009, p. xxii). According to the 2017 National Survey of Substance Abuse Treatment Services, 48 percent of treatment centers provided "tailored services" for adult women. Only 22 percent of treatment centers offered any specific services for pregnant and postpartum women (Substance Abuse and Mental Health Services Administration, 2020, p. 25), with an even lower percentage of only 15 percent of centers that offer childcare for client's children (Substance Abuse and Mental Health Services Administration, 2020, p. 61).
Integrated Services for both women and their children would encompass clinical and community supports for the whole family (SAMHSA, 2009). See Figure 3.

FIGURE 3



On a state level, Hawai`i has 2 Substance Use Disorder treatment programs that specialize specifically in the PPWC population. On the island of Oahu, Salvation Army Family Treatment Services (SA-FTS) is a gender responsive SUD Tx center with a continuum of SUD TX levels and housing components for women and their children. SA-FTS is unique, being the only TX center in the state that provides Residential SUD treatment for this population. The FTS recovery model is based on CSAT's Comprehensive Substance Abuse Treatment Model for Women and Their Children which recognizes the need for treatment to be inclusive of all needs for women and not just address the addiction. FTS acknowledges that in order to increase abstinence, services need to attend to a women's overall emotional and physical health and relational needs such as parenting and family/partner engagement. (Pang, 2020). In Maui County, there is a PWWDC Treatment Program called- Malama Family Recovery Center (MFRC). MFRC provides outpatient SUD Tx services, along with a therapeutic housing component for our target population. MFRC was unable to be reached, due to time limits of this project, but they are a known partner and collaborator with SA-FTS. Programs such as Women in Need, Mary Jane House, and other SUD TX centers may not offer comprehensive tailored services for the PWWDC individuals but are valuable partners in the work.

KEY COMPONENTS IN PWWDC TREATMENT

ENGAGEMENT IN SERVICES THROUGH OUTREACH

Outreach and engagement services can be clinically effective in increasing likelihood of entering substance use treatment (Gottheil, 1997). Three major components are needed in outreach according to Gross and Brown 1993 (Gross, 1993):

- *Identifying a woman's most urgent concerns and addressing those first; until she is ready to take on other issues*
- *Empathizing with the women's fears and resistances, while assisting her in following through on commitments; and*
- *Assisting a woman in negotiating the human service system*

ACCESSS TO HEALTH CARE SERVICES

Promising practices designed to treat women with SUD include comprehensive and integrated health services such as gynecological care, family planning, prenatal care, pediatric care, HIV/AIDS services, treatment for infectious diseases, and nicotine cessation treatment services (SAMHSA, 2009, p. 93). Health care services are important in treatment of this population. One way that we integrate this type of care in Hawai'i is through our Federally Qualified Health Centers (FHQC). One important FHQC to highlight, is Waikiki Health - PATH Clinic. Perinatal Addiction Treatment Hawai'i (PATH) clinic is a women's health clinic that provides comprehensive perinatal clinical and social services for women with past or current SUD challenges.

PATH clinic provides comprehensive perinatal, delivery and postpartum care as well as physical and behavioral health services, along with linkages to community services that PWWDC women with SUD may need. PATH clinic was awarded the Mutual of America's Community Partnership Award for its collaborative and unique partnership with SA- FTS in 2015. Highlighted was the way the two organizations partnered together to better serve the PWWDC population. Women who are receiving health care at PATH are slowly introduced to the services available to them at SA-FTS, at the first sign of motivation to stop using substances or avoid CWS involvement at time of delivery.

Likewise, women who enter any level of care at SA-FTS are linked with PATH for an array of services, including primary medical care, behavioral health services, dental, optometry, HIV and Hep C testing and case management, and any services that can be provided by the larger Waikiki Health system which also include transportation services and insurance navigators. When women are administratively discharged from SA-FTS due to safety or behavioral issues, women are encouraged to continue to receive services at PATH.

Treatment and health services cannot address all the needs of this population, many women who enter treatment are involved in multiple social services systems that have different expectations and purpose. It has been shown that the co-occurrence of SUD and involvement in the child welfare system is between 50 and 80 percent (Young, 1997).

COORDINATION WITH CHILD WELFARE SERVICES

Many women in SUD treatment have conditions set by the CWS system. Communication between treatment and health care providers and CWS are crucial to a woman making progress on her reunification goals (SAMHSA, 2009, p. 290). The single strongest predictor of reunification for families affected by substance abuse is completion of treatment. In fact, studies have shown that women who complete 90 days or more days of treatment nearly double their likelihood of reunification (Grella, Needell, Shi, & Hser, 2009). The Adoption and Safe Families Act (ASFA) enacted in 1997, requires that states file for termination of parental rights if the child has been in foster care for 15 of the past 22 months (Public Broadcasting System , 2020). Given the conflicting timelines of recovery and CWS permanency guidelines, screening family members for possible substance use should be a routine part of child welfare investigation and case monitoring. This timetable is in inevitable tension with the nonlinear process of recovery. Studies have shown that parents are more likely to enter treatment and remain in treatment longer when supported by a recovery coach (Ryan, Perron, Victor, & Park , 2017).

PEER SUPPORTS

Recovery coaches work with parents, child welfare caseworkers, and treatment agencies to remove barriers to treatment, engage parents in treatment, and provide ongoing support following reunification (Casey Family Programs , 2017, p. 2). Parents dealing with addiction issues may disconnect from positive relationships in their life. They often lack social connections needed to support them in their recovery and coping strategies. Peer mentors can provide a vital social connection. Research studies indicate that peer mentors play a positive role in promoting reunification and maltreatment prevention (Children's Trust Fund Alliance and The Birth Parent National Network , 2017). In Hawai'i we offer peer support for parents who are resource caregivers, but for birth parents, peer support appears to be limited.
EPIC 'Ohana is an agency contracted by CWS that does significant work with PWWDC population in the state of Hawai'i . EPIC 'Ohana offers an array of services to this target population. They were noted as a "bright spot" in the latest CSFR (2017) report. It is noted that the 'Ohana conferencing that they provide is a strength in our state CWS system and meets the best practice standard for "individualizing services" (U.S. Department of Health and Human Services Administration for Children & Families , 2017). EPIC also provides WRAP services- for families in the CWS system that seem to "be stuck". They offer "parent partners" and "youth partners" to the family when needed that act as peer support for the family. In speaking with the CEO of EPIC, Laurie Arial Tochiki, she identified one of the challenges for this program is that the mentors are assigned to the families well after they have been "in the system". EPIC recently received grant money to hire some additional parent mentors for the WRAP program, and they would like to work on how to intervene with families at an earlier juncture in their case. She was

adamant that the peer support "significantly increases parent engagement". EPIC is a leader in our state in offering peer support for parents and adolescents that are in the Foster Care System.

The Ka Pili ʻOhāna program being implemented by Family Programs Hawai'i in partnership with Department of Human Services and funded by a grant from the Queen Liliʻuokalani Trust is using peer support in their program as well. The program is for Native Hawaiian children ages 4 to 12 who are in temporary foster custody in the Hawai'i CWS system.

One of the program's purposes is to help children, birth families, and resource caregivers navigate the Foster Care System and access needed resources. The pilot program is focused on children from the Leeward Coast of Oahu (Lili 'uokalani Trust , 2019). The program provides birth parents with a parent partner that assists them in accessing essential services, like food, transportation, health care, and housing so that they can build a trusting relationship with the navigator and then work towards permanency for the child(ren). Charla Weaver is the 'Ohana Navigator" in the Ka Pili ʻOhāna program.

Ms. Weaver indicates that the families she works with are 90% successful in permanency (Weaver, 2020). The grant funding for this program is coming to an end in December 2020, and the Liliuokalani Trust is planning on absorbing the program into their regularly available programs. A barrier in delivering this program is that services are only be available for Native Hawaiian families, which are overrepresented in the CWS system, but not the only families that need help navigating the system. Ms. Weaver also indicated she would like to see time of intervention for the family be sooner and be available for more families with children younger than 4 years old.

TREATMENT COURTS

Another best practice intervention, for parents suffering with SUD and navigating the Child Welfare System are "Treatment Courts". Specialty Diversion courts have proved to be an effective intervention for families with SUD and CWS involvement. Family drug treatment courts strive to decrease child maltreatment by treating the underlying substance use problem through collaborative efforts with treatment professionals, child welfare, the courts, and substance abuse agencies (Bureau of Justice Assistance , 2004). Family reunification rates are higher, and children spend less time in care when clients participate in FTDC (Casey Family Programs , 2017).

In Hawai'i, we have 2 specialty courts, Zero to Three and Family Drug Court. These court programs were highlighted in the latest Child and Family Services Review (CFSR). Cases heard in family drug

court show better outcomes by providing linkages to services, frequent engagement with parents, residential substance abuse treatment, and wraparound services. (U.S. Department of Health and Human Services Administration for Children & Families , 2017, pg 3)

Zero to Three (ZTT) court is also considered a "specialty court", however it focuses on the crucial attachment age of 0-3 years old, using attachment theory to guide its practices. ZTT court uses the Safe Babies Court Team (SBCT) approach. They have 2 main goals: to increase knowledge of how abuse and neglect impact very young children, as well as improving outcomes to prevent future court involvement for children under 3 years old. (California Evidence Based Clearinghouse for Child Welfare, 2018).

These courts bring together treatment services with case management in a supportive and rehabilitative setting and coordinate those efforts with Child Welfare Services.

In speaking with the current managers of these programs, both indicated two main challenges:

- *Inability to contact the parent once referred. Due to homelessness, lack of phone equipment or limited phone service, like talk minutes, texting capabilities or data.*
- *Lack of referrals to these specialty courts. Often it is the CWS worker who refers the parent to one of these diversion courts.*

Providers contacted for this reported at CWS there is a high ratio of CWS workers to families and regular turnover. This results in limited social workers having a working knowledge of the specialty courts or the benefits of this intervention for their families (Lee, 2020) (Afoa, 2020) (Yoo, 2020) . This would be consistent with the lack of referrals.

SUMMARY OF RESEARCH

Hawai'i is currently implementing many best practices across the state through early intervention at PATH clinic, PWWDC Treatment in more than one agency, peer support in varying community support systems, and treatment courts for the unique PWWDC population and their families. We have high quality providers, agencies and services tasked with assisting this deserving population, both in recovery efforts as well as strengthening family's protective factors. However, the theme continually mentioned by key stakeholders was regarding the timeliness of intervention and the lack of care coordination between the service providers.

SAMHSA reports this is common for the PWWDC population. They note that services may be fragmented, requiring a woman to "negotiate a maze of service agencies" to obtain assistance in housing, transportation, SUD treatment, childcare, vocational training, parenting education and medical care. In addition, many of the services have requirements that conflict with each other or endorse repetitive intake processes. All these competing demands can discourage a woman particularly when seeking addiction treatment while in early recovery (SAMHSA, 2009, p. 87)

Many of the programs that assist parents are implemented ONLY at the time and recommendation of their assigned CWS worker. These referrals do not often occur until months or even years after the removal of their children. No matter how professional experienced and empathetic a CWS worker may be, from the birth parent's perspective- they are perceived as the enemy. This naturally adversarial relationship creates transference and counter transference for all humans involved. The lack of trust for both parties may impact the type of referrals a parent gets and the timeline in which these services may or may not be offered.

The Children's Trust Fund Alliance joined with the Casey Family Programs Birth Parent Advisory Committee (BPAC) to develop a series of issue briefs in collaboration with the Birth Parent National Network (BPNN). The brief is designed to inform and educate policymakers, caseworkers, child welfare leaders and the general public about strategies and resources that may help parents overcome their addiction while keeping their families together, or, if placement is needed, to work with parents as quickly as possible to reunify.

The parents in the network recommended four successful prevention and treatment approaches to support families with substance abuse issues.:

•Strong recovery communities, defined as a community fostering health, wellness and resilience.

•Parent partner programs, defined as any mentor, peer support providing the birth parent with support and connection to vital community resources.

•Drug courts, defined as specialty courts that focus on problem solving and uses a specializes model for special populations.

•Comprehensive SUD programs, trauma informed and knowledgeable about the family court system (Children's Trust Fund Alliance and The Birth Parent National Network , 2017).

In order to better integrate Substance Use Disorder and Foster Care Services, it is proposed that support for birth parents with SUD are offered increased support at the earliest point possible. Integrate the outstanding providers, services and agencies already doing the work in a more collaborative and coordinated way. Using peer support to assist the birth parent and help them navigate the complex system of child welfare, SUD treatment, behavioral health services, childcare/parenting services and health care needs.

KEY ELEMENTS:

Developing An Integrated SUD and FCS Program

In researching alternative evidence-based programs for the PWWDC population with SUD, one common thread continued to appear, parent partner programs. Parent Partner Programs for Families Involved in the Child Welfare System are defined by the California Evidence Based Clearinghouse for Child Welfare as programs that include parents with experience in the child welfare system (who may be called veterans, alumni, or other similar titles) as mentors, advocates, and/or peer support to parents currently involved with the child welfare system.

"The goals of parent partner programs may vary, but are typically to engage parents more fully in the child welfare case planning and services process; provide information to parents about the child welfare system and their right and responsibilities; and provide support, modeling, and linkages to assist families in meeting their safety, permanency, and well-being goals.
(Children's Trust Fund Alliance and The Birth Parent National Network , 2017)

Many parent partner programs were linked to The Birth and Foster Parent Partnership (BFPP). The partnership was formed in 2016 to support birth parents, foster families and kinship care providers in building connections and using their voices to transform systems, policies and practices to improve permanency outcomes for children and families. It is supported by the Children's Trust Fund Alliance and the Youth Law Center's Quality Parenting Initiative, and Casey Family Programs (Children's Trust Fund Alliance and Birth and Foster Parent Partnership, 2020).

BFPP has five key elements, and these elements can be used in a variety of ways to support birth and foster parents, decrease workload for CWS employees and increase reunification rates for families. The five elements are:

- *Birth and Foster parents work in partnership and share details with one another*

- *Foster Parent models appropriate behavior and parenting techniques*
- *Clear communication between foster and birth parents*
- *Providing a support network for both parents*
- *A united front- parents are provided with allies , and allies and parents work together to strengthen family resilience and skills*

Each of these key elements is supportive of best practices in Gender Responsive treatment, Infant Mental Health and trauma informed care. They are relationship and strengths based, include peer support, and work on strengthening support systems for the individual and the family.

The National Children's Trust Fund Alliance created a BFPP Strategy Matrix, with a comprehensive list of interventions being implemented across the United States with contact information. Over a dozen people throughout the country were contacted and interviewed for this proposal.

In Iowa the parent partner program provides one on one peer mentoring to provide advice, support and hope to families currently involved in the CWS system. The programs goal is to provide better outcomes around "reabuse" and provide better outcomes around reunification. The parent partner works with CWS to meet the needs of families and meet reunification timelines (California Evidence Based Clearinghouse for Child Welfare Services , 2020). They created different levels of Parent Partners with different qualification requirements. All parent partners need to have prior involvement in the CWS system in order to meet the peer support guidelines of the model. However, this program did not specifically address substance use as a key component of the program model. (California Evidence Based Clearinghouse for Child Welfare Services , 2020). Parent partners do receive raining in SUD but being in recovery from a SUD is not a requirement.

Other models, researched for this proposal, also had this missing component. Substance Use Disorder and the need for treatment is not directly addressed in the Parent Advocate model being implemented in Jefferson County Kentucky or in Contra Costa California. The goals of these programs is to provide peer support to improve reunification outcomes and reduce out of home placement. SUD may be ultimately discussed but it is not a key component of either model (Casey Family Programs, 2019 .

In Kentucky they are running a Sobriety Treatment and Recovery Team (START) model. START pairs a CWS worker with a peer support, in long term recovery. Essential components include rapid entry to START to maintain child placement in the home when possible and rapid access to SUD and mental

health services. CWS worker- mentor teams have capped caseloads to allow for intensive case management. Benefits of the program show that women in START have higher rates of sobriety, children are less likely to enter out of home placements and for every dollar spent on START, the state reports a $2.22 savings (Kentucky Cabinet for Health and Family Services , 2020). In this model, it could be a barrier to trust building if the peer mentor works directly with the CWS worker. Confidentially issues, and role confusion could be potential pitfalls of this model. Does the mentor work for the parent, or do they work for CWS?

The Parents for Parents Program (P4PP), in Washington State, seeks to engage families early in the child welfare process. The primary goals of the program are to educate parents about the child welfare system and to provide support for families. The theory of change suggests that this education and support would then lead to increased engagement in case plans which would ultimately lead to reunification and permanency for families (Capacity Building Center for Courts, 2020). They engage parents early on offering peer support from what is now called a "parent ally". The parent ally is peer support that has successfully navigated the child welfare system and been reunified with their children. When birth parents have their children removed and placed in temporary foster custody, a parent ally is assigned and contacts the parent at or within 72 hours of the temporary foster court hearing. The parent ally encourages the birth parent attend a class called "Dependency 101."

Dependency 101 is a two-hour team-taught informational session that provides parents tools and resources intended to increase empowerment, engagement and self-advocacy. During the session, parents watch a video about the CWS process, meet some of the professionals involved (social workers, attorneys, etc.), and receive a packet of information about the child welfare system. Professional stakeholders discuss their roles in the reunification process. Parents also hear from parent ally's, who tell their stories and talk about what it takes to reunify with their children (National Council of Juvenile and Family Court Judges , 2011) .

In 2011 the Washington Administrative Office of the Courts, the Permanency Planning for Children Department (PPCD) of the National Council of Juvenile and Family Court Judges (NCJFCJ) examined the P4PP process and its effects on parent perceptions of the Child Welfare System. The study found that all parents who participated in Dependency 101 reported that they learned at least one thing from the class and felt that the session was helpful. Parents also reported reduced anxiety about the process, increased trust in Child Welfare Services, more awareness of how CWS could help reunify their family, and a better understanding of the roles of professionals involved in the reunification process. Many parents reported

they believed they were less alone after taking the class and some believed they had more control over the outcome of their case (National Council of Juvenile and Family Court Judges , 2011, p. 4).

Speaking with two parent allies from the P4PP, they agreed that SUD was not directly addressed as it is in the Kentucky START model, but report it is often a key need to be addressed in the families they work with. However, they indicated it could be a simple modification to the model that could improve outcomes for this specific PWWDC population that have substance use disorder issues (Mays, 2020) (Donier, 2020). When discussing funding Ms. Mays, the first parent ally in the state, reported that now there are a variety of ways the program is funded, judiciary as well as contracted non-profits "run the program"(Mays, 2020) . Mr. Donier indicated that when the funding is not based in the courts, "it is more family friendly" (Donier, 2020).

BENEFITS OF THE MODEL

The P4PP is a "Promising Practice" per the University of Washington's Evidence Based Practice Institute based upon the findings of the King County model (Washington State Parent Advocacy Network , 2020). Initial evaluations support a positive relationship between additional mentoring components of the P4PP and case outcomes.

- *70% of parents who attended Dependency 101 class were successfully reunified, compared with 53 % of parents who did not attend (Capacity Building Center for Courts, 2020, p. 1)*
- *79% of parents who participated in Dependency 101 AND received the peer mentoring component reunified with their child compared with 67% of parents who participated In Dependency 101 but did not receive any peer mentoring (Capacity Building Center for Courts, 2020, p. 1)*

These statistics are quite different from Hawai'i's latest data. According to the most recent Department of Human Services report, there were 2843 children in foster care in Hawai'i, only 786 children exited the system with a "reunification" as reason listed for exit, that's roughly 28% (State of Hawai'i Department of Human Resources , 2020, p. 21).

As of the date of this writing, The Parent for Parent Program has recently been submitted to the Family First Prevention Services Acts (FFPSA) Evidence Based Clearinghouse by the Children's Trust Fund Alliance. They are waiting for their acceptance status and are hopeful it will become nationally

recognized based on their previous outcomes data and replication across 10 counties in the Washington State area (Morisey, 2020).

RECCOMENDATION FOR HAWAI'I

Hawai'i can use the Parent for Parent Program as a model and deliver the key components with cultural humility in a relational and collaborative way. Services can be delivered focusing on the parents of children ages 0-3, by integrating existing services such as Federally Qualified Health Centers, SUD treatment centers, CWS, diversion courts and other community resources. In speaking with local social workers, treatment providers, foster family services providers, specialty court personnel and other key stakeholders, it is clear Hawai'i can work together to provide these key interventions to more families. Working together, to deliver interventions as soon as possible we can help keep Hawai'i's families healthy, strong and together. We can do that with offering peer support from a Makua Ally.

PILOT PROJECT PROPOSAL :

MAKUA ALLIES PROGRAM (MAP)

Child welfare agencies across the country are turning to parent partner programs as a powerful approach in their efforts to change the way they work with families. Through these programs, parents with experience in child welfare provide mentoring and support to other parents who are entering the system (Capacity Building Center for States, 2016 , p. 4). The Makua Allies Program would be a step in this direction for our state. In Hawai'i Makua means parent- our parent partner program will reflect our Hawaiian culture.

Makua Allies (MA) will serve as the primary relationship for birth parents who are in the earliest stages of the child welfare system or are at high risk of entering upon delivery. The MA will assist the birth parent in creating and navigating the "map" they need to reach recovery and permanency .

They will do so with three main objectives:

- *Create a relationship with birth parent(s) that supports growth and recovery with cultural humility.*
- *Avoid CWS involvement, or end CWS involvement with parents identified desired permanency result, whether that be reunification guardianship or adoption.*
- *Connect parent with community and cultural resources that help to sustain recovery and parenting efforts, including the RCG family.*

In 2019, the Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) reported that, 1 in 20 moms have no medical insurance prior to pregnancy. (Hawai'i State Department of Health, 2019) Of the women that did have health insurance prior to pregnancy 30% of them were covered by Medicaid, often the same population serviced in FQHC. This can be seen in the Health Services Data Report where Hawai'i reported that 67% of people seen at out FQHC are either noninsured or insured under the Medicaid program (Health & Resources Services Administration, 2019). PRAMS also reported that between the years of 2009 and 2013 as low as .9 percent of women did not receive ANY prenatal care (Hawai'i State Department of Health , 2017). 8 out of 9 women attend their postnatal checkup according to the latest PRAMS data (Hawai'i State Department of Health, 2019). Meaning that an overwhelming number of mothers who are seen by medical providers at some time during pregnancy or directly following delivery. **They are key in early intervention**.

The MA would be "housed" at Federally Qualified Health Centers (FQHC), ideally those with the comprehensive women's centers that provide OBGYN care. This would be different than the Parent for Parent Program model. Having outreach and relationship begin in a FHQC's allows for earlier intervention. FQHC's serve the most clients in this target demographic.

The Makua Ally would be focused on assisting the PWWDC population in the following enrollment priority*:*

- *Pregnant women with substance use disorder*
- *Mothers who gave birth within the past 90 days and had their child removed and placed in temporary foster*
- *Mothers who gave birth in the past 90 days and maintained Family Supervision case status*

Parents needing MAP services, would be identified by FQHC staff. Medical providers, behavioral health providers, or any employee with a positive, trusting relationship with the mom at the FHQC would create a warn handoff to the Makua Ally by:

- *Introducing the MA directly in clinic, if available,*
- *MA contact information could be provided to the parent*
- *Parents contact info could be shared with the MA when the parent gives provider consent to do so.*

MA's would meet with clients to determine if priority enrollment into MAP services is needed, based on criteria mentioned above.

The Makua Allies would introduce themselves as a peer support who has had history with substance use and children who were once removed and placed in foster care but have been successfully reunified.

The MA would offer individualized education and support to mom regarding CWS and the family court system, to replicate the "Dependency 101" education portion of the Parent for Parent Program.

The goal of the Makua Ally is to support the parent(s) in:

- *Serve as a consistent relationship to enhance parent resilience, engagement in treatment, family court and relationship with Resource Caregivers*
- *Avoiding CWS involvement and/or navigate the CWS system*
- *Decreasing substance use issues*
- *Increasing parenting protective factors through peer support and linking with community parenting supports*

The MA would use motivational enhancement and interviewing strategies to help parent(s) increase their readiness to change. If the parent indicates that they are interested in reducing or ceasing substance use, the client would be linked directly to the PWWDC treatment programs in the state. PWWDC treatment at any level of care would be preferred, but if services were unavailable, the MA would contact Hawai'I Coordinated Access Resource Entry System (CARES) and get assistance in placing parent in any SUD program in the state.

Parents who are already involved in CWS and have had their child removed from their care within the past 90 days, would be referred to a diversion court by the MA. This would remove the challenge for diversion courts that the referrals are lacking from the department or other legal avenues Parents in the community are often not aware of diversion courts and the MA would be the direct link.

Another important duty of the Makua Allies would be to connect the parents with community supports that enhance confidence, protective factors and recovery efforts. The MA would connect the parents with any and all services that our state has in place that the parent may not be aware of such as; early child

hood home visiting, early intervention services, support groups for parents, cultural clubs and activities, child parent psychotherapy providers, ‘Ohana conferencing, parenting education, domestic violence shelter or counseling, AA/NA, nutrition and financial assistance programs, food delivery programs, pregnancy support through classes, midwives or doulas, educational and vocational resources etc.

One of the most significant roles a Makua Ally would play in the role of a parent who has had her child(ren) removed, is assisting to facilitate the relationship between the parent with the CWS and the RCG. With the complicated relationship between a CWS worker and a birth parent, the MA could serve as an encouraging intermediatory, allowing the CWS worker to focus on monitor progress and reporting to judge and other key stakeholders. The birth parent would call the MA when questions or concerns arise about the court system itself, the RCG, their child(ren) or any other array of subjects. The MA would assist in getting mom or child to visits with one another, would serve as a liaison between RCG and birth parent, and ideally help to build and enhance a healthy relationship between the RCG and the birth parent, so that they could work together to the better support the whole ‘Ohana.

The MA would not “replace” other key providers, like SUD counselors, therapists, early intervention specialists etc., but would help the parent navigate within those systems to create a “map” towards her desired goals.

IMPLEMENTATION

Specifics of implementation would be detailed by the MAP Program Coordinator. It is recommended that the MAP pilot program follows the publicly available guidelines set forth in the Capacity for Building Sates Parent Partner Program Navigator, a comprehensive design and implementation guide for creating a Parent Partner Program in Child Welfare Services (Capacity Building Center for States, 2016).

The MAP Pilot program is suggested for the duration of 3 years. This allows for a period of evaluation after years- one and two with the opportunity to implement suggested quality improvement measurement.

PARTNERS/POSITIONS:

- *3 Federally Qualified Health Centers (at least one outside of Oahu is recommended)*
- *1 Makua Ally per FHQC*
- *1 Makua Allies Program Coordinator*
- *1 Contracted Reflective Supervision and Consultation Provider*

RECOMMENDED INTENSITY:

Frequency of contact is determined by the family's needs. It is recommended that the Makua Ally spends at least 1-2 hours of face to face contact with the parent(s) per week.

RECOMMENDED DURATION:

The length of the program varies as much as the resources, needs and identified concerns for each family varies. It is recommended to receive:

- *At least 6 months of MA support*
- *At least 6 months of PA support to continue following permanency*

DELIVERY SETTINGS:

It is important that the MA is flexible and able to meet the parent(s) where they are at, which could vary day to day based on case direction:

- *FHQH*
- *Treatment centers*
- *Community location*
- *Parents home or RCG homes*

UTILIZATION

Utilization suggestions are that each MA works with anywhere from 5-10 parents at one time. Caseloads to be determined in collaboration with the MA, the MAP coordinator, the RSC provider and the FQHC supervisor. The case intensity would vary from parent to parent, based on severity of SUD, readiness to change, visitation schedules for keiki and parents, case direction, case management needs etc. A Makua Ally could follow a family after case closure for up to 6 months, if substantial supportive relationships with other community partners have not been established. MAP would strive to serve at least 30 families per year, over the duration of a three-year pilot program.

QUALIFICATIONS, TRAINING & ONGOING SUPPORT

The MA will have strict peer support criteria, and other required qualifications

- *Some education in the human services/social work field - bachelor's degree in social work is preferred*
- *The MA must be a parent with at least 3 years of recovery from a substance use disorder and has successfully navigated the CWS system and been reunified with their children.*
- *Knowledge of disease of addiction, local recovery supports and life-long recovery of addiction*
- *Knowledge of domestic violence and local supports and resources*
- *Knowledge of mental health diagnoses and local resources/supports*
- *Knowledge of poverty and the effects of poverty on parents and children, and the barriers to breaking the cycle of poverty (if generational)*
- *Understanding of adult learning styles including how mental health, addiction, domestic violence, and poverty affects the work ethic/styles of parents who will be mentors*
- *Excellent relationship and social skills*
- *Understanding of family court procedures*
- *Excellent communication skills*
- *Willingness to learn from and be led by Parent Partners*
- *Must have a valid Hawai'i driver's license.*

The Makua Ally will need significant training and reflective supervision and consultation throughout the pilot program.

The MAP pilot program will include:

- *Training/Consultation from current parent allies in other states*
- *Training in CWS systems as well as SUD*
- *Weekly or at least biweekly reflective supervision and consultation (RSC) with a certified RSC provider*

The MA themselves will not be the only person who will need RSC. It is also recommended that the leadership and medical providers at the selected FQHC, receive RSC together at least once per month. At these monthly meetings outcomes, procedures and "ways of being" could be shared, reviewed and processed leading to continuity and shared modalities.

SUGGESTIONS FOR FUNDING:

SHARED KULENA

There are limited state options for funding, especially in the wake of the recent global pandemic. After speaking with key stakeholders in the state and programs outside of our state a few recommendations are proposed.

- **Alcohol and Drug Abuse Division in partnership with:**
    - *Judiciary funding- this is one way the P4PP is currently funded in Washington*
    - *Grant/Foundation money could be used*
    - *Non- Profit agency money - another way the P4PP is currently funded in Washington*
    - *Family First Prevention Services Act (FFPSA) money could be used to sustain the program follow the pilot period*

INITIAL & ANNUAL OPERATING COSTS:

Positions/Essential Component(s)	**Estimated Cost**
Makua Allies (3)	$60,000 Salary (inclusive of benefit package)
Program Coordinator	$70,000 Salary (inclusive of benefit package)
RSC/Training Provider	$12,500 Contract (100-hour annual average)
Vehicle Maintenance/Insurance	$12,000
Annual Operating Expenses/Supplies *(mileage, materials, etc.)*	$10,000
ESTIMATED AOC:	**$284, 500**
Initial Implementation Components:	**Estimated One-Time Cost:**
Vehicle Purchase (3)	$75,000
Initial Training	$5,000
Supplies and Equipment *(computers, cellular phones, printed materials, etc.)*	$4,000
ESTIMATED SET UP COSTS:	**$ 84,000**

BARRIERS TO IMPLEMENTATION

- The Makua Ally will not be able to pass the state Child Abuse and Neglect (CAN) screening, due to the nature of the criteria. EPIC 'Ohana's CEO, noted this as an issue in their parent partner program, but indicated it is possible for these candidates to be a DHS or DOH employee, with strong advocacy from leadership (Tochicki, 2020).
- Neighbor island clients will not have access to specialty courts, there are no specialty diversion courts that specialize in families with children and will need further evaluation on how to meet this need.

.

OTHER CONSIDERATIONS TO NOTE

In discussion with EPIC, CWS, Maternal Health Collaborative, leadership at PATH clinic and peers supports that are currently working with this population:

- *It is not recommended that the position be funded by DHS. If the Makua Ally works for the department- it could create a barrier for the parent to build trust with the MA.*

Another suggestion to increase referral to specialty courts from different points of entry is to:

- *Require any SUD TX program accepting ADAD dollars to refer to diversion court If client has an open CWS case. This may increase access to specialty courts for parents with older children not addressed in this pilot*

Fathers are not specifically addressed in this pilot

- *If a father is involved and safety for mom and child is determined, the MA could assist fathers with linking to treatment programs, referring to the diversion court as a family unit, and provide other prosocial supports.*
- *Others any want to consider building parent partner model that addresses the specific needs of fathers involved in the Child Welfare System*

KEY STAKEHOLDER FEEDBACK

The Makua Allies Program in proposed in direct collaboration with key stakeholders in our community.

- Candace Pang was integral in the idea of housing the Makua Ally at the FQHC. Lengthy discussions were had regarding the different models of parent partner programs and whether DHS, Judiciary or treatment programs themselves would be the best place for the MA to be housed. She identified that FQHC would be key to early intervention (Pang, Executive Director of Family Treatment Services , 2020).

- Jacqueline Tellei, PATH Clinic Director was presented with the key ideas of MAP and reports it is aligned with what she has been proposing and is the missing piece to integrate services and be more preventive. She hopes that PATH would be selected as one of the FQHC to be involved in the MAP pilot (Tellei, 2020).

- Jennifer Elia at the Hawai'i Maternal and Infant Health Collaborative also indicated that the Makua Ally Program is aligned with what their Perinatal Substance Use Workgroup has been discussing. This workgroup convenes cross-sector partners from fields including SUD treatment, pediatrics, obstetrics/gynecology, judiciary/courts, child welfare, social work, infant mental health, etc. The workgroup has identified care coordination as a primary need for perinatal SUD clients. She was "thrilled" with the idea of having that care coordinator also be a peer mentor.

- Laurie Arial Tochiki, CEO of EPIC 'Ohana stated "this is right on track" and was interested in hearing more from HAIMH once our proposal was completed. She gave significant feedback into some of the challenges of peer support and the importance of supervision and training (Tochicki, 2020).

- Kepuanani Lee, CWS Supervisor for West Oahu Unit 3, which is also the CWS division that oversees the social workers involved with Family Drug Court was "all for this preventive program". She indicated she would like to see more families being serviced by the diversion courts and confirms that there is an issue with the CWS workers role being two-fold. "punisher and encourager". She thought that a peer mentor assisting the parent in navigating the system would improve parent engagement and lessen the workload for CWS workers (Lee, 2020).

- Margaret Watson is a CWS investigator in the same unit mentioned above with a unique and dual perspective. She is a woman in recovery that has utilized Hawai'i's services. She attended SA- FTS for Residential SUD Treatment, utilized the Therapeutic Housing components, and Outpatient Services and was successfully reunited with her children by the family court system within the last 10 years. She reported that she is discouraged from self-disclosing her peer status to families, but that when she does, "those families are the most successful". When they know "I really understand what they are going through, they tend to trust me more, they stop seeing me as the enemy". She indicated that a Makua Ally would be able to help parents hear the CWS recommendations from a different lens, not as a list of things to address what you are doing wrong, but a list of things to work on to strengthen your family. She stated she wished she would have had peer support when she was suffering with addiction and attempting to navigate the system, which is a key reason she entered the CWS system as an employee, to help families. She also said being a Makua Ally is "her dream job" (Watson, 2020).

- Charla Weaver, the 'Ohana Navigator at the Ka Pili 'Ohāna program stated that when she was a Resource Parent Advocate for Family Programs Hawai'i, she quickly saw that the birth parents "got nothing" in terms of services. This is what drove her to accept the position as the 'Ohana Navigator. When the MAP key ideas were discussed with Ms. Weaver she said she was hoping for an expanded parent partner program in our state- "because I know it works" (Weaver, 2020).

Summary

The Makua Allies Program is a three-year pilot program that would :

- *Provide birth parents with high risk of CWS involvement or recent CWS involvement with a child under 3 years old with peer support*
- *Help them navigate the CWS system, receive the desired level of SUD treatment and link the parent with other key service providers in the state.*
- *Assist in facilitating and fostering relationship between birth parent and RCG's strengthen family's protective factors*

The early and integrated delivery of a parent partner program will help Hawai'i service providers and families create a new "map" to reach our shared goal: **strong, healthy families that stay together**.

WORKS CITED

Afoa, B. (2020, September 24). Hawaii Family Drug Court Program Director . (E. Warner, Interviewer)

Association for Psyhological Science . (2018, June 20). How Mother- Child Seperation Causes Neurobiological Vulnerablity Into Adulthood.

Bureau of Justice Assitance . (2004). Family dependency treatment curts: Adressing child abuse and neglect using the drug court model . Washigton, D.C. : U.S. Department of Health and Human Services Center for Substance Abuse Treatment National Drug Court Institute.

California Evidence Based Clearinghouse for Child Welfare. (2018, September). The Safe Babies Court Team . Retrieved from California Evidence Based Clearninghouse For Child Welfare : https://www.cebc4cw.org/program/safe-babies-court-teams-project/

California Evidence Based Clearinghouse for Child Welfare Services . (2020, September 1). Iowa Parent Partner Approach . Retrieved from The California Evidence Based Clearinghouse for Child Welfare : https://www.cebc4cw.org/program/parent-partners-iowa/detailed

Capacity Building Center for Courts. (2020). Outcome Evaluation Report for Washigton State's Parents for Parents Program. Washington : Child Welfare Capacity Building Center for Courts.

Capacity Building Center for States. (2016). Parent Partner Program Navigator: Designing and implementing parent partner programs in child welfare. Washington D.C. : Children's Bureau, Administration for Childrens and Families, U.S. Department of Healt hand Human Services .

Casey Family Programs . (2017, November). Casey Family Programs . Retrieved from What are some strategies being used to reunite familes with substance use disorders? : https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Stategies-to-Reunite-families_0718.pdf

Casey Family Programs. (2019 , June 4). Casey Faily Programs - Reosources . Retrieved from How do parent partner programs instill hope and support prevention and reunification? (APPENDIX): https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO_APPENDIX-Parent-Partner-Research-Summary.pdf

Childrens Trust Fund Alliance and Birth and Foster Parent Partnership. (2020). bfpp.cftalliance.org.

Childrens Trust Fund Alliance and The Birth Parent National Network . (2017). What Parents Say About... What Works in Substance Abuse recvoery to Strengthen Protective Factors in Families. CFT and BPNN.

Donier, J. (2020, August 21). Family Consultant . (E. Warner, Interviewer)

Elia, J. (2020, September 24). Maternal and Infant Health Lead, Early Childhood Action Strategy Coordinator, Hawaii Maternal and Infant Health Collarative. (E. Warner, Interviewer)

Gottheil, E. S. (1997). Outreach Engagement Efforts: Are They Woth the Effort? . Americaan Journal of Drug and Alcohol Abuse, 61-66.

Grella, C. (1997). Services for perinatal women with substance abuse and mental health disorders: The unment need. Journal Of Psyhoactive Drugs, 29(1), 67-78.
Grella, C., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services perdict reunifcation outcomes of mothers and children in child welfare? Journal of Substance Abuse Treatment, 279-293.
Gross, M. a. (1993). Outreach to injection drug-using women. In B. a. Brown, Handbook on RIsk of AIDS: Injection users and Sexual Partners (pp. 445-463). Westport : Greenwood Press.
Hankin, J., MaCaul, M. E., & Huessner, J. (2000). Pregnant, alcohol abusing women. Alcoholism: Clincial and Experimental Research , 1276-1286.
Hawaii State Department of Health . (2017, February 23). PRAMS Health Indicatot 5-Year Aggregate Report- Entry into PNC- for the State of Hawaii, for the Years 2009-2013. Retrieved from Hawaii Health Data Warehouse .
Hawaii State Department of Health. (2019, April). Hawaii Pregnancy Risk Assesment Monitoring Sytem. Retrieved from State of Hawaii PRAMS Report 2009-2015: https://health.hawaii.gov/fhsd/files/2019/07/PRAMS-Trend-Report-ALL-FINAL6-2019-LR.pdf
Health & Resources Services Administraion. (2019). Health Services Data Report . Washington : United States Department of health & Human Services .
Kentucky Cabinet for Health and Family Services . (2020, September 3). Sobriety Treatment and Recovery Team. Retrieved from Kentucky Cabinet for Health and Family Services : https://chfs.ky.gov/agencies/dcbs/oc/Pages/start.aspx
Lee, K. (2020, August 18). Child Welfare Services Supervisor . (E. Warner, Interviewer)
Lili 'uokalani Trust . (2019, February 2019). Ka Pili 'Ohana foster care program launched . Retrieved from onipaa.org: https://onipaa.org/pages/ka-pili-ohana-foster-care-program-launched
Lum, A. (2020, September 14). Director of Programs at FAmily Porgrams Hawaii. (E. Warner, Interviewer)
Mays, K. (2020, August 21). Contracted Social Services Worker. (E. Warner, Interviewer)
Morisey, A. (2020, September 27). Children's Home Society of Washington . (E. Warner, Interviewer)
National Council of Juvinille and Family Court Judges . (2011). Parent for Parents Outcome Evaluation . Reno, NV: Permanency Planning and Children Development.
Pang, C. (2020 , August 24). Executive Director of Famiy Treatment Services . (E. Warner, Interviewer)
Pang, C. (2020). Family Treatment Services 2020 Annual Report . Honoulu .
Public Broadcasting System . (2020, September 29). pbs.org. Retrieved from Frontline: Falure to Protect : http://pbs.org/wgbh/pages/frontline/shown/fostercare/inside/asfa.html
Riepenhoff, M. L. (2019, April 29). hawaiinewsnow. com. Retrieved from Hawaii News Now: https://www.hawaiinewsnow.com/2019/04/29/trifecta-failures-puts-kids-risk/
Ryan, J., Perron, B., Victor, G., & Park , K. (2017). Timing Matters: A randomnized control trial of recvoery coaches in foster care. Journal Of Substance Abuse Treatment , 178-184.
SAMHSA. (2009). Substance Abuse Treatment : Adressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) 51. Rockville, MD. : Human and Health Services .

State of Hawaii Department of Human Resources . (2020). DATABOOK . Honoulu: Audit, Quality Control & Research Office .
State of Hawaii Department of Human Services. (2019). A Statistical Report on Child Abuse and Neglect in Hawaii. Honolulu: Audit, Quality Control and Researh Office.
Substance Abuse and Mental Helath Services Administration. (2020). National Survey of Substance Abuse Treatment Services (N-SSATS). Data on Substance Abuse Treatment Facilities . Rockville, MD: Substance Abuse and Mental Health Services Administration .
Tellei, J. (2020, September 17). PATH Clinic Director . (E. Warner, Interviewer)
Tochicki, L. A. (2020, September 22). CEO of EPIC Ohana . (E. Warner, Interviewer)
U.S. Department of Health and Human Services Administration for Children & Families . (2017). Child and Family Services Reviwes- Hawaii Final Report .
U.S. Deprtment of Health & Human Services, Administration for Children and Families, Administration on Chldren, Youth and Families, Children's Bureau. (2020). Retrieved from Child Maltreatment 2018: https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf#page=21
Wasington State Parent Advocay Netwrok . (2020). Washington State's Parent for Parents Program . Fact Sheet. King County , Washingto : Children's Trust Fund Alliance.
Watson, M. (2020, September 18). Chid Welfare Services Investigator . (E. Warner, Interviewer)
Weaver, C. (2020 , September 15). 'Ohana Navigator. (E. Warner, Interviewer)
Yoo, S. (2020, August 14). Program Manager, Zero to Three Court Hawaii. (E. Warner, Interviewer)
Young, N. G. (1997). Responding to Alcohol and other Drug Problems in Child Welfare : weaving together practice and policy. Washington, D.C.: Child Welfare Leugue of America.
ZERO TO THREE. (2020). The Safe Babies Court Team Approach_ Core Comonents and Key Activites . Retrieved from zerotothree.org: https://www.zerotothree.org/resources/services/the-safe-babies-court-team-approach

REPORT SUBMITTED 9/30/2020