

**REQUEST FOR BOARD ACTION**

**HENDERSON COUNTY  
BOARD OF COMMISSIONERS**

**MEETING DATE:** March 4, 2019

**SUBJECT:** DSS Update - Family Centered Recovery/The Duke Endowment Grant

**PRESENTER:** Dr. Jennifer Hensley, DSS Board Chair  
Kevin Marino, Social Work Program Administrator, HC DSS  
Jackie Latek, Executive Director SPARC Foundation

**ATTACHMENTS:** Yes

1. Status Report
2. Power Point Slides

**SUMMARY OF REQUEST:**

The Department of Social Services is providing informational updates to the Board of Commissioners regarding various Social Services issues. The March 2019 update, provided by DSS Board Chair Dr. Jennifer Hensley, provides an informational update regarding the Family Centered Treatment Program funded by the Duke Endowment Grant awarded to HC DSS in December 2017. HC DSS is working in partnership with The SPARC Foundation and The Family Centered Treatment Foundation to serve parents with substance use disorder who have been substantiated for abuse or neglect by HC DSS.

**BOARD ACTION REQUESTED:**

No Board Action is requested. This item is for informational purposes only.

**Suggested Motion:**

*No motion suggested.*



**Family Centered Recovery**  
*Funded by The Duke Endowment*

Henderson County Department of Social Services (HCDSS), Family Centered Treatment Foundation and The SPARC Foundation (SPARC) serve parents with substance use disorder (SUD) who have been substantiated for abuse or neglect by HCDSS. The goal of this networking innovation is to decrease the number of children going into custody and increase the number of reunifications for families where an SUD is identified with one or both parents. Family Centered Recovery (FCR) addresses family systems challenges while addressing addiction of parents. Family Centered Treatment (FCT) is the evidence-based model undergoing enhancements, via the Duke Endowment funded pilot, with proven and cutting-edge practices in the addiction profession.

Once a referral for FCR has been identified, the following process will be used to assess the family in the first 30 days.

1. Screening in the home with parents to include LCAS clinician, peer support specialist and social worker making the referral. To occur within 48 hours of referral. This screening will include interviews to test where the SUD parent is in their Stage of Change. The parents will be informed of the FCR treatment process.
2. Comprehensive Clinical Assessment in the office setting. To occur within 48 hours of the screening. Completed by LCAS with the SUD parent(s). On the same day, the SUD parent(s) will be required to submit a urine screen and hair follicle test. Urine screens will be required throughout the course of treatment.
3. Triage in team. The LCAS clinician will share information gained in steps 1 and 2 with their team to determine fit for FCR.
4. Phase 1 begins as outlined in FCT. A FAD (Family Assessment Device) will be completed with each member of the family that is 12 years old and older.

How we intend FCR to be different from traditional substance abuse services:

- ✓ Intensive Substance Use Treatment services delivered in the home/community versus office setting
- ✓ Use of contingency management tied to participation in treatment, progress in treatment with the use of family related vouchers intended to reward the entire family
  - Progress measures: Completion of the Phases of FCT treatment, reduction and elimination of substance use, tested through urine screens
- ✓ Use of multi-family groups
- ✓ Use of peer support groups for SUD parent(s) engaged in FCR, discharged from FCR or on waitlist for FCR
- ✓ Peer Support Specialist trained in family systems (FCT).



- ✓ A networked approach between HCDSS, SPARC, Family Centered Treatment Foundation, many other community partners.

The above strategies are provided by SPARC's FCR clinician to reduce the confusion and/or triangulation that can occur when multiple providers exist.

### **Timeline of Activities: 2018**

Jan: Development of Logic Model for FCR; Development of Recruitment process; weekly FCR implementation meetings begin to develop curriculum and processes

Feb: Consultation between FCT Founders, Clinical Directors, FCT Foundation, HCDSS, SPARC

Mar: Posted recruitment ad for LCAS (Indeed, NC SA Board, agency website, social media); ads posted regionally

Apr: Interviews for LCAS

May: LCAS clinician starts

June: Recruitment of Certified Peer Support Specialist begins, Posted recruitment ad on Indeed, Peer Support Specialist Certification Site, agency website, Social media. Attended Vaya Health Peer Support training for recruitment.

LCAS begins FCT certification process and joins FCR implementation team.

July: LCAS begins serving first 2 families. Networking partners began to draft standard operating procedures for collaboration.

Aug: Certified Peer Support Specialist starts. Networking partners converge on concepts of contingency management.

Sept: Implementation of FCR's First 30 days protocol. Networking partners developed a protocol and decision tree for when contingency management would be utilized, how it would be done, who would do it, and how to measure affect.

Oct: Presentation at FCTF Conference on FCR

Nov. Networking partners began to draft first report to TDE for submission in December.



*\*Three families are currently being served in FCR.*

### **Family A**

This family was originally slated for traditional FCT, however, upon reviewing the case in our implementation team, it was determined that this would be a good fit for FCR as there did appear the existence of severe challenges brought about from substance use. That said, the primary focus from the start has been communication as it relates to their significant history of domestic violence.

We began treatment on 7/25/18 with an introduction to FCR. Mom and Dad have a history of domestic violence resulting in serious bodily injury and the children (daughter [4], daughter [2], and daughter [1]) have been placed into kinship with mom's sister and her sister's husband after briefly staying with maternal grandmother. After an assessment at Family Preservation Services, mom was recommended to outpatient services (for persistent MH issues) along with domestic violence classes at Safelight. Dad was recommended to domestic violence classes as well. In addition, dad has been identified as having substance use issues. The primary plan with DSS is reunification. As such, due to the exposure to domestic violence, substance abuse, and gang related activities (dad has been a member of MS 13 since the age of 14) Family Centered Recovery was identified to assist the family with learning better communication skills and improve the chances of reunification. Family has been receptive to the family systems approach.

Family began the evaluation process with enthusiasm as they have done with all the commitments that they have been tasked with accomplishing. They have been generally open to the process and have on numerous occasions expressed a real desire to change the behaviors that have caused the separation of their family. Approximately the third week of treatment, meeting times and frequency became somewhat less consistent; however, this was also the simultaneous with the advent of a newborn son, (son [3mos]).

Since the onset of treatment, this family has had two reported domestic dispute incidents that ended with law enforcement involvement and their newborn son has also been taken into DSS custody as a result. In addition, they are currently under a No Contact order from Henderson County, creating considerable challenges with Restructuring (Phase 2) protocols. They have also had tremendous difficulty with securing a suitable residence, owing at least partly to the extensive criminal histories. Again, despite all of this, they keep trying and are putting forth genuine effort to affect change in their lives. Lack of trust due to past indiscretions has



persistently emerged as a point of contention and this will likely become even more exacerbated, at least temporarily in the short term, during the Restructuring phase of treatment.

While dad has been able to successfully submit clean drug screens throughout the history of this case, and because of these screens has received praise from our DSS counterparts, it has more recently emerged that there has been ongoing substance use in the form of drinking. Since the emergence of this information, we have attempted to arrest these behaviors as they do seem correlated to the continued relapses in domestic violence incidents. In addition, to dad's drinking, mom has had a significant bout of postpartum depression, which does also seem to have been a contributing factor.

As of the writing of this report, mom has begun to take medications to help with the postpartum depression, and dad agrees that he needs to enter residential treatment for the alcohol use. Finally, they have secured a home and mom is currently residing in the new home. Once the No Contact order is removed, we will resume family sessions.

When asked how these services have differed from other services received in the family's history, mom reported the following:

"It's more realistic. The goals and steps that we can take little-by-little really help. Instead of someone just telling us: *'you're not going to fight,'* we actually feel supported and we feel like we are learning stuff that will help us with everything."

### **Family B**

We performed an informal clinical interview on 8/21/18 to assess readiness to engage a recovery-based model of family centered treatment (FCR). During this interview, clinician inquired about the client's perceived barriers to successful recovery; history of recovery attempts; and perception strengths and strategies for success. At the end of this interview, we scheduled a formal Comprehensive Clinical Assessment (CCA) and began services with this family. Since engagement in FCR, this family has made great strides to improve system dynamics within the core family unit (mother, daughter 13, daughter 9) with work focused specifically on communication and affective responsiveness. While there remain significant challenges on the peripheral from family members who have refused to engage treatment, these core members have successfully moved through the first two phases of FCR. The primary focus during sessions with the core family members is that of a family systems approach; however, we have also spent significant time on engaging an individually focused component using primarily CBT frameworks to bolster the recovery tools of mom. In addition, we have a Certified Peer Support Specialist that engages the identified SA (mom) on a weekly basis.



On October 25<sup>th</sup>, the court ruled in favor of awarding full custody of the two children with their mother. DSS has opted to keep the case open to continue with FCR services. Currently, we are readying this family to transition into Phase 3, Valuing Change of the treatment protocol. At this time, we are also planning to integrate the Contingency Management protocols with the hope of bolstering the adopted change mechanisms this family has identified as baring the most significant intrinsic value.

When asked how these services have differed from other services received in the family's history, mom reported the following:

"At first, I was not enthusiastic about it. But as we started to really work on being able to talk with my kids again things really changed, and this program is really helping. The sessions help me to be able to reel my thoughts back in, especially when they turn negative. They seem to know exactly what I need. Sometimes I don't know how to apply the new skills that we are working on, but they are patient with me. Other approaches, it seems, were successful—at times—to help me [referring to individual therapy]. This approach helps me better understand the dynamics of my family. I am starting to be able to be an assertive parent."

#### **Family C**

This is a transfer case from FCT to FCR. As of the writing of this report, there has been minimal contact with this family except to perform the initial CCAs for both mom and dad. In addition, the family dynamic has shifted from mom and dad working together to support reunification with their infant son, to mom and dad separating and FCR working to adopt a strategy that encompasses mom, maternal grandmother, and son as the identified core family system for reunification.

#### **Family D**

This family has two parents with SUD challenges. The mother is engaged with SAIOP and will discharge in early January. FCR is working on the initial assessments and doing prep work to fully engage them once the discharge is completed. This family has two children in foster care with a primary plan of reunification.

#### **Summary:**

A total of nine children in the four cases. One family, family B, was successfully reunified. Family A is moving towards reunification within a few months. This will bring our total of six out of the nine children reunified. FCR hopes to continue this progress along with continuing to build the networking structure to provide stronger support to families suffering from SUD challenges.



We thank TDE for believing in this project, and we look forward to our next report.

Financial Utilization: See Attachments

Attachment 1 is the financial state from SPARC

Attachment 2 is the in-kind financial statement for Henderson County DSS for contingency management vouchers

Respectfully submitted,

Jerrie McFalls, Director  
Henderson County Department of Social Services

Kevin Marino, SWPAII  
Henderson County Department of Social Services

Attachment 1

	Wages	Fringe	Mileage	Cell	Computer	FCT Fees	Prelim Totals	Admin	Totals	Invoice
July	5,788.36	833.52	44.51	50.05		400.00	7,116.44	4,364.00	11,480.44	11,480.00
August	6,238.36	898.32	-	100.10	564.95	1,967.50	9,769.23	1,710.77	11,480.00	11,480.00
September	7,363.36	1,060.32	-	100.10	448.32	490.00	9,462.10	2,017.90	11,480.00	11,480.00
October	7,162.66	1,031.42	87.43	100.10		490.00	8,871.61	2,508.39	11,480.00	11,480.00
November	7,162.68	1,031.43	202.02	100.10		490.00	8,986.23	2,493.78	11,480.01	11,480.00
									\$ 57,400.46	\$ 57,400.00



Attachment 2

\$5 vouchers	Quantity
Gas station	10
ice cream store	6
Movie theatre	6
Chuck E Cheese	6
Little Caesar	5
McDonalds	6
Dollar Store	6
Dunkin' Doughnuts	6
Krispy Kreme	6
Red Box	3

Total cost 305

\$10 vouchers	Quantity
Gas station	3
ice cream store	3
Movie theatre	3
Chuck E Cheese	3
Little Caesar	3
McDonalds	3
Dollar Store	3

210

\$20 vouchers	Quantity
Gas station	3
Mini golf	3
Bowling	3
Applebees/Chilis	3
Walmart	3
Golden Corral	3
Cuivers (airport rd)	1

380

\$30 vouchers	Quantity
Walmart	3
Movie theatre	3
Applebees/Chilis	3
Mini golf	3
Bowling	3

450

# Family Centered Recovery



**SPARC**  
Foundation



*A collaboration between  
Henderson County  
Department of Social  
Services, The SPARC  
Foundation, Family Centered  
Treatment Foundation & The  
Duke Endowment*

*James B. Duke*

THE DUKE ENDOWMENT



# What is Family Centered Recovery (FCR)?

1

An enhanced innovation that combines the successful Family Centered Treatment service with a stronger focus on Substance Misuse in parents that are involved with Child Protection and Foster Care Services

2

Treatment is provided by a Licensed Clinical Addiction Specialist/Licensed Therapist and a Peer Support Specialist

3

Targets Recovery in the Family System through high intensity and frequency of sessions

4

Includes SAMSA approved strategies to treat substance misuse and family dysfunction



# Benefits of Family Centered Recovery

Reduces multiple appointments with other providers

Focused on treating every person in the home (the whole family is affected by a parent's misuse) because all members of the family learn to "live with" addiction and must learn how to live without it.

Recovery Coach through Peer Support Specialist