ACF RAPID RESPONSE TECHNICAL ASSISTANCE PROJECT COLLABORATING TO ADDRESS THE NEEDS OF MULTI-BARRIER FAMILIES

Submitted in accordance with
IDIQ No. 105-98-8403
Task Order 47
January 2002

U.S. Department of Health and Human Services
Administration for Children and Families

Office of Family Assistance
January 2002

CALIBER
ASSOCIATES

ACF RAPID RESPONSE TECHNICAL ASSISTANCE PROJECT COLLABORATING TO ADDRESS THE NEEDS OF MULTI-BARRIER FAMILIES

August 29-30, 2001
Boise, Idaho

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I. OVERVIEW

I. OVERVIEW

TANF caseloads have become smaller since the advent of welfare reform, and many of the families who remain on assistance have multiple issues to resolve as they move toward self-sufficiency. One of the most prominent roadblocks is substance abuse, particularly when it overlaps domestic violence, mental illness, and other co-occurring disorders.

This workshop, coordinated by the Seattle Regional Office of the Administration for Children and Families (ACF), was designed to help Idaho move low-income families with substance abuse problems toward recovery and self-sufficiency. Financial support was provided by ACF ("Rapid Response" funds) and by SAMHSA's Center for Substance Abuse Treatment. Dr. Jeanette M. Hercik of Caliber Associates facilitated workshop planning and presentations.

The purposes of the workshop were:

- To increase knowledge and understanding of substance abuse and treatment
- To provide opportunities to explore how existing substance abuse treatment systems operate and connect, and how they can be strengthened in the State of Idaho.

The workshop was particularly timely because Idaho had just implemented a substance abuse screening process for all applicants, as required by recent State legislation.

There were 26 Idaho participants, including State TANF managers, caseworkers (self-reliance specialists), central policy officers, substance abuse treatment managers and contractors, and tribal TANF representatives. Throughout the workshop, there were lively discussions and interactions between and among the various groups.

Over the course of a day and a half, the following activities took place:

- Discussion on current systems for working with substance abuse issues
- Presentations on co-occurring disorders and components of treatment
- Review of the changing context of welfare reform
- Discussion on reconciling treatment and work

- Case study exercises
- Development of action steps for the future.

The primary presenter was Dr. Kathleen West, a public health professional with expertise in the field of substance abuse. Dr. Jeanette M. Hercik from Caliber Associates, Gayle Jost from ACF Region X, and Patti Campbell from the Idaho Department of Health and Welfare also presented information and/or facilitated discussions.

II. THE REGION X SEMINAR

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1. PLANNING

Planning for the *Collaborating to Address the Needs of Multi-Barrier Families* Seminar involved a series of conference calls between Center for Substance Abuse Treatment (CSAT), Administration for Children and Families (ACF), regional contacts, and Caliber Associates. Specific logistics were discussed through a series of calls between Caliber Associates, Dr. Kathleen West, the regional representatives, Gail Jost, Ron Juergens, and Patti Campbell, and Lynn Holmes from Idaho. Based on the telephone discussions, this seminar was designed to focus on practical issues of understanding the substance abuse needs of TANF clients and addressing them through collaborative efforts. With support from the ACF regional staff, Caliber Associates planned a day and a half seminar agenda and selected seminar faculty.

1.1 Faculty

Dr. West was selected as faculty for the meeting based on the needs identified by the State of Idaho and input from the Region, CSAT, and Caliber Staff. The faculty provided outlines of their sessions and presentation materials to be included with the seminar packet of materials (see Appendix B for a brief biography of Dr. West).

1.2 Seminar Materials

Caliber Associates developed a resource book of materials tailored to meet the needs of seminar participants. The resource book contained both administrative materials (i.e., welcome letter, seminar agenda, participant and speakers lists, and seminar evaluation forms) and substantive materials. The book also contained duplicates of handouts or presentation materials developed by seminar faculty within the appropriate session divisions.

2. IMPLEMENTATION

This section discusses the logistics of the seminar and session content and goals.

2.1 Seminar Logistics

The seminar was held August 29-30, 2000 in Boise, Idaho. Sessions were held from 8:30 a.m. through 5:00 p.m. on the first day, and 8:30 a.m. through 12:30 p.m. on the second day (see

Appendix C for a complete agenda). Attendees included 26 participants from Idaho who fell into one of five categories:

- State TANF managers
- Caseworkers (self-reliance specialists)
- Central policy officers
- Substance abuse treatment managers and contractors
- Tribal TANF representatives.

2.2 Session Content

The seminar focused on methods attendees could use to better understand the issues of substance abuse and treatment, their occurrence within TANF communities, and methods of collaboration between agencies serving clients dealing with these issues. The seminar included a session offering concrete ideas participants could use to coordinate and support services for families with multiple needs. It also included sessions where attendees could examine their own system and the ways they could use information presented throughout the seminar to work toward a more collaborative and sophisticated service delivery system.

The objectives for Day 1 were to introduce participants to the seminar series, discuss the strengths and weaknesses of the current systems that respond to the needs of multi-barrier families, present information on the identification and treatment of co-occurring disorders, address the issues of treatment for women substance abusers, and review TANF work requirements in relation to alcohol and drug treatment from the Federal and State perspectives. After a welcome and seminar overview, Dr. Hercik offered a brief synopsis of the changing context of welfare to set the stage for the seminar and frame the remaining discussion about the importance of TANF offices addressing the service needs of customers with co-occurring disorders. Following this discussion, Dr. West facilitated a session in which the strengths and weaknesses of systems (TANF and AOD) within the State addressing individuals and families with multiple needs were listed.

In the second session, Dr. West facilitated a discussion on the identification and assessment of co-occurring disorders, including mental health problems, family violence, and learning disabilities. Before beginning this discussion, Dr. West provided basic information about the nature of drug addiction. She talked about how addiction changes the brain chemistry and the effect of chemical use on levels of dopamine, and the physical and emotional effect of

addicted and recovering persons. She also described the effects of methamphetamine on its users, their families, and their communities. She said alcohol, the most frequently abused drug, causes fetal alcohol system and mental retardation, and is involved in the majority of domestic violence cases. She discussed how clinical work and research has shown that a high percentage of substance abusers have other co-occurring issues, including cognitive and physical disabilities, psychiatric disorders, and abuse and neglect. Often, individuals and families with substance abuse problems have interactions with other systems, including those serving the unemployed, TANF recipients, individuals on probation or parole, juvenile offenders, child welfare recipients, mental health patients, or children in special education.

In the third and fourth sessions, Dr. West continued the discussion of co-occurring disorders by talking about treatment for such individuals and families. She talked about the first step of treatment, which is screening and assessment. She reviewed the continuum of treatment needs, including detox care, residential, intensive day treatment, outpatient, drug-free housing, and after care. Dr. West said no single treatment is appropriate for all individuals and families. She talked about components of gender-specific treatment for women with children. During the sessions, a brief video of a case example of a woman in treatment was shown and discussed. Participants were asked to think about how this client would move through the system in Idaho. Issues that surfaced besides substance abuse included sexual molestation in childhood, recent domestic violence, prenatal drug exposure, intergenerational drug use, and issues of criminal acts.

During the fourth session, Gayle Jost, Patti Campbell, Jeanette Hercik, and Kathleen West led a discussion on compliance with the TANF work requirements on alcohol and drug treatment from Federal and State perspectives. Federal time constraints and requirements associated with TANF are often seen as barriers for clients in drug and alcohol treatment programs; however, Idaho's State requirements permit treatment to fulfill the work obligation. During the workshop discussion, participants talked about how the residential portion of the Idaho treatment programs is relatively short (about a month). The group quickly came to the conclusion that participating in countable work activities during residential treatment was not a concern, but that it can be a part of post-residential treatment. It was also suggested that the TANF agency have a dialogue with AOD treatment providers about TANF requirements (particularly time limits and work participation), and discuss whether countable activities can be incorporated into the treatment plan.

The goals for Day 2 were to have attendees formulate ideas about how they might create a collaborative process to addressing the needs of families with multiple barriers in Idaho. Kathleen West facilitated the first session, in which participants were asked to take part in a case

study and were presented with some ideas about better ways to serve clients with multiple needs. The case study was about a woman entering the TANF office to seek assistance and described details of her appearance, comments she made to the caseworkers, her background, and information about her son, who is with her. A second scenario is about a child who is brought into the hospital with an unidentified illness, and observations are made about the child's physical well-being; so the child protective services agency is brought into the case as well. (A copy of the case study is included in Appendix D). Participants were asked to help clients prioritize their needs.

In the final session, participants came together to create an action plan for immediate, intermediate, and long-range steps to improve and develop Idaho's collaborative response for multi-barrier families. In order to create this action plan, the group reviewed the strengths and weaknesses of Idaho's system as discussed at the beginning of the meeting, and continued the discussion in light of the new information presented throughout the sessions and in the case study dialogue.

III. SEMINAR EVALUATION

III. SEMINAR EVALUATION

This section summarizes evaluation forms and written comments about the seminar. A copy of the evaluation form can be found in Appendix E.

1. SEMINAR EVALUATIONS

At the conclusion of the seminar, attendees were asked to complete a seminar evaluation form.

1.1 Evaluation Form Question 1: "Did you find the presenter(s) engaging and interactive?"

Exhibit III-1 summarizes the respondents rating of the presenter as engaging and interactive. The following scale was used:

1=poor 2=satisfactory 3=good 4=excellent

EXHIBIT III-1*

Question	1		2		3		4	
	N	%	N	%	N	%	N	%
Did you find the presenters engaging and interactive?	1**	5%	0	0%	3	15%	16	80%

* Total number of respondents was 20.
** Written comments on the evaluation form were extremely positive about the faculty and the event; thus, the need to assume that the participant read the scale incorrectly.

1.2 Evaluation Form Question 2: "Was the program content helpful in gaining an understanding of co-occurring disorders?"

Exhibit III-2summarizes the respondents rating of the program content's helpfulness in gaining an understanding of co-occurring disorders. The following scale was used:

1=poor 2=satisfactory 3=good 4=excellent

EXHIBIT III-2*

Question	1		2		3		4	
	N	%	N	%	N	%	N	%
Was the program content helpful in gaining an understanding of co-occurring disorders?	0	0%	1	5.3%	4	21%	14	73.7%

* Total number of respondents was 19.

1.3 Evaluation Form Question 3: "Were the materials helpful (resource notebook, folder and video)?"

Exhibit III-3 summarizes the respondents rating of the helpfulness of the materials. The following scale was used:

1=poor 2=satisfactory 3=good 4=excellent

EXHIBIT III-3*								
	1		2		3		4	
Question	N	%	N	%	N	%	N	%
Were the materials helpful (resource notebook, folder and video)?	1	.05%	1	.05%	4	20%	14	70%

* Total number of respondents was 20.

1.4 Evaluation Form Question 4: "How would you rate the flow of the seminar?"

Exhibit III-4 summarizes the respondents rating of the flow of the seminar. The following scale was used:

1=poor 2=satisfactory 3=good 4=excellent

EXHIBIT III-4*								
	1		2		3		4	
Question	N	%	N	%	N	%	N	%
How would you rate the flow of the seminar?	1	5%	0	0%	5	25%	14	70%

* Total number of respondents was 20.

1.5 Evaluation Form Question 5: "Do you think the information presented in this seminar will assist you in doing your work with multi-barrier families?"

Exhibit III-5 summarizes the respondents rating of the information presented in assisting them with their work with multi-barrier families. The following scale was used:

1=poor 2=satisfactory 3=good 4=excellent

EXHIBIT III-5*								
	1		2		3		4	
Question	N	%	N	%	N	%	N	%
Do you think the information presented in this seminar will assist you in doing your work with multi-barrier families?	1	5%	0	0%	4	20%	15	75%

* Total number of respondents was 20.

1.6 Evaluation Form Question 6: "How was the meeting room and the facility?"

Exhibit III-6 summarizes the respondents rating of the meeting room and the facility. The following scale was used:

1=poor 2=satisfactory 3=good 4=excellent

EXHIBIT III-6*								
	1		2		3		4	
Question	N	%	N	%	N	%	N	%
How was the meeting room and facility?	3	15%	5	25%	6	30%	6	30%

* Total number of respondents was 20.

2. WRITTEN COMMENTS

Participants were also given the opportunity to provide open-ended comments. A summary of their responses is as follows:

- Meeting room and facility
  - Bagels were dry.
  - Facility great; need a little larger room.
  - Too crowded, no seating, rearrange the room to seat everyone.
  - Too hot here.
  - Room was too warm.
  - Crowded and cramped.

- Overall seminar
  - One of the best trainings I have attended on this subject.
  - Great, great training.
  - This was great information. I plan to share it with our region. Thank you so much.
  - Training was excellent.
  - Great presentation and lots of knowledge.
  - I would like to see this provided on larger (more staff) basis.
  - More short breaks instead of few long ones. Will help with better retention. *Great Session*!
  - I came away with an increased understanding of chemical dependency. Also ideas of things we can do improve our processes and services.
  - Wow! I really enjoyed and learned a lot! Thank you!
  - Dr. West provided the best information I have received to date regarding substance abuse issues and how we might have a positive effect on the families we are asked to lead toward self-sufficiency.

APPENDIX A:
REGION X SPEAKERS' BIOGRAPHIES

FACULTY BIOS

Administration for Children and Families, Rapid Response Workshop
Collaborating to Address the Needs of Multi-Barrier Families
Region X Workshop
Boise, Idaho
August 29-30, 2001

Kathleen West

Kathleen West is a public health professional with expertise in the field of substance abuse—particularly its effects on children—the family, intergenerational issues, and related treatment and prevention programs. Her research and work focus for two decades has been on children prenatally and environmentally exposed to alcohol and other drugs and their medical, developmental, and social placement outcomes. In this arena, she has worked in multiple capacities, including program development and administration, policy development, research, advocacy, and teaching. Her research and clinical experience have been centered primarily in Los Angeles County, California.

Dr. West's educational background includes a bachelors degree in biology and anthropology from Kalamazoo College in Michigan, and masters and doctoral degrees from the UCLA School of Public Health, where she specialized in health policy, maternal and child health, and reproductive epidemiology. She was also a student at the Royal College of Midwifery in London, studied children's social policy issues with the Society for Research in Child Development at the University of North Carolina, and received a Bush Fellowship in Child Development. Her recent work has focused on issues related to families affected by substance abuse in the context of new child welfare laws and particularly on the development of multidisciplinary teams and effective interventions with children found in home-based methamphetamine labs.

APPENDIX B:
REGION X AGENDA

AGENDA

Administration for Children and Families, Rapid Response Workshop
Collaborating to Address the Needs of Multi-Barrier Families
Boise, Idaho
August 29-30, 2001

Day 1

8:30-8:45 a.m.	**Welcome and Overview** Patti Campbell, Idaho DHW Gayle Jost, ACF Region 10
8:45-9:30 a.m.	**Introductions and the Changing Context of Welfare Reform** Dr. Jeanette Hercik
9:30-10:15 a.m.	**Strengths and Weaknesses of Existing Systems** Dr. Kathleen West *Participants and facilitator will discuss components of the current systems that respond to the needs of multi-barrier families, reflecting on the characteristics and high frequency problems among such families, and the strengths and weaknesses of our systems to adequately address TAFI family needs. In this opening session, the multidisciplinary participants do a quick assessment of the multiple systems represented at the training and gain a better sense of both the assets and gaps we face in building a collaborative response for high need families.*
10:15-10:30 a.m.	Break
10:30-12:00 p.m.	**Identification of Co-occurring Disorders** Dr. Kathleen West *Clinical work and research have both shown that a high percentage of substance abusers have co-occurring mental health problems, and a high rate of family violence. Women substance abusers and addicts have been found to have exceptionally high rates of physical and sexual abuse in their backgrounds, and associated post-traumatic stress disorder. Learning disabilities are also disproportionately high among many of the families served by TANF programs across the U.S. This session will discuss indicators of such co-occurring disorders, and methods for identification and assessment of such issues.*
12:00-1:00 p.m.	**Networking Lunch**
1:00-2:15 p.m.	**Serving Clients with Co-occurring Disorders** **Components of Treatment** Dr. Kathleen West *This session will continue the discussion of co-occurring disorders, the implications for case planning, service needs and components of treatment required for such individuals and families, system collaboration, as well as timeline issues in serving these clients.*

2:15-2:30 p.m. Break

2:30-4:00 p.m. **Gender Specific Treatment**
Dr. Kathleen West
This session will address drug and alcohol treatment issues that arise specifically for women substance abusers and addicts, how to increase Self Reliance Workers' awareness of gender issues in their client caseloads, examples of treatment programming specifically designed for women with special attention to their roles as mothers and their possible involvement with child welfare systems. A brief video of a case example of a woman in treatment will also be viewed and discussed.

4:00-5:00 p.m. **Reconciling Treatment and Work**
Gayle Jost, Patti Campbell, Jeanette Hercik and Kathleen West
This will be a discussion related to compliance with the TANF work requirements in the context of alcohol/drug treatment from State and Federal Perspectives. The Federal time constraints and requirements associated with TANF are often seen as a barrier for clients in drug/alcohol treatment programs. Although Idaho's State requirements allow treatment to fulfill the TAFI work obligation, treatment programs may require assistance to develop case plans that also meet TANF's Federal requirements. Many treatment programs throughout the U.S. have developed treatment components that incorporate work and work-related skill building into their programming. Examples of treatment components that fulfill the Federal TANF job skills development and work requirements that are compatible with treatment services will be discussed in this session.

Day 2

8:30-9:00 a.m. **Reflections from Day One**

9:00-10:30 a.m. **Responding Collaboratively: A Case Study**
Kathleen West
This session will review and discuss a multi-need family case study, based on a composite of two real cases to assist participants in hands-on case management of multi-barrier families. Discussion of existing services and system responses will assist participants in better use of their existing service structure through collaboration and in assessing and responding to the gaps of service delivery through improved communication and joint efforts.

10:30-10:45 a.m. Break

10:45-12:00 p.m. **Steps for Action: What Can You Do?**
Kathleen West and Jeanette Hercik
Participants and facilitators will come full circle in this session to create an action plan for immediate, intermediate, and long-range steps to improve and develop Idaho's collaborative response for multi-barrier families. To do this, the group will review the strengths and weaknesses discussed at the outset of the meeting, and build the discussion through the case study dialogue and the new information shared in the past day.

12:00-12:30 p.m. **Closing Remarks and Evaluation**

APPENDIX C:
CASE STUDY

ADMINISTRATION FOR CHILDREN AND FAMILIES,
RAPID RESPONSE WORKSHOP
COLLABORATING TO ADDRESS THE NEEDS OF
MULTI-BARRIER FAMILIES
CASE STUDY
AUGUST 29-30, 2001

Week of June 4, 2001

A young woman with a toddler in a stroller enters the local TANF office to apply for assistance. She (Ms. X) completes her form and leaves the waiting room several times to get a smoke. Reviewing her form, the worker notes that half of it is not completed, many words are misspelled, and the form is filled out messily in childish print. When Mrs. X's turn arrives, the eligibility worker notes what appear to be purplish marks on the woman's neck (though she is wearing a mock turtle neck top). She also notices a bruise on the toddler's cheek and forehead. Further observation, discussion, and application review reveals that the woman, though very thin, is pregnant and currently resides with her sister, brother-in-law, and their two children. She is 20 years old, and her son is 28 months, though seems small for his age. She has stated that she recently left her fiancé—the father of her son and her current pregnancy. In the last year, she's had a series of part-time fast food or short-order jobs, most recently at a Dairy Queen, but quit due to her recent move. Since she's split from her "fiancé," she needs help; so is turning to TANF for the first time ever.

Her educational history reveals that she attended an alternative school for pregnant teens, but dropped out and has not yet graduated from high school. She states that she just learned of this pregnancy, has not sought prenatal care, though she had earlier enrolled in the Healthy Children and Families insurance program and states her intention to get care after she gets settled into her own place. Her sister is allowing her to stay there temporarily, and she expresses eagerness to get her own place as she states that she "don't have no place decent to stay with my son," but doesn't feel welcome at her sister's indefinitely—especially as she has no money. She denies any drug or alcohol problem, and states her goals as getting her own place, a GED, child care, and training to become a hair stylist.

In her interview, she states that she and the baby's father broke up because of "differences, including his temper, which is "just too much"—especially on weekends "if he's had too much beer." She states that is "a big part" of why she left, but when asked directly about physical violence, she denies that "anything like domestic violence is going on." She states that he works as a truck driver with his brother, and mostly needs time to relax and cool down on weekends, but it's hard for her to adjust to his "comings and goings." Though he's working and earns "OK money," she expresses concern and reluctance regarding cooperating with the agency's requirement that she file for child support, saying that he'll be "furious since he don't want me to leave, and don't want me to have custody of his boy anyway." She has not gone to court about child custody or visitation issues, but plans to do so at her sister's urging. In the meantime, she says she's trying to avoid her ex's phone calls and has not allowed him to take their son on his own, but has insisted that her sister, brother-in-law, or some other relative accompany him if they visit.

I. Initial Screening Issues

- What information does the TANF worker have that may warrant further investigation? Anything in this case regarding possible substance abuse? Child abuse? Domestic violence? Any other concerns?

- What additional information should the worker elicit from the client to her to aid in case plan development? If the woman is not forthcoming with information, what options might the worker have at her/his disposal in your State's typical TANF application settings? What are the idea resources to have in place, in your opinion?

- What assessment services does your community have that might be employed beyond the center-based paper/pencil tools?

Week of June 11, 2001

Ms. X arrives at the local ER with her young son, who has an elevated temperature and racking cough. He is found to have a temperature of 105, though his mother reports that she has given him baby Tylenol several times that day. She states that he's had a "little cough" for about one week, but only began to have a runny nose and temperature over the weekend. She became alarmed when he became listless, refused food and liquids, and "his whole body got hot." She states that his fever only began this evening. Her own effect is noted by the triage nurse as one of appropriate concern, though she looks exhausted, drawn, and quite nervous.

After evaluation, it is found that the child has a severe bilateral case of pneumonia, is in the 20th percentile for weight, has an ear infection, irritated nasal and throat passages, and is dehydrated. He is also found to have a dermatologic condition for which a pediatric dermatology consult is requested. He also has several healing bruises, which are noted on the chart. He is admitted to the pediatric ICU, where IV antibiotics and rehydration therapy are administered; and he's placed on oxygen. His mother has remained with him throughout the admission process, but leaves to "get some things" after he's admitted. Source of payment is the Healthy Families insurance program and the child's aunt is listed as "next of kin" in addition to the mother.

After further medical evaluation in the Peds ICU, it is determined that the child has a skin rash of unknown etiology, has head lice, and is diagnosed as failure-to-thrive. Although he is too ill for a developmental exam to be conducted, the pediatrician also suspects developmental delays. Because of the advanced stage of the child's pneumonia, FTT, and general health status, the Peds ICU staff is concerned that the child is a victim of medical neglect and malnutrition and calls social work to interview Mom.

The social worker meets with Mom when she presents at the ICU the next afternoon (after not returning the night before), discusses the child's medical condition, and expresses concern that she should have brought him in much sooner, that the pneumonia could not have developed overnight, and that, as a result of their observations to this point, she will need to file a report with their local Child Protective Services agency for neglect. Upon learning this, Ms. X breaks down, declaring that he was fine over the weekend and "just began coughing real bad when there were lots of friends around with smoke and stuff," but otherwise was fine. She states that her whole family is thin, but he eats as much as she does. She also reveals that she is pregnant, but "just doesn't gain weight." When she is asked about his developmental status, she states that he's a quiet boy, but very smart.

Child Protective Services accepts the case, but because the child will be hospitalized a while, does not do a home investigation nor put a hospital hold on the child pending a home visit. The child responds well to the antibiotic therapy and soon is taken off oxygen and stepped down to the regular Pediatric Unit. He is then visited by his father when Ms. X is not there, and after lengthy conversation with the nurse, he declares that he wants to take his son out of the hospital and is incensed that his name doesn't appear on the medical chart as the child's father, such that his visitation rights are being called into question. The nurse informs him that he may not visit at this time and seeks both security and the social worker to talk to him. Neither shows up before Dad storms out.

Because of the father's actions, CPS puts a hospital hold on the child, and makes a home visit to Ms. X's house. The CPS worker initially finds no one home, though notes that the address is run-down, dirty, and littered with an overflowing trash can, bottles, etc. The CPS worker calls the home from her car, whereupon Ms. X answers, states that she was asleep and that this isn't a good time to talk or meet. The CPS worker insists, and Ms. X finally relents, but asks for 15 minutes to "wake up." Upon entry, the CPS worker finds an extremely cluttered and smelly house. She learns that the child and Mom share the same bed in one of the children's rooms, which CPS notes as inadequate. There are lots of cigarette butts in the house, beer cans, and what appears to be a roach joint on a side table. Mom again denies drug use and states that the house is a mess because a lot of her sister's friends were over that weekend.

Based on home conditions, Mom's defensive attitude, medical findings, and extreme concern voiced by the Peds Department regarding the child's health and severe developmental delays, the CPS worker files a petition for court dependency. Ms. X falls apart and declares that "everything is going to hell in my life—his dad will kill me, and you too probably, if you take his son away!"

II. What new concerns does your entire system have now regarding this family?

III. Describe step by step what would *currently* happen in your local community/State setting with regard to the following disciplines:

- TANF personnel
- Child Protective Services personnel
- Domestic violence personnel
- Public health nurses or other home visitors
- AOD treatment providers
- Job training personnel.

IV. Describe in a sequential step-by-step manner what you think *should* happen if all agencies were working more collaboratively in your community.

Case Findings/Outcome: Ms. X is a victim of domestic violence and has a poly-drug problem with methamphetamine, alcohol, and marijuana. Her "fiancé" uses meth and alcohol. Her sister's husband is a meth cooker; and her son's current pneumonia is a result of both medical neglect and meth lab fume exposure, as well as second-hand smoke. His developmental

delays are secondary to FAE. The child is detained in foster care; she becomes ineligible for TANF benefits, loses parental rights, and doesn't receive prenatal care for this pregnancy. She delivers a meth/alcohol-exposed infant who is not identified at birth and continues in a second DV relationship with a new boyfriend.

APPENDIX D:
REGION X SEMINAR EVALUATION FORM

ADMINSTRATION FOR CHILDREN AND FAMILIES CENTER FOR SUBSTANCE ABUSE TREATMENT WORKSHOP FOR COLLOBARATING TO ADDRESS THE NEEDS OF MULTI-BARRIER FAMILIES

SEMINAR EVALUATION

Please respond to the following questions using the scale form 1 to 4, with 1 representing least and 4 representing most or best.

1. Did you find the presenter(s) engaging and interactive?
   1 2 3 4

2. Was the program content helpful in gaining an understanding of co-occurring disorders?
   1 2 3 4

3. Were the materials helpful (resource notebook, folder and video)?
   1 2 3 4

4. How would you rate the flow of the seminar?
   1 2 3 4

5. Do you think the information presented in this seminar will assist you in doing your work with multi-barrier families?
   1 2 3 4

6. How was the meeting room and facility?
   1 2 3 4

Please feel free to add any open-ended comments below.

Thank you.