Addressing Caregiver Substance Use in Your Community: Conducting a Community Needs and Assets Assessment to Identify Family Resource Gaps and Opportunities

Four communities across Colorado have the opportunity to access funding from Illuminate Colorado in order to enhance community support programming and infrastructure for families impacted by caregiver substance use. The funding is part of a federal grant from the US Department of Justice, Office of Victims of Crime to support children who are negatively impacted by caregiver substance use.

Why Should We Be Concerned About Caregiver Substance Use?
Children of caregivers with problematic substance use are at higher risk for developing physical and mental health problems and substance use disorders and experiencing child abuse and neglect. Research suggests that children whose parents abuse substances are three times more likely to experience verbal, physical, or sexual abuse, and four times more likely to experience neglect. Though the total number of new child welfare cases in Colorado has declined over the last few years, the number of cases involving drug use by a parent has increased.

Understanding Effective Approaches
Over the last twenty years, research has led to a refined understanding of how to support caregivers and children and how to mitigate the risks of child maltreatment resulting from caregiver substance use. One example of this is the social-ecological model created by the CDC based on Bronfenbrenner’s Ecological Framework for Human Development. The social-ecological model reflects the interplay between individual, relationship, community and societal factors that influence risk. Protecting children from the negative impacts of caregiver substance use requires an understanding of these factors, and the development of prevention and intervention strategies that consider the child in the context of the larger social ecology.1

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I. Project Overview & Frameworks
While Circle of Parents and Children’s Circle (Appendix A) address secondary and tertiary prevention through direct family support, the community assessment will address all three levels of prevention by assessing community resources available to families. In order to strengthen families and to prevent reoccurrence of child maltreatment within a community or family, assessment of resources related primary prevention must be considered. Although this project does not directly undertake primary prevention efforts, by assessing primary prevention resources, this project will better support families and children in the future.

The goal of this project component is to identify resources available to and resource needs of families and the community related to preventing the impacts of caregiver substance use on children. Resources related to the prevention of impact of caregiver substance use on children are wide-ranging, and examples are described below. These should be approached from a lens of supporting both caregivers and children. Community resources can be related to any or all of the following levels of prevention: primary, secondary and tertiary prevention. These levels range from preventing any type or amount of substance use before it ever occurs among caregivers to mitigating the effects of a caregiver’s substance use disorder.

1. **Primary prevention**
   Primary prevention focuses on preventing something before it ever occurs. In the context of caregiver substance use primary prevention is protecting children when caregivers use substances (e.g., safe storage of substances) and preventing problematic substance use.

2. **Secondary**
   Secondary prevention focuses on detecting a problem early and intervening to prevent negative outcomes, such as early identification of problematic substance use and prevention of substance use disorders, minimizing impacts on children of caregiver substance use (e.g., safe caregivers for parents while using substances) and early identification of family stressors and child maltreatment.

3. **Tertiary**
   Tertiary prevention focuses on mitigating the negative effects once the child maltreatment or a substance use disorder has already occurred. Tertiary prevention for this issue can include whole family treatment and support to facilitate healing and recovery.
Resource Identification Using the Three Levels of Prevention: Resources can be individuals, organizations, institutions, services, supplies, etc. Many of these resources cross between the three levels of prevention.

Which of these resources exist in your community?
Which of these resources exist but there is a lack of capacity?
Which of these resources are missing?

a. **Child Care** (general, specifically for parents accessing treatment, parents accessing recovery supports, care specifically for parents in crisis—serving each level of prevention)
   i. Informal (e.g. friends, family, community members)
   ii. Formal (a licensed child care provider)

b. **Treatment Providers** (considering ASAM levels of care including outpatient, inpatient, medical detox; MAT prescribers; and family-involved/centered treatment)
   i. Special Connections Providers

c. **Recovery Supports** (formal and informal)
   i. Recovery housing for families/parents
   ii. Recovery support groups
   iii. Parenting and recovery support groups

d. **Behavioral Health Services**
   i. For caregivers
   ii. For children
   iii. For dyads or families

e. **Primary Care Providers**
   i. MAT providers
   ii. Pediatric and/or Family Medicine providers
f. **Early Childhood Services**  
i. Home visiting  
ii. Early childhood mental health services  
iii. Early Intervention  
iv. Developmental monitoring  
g. **Educational Supports**  
i. Family engagement opportunities  
ii. After-school support/activities  
h. **Parenting Support Services** (formal and informal)  
i. Parenting support groups  
ii. Parenting classes  
i. **Care Coordinators**  
i. Resource navigation  

II. Methods

Available and needed resources will be examined through a community assets and needs assessment process using both primary and secondary data collection methods, as needed.

a. **Secondary Data Collection**: Refers to gathering data that has already been collected by some other entity for a different purpose (such as a survey).
   o Existing database and surveys to learn about the statistics regarding the impact of substance use on children and families within each region:
      ● *The Pregnancy Risk Assessment Monitoring System (PRAMS)*  
      ● *The Behavioral Risk Factor Surveillance System (BRFSS)*  
      ● *Drug and Alcohol Coordinated Data System (DACODS)*  
      ● *The Healthy Kids Colorado Survey (HKCS)*  
   o Web-based research to identify existing programs, services, resources, and opportunities in each community related to substance use and families.

b. **Primary Data Collection**: Refers to collecting first-hand data directly from the source.
   o Phase 1: Survey key stakeholders to better understand community resources  
   o Phase 2: Additional data collection methods to be identified by Site Lead and community stakeholders to best meet research needs and community preferences, such as:
      ● Interviews  
      ● Focus Groups  
      ● Town Halls  

III. Summary of Findings and Community Action Plan

Once existing community resources and current resource gaps have been identified, Site Leads will lead the effort to develop a resource inventory, a resource map, as well as a community action plan to address ongoing resource needs.

*Resource Inventory and Map*
Site Leads will create a resource inventory (or guide), which will serve as a comprehensive list of community programs, services, and opportunities related to preventing and reducing the impact of substance use on children and families. Once the inventory is reviewed and approved by community stakeholders, Illuminate Colorado will work with Site Leads to place the information from the inventory onto a regional map in order to help individuals and families locate these resources within their communities.

**Priority Needs and Community Action Plan**
Community resource needs identified by Site Leads will be reviewed with community stakeholders to pinpoint “priority areas” for their communities, or resource needs that they would like to mobilize around and address as a community. Once these priority areas have been identified, the Site Leads and community stakeholders will collaboratively build a community action plan to strategically address these needs.

**Additional Deliverables**
Site Leads, community stakeholders, and community coalitions may be interested in sharing information from the Community Assets and Needs Assessment with their communities in other ways. Illuminate Colorado can assist in the development of these additional materials, as needed. These may include:
- Report of Findings
- Fact Sheets
- Community Newsletter(s)

**IV. Develop Community Plan Based on Findings**
Once community stakeholders come together develop “priority areas” for their communities, the Site Lead and community stakeholders will collaboratively build a community action plan to strategically address these needs. This community plan should have an overall project objective and will be reviewed & revised annually with yearly project objectives. Each annual objective should have a series of activities that all work towards its attainment. The goal of the community action plan is to delineate roles and responsibilities within the community in order to comprehensively respond to the needs of families and children at risk of impacts of substance use.

<table>
<thead>
<tr>
<th>Community Health Improvement Planning Template</th>
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</thead>
<tbody>
<tr>
<td><strong>Project Period Objective</strong></td>
</tr>
<tr>
<td>By January 2022…</td>
</tr>
<tr>
<td>E.g. Improve cross-communication &amp; increase cross-discipline trainings among professionals that serve families.</td>
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| **Annual Objective** | **Description of Objective** | **Priority Area/Sector** |
| By end of 2020… | This objective is designed to continue to bring together stakeholders after the community assessment. Knowing the assets and needs | Relationship-building |
| E.g. Identify which professionals need resources for better serving families & develop a plan for connecting them to other stakeholders. | | |
of the community, who needs to be connected with others in order to streamline resources available to families?

<table>
<thead>
<tr>
<th>Activities (for 2020)</th>
<th>Activity Title</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>One-on-one Meetings</td>
<td>Meetings with community stakeholders to discuss results of the resource assessment and next steps.</td>
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<tr>
<td>Coalition meetings</td>
<td>Attending your community’s coalition meeting in order to gain feedback on community assessment and planning.</td>
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<tr>
<td>Community meetings</td>
<td>Outside of the regularly held coalition meetings, this would be a chance for any community member to provide feedback on the community assessment and planning processes.</td>
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Adapted from: CDC’s Community Health Assessment and Group Evaluation (CHANGE) Guide.

**Objectives**

**Objectives used to inform the Community Action Plan should be SMART:** Specific, Measurable, Achievable, Realistic, Time-Phased

**We will be using an adapted version of SMART, which is SMARTIE:** Specific, Measurable, Achievable, Realistic, Time-Phased, Inclusive, Equitable

⇒ Practice writing your own SMARTIE Objective:
Activities

These activities should support the accomplishment of the annual objective. They will be revised each year to support each annual objective. People should also be held accountable for each activity. In order to achieve accountability, the MOCHA model (outlined below) should be applied to each broad activity.

**Tool for Organizing People Resources: MOCHA**

**Manager:** Assigns responsibility and holds owner accountable.

**Owner:** Has overall responsibility for success or failure of the project. Ensures that all of the work gets done and that others are involved appropriately. There is only one owner.

**Consultant:** Should be asked for input.

**Helper:** Assists or does some of the work.

**Approver:** Signs off on decisions before they are final

⇒ *If organizing a community meeting, how would you design your MOCHA?*

**Manager:**

**Owner:**

**Consultant:**

**Helper:**

**Approver:**

**Resources**

For each of the activities, what resources (also known as inputs) are needed to plan, carry-out and evaluate each activity?

Think in terms of resources that may not be monetary, for example: time, individuals, organizations, event space, etc.

For example, if you were to hold an open community meeting to get stakeholder input on the issue, you may need:

- A meeting space: Where is a free space in town that you could use?

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• Time to recruit people for the meeting: Making calls, sending an invite email and sending reminder emails
• A volunteer to take notes during the event
• Time to follow-up with meeting participants and send notes/highlights

⇒ What else might you need to make this activity happen successfully?

V. Timeline & Reporting

Year One

*Site Lead Onboarding: August & September, 2019*

*Phase 1 September-December 2019: Community Assessment Planning*

⇒ Reporting to Hattie Due: October 1st and January 1st

*Phase 2 January-April 2020: Community Assessment Completed*

⇒ Reporting to Hattie Due: April 1st

*Phase 3 May-August 2020: Community Planning Begins*

⇒ Reporting to Hattie Due: July 1st

Year Two

*Phase 4 September-December 2020: Community Planning Continues*

⇒ Reporting to Hattie Due: October 1st and December 1st

*Phase 5 January-April 2021: Community Plan Revised*

⇒ Reporting to Hattie Due: April 1st

*Phase 6 May-August 2021: Revised Community Planning Continues*

⇒ Reporting to Hattie Due: July 1st
Year Three

Phase 7 September 2021: Community Sustainability Planning

➔ Reporting to Hattie Due: October 1

*Monthly TA calls between the Hattie Landry, the Strategic Initiatives Manager, and Community Site Leads will be held throughout the grant period. Additionally, Site Leads are expected to attend each monthly coalition meeting in their own community.

VI. Opportunities for Technical Assistance (TA)

Community Site Leads can expect to receive ongoing TA support throughout the grant period. This support will be provided primarily by Hattie Landry, the Strategic Initiatives Manager at Illuminate Colorado. This support may be related to any of the following:

- Community Organizing
  - Stakeholder recruitment tactics
  - Stakeholder retention tactics
  - Effective coalition participation
  - Organizing community events
- Community Strengths and Needs Development
  - Planning
  - Executing
  - Disseminating
  - Evaluating
- Community Planning
  - Planning
  - Executing
  - Disseminating
  - Evaluating
- Sustainability Planning

Technical Assistance will be available both through virtual and in-person options. Monthly TA calls will be held with all four Community Site Leads and Hattie to learn new skills, or level-up on certain topics. They will also be an opportunity for sharing project progress, new ideas, and troubleshooting challenges. Twice-yearly in-person site visits will also be held. This will include the Onboarding Site Visit, designed to be an in-depth review of project content areas, and a Community Organizing 101 training. Subsequent site visits will consist of trainings on community planning and sustainability planning. They will also be adapted to meet the needs of each individual community and Site Lead.
Appendix A

Circle of Parents and Children’s Circle

The other half of this community includes the implementation of support groups for families impacted by substance use and services for children.

➢ Circle of Parents support groups will be offered concurrently with specialized trauma-informed Children’s Circle Drug Endangered Children (DEC) groups.

➢ Age appropriate materials and training for the Children’s Circle groups will be structured and distributed to each site. Each community will adapt their program implementation based on community culture, needs, and capacity.

➢ Illuminate will provide training and ongoing support and technical assistance for all Circle of Parents/Children’s Circle groups participating in the project.

Circle of Parents® is an evidence-informed model shown to improve the resiliency in children by increasing the Protective Factors in their environment through a support group for caregivers. The five Protective Factors include: Parental Resilience, Social Connections, Concrete Support in Times of Needs, Knowledge of Parenting & Child Development, and Social & Emotional Well-being of Children. The key principles include: trust, reciprocity, leadership, shared ideas, and shared support.