CWS and AOD Self-Assessment Survey

Self-Assessment Tool For Reviewing Status of Linkage Between Alcohol and Other Drug Treatment and Child Welfare Services

Reference source for this survey is web site:
http://www.silcom.com/%7Evkogler/CFF/OntarioSurvey.htm

September 2000
This tool is intended to be used as a self-assessment by County and State alcohol and other drug (AOD) service and child welfare service (CWS) agencies who are preparing to work with each other or who may be seeking to move to a new level of cooperation after some initial efforts. The questions have been designed to elicit discussion among and within both sets of agencies about their readiness for closer work with each other.

Please select the response category that most closely represents your extent of agreement with each of the following statements. Except where noted, response categories are: "Agree" "Somewhat Agree" "Disagree" "Not Sure"

### Underlying Values and Principles

1. Our AOD and CWS agencies have begun discussions about their differences underlying values and principles.
   - Agree
   - Somewhat Agree
   - Disagree
   - Not Sure

2. Our AOD and CWS agencies have used a formal values assessment process to determine how much consensus or disagreement we have about issues related to AOD use, parenting, and child safety.
   - Agree
   - Somewhat Agree
   - Disagree
   - Not Sure

3. Our AOD and CWS agencies have negotiated a shared principles or goal statement that reflects a consensus of the two agencies.
   - Agree
   - Somewhat Agree
   - Disagree
   - Not Sure

4. Our area has prioritized parents in the CPS system for AOD treatment services.
   - Agree
   - Somewhat Agree
   - Disagree
   - Not Sure

5. Our area has developed strategies to recruit community participation in addressing the needs of AOD-CWS-involved families.
   - Agree
   - Somewhat Agree
   - Disagree
   - Not Sure

6. Our court system has realistic expectations for CWS parents with AOD problems (e.g. approach to relapse and zero tolerance issues).
   - Agree
   - Somewhat Agree
   - Disagree
   - Not Sure

7. In our area, CWS staff and the courts view alcohol abuse as much as a major risk factor as they do other drugs for child abuse and/or neglect.
   - Agree
   - Somewhat Agree
   - Disagree
   - Not Sure
8. Our area has discussed and developed responses to the conflicting time frames associated with CWS and AOD treatment and child development.

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<th>Agree</th>
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**Daily Practice-Client Intake, Screening, and Assessment**

1. Our area has successfully out-stationed AOD workers at CPS offices to help with screening and assessment of clients.

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<th>Agree</th>
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2. Our area had multidisciplinary service teams that include both AOD and CWS workers.

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3. Our area has developed coordinated AOD treatment and CPS case plans.

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4. In our local CWS staff supplement child abuse/neglect risk assessment with an in-depth assessment of AOD issues and their impact on the family.

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<th>Agree</th>
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5. Our local CWS intake process is able to identify prior AOD treatment episodes based on previously negotiated information sharing protocols.

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<th>Agree</th>
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6. Our local AOD intake process identifies clients who are involved in the CWS system based on previously negotiated information sharing protocols.

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7. Our local CWS intake process consistently screens for AOD factors in the family.

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8. When our AOD treatment providers assess clients, they routinely include questions about children in the family, their living arrangements, and CWS involvement.

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1. Our local CWS staff has the skills and knowledge to talk with their clients about their AOD use and related problems.

   Agree    Somewhat Agree    Disagree    Not Sure

2. Our local AOD staff has the skills and knowledge to talk with their clients about child safety and CWS involvement.

   Agree    Somewhat Agree    Disagree    Not Sure

3. Our local CWS staff provides outreach to clients who do not keep their initial AOD appointments or drop out of treatment.

   Agree    Somewhat Agree    Disagree    Not Sure

4. Our local AOD staff tracks the status of their clients in the CWS system.

   Agree    Somewhat Agree    Disagree    Not Sure

5. Our agency has developed and trained our staff in approaches to our clients which ensure that clients are more likely to stay in treatment once they enter it.

   Agree    Somewhat Agree    Disagree    Not Sure

6. In our CWS and AOD agencies have agreed on the level of information about clients’ progress in treatment which will be communicated from treatment agencies to CWS worker and the courts.

   Agree    Somewhat Agree    Disagree    Not Sure

7. In our area, client relapse typically leads to a collaborative intervention to re-engage the client in treatment and to reassess child safety.

   Agree    Somewhat Agree    Disagree    Not Sure

8. In our area, drug testing is used in combination with a treatment program to monitor clients’ compliance with treatment plans.

   Agree    Somewhat Agree    Disagree    Not Sure
9. Rate your area’s AOD treatment services on the following areas: 
(1 = poor      3 = fair      5 = excellent) 

- Gender specific 
- Culturally relevant 
- Geographically accessible 
- Family Focused 
- Child-specific 
- Adolescent treatment 

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**Information Sharing and Data Systems**

1. We have identified the confidentiality provisions that affect CWS-AOD connections and has devised means of sharing information while observing these regulations.

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<th>Agree</th>
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2. We consistently use the CWS optional field on AOD factors related to the case.

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3. Our AOD services have supplemented the alcohol/drug data systems to generate data on their clients children and their CPS involvement.

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4. Our area has developed the capacity to automate data about the characteristics and services outcomes of the clients who are in both the CWS and AOD caseloads.

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5. We have initiated efforts and/or has the capacity to track CWS/AOD clients across information systems.

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**Shared Outcomes**

1. Our AOD agency has identified systems outcomes and has communicated them to the CWS.

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2. Our CWS agency has identified system outcomes and has communicated them to the AOD agency.
3. Our AOD and CWS agencies and the courts have developed shared outcomes for CWS-AOD involved families and have agreed to use this information to inform policy leaders.

4. We have developed outcomes criteria in their contracts with community-base providers (who serve CWS-AOD clients) to measure their effectiveness in achieving shared outcomes.

5. We have shifted funding from providers who are less effective in serving clients in the both CWS-AOD systems to those that are more effective.

6. In our area, CWS-AOD involved parents are referred to parenting programs that have demonstrated positive results with this population.

7. Our CWS agency shares accountability with their AOD counterpart for successful treatment outcomes for their mutual clients.

8. Our AOD agency shares accountability for positive child safety outcomes for clients who have enrolled in treatment programs.

9. In our area, drug testing is used in the court system as the most important indicator of clients’ success in resolving their AOD problem.

**Budgeting**

1. Our CWS agency currently uses a portion of its funding for AOD treatment services (excluding drug testing).

2. Our AOD treatment agencies currently use a portion of their funding for services to improve client’s parent skills.
3. Our CWS and AOD agencies have jointly sought funding for pilot projects to work more closely together.

4. Our area has identified the full range of potential funding from all sources that could support the changes needed to work more closely across CWS-AOD agencies.

5. We have identified the waivers that would be needed to fully utilize available funds for families in the CWS-AOD systems.

6. We have a multi-year budget plan to support integrated CWS-AOD services.

**Training and Staff Development**

1. Our CWS ensures that all managers, supervisors and workers receive training on working with AOD-affected families.

2. Our AOD agency ensures that their staff/providers receive training on working with families in the CWS system.

3. We have developed joint training programs for AOD-CWS staff and providers to learn effective methods of working together.

4. We have a multi-year staff development plan that includes periodic updates to the training and orientation received by the staff of both CWS and AOD agencies.
5. We have training programs that include cultural issues to improve their cultural relevance and competency in working with diverse AOD-CWS client groups.

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### Working with Related Agencies

1. CWS staff know how to identify and link families with the other services that are frequently needed by CWS-AOD involved clients (e.g., transportation, child care, family violence services, mental health services) and makes referrals to those agencies.

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2. AOD staff/providers know how to identify and link CWS-involved families with the other services that are frequently needed services (e.g. transportation, child care, family violence services, mental health services) and make referrals to agencies.

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3. Parent education programs used by CWS clients include significant content on the impact of AOD use on family functioning and parenting?

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4. Our area has AOD support/recovery groups that include a special focus on CWS and child safety issues.

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5. We have implemented substance abuse prevention and early intervention services for children in the CWS system.

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6. Our transitional living program includes significant content on the impact of AOD use.

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7. We coordinate with law enforcement, AOD and CWS to meet the needs of parents and their children affected by criminal justice system (e.g., visitation for children with incarcerated parents, treatment while incarcerated).

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