

The Impact of Substance Abuse on CalWORKS and Child Welfare Families: The Need For Collaboration

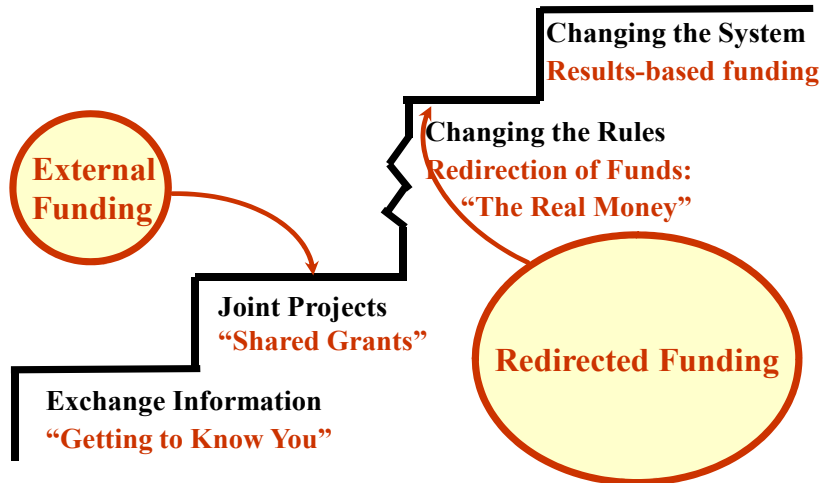


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Credit where credit is due

- **Great leadership from California counties on the Linkages project, from the state, and from private foundations**
- **Strong models of shared staff, home-based models, and joint case planning**
- **Nine of 53 new federal grants for child welfare-substance abuse links went to California counties and providers**

Four Levels of Collaboration



The downside of collaboration

- It might work—and then we'd need to take it to scale
- It takes more time to work across the silos
- It might improve what we know about client needs
- It might document that most of the barriers are internal, not external and not about resources
- It might increase our resources, but of those to whom much is given, much is expected—so it could increase our accountability for results, too

The Ten Bridges



- Values
- Client screening and assessment
- Client engagement and retention
- Services to children
- Budgets and funding streams
- Information systems and outcomes: “the dashboard”
- Training and staff development
- Links to the courts
- Links to other agencies
- Links to the community

(See *Navigating the Pathways* report and National Center website: www.ncsacw.samhsa.gov)

True linkages means knowing *all* the bridges ... systems change is *not*:

- Screening and assessment linkages without linked information systems to track results
- Services for parents without services for their children
- New referrals—to unchanged programs
- New training without shared outcomes to measure its effects on clients
- Community-based aftercare: where are the family support programs?

“The Four Miracles”

- **Recovery that only takes six weeks**
- **Only 4% of foster care families affected by substance abuse**
- **Only 5% of CalWORKs families affected by mental illness or substance abuse**
- **70-80% of clients succeed in treatment**

(And if you believe those, I'd like to talk to you about buying the Golden Gate Bridge.)

Miracle cures and success rates

- **“This method of drug rehab has a success rate of over 86%.”**
- **“76% of our graduates happily choose to remain drug-free and become productive members of society.”**
- **“Based solely on guest-reporting: 76.1% sober”**

The data nuggets

- **Substance abuse was the single most commonly cited problem (40%) resulting in a second removal of a child.** (San Mateo 2006 study of factors affecting re-entry)
- **Children whose parent(s) are assigned drug/alcohol services are over two times more likely to reenter care than other children [CSSR]**
- **Of all children in CWS caseloads, using California's standards, 63% need services for developmental delays**
- **2/3 of all women entering treatment have kids, and 1/3 of them have had one or more children removed by CWS or parental rights terminated**
- **Neglect = +45% of cases; neglect = poverty + substance abuse**
- **40% of the women entering treatment in CA in 2005 were repeat admissions**
- **If 1/3 of 100 women entering treatment are successful, it creates cost benefits that pay for treatment for all 100 women**

National and local models

- **New Jersey's intensive case management, with case mgrs co-located in local welfare offices and coordinated service planning—43% of NJ children in poverty are in TANF—national average is 26%**
- **Arizona's Families First, with set-aside funding**
- **Los Angeles County's efforts to go from pilot projects to county-wide models through use of community assessment centers**
- **Utah: Combined CAGE/TALE AOD/DV screening**
- **North Carolina Joint planning by outstationed SA specialist and TANF/CPS staff for CPS-involved parents**

California Compared with the Nation

	CALIFORNIA 2005	NATIONAL 2005
Percent Female Admissions	35.5%	32.0%
Percent of Facilities with Women's Program or Group	34.4	32.8
Percent Females Pregnant at Admission	5.7	3.9
Percent of Facilities with Pregnant/ Postpartum Women's Program or Group	19.7	14.1

Sources: Online analysis of TEDS 2005 Computer file (admissions);
N-SSATS 2005 State & U.S. Profiles (programs).

Remaining Challenges

- 1. The challenge of early identification and early intervention for children—two generation programs**
- 2. The challenge of treatment quality**
- 3. The challenge of stronger data systems**
- 4. The challenge of resources**
- 5. The challenge of multi-systems**

The challenge of treatment quality

Treatment retention and length of treatment – biggest predictors of positive outcomes

Program Characteristics:

- Child care, prenatal care
- Comprehensive programming & mental health services
- Residential programs accommodating children
- Women-only programs & programs offering supplemental women-focused services
- Aftercare and family support networks

(Ashley, Marsden & Brady, 2003)

But most treatment doesn't include these.

Gender-Responsive Services

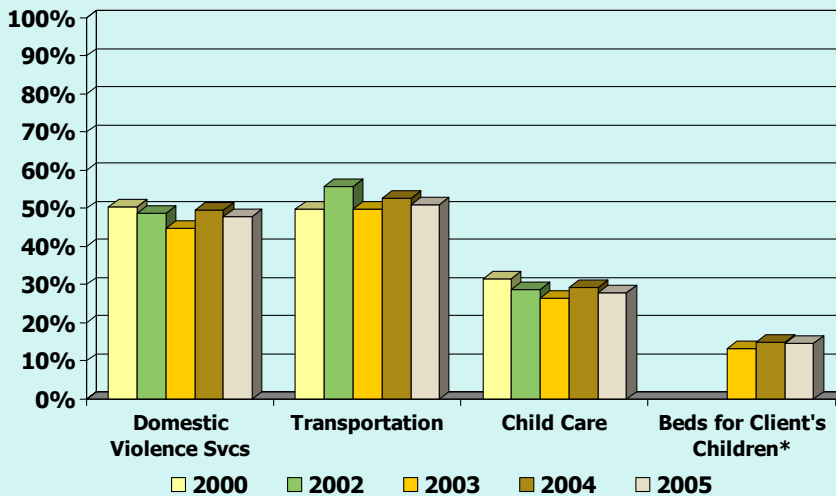
The majority of facilities serving women do not offer gender-responsive treatment.

- Approximately two-thirds (66%) of California treatment facilities do not offer a specialized program or group specifically designed for women.
- The vast majority (80%) of California treatment facilities do not offer a specialized program or group specifically designed for pregnant/post-partum women.

Source: Online analysis of N-SSATS computer files

Are We Providing Adequate Treatment Support Services in California?

Percent of Programs with a Women's Program Providing Given Service



Source: Online analysis of N-SSATS computer files

* Data collected beginning 2003

The challenge of multi-systems

- CWS-CalWORKS collaboration is hard enough; adding substance use disorders complicates it
- But if we take kids seriously, and we take co-occurring disorders seriously, we need:
 - Domestic violence screening
 - Mental health screening
 - Developmental screening and assessments (CAPTA)
 - Strong links to early childhood providers
 - Links to maternal and child health

The challenge of stronger data systems

- **Better data on CWS-CalWORKs overlap**
- **Better data on substance abuse prevalence in both caseloads [the “85 clicks problem”]**
- **Better data on developmental delays among children**
- **Better data on co-occurring disorders [how much MHSa funding is allocated to your CWS or CalWORKs clients?]**

The challenge of early identification and early intervention

The Child Abuse Prevention and Treatment Act (CAPTA) amendments require hospitals to notify CPS of infants affected by drug abuse and require developmental assessments of all 0-2 year olds in substantiated abuse and neglect cases

- **So what are your county's CAPTA numbers?**
- **How do they compare with estimates of need?**

The challenge of resources

- We do not appear to be maximizing revenues, although the best programs do an excellent job of this
- We do not have an annual inventory of treatment funding sources in each county—or statewide—so how can we assess the adequacy of treatment slots?
 - the 1% factor: what would it take to move the CFRS needle?

Are We Maximizing Revenue Streams in California?

Payment/Funding Mix, 2005

	All Facilities	Facilities with a Women's Program	Facilities with a Program for Pregnant/ Postpartum Women
Accepts Medicaid Payments	28.1%	29.8%	44.4%
Accepts State-Financed Health Insurance	14.8%	13.3%	16.3%
Accepts Private Health Insurance	41.8%	40.4%	40.8%
Agreements/ Contracts with Managed Care Orgs	27.5%	26.3%	22.0%
Receives Federal, State, County or Local Funds	69.3%	73.6%	77.5%

Source: Online analysis of N-SSATS 2005 computer file

The four hard questions

- Do you really have shared outcomes or still parallel play—can each system track the other’s measures—do CWS workers know CWks outcomes?
- How many of your clients have co-occurring disorders? How many receive treatment for them?
- How soon do you work with families? If we know that a child is at risk before she is born (Chasnoff DHS report)—how can we say we are really preventive if we don’t have a link to prenatal services?
- Does either system track poverty and family income self-sufficiency—or just staying out of the system? *Staying off welfare and out of CWS is no guarantee of successful life outcomes for kids.*

Final thoughts:

**If collaboration isn’t about
better results for clients,**

it isn’t worth doing.

**So the dashboard matters.
What’s on YOUR dashboard?**

THANK YOU



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