

State Interagency Team Alcohol and Other Drug (AOD) Work Group Survey Summary Recommendations

Background:

The State Interagency Team (SIT) for Children and Youth was established in 2003 to coordinate policy, services and strategies for children, youth, and families in California. Comprised of deputy directors from 10 state agencies, this group provides leadership and guidance to facilitate local system improvements. State agencies represented on the SIT include the Departments of Social Services, Education, Health Services, Mental Health, Alcohol and Drug Programs, Developmental Services, and Employment Development, as well as the Attorney General's Office, the California Children and Families Commission, and the Workforce Investment Board.

The SIT AOD work group has been charged with strengthening services for children, youth, and families where there is a nexus between AOD use and child safety, education, workforce readiness and success, maternal/child health, and mental health.

The first outcome of the work group's 2006-2007 work plan was to "improve screening, identification, and intervention regarding AOD risk in families and children." The focus of this survey was on two populations: parents or potential parents, and children and youth.

A non-scientific survey was developed with the survey goal being to gain qualitative information to inform interdepartmental collaboration and to ascertain:

- Does screening take place within the department's system?
- For those who screen, what is effective and what is ineffective in their screening process?
- If they do not screen, why not?

Through this survey process, proposed and expected outcomes were that departments would discover information that can be shared within their own system and find opportunities for partnership with other systems to address common challenges and perhaps leverage resources.

Purpose of the Survey:

- Determine if routine questions were asked during an agency's assessment, service intake, or eligibility determination process to ascertain an individual's AOD use patterns.
- If so, determine whether or not written policies, procedures and tools were in place for the AOD screening, or if screening takes place in an intuitive or informal manner.
- Responses were to be from the standpoint of a service provider, or, as a contract provider, if the agency oversees the provision of services.

Process:

The SIT AOD Work Group members surveyed their county/regional contacts to determine what policies and practices are in effect to screen and refer their clients to AOD services. The six counties selected were from diverse geographic regions in California. The selections included both urban and rural counties and also included large, midsized, and small counties as defined by population. Program areas surveyed included mental health, social services, developmental services, health services, education, and alcohol and drug programs. In addition, information on the survey was shared with local courts through the Administrative Office of the Courts.

The following is a summary of the survey process used by each agency:

| Agency | Surveys Distributed/ Responses Received | Comments |
|-------------------------------------|---|---|
| Alcohol and Drug Programs (ADP) | Six counties surveyed; Six counties responded | Surveys were directed to the county agencies responsible for the alcohol and drug programs. |
| Developmental Services (DDS) | N/A | Conducted as informal and almost anecdotal inquiry with Early Start Programs |
| Education (CDE) | 64 school districts within the six counties surveyed; Four counties, 17 school districts responded | The survey questions were adapted to inquire about school district intervention services, processes and AOD screening tools implemented through Student Assistance Programs (SAPs). |
| Health Services (DHS) | Six counties surveyed; Six counties responded | Maternal, Child and Adolescent Health (MCAH) Directors were surveyed by telephone. |
| Mental Health (DMH) | Six counties surveyed; Three counties responded | County Departments of Mental Health were surveyed. |
| Social Services (DSS-CalWorks) | Six counties surveyed; Four counties responded | California Work Opportunity and Responsibility to Kids (CalWORKS) programs were surveyed through the County Welfare Directors Association (CWDA). |
| Social Services (DSS-Child Welfare) | Six counties surveyed | Child welfare agencies were surveyed. |

Barriers/Challenges to Collecting the Survey Data:

During the course of gathering and analyzing the survey data, Work Group members entailed several barriers and challenges to the collection of accurate data.

- Disclosure of sensitive data due to the Public Records Act may have been a concern and/or barrier (which may account for some counties not responding to the surveys).
- Concerns regarding how data would be presented (aggregate or individual agency) may have dissuaded counties from participating. To address these concerns, members agreed to present the final report data in aggregate.
- Differences in terms used by various service delivery systems to define screening vs. assessments and/or surveillance were a challenge.
- Some systems were reluctant to respond to questions asking about procedures that are not mandated.
- The pressure to implement the Mental Health Services Act (MHSA) may have dissuaded some counties from participating.

Survey Findings:

Recognizing the limitations of the survey, the data gathered from this relatively small sample suggests opportunities for further exploration and follow-up.

Overall Findings:

- Lack of uniform standards for the screening of AOD use, including benchmarks and outcomes.
- Variation in the tools used to screen.
- Inconsistent presence of written policies for screening, referral and tracking of referrals.
- Variation in the definitions of screening and assessment.
- Variation in how youth populations are defined. For example, one county defined youth as 12 to 21 years old and another county defined youth as 10 to 21 years old.
- Differences in practice among agencies within the same county.

Agency/Program Specific Findings:

- ADP – While committed to both screening and assessment as a promising practice, most AOD treatment programs do not screen. In addition, even standardized assessment tools are not common practice.
- CDE – There are no standardized, validated AOD tools or procedures used among school districts responding to the survey. Many school districts did not know if AOD screening services even existed within their district. There is a lack of resources to build a comprehensive, systematic

school-based assessment and referral system for students who display behaviors of concern that can include academic, social, emotional, and mental health issues. No process is mandated.

- DDS – At least for Early Start, there is little or no interest in broadly “screening” for AOD use within the biological family. Cases referred by Child Protective Services (CPS) are not routinely assessed for fetal alcohol spectrum disorders (FASD).
- DHS – Most of the surveyed counties are screening AOD use, but only approximately half of those screening use a validated, standardized screening tool. This is consistent with the current statewide prevalence of the use of the 4P’s Plus screening tool by the local MCAH jurisdictions. Most of the surveyed counties are tracking referral sources by checking charts, using a database, or through monthly reports.
- DMH - Not all counties have policies requiring universal AOD screening among all incoming children and youth. There is also a lack of consistency in screening within a county. For those providers who offer AOD screening, it is unclear if there is a protocol to determine which client is selected to be screened. The inconsistency in screening may lead to under-identification of dual diagnosis cases and delay AOD treatment for those who need it.
- DSS (CalWORKS) – The main trend noted from survey responses is the lack of uniform standards for screening AOD use. There were variations in the tools used to screen; the presence of written policy; tracking of referrals, etc. Despite any differences, all counties answered yes to the question about whether they provide an AOD screening for parents and/or potential parents.
- DSS (Child Welfare) – All of the six counties do at least some kind of basic screening for AOD use. Most of them refer parents to another agency for assessment.

Recommendations for Intra-Departmental Systems:

The following are recommendations made by respective Work Group members to their departments and are currently being either considered or pursued for implementation:

Within ADP:

- Encourage the use of standardized, validated assessment tools.
- Considering the new evidence that screening in and of itself can reduce AOD use, ADP recommends that prevention programs that see individuals institute screening protocols.

Within CDE:

- Educate administrators and teachers regarding AOD prevention and treatment to overcome resistance by school personnel to acknowledge AOD problems among the youth at school.

- Promote a “prevention vs. punitive” approach to AOD.
- Outreach to community-based organizations would provide new services to students.

Within DDS:

- Promote “screening” and “surveillance” for FASD when children transition out of Early Start, especially those not eligible for ongoing Regional Center services, in order to connect them with the most appropriate community agencies for addressing their special needs.
- Encourage efforts by Regional Centers to pilot a FASD photographic software tool for evaluation of facial dysmorphology when cases are referred by CPS.

Within DHS:

- Encourage the use of a consistent approach (which means the use of validated, standardized tools) to AOD screening in local MCAH jurisdictions to enable the quantification and evaluation of data.

Within DMH:

- Encourage counties to provide universal AOD screening to all incoming clients.
- Promote internal consistency within each county for AOD screening.

Within DSS – Child Welfare:

- Employ some of the solutions offered by the SIT’s Barrier Busters Work Group to address issues between county departments whose main barrier may be inflexible funding streams. In some cases, counties with limited budgets for providing services may not serve clients who may qualify for services under another county program, which results in some clients not receiving services.

Recommendations for Interagency Systems:

These are recommendations that the Work Group is submitting to the State Interagency Team (SIT) for endorsement and action:

- Develop common definitions for terms such as screening and assessment to improve communication and evaluation. Definitions vary between and sometimes within systems.
- Actively support and engage the Department of Education’s Student Assistance Programs (SAPs). Encourage and facilitate collaboration/partnering among local systems (CDE, ADP, DMH) to broaden the use of SAPs.
- Promote the use of standardized, validated screening and assessment tools throughout all agencies.
- Request the County Welfare Directors Association (CDWA), the County Alcohol and Drug Program Administrators Association of California (CADPAAC), the Maternal, Adolescent and Child Health County Directors

Association (MCAH), the County Mental Health Directors Association, and the courts to convene an annual meeting to highlight county level collaborations that have improved outcomes for clients with AOD issues.

- Include an AOD screening workshop at the CalWORKS Summit.
- Explore the potential for accessing Mental Health Services Act – Prevention and Early Intervention Initiative funds to raise awareness of the importance of AOD screening.
- Include a Partner Workshop in the ADP Conference to promote the services provided by other agencies to address AOD.