





MATERNAL DRUG USE: FROM REMOVAL TO REUNIFICATION

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Tell us about yourself...

Social Worker?
 Community Service Provider?
 Probation?
 Treatment Provider?
 Mental Health Provider?
 Other?

COUNTY OF SAN DIEGO
 





Vision:
Healthy, safe, thriving
San Diego
communities

Agency Mission:
Make people's lives
safer, healthier and self-
sufficient by delivering
essential services in San
Diego County











SAFETY ENHANCED TOGETHER
County of San Diego Child Welfare Services



Vision
Every child grows
up safe and
nurtured.







Priorities
 



<p>1. Safely stabilize and preserve families; and if that is not possible...</p>	<ul style="list-style-type: none"> About 85% of investigations do not require formal intervention. Nearly 20% of the cases opened each year are voluntary cases and the children are not removed from the home. 80% of these voluntary cases successfully stabilize and preserve the family.
<p>2. Safely care for children and reunify children to their families of origin; and if reunification is not possible...</p>	<ul style="list-style-type: none"> Over 70% of children removed reunify with their family.
<p>3. Safely support the development of permanency and lifelong relationships for children and youth.</p>	<ul style="list-style-type: none"> Over 90% of children removed find permanency either with their family of origin or a new family.

Statistics as of March 2015



Safety Enhanced Together:
Core Values
 


 Relationships with children, youth, and families are the foundation	 Shared responsibility with community partners
 Collaborative partnerships with kinship and resource families	 A strong working relationship with the legal system
 Helping children and youth achieve their full potential and develop lifelong relationships	 A workplace culture characterized by reflection, appreciation and ongoing learning



INVESTIGATION OCCURS



- Referrals occur based on allegations of abuse or neglect

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- General Neglect / Severe Neglect
- Caretaker Absence / Incapacity

Three possible outcomes: Unfounded, Inconclusive, Substantiated

Options upon closure: Close referral without services, Close referral with community services, open a case (Voluntary or Continuing)

CASE MANAGEMENT



Voluntary Services or Court Ordered

- Children live in the home
- Children live out of the home

VOLUNTARY SERVICES



Typically offered when the social worker believes the child can safely remain at home without Juvenile Court involvement.

COURT ORDERED SERVICES



If a family is unable to ensure the safety of the children in the home without court involvement the Juvenile Court may become involved.

CASE PLAN – VOLUNTARY OR COURT



A case plan is a written document completed with the family, child (depending on age / developmental abilities), safety network and the social worker that details how the family will demonstrate over time they can safely care for their child(ren).

CASE PLAN SUCCESS



- Participate in case planning
- Group Therapy vs. Individual Therapy
- Substance Abuse
 - SAS – Substance Abuse Specialist
 - Makes the recommendation for whether services are needed, and if so, what level (detox, outpatient, inpatient) and refers to services
 - Relapse and Case Plans



FORMING KEY PARTNERSHIPS THROUGH RELATIONSHIPS  

Strive to form genuine, strategic relationships with:


- Community Collaborative
- School Personnel
- Caregivers
- Law Enforcement
- Faith Based Organizations
- Service Organizations
- Non-profit Organizations
- Court
- Other Public Agencies





Community Outreach Liaison – Shlyn Guarian 619-521-7333



NEIGHBORHOODS FOR KIDS VISION  

ALL CHILDREN ARE SURROUNDED BY
 FAMILIAR PEOPLE AND PLACES THAT
 ENCOURAGE THEM TO THRIVE




SOCIAL WORKER EXPECTATIONS  

- Respectful communication at all times
- To be part of the case planning process and ensure parents are part of their children's medical / dental / mental health services unless the court has ordered otherwise
- Prompt response (within 1 business day) to questions or requests for information
- Visitation with children and sibling visitation unless the court has ordered otherwise
- If a social worker is not responding, speak with the supervisor or manager to ensure the needs of the family are met timely


PARENT EXPECTATIONS  



- Be an active participant in your case plan – show us what you learn
- Be in contact with the social worker – we recommend calling at least once a week to say what you are learning in services or something good that happened on your visit
- Self Advocacy – let the social worker know what you need or your worries so they can assist you
- Visitation – Attend, be on time – recommend bringing healthy snacks and focusing on child throughout the visit
- Communication – Please refrain from cursing or threatening your social worker – it's OK to be angry and upset but how you communicate helps you get your families needs met

COUNTY OF SAN DIEGO

 HEALTH AND HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH SERVICES

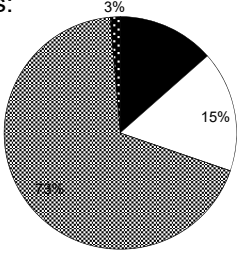
Jean Avila
 Children, Youth & Families
 Family Services Manager



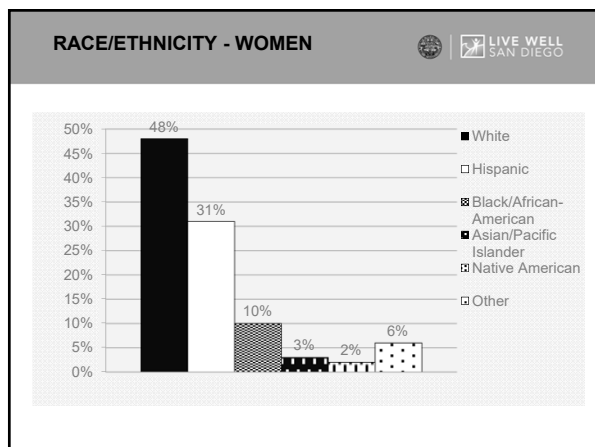
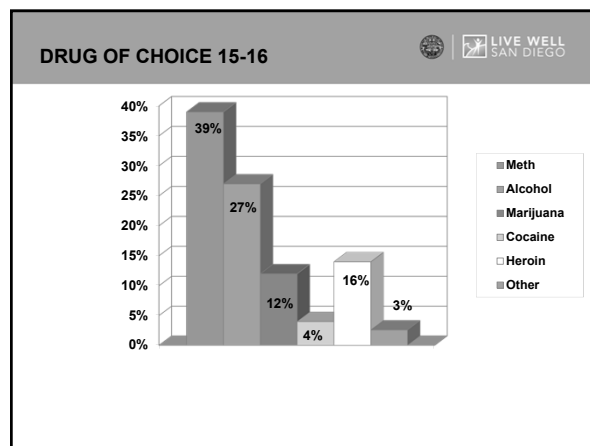
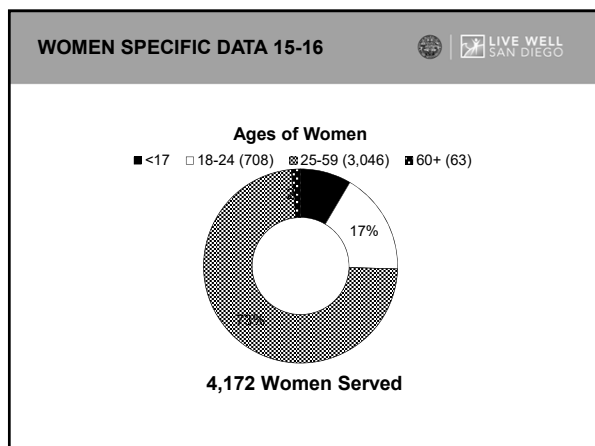
BHS AOD CLIENTS SERVED FY 15-16  

Total Admissions to AOD services:
 12,849


Age of Clients Served



Age Group	Percentage
12 to 17	3%
18 to 24	73%
25 to 59	15%
60 or above	3%




WOMEN'S AOD SERVICES



- Perinatal Detoxification
- Long Term Residential
- Outpatient
- Perinatal Case management

AOD TREATMENT SERVICES



- Treatment Groups
- Individual Counseling
- Crisis Counseling
- Employment Prep
- Mental Health Services
- Anger Management
- Parenting Classes

LENGTH OF SERVICES

- 4-12 Month Programming for Residential and Outpatient
- Client Centered Treatment & Recovery Services
- IOT– Intensive Out Patient
 - up to 5 Days/Week, 3.5 Hours/Day
- ODF – Out Patient Drug free
 - up to 3 Days/Week, 1.5 Hours/Day
- Aftercare – 1 time/week to 2 times/month

WOMEN'S SERVICES CORE COMPETENCIES



- Safety (Environment)
- Trauma Informed/ Specific
- Cultural Competency
- Case Management
- Women-Specific Curricula
- Clinical Supervision
- Health and Wellness



COLLABORATION



- Child Welfare Services (CWS)
- Dependency Court/Attorneys
- CWS Visitation Contractors
- First 5-Healthy Development Services
- Rady- DSEP-100% of CWS kids



NEW EXPANDED SERVICES



- Outpatient programs expanded to see pregnant and parenting teen girls 15 and over !!!!!
- All programs received a child therapist!!!
- All outpatient programs now have two fulltime Homeless Outreach staff

MOBILE MEDICAL UNIT (MMU)



Collaboration with Family Health Centers of San Diego - FHCS



MENTAL HEALTH SYSTEMS FAMILY RECOVERY CENTER



PROBLEMS FROM LIVING IN DYSFUNCTIONAL SUBSTANCE ABUSING ENVIRONMENT



Lack of trust:

In the world around them
In the words and behaviors of others
In their own judgments and actions
In their own sense of self-worth which can affect their academic pursuits, relationships and identities

Choices



When Mom is addicted her choices are limited and her judgment is poor.

1. Risk from Parents or significant others
2. Criminal activity in the home
3. Potential Predators
4. Exposure to Violence
5. Risk of Abandonment
6. Dysfunctional Environments

- Women are more likely to suffer from increased levels of shame and guilt.



Interpersonal problems, financial difficulty, lack of marketable job skills, social support and parenting skills.

FAMILY DISEASE



- Child Welfare Removal
- Family Addiction
- Growing up in the system
- Lack of familial support
- Unhealthy Attachment
- Co-Dependency

REMOVAL



- Anger
- Blame
- Resentment
- Fear
- Great sense of loss
- Powerless
- Trauma

FRC RESIDENTIAL



- Trauma informed
- Gender Responsive
- Co-Occurring Capable
- Family Oriented

TRAUMA INFORMED CARE



- Environmental
- Seeking Safety Groups
- Language
- Tone
- Non-verbal communication
- permission





INTEGRATED TREATMENT SERVICES

- Team Approach
- Treatment Team Meetings
- Clinical Team Meetings
- Case Conferences/FIT Meetings
- Parent Team Meetings/CDC
- Counsel Meetings
- Alumni Involvement
- Self Help Meetings

TREATMENT SERVICES

- Relapse prevention
- Skill Building
- Trauma
- Healthy Relationships
- Parenting
- Anger Management
- Work Readiness
- Empowered Women
- Hierarchy of Recovery
- Family Systems

OUR CHILDREN

Our Child development center is a licensed child care center providing service to children up to the age of 5 years.

We have a fully function preschool that will assist our children with social and emotional development for easier transition into our public schools.



PRESCHOOL ROOM



PLAY GROUND



FAMILY ENGAGEMENT



- Family and visitor screening process
- Family Visitation and Family Passes
- Recreational Activities that involve the Family

NEW EXPERIENCES





- Beach wellness walks
- Family Unity Day
- Ice Cream Socials (Alumni)
- Out Reach
- Equine Therapy
- Leadership Projects
- Learning Experiences
- Food Handler Certification

ROCK GARDEN



EQUINE THERAPY





- Founded in 1966 - Poway
- Moved to Escondido 1972
- 120 adult beds and 20 children's beds
- Ability to remain in program 365 days
- Move to transitional housing for up to 24 months

GET BETTER. DO BETTER. BE BETTER




Our Mission
HealthRIGHT 360 gives hope, builds health, and changes lives for people in need. We do this by providing compassionate, integrated care that includes primary medical, mental health, and substance use disorder treatment.

SERENITY CENTER CHILD CARE




Transitional Housing "The Village"



NCSH TEAM

- Program Director
- Clinical Program Manager
- 10 AOD Care Coordinators
- Criminal Justice Care Coordinator
- CWS Care Coordinator
- Mental Health Supervisor
- 4 onsite therapist (1 specifically for family therapy and 1 child therapist)



- Our multidisciplinary staff team partners with participants and their families for a holistic, comprehensive approach to individual needs.
- Using evidence-based and best practices that recognize and account for the role that trauma frequently plays in the addictive and criminal histories of women.

OUR ROLE



- Is to provide a well rounded variety of services that will help stabilize and improve the quality of life of our participants.
- To welcome all women who desire change

CULTURAL SHIFT



- Changed our approach
 - Language
 - Interventions vs. Consequences
 - Empowering vs. punitive
 - Thinking Reports
 - Chain Analysis
 - Growth Opportunities
 - Warm hand off to other programs vs. discharging back to the street

R.I.C.H. RELATIONSHIPS



- **R – Respect**
- **I- Information**
- **Connection**
- **Hope**

NORTH COUNTY SERENITY HOUSE PROVIDES SPECIALIZED SERVICES THAT ADDRESS:



- Co-occurring mental health disorders
- Recovery from trauma and abuse
- Emotion management
- Health and wellness
 - Nutrition education and menus
 - Smoke free environment – first in
 - Smoking Cessation classes
 - Nicotine Replacement Therapies (NRT's)



FROM REMOVAL TO REUNIFICATION



- One mother's experience with reunification, using and continuing the reunification process
 - Mother relapsed while in treatment
 - For safety reasons, CWS removed child
 - Able to stabilize in treatment
 - CWS and treatment support working towards reunification

- Relapse prevention
- Increasing self-esteem and self-efficacy
- Healthy relationships
 - Starting with the role modeling of R.I.C.H relationship with the participant



FROM REMOVAL TO REUNIFICATION



- Mother experienced CWS intervening when her baby was born pos tox.
- She had a previous case with her older child
- Mother entered treatment with 4 year old son
- Began the process of working with CWS to reunify with her baby.
- Attended parenting, created a treatment plan specific to her needs
- Started with supervised visits moved to unsupervised, weekends and then her 60 day trial.
- Finally able to reunite with her baby, she had both children living with her and was able to enroll them into our child development center and find a job.
- She found a job and 2 days short of having 1 year at NCSH she moved into the Village with her 2 children and on her way to be self supportive.

IN CLOSING



- We know that not every story ends with a "happily ever after"; that would be unrealistic, but we know that there is hope for more and more success as long as we are able to provide services that remove barriers and support growth and change for our women, children and families.

• Thank you!

STRONGER FAMILIES....BRIGHTER FUTURES SINCE 1957



Vista Hill ParentCare

Angela Rowe, LCSW



PARENTCARE FAMILY RECOVERY CENTER



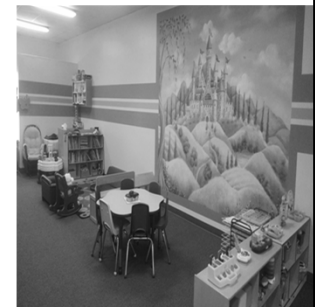
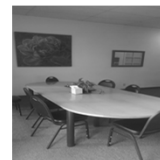
- Located in the East and Central Region of San Diego
- Offer Morning and Afternoon groups
 - Reduce Barriers to attending treatment
 - Childcare
 - Transportation
 - Emergency Food
 - Therapy





PARENTCARE EAST





PARENTCARE CENTRAL





SOBER LIVING  

LEMON GROVE





- 26 apartments for Families
- Activity Center and playground next door
- Random Home Inspections
- Alcohol and Drug Testing

PARENTCARE FAMILY RECOVERY CENTER  


- Holistic view of the parent and child
 - Dyadic Work with Parent and Child
 - Monthly reports to Social Workers
 - Developmental Specialist
 - Licensed Child Care



A MOTHER'S STORY  



CONTACT  

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CONTACT INFORMATION  

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QUESTIONS???