



Improving Substance Use Screening and Service Matching for Families Involved in New York City's Child Welfare System

The Government Performance Lab (GPL) provided pro-bono technical assistance to help New York City's Administration for Children's Services better identify caregivers with substance use concerns in child welfare investigations and match them with appropriate support, in an effort to reduce the number of incidences of child abuse and neglect and improve caregiver health.

The Challenge: Caregiver substance misuse is a significant risk factor for child maltreatment and child welfare involvement; recent studies suggest that between 60% and 80% of substantiated child welfare cases involve substance use disorders.¹ Identifying and providing support early to caregivers with substance use concerns can improve key child welfare outcomes, reducing rates of child removal and child maltreatment. To ensure that caregivers involved with substance misuse who may place children at risk of harm are identified early in child welfare investigations and are voluntarily engaged in treatment, New York City's Administration for Children's Services (ACS) launched a pilot in Manhattan in 2016 of a universal screen for substance use within the first seven days of a child welfare investigation. However, the pilot experienced some key challenges, including low usage of the screening protocol and barriers translating screening into treatment for clients. The GPL worked with ACS to identify and address the key barriers to effective use of the universal substance use screen.

The universal screening protocol uses a 6-question self-reporting tool designed to identify the presence of a substance use concern in families involved with child welfare investigations. Ideally, screenings are expected to occur upon initial contact with adult household members, and must occur within the first seven days of an investigation. Caregivers who are identified as having potential substance use concerns are referred to a counselor for a brief intervention and a comprehensive assessment that may lead to referral to voluntary recovery support services.

In the initial phase of the universal screening pilot, screening rates were lower than expected. Since being flagged in the screening system is the primary pathway to receive a counselor assessment, a low screening rate led to a low number of individuals referred to counselor assessments. Working with the GPL, ACS identified possible reasons for low rates of screening and assessment referrals, including: 1) lack of knowledge among frontline staff on how to use the screening protocol and low acknowledgement of its importance; 2) technical challenges that created barriers to recording screenings and advancing cases to assessments; and 3) limited ability for managers to track their team's screening and assessment rates and follow up on low performance.

The Project: The GPL supported ACS in its efforts to increase the share of caregivers with substance use concerns that are identified and then matched to appropriate treatment through: 1) increasing utilization of the screening protocol by bolstering staff ability and commitment to screen; 2) increasing the number of referrals to counselor's assessments by strengthening technical infrastructure to make submitting screens more straightforward; and 3) improving

¹ Oliveros A, Kaufman J. Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare*. 2011; 90(1): 25-41, p. 26.

managers' abilities to increase screening and assessment rates by tracking them and following up with staff.

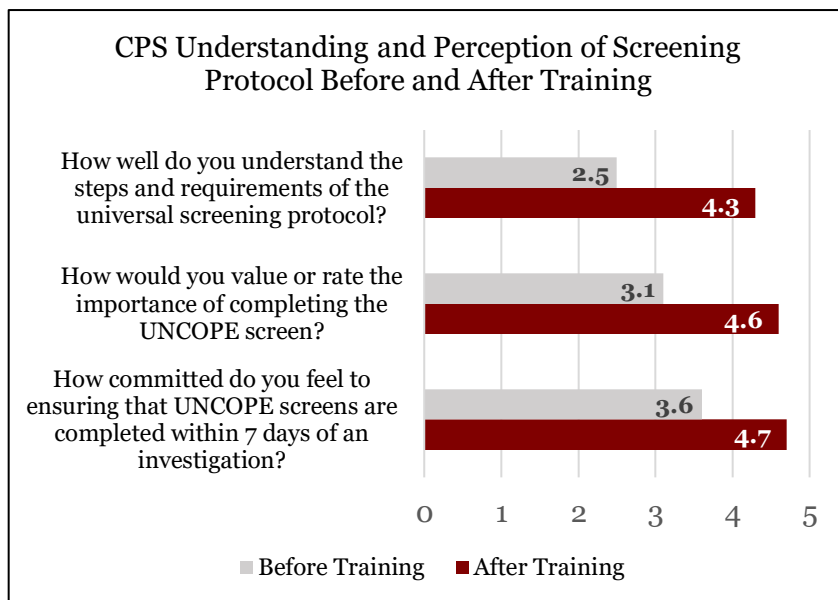
1. Increased utilization of the universal screening protocol by improving staff ability and commitment to screen and refer

Project partners developed new materials to train staff on the screening protocol in order to increase the number of people screened, as well as increase the number of people referred to a counselor for an assessment when substance use concerns were identified. The GPL worked with the ACS Substance Use team to develop clear, accessible materials that communicated the process and importance of this screening protocol.

The project team created presentations for both new and seasoned staff, brief explanations of the protocol, and a frequently asked questions sheet. These materials were supplemented by two short training videos that ACS' Workforce Institute created to demonstrate how staff should (and should not) employ the screening tool. Led by ACS Director of Substance Use, the project team introduced the materials to staff through a series of training workshops. Over the span of two months, the team trained 75 staff members across three zones (about 40% of Child Protective Services staff in the Manhattan zones that were targeted). The trainings demonstrated how to effectively conduct a screen using motivational interviewing, explained the value of the screen and an assessment, and dispelled misinformation about the process.

Through the training process, ACS and the GPL were able to address some of the persistent challenges that had been raised by staff and leadership. For example, the team identified how to appropriately engage individuals involved in multiple investigations without conducting the same screen various times.

Survey data suggested that the trainings improved staff understanding of how to conduct the substance use screens and strengthened staff commitment to using the screening protocol (see figure to the right).



2. Strengthened the technical infrastructure to make it easier to submit screens and flag substance use issues for referral to a counselor assessment

To support the universal screening pilot, ACS developed an electronic referral management system to help track clients as they moved through the substance use referral pathway. However, preliminary feedback suggested that the system for recording screening outcomes was at times difficult to use, discouraging some staff from recording cases with potential substance use issues. This led to a lower number of completed screens entered into the system and therefore a lower number of caregivers referred to counselors for assessment.

To address the link between the system's technical infrastructure and low screening rates, the project team conducted comprehensive user testing and provided ACS' IT department with a detailed list of potential adjustments to the referral management system.²

Collectively, these improvements will make it easier for staff to submit screens and ensure that caregivers can be referred for an assessment with a counselor at any point in the child welfare investigation. Further adjustments, beginning in 2020, will also improve ACS' ability to track clients as they move through the engagement pathway, coordinate client engagement and follow-up, and improve visibility of client outcomes across programs.

3. Improved managers' ability to track and follow up on screening and assessment referral rates

One possible reason for low screening and referral rates was that ACS staff and leadership had little visibility into how well their respective units were performing. In addition, they had few tools to hold their teams accountable for using the universal screening protocol and appropriately referring to counselor assessments. Child Protective Services (CPS) leadership expressed an interest in being able to view screening performance at a glance. Using this feedback, the project team developed a prototype for new dashboards with charts illustrating the total number of screens submitted per month, the percentage submitted of eligible screens, and the total number of clients referred to a counselor per month.

The new dashboards allowed zone managers, program administrators, and staff to use data on screening and referrals as a resource to track their individual and team performance for the first time. This also enabled managers and staff to take steps towards improving screening and assessment rates. For example, in May 2019, a typically high-performing zone experienced a drop in screen submission rates. The dashboards allowed the Substance Use team to immediately reach out to the zone manager to ask what had changed. They learned that several caseloads had been re-assigned that month and the manager had not been sending out reminders to complete the screening protocol, as there were other competing priorities. The manager committed to sending out reminders again and screen submissions increased the following month.

The Results: This project focused on strengthening ACS' ability to track screenings and make referrals to more comprehensively identify families with substance use issues and connect them to the appropriate support. This has included developing new processes for training staff on the screening protocol and introducing accountability measures to help drive individual and team performance. These changes are intended to enable more effective matches of families with substance use concerns to professional support, and when appropriate, referrals to treatment. While it is too soon for the project components to be reflected in screening completion rates and long-term child welfare outcomes, paired with a wide range of other ACS efforts, better identification of substance use issues and connection to services will hopefully lead to fewer child removals, lower rates of child maltreatment, and improved caregiver health and stability.

² Example adjustments include fixing deactivation functionality, accurately updating screen status based on CPS selections, and defining rules for what selections are optional. Changes were also made to enable CPS to generate a counselor referral after the submission of a negative screen, which is expected to reduce the number of counselor referrals made by paper submissions that cannot be tracked.