“Addiction is addiction, it’s a horrible thing. Before I joined Project Connect, I didn’t know I needed help with my childhood issues,” said Monica*, 42, of Northeast, D.C. “No one wakes up and says ‘I want to be an alcoholic or an addict.’ You have to address the root of the problem to get better.”

Monica, a mother of five, struggled with alcohol abuse and lost her children to foster care. She says her social worker and the Project Connect team supported her through everything from recovery and addressing her mental health and trauma to getting back into school and reunifying with her children.

“At first I didn’t want to overwhelm myself with a lot of agencies. But since getting involved with Project Connect, I’ve had a lot of support,” Monica said. “My social worker has helped me through a lot of life-changing situations.”

**New Resource for Recovery and Reunification**

That is exactly what Project Connect is supposed to do. A best-practice model from Rhode Island, it gives families affected by alcohol or drug addictions the intensive help so many need to re-establish family relationships.

The D.C. Child and Family Services Agency has made Project Connect a centerpiece of the drive to expand community-based services.

*Name changed to protect confidentiality*
With funding from CFSA, the Far Southeast Family Strengthening Collaborative, in partnership with Catholic Charities, was the first to launch Project Connect in Ward 8 in September 2014. Last fall, the East River Family Strengthening Collaborative teamed with Catholic Charities and Edgewood Brookland Family Support Collaborative teamed with the community-based non-profit Progressive Life to make Project Connect services available to families in Wards 1 through 7. CFSA social workers can refer families for this intensive intervention by following instructions posted for them on the CFSA website.

**Teamwork, Trust, and Turnarounds**

At the heart of the model is a teaming approach customized to the needs of each individual parent and family. Project Connect social workers have caseloads of only eight to 10 families and are in the home for four to eight hours at least twice a week for nine to 12 months. The team also includes a parent educator, nurse, and supervisor who provide in-home counseling, parent education, substance abuse monitoring, and health assessments for children up to age 3. The Project Connect social worker provides intensive services that help families overcome barriers to getting their children back and keeping them safely at home. The Project Connect team may also help parents to tap other community resources such as parenting groups and recovery meetings.

“The teaming aspect of the model is unparalleled. Families are encouraged and empowered to be the driving force in their own success,” said Geneva Garner, program manager in the Family Services Division of the Far Southeast Collaborative. “The feedback from families has been generally positive. Many say they enjoy and appreciate the support, and they feel they are being heard and respected. Many like the fact they have access to so many community resources in their respective wards.”

Deborah Barr, Catholic Charities’ clinical manager, has seen how well the model can work. “A lot of our families that come to us are very reluctant and don’t want to engage,” she says. “But after they build a rapport with the social worker, they really rely on them because we work at the pace of the parent.”

Project Connect worked with 25 families in its first year and is now developing ancillary programs that families can access once they’ve finished the main program. The objective is to allow parents to access Project Connect for however long they want or need to.

Barr explains, “We really want to have a peer recovery support group for families who have gone through Project Connect so they can come back and help other families going through the program.”
A Family’s Brighter Future

Monica reunified with her 13-year-old son three months ago and is working to reunite with her 11-year-old boy. While she hasn’t had any problem with relapsing in recovery, she recognizes that challenges are a part of the process. But Monica also feels equipped to face them with the help of her Project Connect team and the community-based mental health agency they found to serve her.

“It’s been going well,” Monica says. “We’ve been going through little issues, especially since my son is a teenager, but there are always going to be things you have to work on.

“They were traumatized,” she says of her children. “I’m in a parenting group which also helps. The kids will also be a part of the program, which will help us keep the lines of communication open.”

For more information about Project Connect, contact Kazuko Kato, project management specialist, 202-727-4861 or kazuko.kato@dc.gov.

Breaking the Cycle
In-Home Services Gear Up for Specialized Family Support

A parent or caregiver is not meeting one or more of a child’s basic needs for healthy development on a recurring or enduring basis.

That’s the definition of a circumstance researchers call “chronic neglect.” The typical manifestation is a family habitually struggling with poverty (often leading to food and housing insecurity); isolation; developmental, behavioral, or mental health issues; and possibly domestic violence—and repeatedly cycling through the child welfare system. They have a history of many child maltreatment reports to the District hotline, numerous child abuse investigations, and one or more in-home child welfare cases. Often, parents don’t understand why they are a child welfare target since they are only raising their own kids in the way they themselves were raised.

Increasingly seeing these characteristics among families CFSA was monitoring at home sent CFSA Deputy Director Debra Porchia-Usher on a personal mission to learn more. After thoroughly surveying the current literature, she authored a white paper that brought about a new level of awareness at CFSA—not only about how to identify chronic neglect but also what to do about it.

Program Administrator Jeremiah Hawkins and Deputy Director Debra Porchia-Usher are guiding CFSA in-home social workers in adopting better methods of serving families struggling to overcome repeated instances of child neglect.

Today, CFSA Community Services, composed of social work units based in the community to serve families at home, is gearing up to launch a new approach.

“Right now, 80 families, or about 20 percent of our in-home cases, fit the chronic neglect profile,” says CFSA Program Administrator Jeremiah Hawkins. “We need a new way to practice that will help them break the cycle.”
Drawing on research findings, CFSA’s new way to practice with these families will include:

- Frequent contact (social workers meet with families at least once a week).
- Intensive services (social workers provide a high level of support).
- Reduced caseloads of six to eight families (allowing social workers to spend more time with each family).
- Keeping cases open for 12 to 18 months (long enough for the family to make meaningful changes).

By June, CFSA expects to establish two in-home units dedicated to serving families struggling with chronic neglect. This includes selecting and training two supervisors, 10 social workers, and two family support workers. CFSA Community Services will shift the 80 cases already identified into these units and then regularly send new cases of chronic neglect to them.

In addition to intensive social work, community-based services are essential to treating these families. For example, although Project Connect has focused specifically on families overcoming substance abuse, CFSA is now also referring families struggling with chronic neglect.

“Three things can help these families get—and stay—out of being involved with child welfare: personal change; personal social supports, such as reconnection to extended family; and solid connections to community-based supports,” says Porchia-Usher. “Our new approach is to do the intensive social work necessary to help families make progress on all these fronts.”