



Substance Abuse Issues in Family to Family Efforts: Better Reunification Outcomes Through Partnerships with Treatment Agencies

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Presented at

California Family to Family Statewide Convening: Best Practices through Partnerships

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Reflections on F2F Meetings

- In every F2F meeting that CFF staff have attended in the last year, the most moving presentations are from former substance abusers who have their kids back
- That didn't just happen—treatment, abstinence, and a child welfare system that “got it” made it happen
- But systematic links to substance abuse treatment and prevention have not yet become a major feature of F2F in most counties

The core message is simple:

- Substance abuse treatment providers need to be “general” partners at TDM meetings; effective screening and communication protocols are available (www.ncsacw.samhsa.gov)
- You can build better partnerships with treatment providers and community agencies that “get it” about substance abuse and its effects on families
- You can’t improve reunification rates unless you get more parents and caretakers into treatment programs that work—parent partners are key strategies
- Your data on family needs is where you get leverage

Spectrum of Substance Use Disorders



A problem for child welfare and court officers: The most frequently used marker of substance abuse problems in child welfare and family court does not tell you anything about the individual’s place on the spectrum



Experiment
and Use

Abuse

Dependence

Risks for Children

- Parent uses or abuses drugs and/or alcohol
- Parent is dependent on drugs and/or alcohol
- Special circumstances involving methamphetamine and manufacturing
 - Parent “cooks” small quantities of meth
 - Parent involved in super lab
- Parent involved in trafficking
- Mother uses while pregnant

Risks for Children

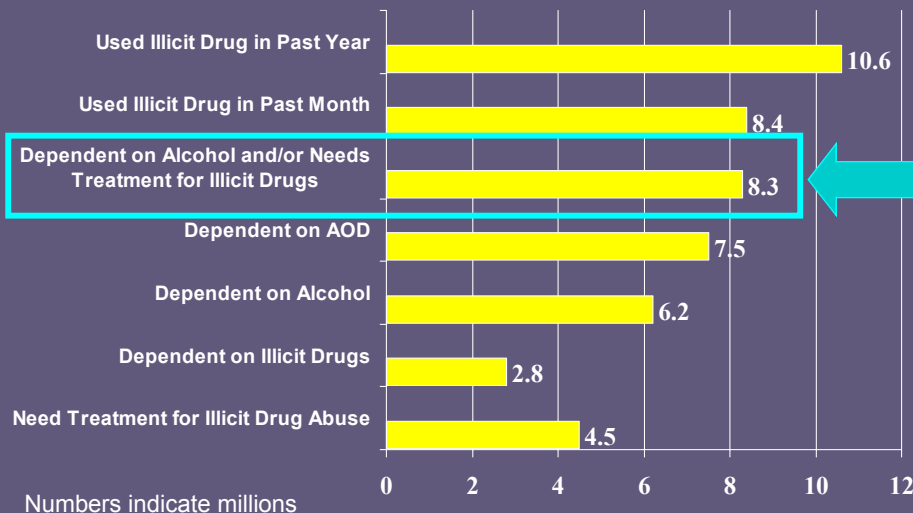
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Numbers of Children Affected:

Parent is Substance Dependent
Mother Uses While Pregnant

Children Living with One or More Substance-Abusing Parent

1,000,000 CA Children Living with Parent
About 83,000 are in Out-of-Home Care for Child Abuse/Neglect



Use During Pregnancy

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003, applied to California birth data

Substance Used (Past Month)	1st Trimester		
Any Illicit Drug	7.7% women 46,000 infants		
Alcohol Use	19.6% women 117,000 infants		
Binge Alcohol Use	10.9% women 65,000 infants		

Use During Pregnancy

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003, applied to California birth data

Substance Used (Past Month)	1st Trimester	2nd Trimester	
Any Illicit Drug	7.7% women 46,000 infants	3.2% women 19,000 infants	
Alcohol Use	19.6% women 117,000 infants	6.1% women 3,500 infants	
Binge Alcohol Use	10.9% women 65,000 infants	1.4% women 8,400 infants	

Use During Pregnancy

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003, applied to California birth data

Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	7.7% women 46,000 infants	3.2% women 19,000 infants	2.3% women 13,750 infants
Alcohol Use	19.6% women 117,000 infants	6.1% women 3,500 infants	4.7% women 28,100 infants
Binge Alcohol Use	10.9% women 65,000 infants	1.4% women 8,400 infants	0.7% women 4,200 infants

In California, most recent data is from 1992, indicating that 11% of all babies were exposed to substances in the 72 hours before birth

California Children Affected

Parent is substance dependent:

About 1,000,000 California children affected

Mother uses while pregnant:

About 69,000 California infants affected per year

1,173,000 California children under age 17

How Big a Problem is Substance Abuse in CWS Caseloads?

- We don't know...
- The “missing box” problem means data is not readily available in most states and communities
- Most practitioners agree, and federal government reported that at least 1/3 of referrals and 2/3 of removals involve substance abuse

Estimates of AOD Problems Among Parents in Child Welfare

- **Research studies vary based on:**
 - Definition of substance abuse
 - Population (rural versus urban)
 - Sample (in-home versus out of home)

Estimates of AOD Problems Among Parents in Child Welfare

- Oregon - State Reporting System 62%
- Connecticut - Case Review 60%
- Social Workers
 - AOD is among top three causes of rise in child maltreatment 72%
 - AOD causes or contributes to at least half of all cases
- Orange 2001/02 - Women only over age 18 40%
- Sacramento 2004/05 - All parents named in petition 59%

California's AFCARS

Adoption and Foster Care Analysis and Reporting System

All primary and secondary removal reasons associated with child's most recent placement episode

- **July 2004 through June 2005**
- Total children removed from the home 133,171
 - Parent/caretaker alcohol abuse associated with removal 1.2%
 - Parent/caretaker drug abuse associated with removal 4.4%
 - Child alcohol abuse or FAS 0.04%
 - Child drug abuse or “born with drugs in system” 1.3%

If you believe those numbers

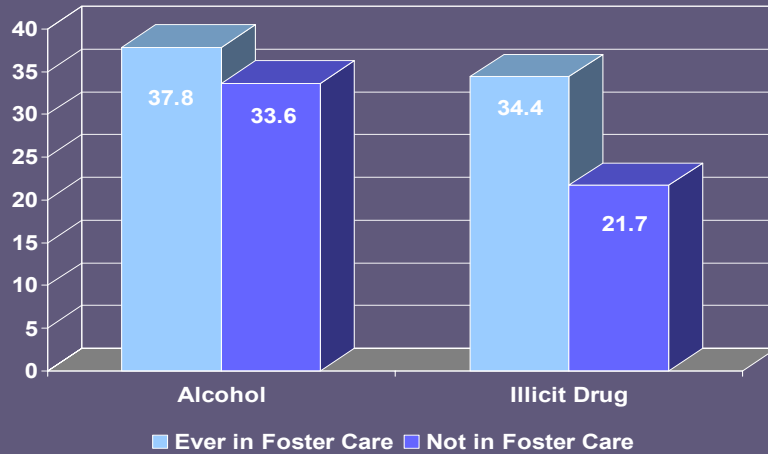
I don't need to finish...

One More Set of Figures

- National Survey on Drug Use and Health
 - 680,000 youth age 12 to 17 have ever been in foster care
 - Youth ever in foster care have higher rates of illicit drug use (33.6%) in the prior year than those not in care (21.7%)

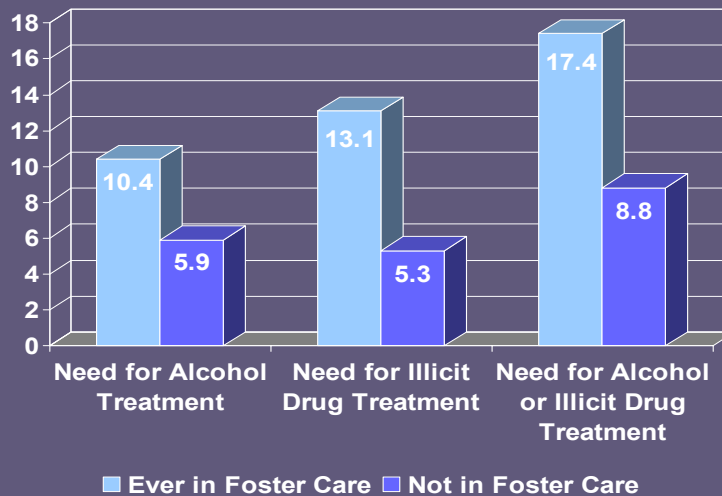
Past Year Substance Use by Youth Age 12 to 17

Compared to African-American Youth, Caucasians were more likely to use alcohol (41.4% versus 29.8%) and illicit drugs (36.2% versus 26.7%)



Office of Applied Studies, SAMHSA (2005) Substance Use and Need For Treatment among Youths Who Have Been in Foster Care

Percent of Youth Ages 12 to 17 Needing Substance Abuse Treatment by Foster Care Status



Office of Applied Studies, SAMHSA (2005) Substance Use and Need For Treatment among Youths Who Have Been in Foster Care

Key Barriers Among Substance Abuse, Child Welfare, and the Courts

Key Barriers Among Substance Abuse, Child Welfare, and the Courts

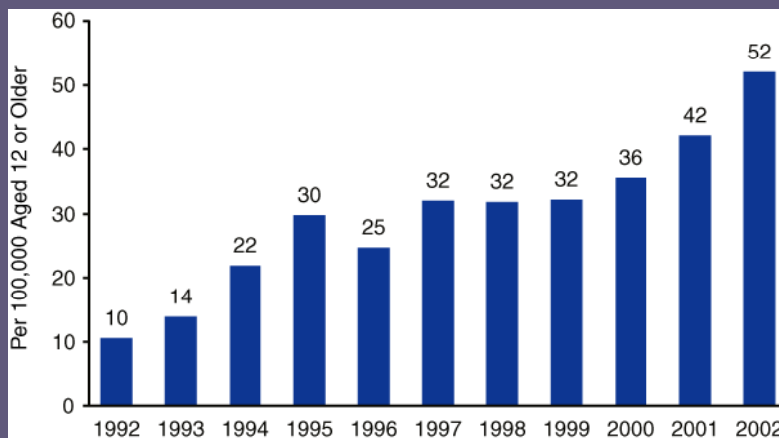
- **Beliefs and values**
- **Competing priorities**
- **Treatment gap**
- **Information systems**
- **Staff knowledge and skills**
- **Lack of communication**
- **Different mandates**

Current Challenges:

Methamphetamine Substance Exposed Infants

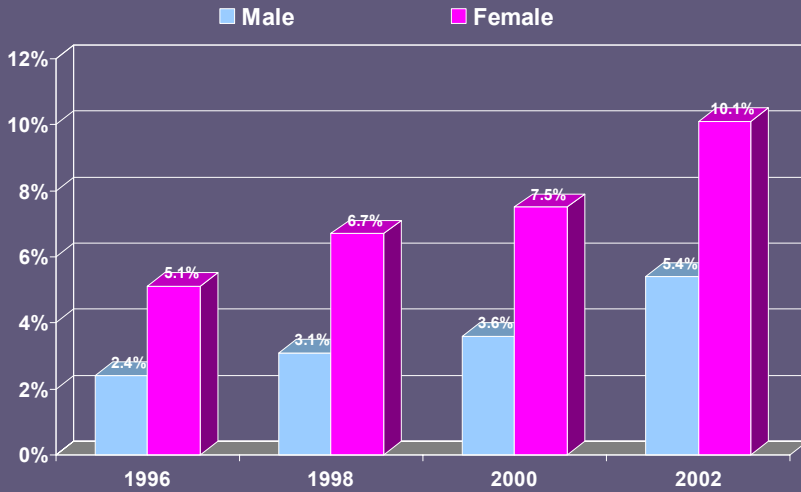
Meth/Amphetamine Treatment Admission Rate

Per 100,000 Population Aged 12 or Older: 1992-2002



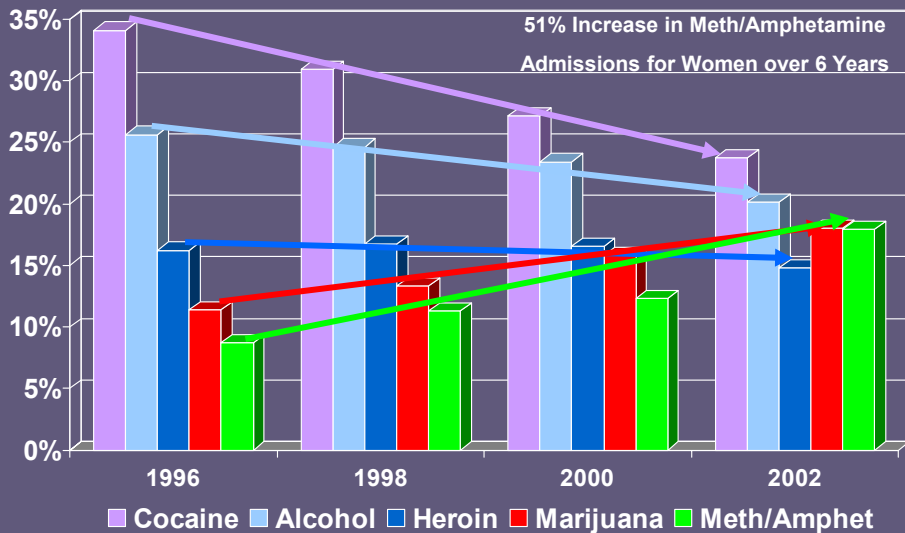
Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

Treatment Admissions: Percent Meth/Amphetamine as Primary Substance, By Gender



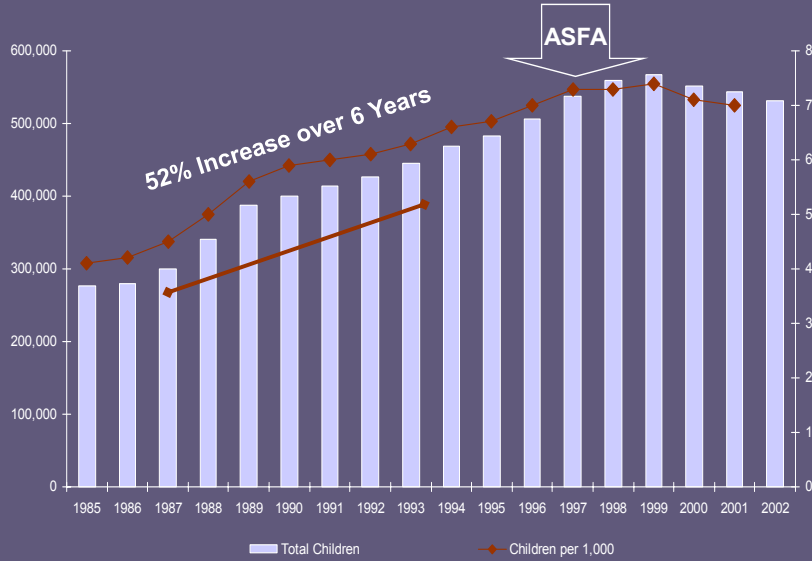
Source: Treatment Episode Data Set (TEDS)

Treatment Admissions for Pregnant Females by Primary Substance



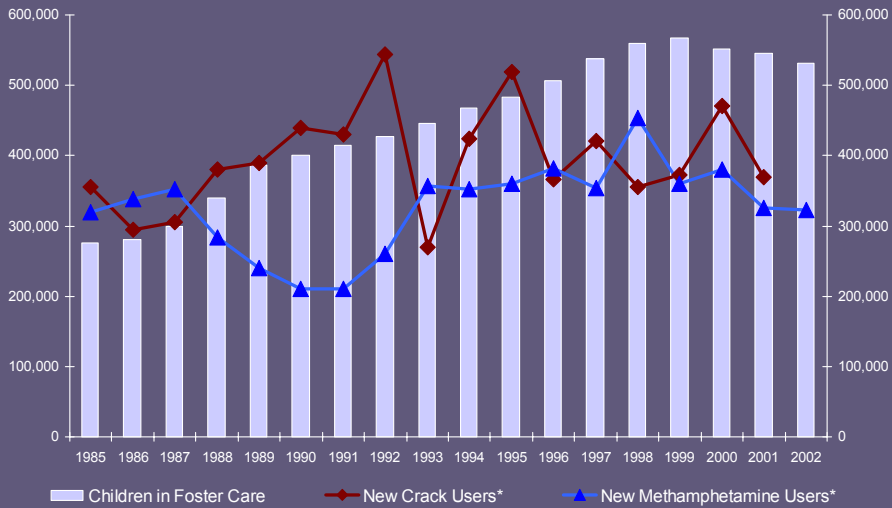
Source: Treatment Episode Data Set (TEDS)

Foster Care Population



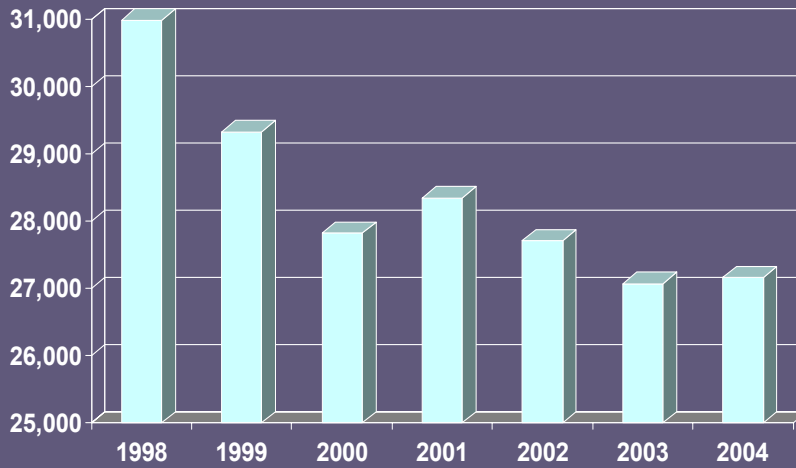
Number of Children in Foster Care on Last Day of Federal Fiscal Year

Foster Care Population and Persons Who First Used Crack or Meth in Past Year



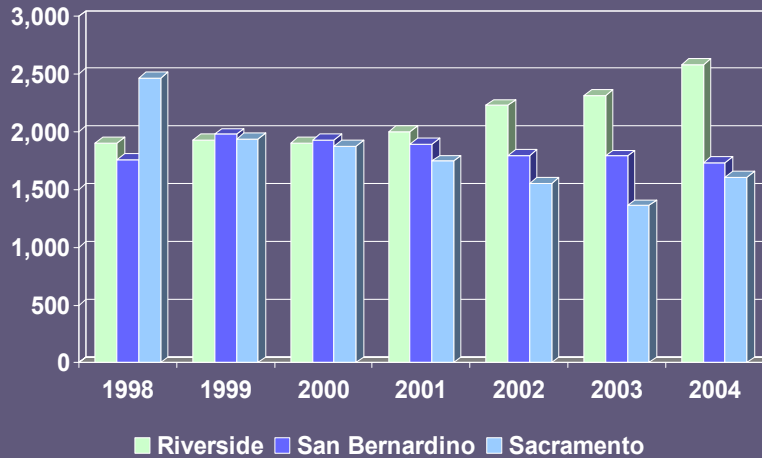
*All persons age 12 and over

Entries to Out-of-Home Care in California*



*Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Kim, H., Conley, A., Henry, C., Korinek, P., Paredes, C., & Smith, J. (2005). *Child Welfare Services Reports for California*. Retrieved July 19, 2005, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

New Entries to Foster Care: Riverside, San Bernardino and Sacramento Counties*



*Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Kim, H., Conley, A., Henry, C., Korinek, P., Paredes, C., & Smith, J. (2005). *Child Welfare Services Reports for California*. Retrieved July 24, 2005, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

Number of Children in Meth Labs in U.S.

	2000	2001	2002	2003*
Number of incidents	8,971	13,270	15,353	14,260
Incidents with children present	1,803	2,191	2,077	1,442
Children residing in labs	216	976	2,023	1,447
Children affected**	1,803	2,191	3,167	3,419
Children exposed to toxic chemicals	345	788	1,373	1,291
Children taken into protective custody	353	778	1,026	724
Children injured	12	14	26	44
Children killed	3	0	2	3

*The 2003 figure for the number of incidents is calendar year, while the remaining data in the column are for fiscal year

**Data for 2000 and 2001 may not show all children affected

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4 years = 2,881; all children ~1,000,000

Methamphetamine Treatment Issues

Methamphetamine treatment studies have consistently found outcomes similar to other drugs of abuse:

- **Treatment outcomes do not differ from other drugs of abuse**
- **Treatment outcomes have more to do with the quantity and quality of treatment than type of drug abused**

Treatment Issues

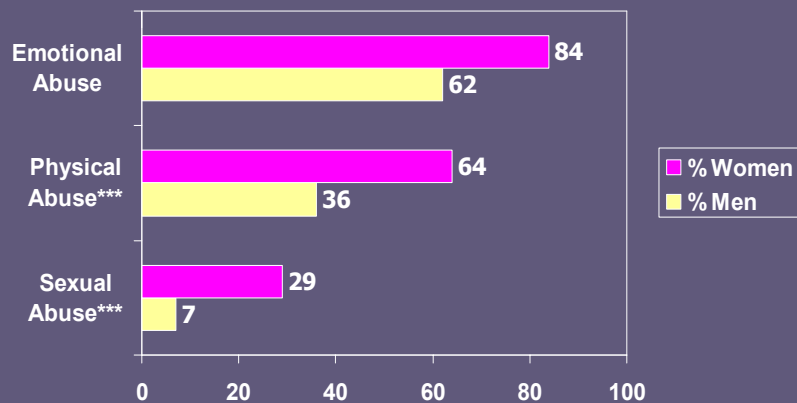
Positive treatment outcomes were achieved using:

- Intensive outpatient setting
- Three to five visits per week of comprehensive counseling for at least the first three months
- Cognitive behavioral approach
- Contingency management
- Reducing consequences associated with drug use
- Motivational interviewing & brief intervention models
- Intervening earlier and reducing cumulative harm
- Attending to co-occurring mental disorders

Women's Issues

- Female methamphetamine (MA) users are more likely than male users to:
 - Be introduced to MA by partner
 - Initiate use to control weight and increase energy
 - Live alone with their children
 - Use MA more days
 - Smoke MA rather than snort or inject the drug
 - Progress to regular use more quickly
 - Have worse medical, employment and psychiatric consequences than male users

Gender Differences in a Treatment Population: Abuse During Lifetime



*** significant difference between women and men $p < .001$

Judith Cohen, Ph.D. Presentation to NASADAD June 2005

Age That Physical Violence Began

	Women	Men
Total reports of violence	365	324
<i>Percent of total N</i>	70%	80%
Began between 1 and 10 yrs.	158	135
Began between 11 and 18 yrs.	207	189

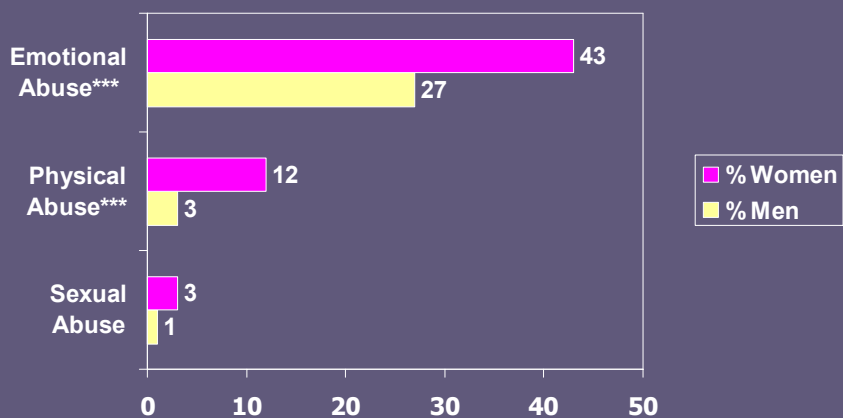
Judith Cohen, Ph.D. Presentation to NASADAD June 2005

Age That Sexual Abuse Began

	Women	Men
Total reports of sexual abuse	307	58
<i>Percent of total N</i>	56%	14%
Began between 1 and 10 years	134	34
Began between 11 and 18 years	173	24

Judith Cohen, Ph.D. Presentation to NASADAD June 2005

Abuse During Past 30 Days



*** significant difference between women and men $p < .001$

Judith Cohen, Ph.D. Presentation to NASADAD June 2005

Implications for Treatment

- Screen carefully for
 - Psychological problems
 - Abuse and violence
- Recognize pervasive gender differences
- Address substance abuse and psychological problems in an integrated treatment model

Judith Cohen, Ph.D. Presentation to NASADAD June 2005

Long-Term Effects

- Recent studies have found no deficits in motor function, memory, learning, attention or executive function in meth users after four years of abstinence

Short-Term Implications

- Cognitive deficits
 - To manipulate information
 - To ignore irrelevant information
 - To recognize and recall words
 - To learn from experience
 - Picture recognition is less impaired and is a strategy to use in early abstinence

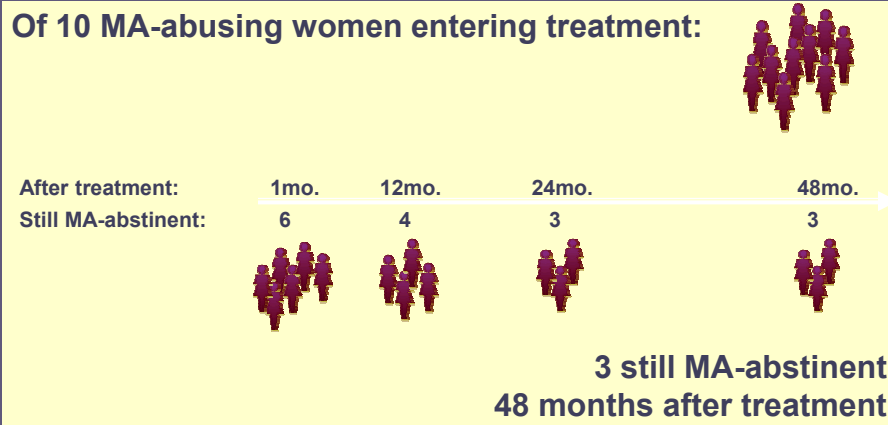
Short-Term Implications

- Health Effects
 - Cardiovascular risks
 - HIV risks
 - Weight loss and malnutrition
 - Dental problems

Short-Term Implications

- Psychological Effects
 - Chronic use can lead to paranoia
 - Confusion
 - Auditory and visual hallucinations
 - Violent behavior
 - During abstinence – depression and anxiety

Treatment Outcomes for Women



What Predicts Longer Abstinence?

Longer abstinence following treatment for women with:

- Longer time in treatment (e.g. those with 4 or more mo. of treatment have more than double the rate of 24-48 mo. abstinence)
- More sessions per month of individual counseling (or sexual recovery groups)
- Treatment, intervention and case planning need to account for short-term effects, especially cognitive deficits and verbal communication
- Drug Court involvement
- Family involvement

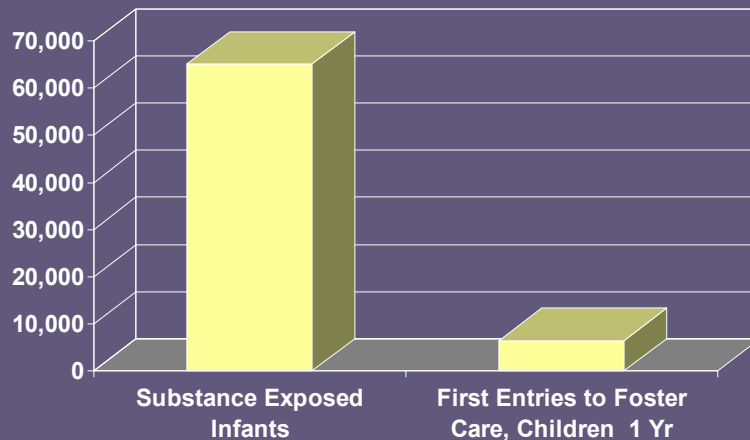
M.L. Brecht, Ph.D., et al. (2005)

Substance-Exposed Infants

Why do drug-exposed births matter so much?

- These are the kids we will see for a long time: socio-emotional-behavioral consequences of fetal alcohol spectrum disorders
- New study from Yale on preschool expulsions: three times as many as K-12 expulsions
 - who are those kids—SEB kids
- 90-95% of SEBs are not identified and go home without supports
 - hospitals don't test; SB 2669 unevenly applied

Annual SEIs and Infants Entering First Placement in Foster Care: July 2004 through June 2005*



* For those children who stayed in foster care more than 5 days

Recent Developments

- CFSR/636 Outcomes
 - New spotlight on reunification rates and AOD treatment is needed to meet standards
- The Monterey SEB Prevalence Study
- CAPTA law changes on SEB reporting
- Proposition 63 mental health funds for co-occurring disorders affecting child welfare families

Treatment Issues and Implications for Family to Family

1. Team Decision Making

How to raise substance use issues and need for services when the family doesn't bring it up...

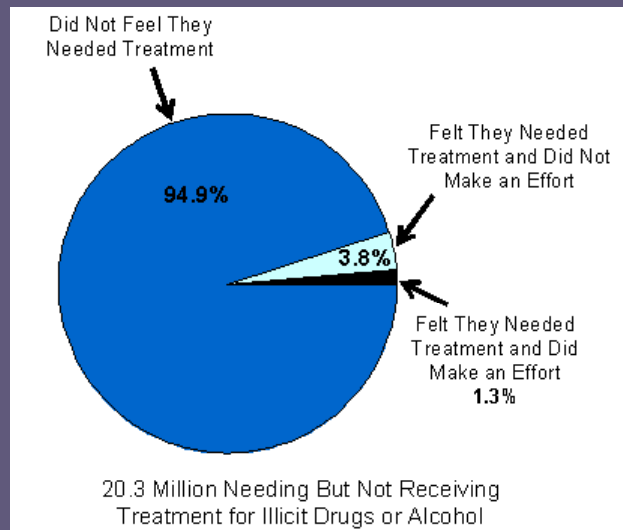
Models of Engagement

- Outstationed substance abuse staff
- Mentor Moms
- Recovery coaches
- Family advocates
- Substance abuse specialty staff hired by CPS

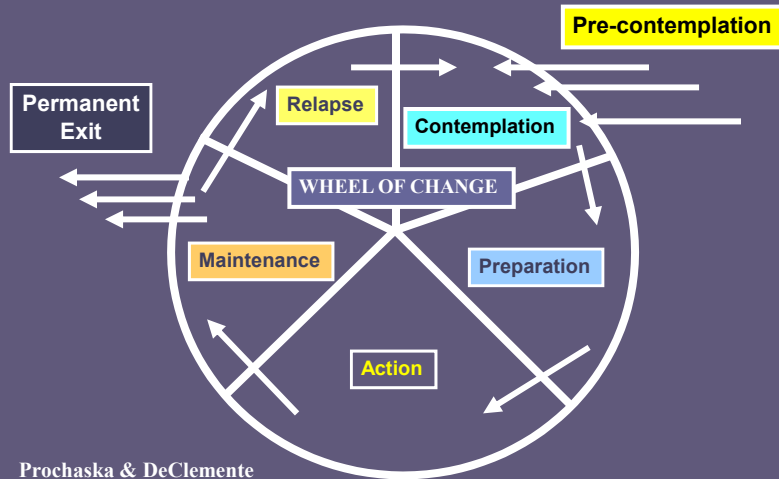
Implementing Stages of Change Therapeutic Approaches using Motivational Enhancement Techniques

MI...MI...MI...MI...MI...MI...MI

Past Year Perceived Need and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drugs or Alcohol: 2003



Stages of Change Theory



2. Community Partnerships

Models of New Staffing Patterns

- Substance abuse staff co-located
 - Investigations unit
 - Court
 - Agency contracted to be near CPS office or family court
- CPS specialized units to work with families and treatment agencies, particularly affiliated with family drug courts
 - Santa Clara
 - Cuyahoga County
 - Suffolk County

2. Community Partnerships

Models of New Staffing Patterns

- Protocols for screening, assessment, engagement and cross-system information sharing (examples: www.ncsacw.samhsa.gov)
 - Florida
 - Michigan
 - Colorado
- County-wide protocols for sharing treatment/recovery status and court order compliance
 - San Diego County
 - Sacramento County

3. Parent Recruitment, Training and Support

Models of Parent Engagement

- Several models from Casey & Stuart F2F sites
- Substance abuse specific
 - New York State parent handbook
 - Minnesota parent handbook
- On-line training available for workers and family members
 - Child Welfare and the Dependency Court
 - Substance Abuse, Addiction, Treatment and Recovery

4. Self Evaluation

Models of Changing Information Systems

- Michigan prioritization in SDM and SACWIS
- Sacramento County CADDs Supplement
- California ADP and CalOMS

4. Self Evaluation

Over the next couple of years ADP will implement CalOMS and include CWS-relevant information

- What are your current living arrangements (independent, dependent, homeless)?
- How many days in the past 30 have you lived with someone who had an alcohol or drug problem?
- How many days in past 30 have you had serious conflicts with your family?
- How many children do you have aged 17 or less (birth or adopted) – whether they live with you or not?
- How many of the children you have are aged 5 or less?
- How many of your children are living with someone else because of a child protection court order?
- For how many children, have you lost parental rights?

Sacramento County Dependency Drug Court Evaluation Findings



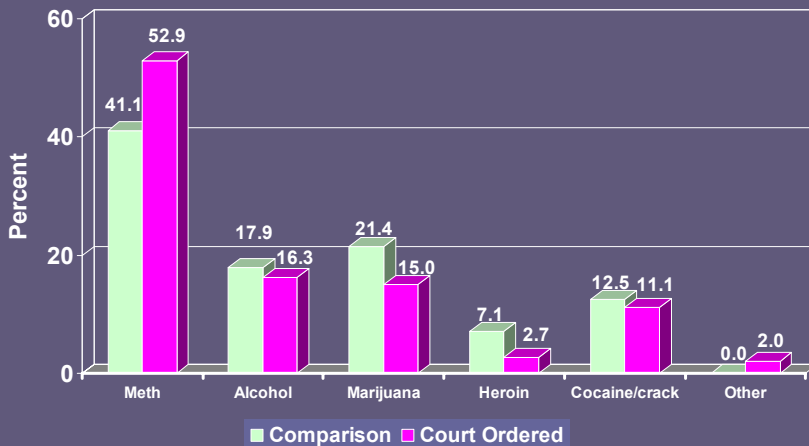
Sacramento County Initiatives

- Comprehensive cross-system joint training
- Improvements to county data system and cross-system information
- Priority for CPS parents for access to treatment
- Early Intervention Specialists
 - Immediate access to intervention and assessment at the court hearings

Sacramento County Initiatives

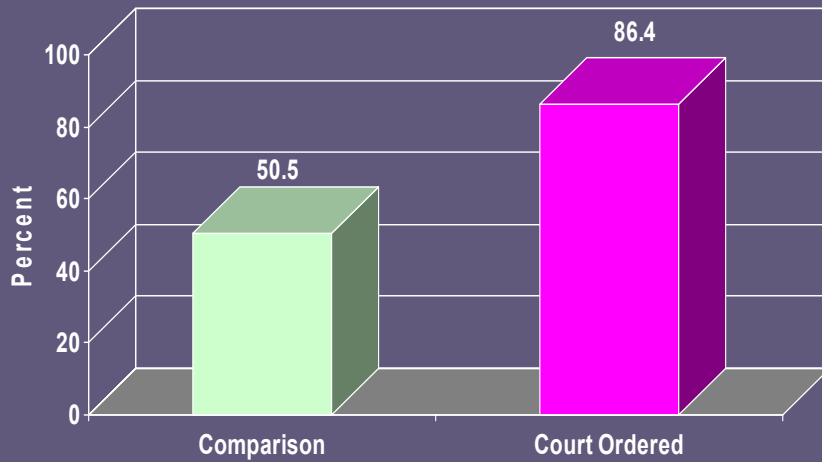
- STARS
 - Motivational enhancement
 - Immediate access to recovery management and treatment services
 - Compliance monitoring—Twice monthlies
- Dependency Drug Court
 - 30, 60 and 90-day compliance hearings
 - Structured incentives for compliance and sanctions for non-compliance
 - Voluntary participation in on-going services

Primary Drug Problem*



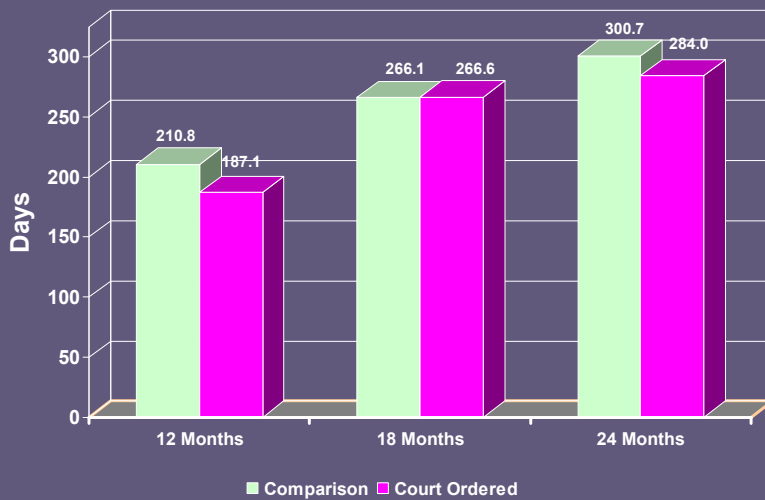
*p<.001

Treatment Admission Rates*

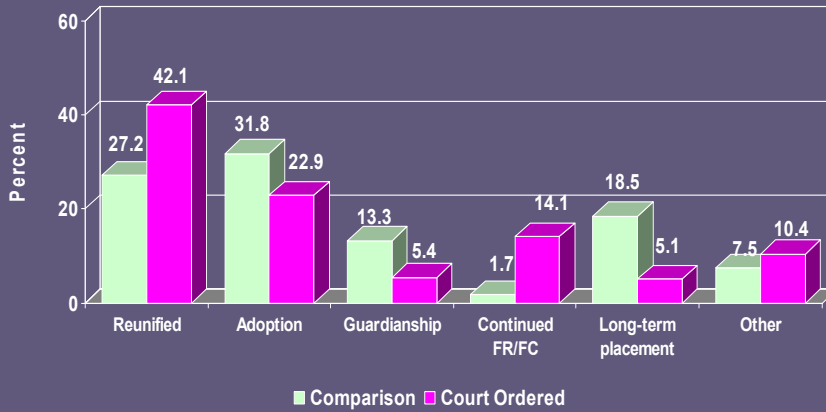


*p<.001

Time to Reunification

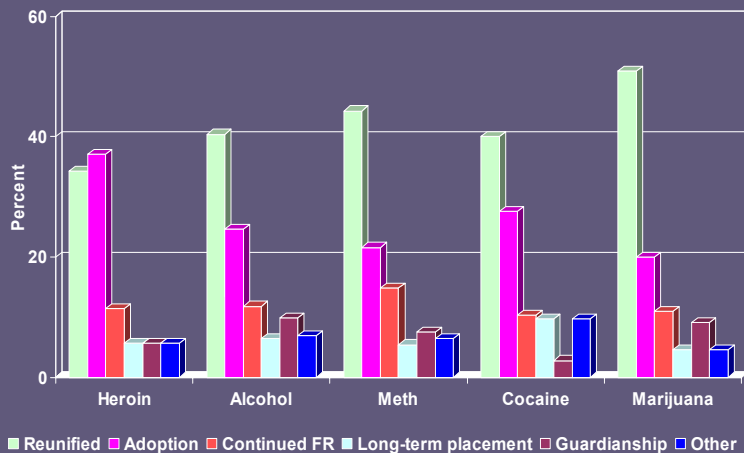


24-Month Child Placement Outcomes*



*p=.000

18-Month Child Placement Outcomes by Parent Primary Drug Problem



Sacramento Summary Findings

- 27.2% - Reunification rate for comparison group children
 - 42.1% - Reunification rate for court-ordered DDC group children
 - 63 Additional DDC children reunified
 - 33.1 - Average months in out-of-home care for comparison group children
 - 8.6 - Average months to reunification for court-ordered DDC children
- ❖ **\$2,953,639 estimated savings in out-of-home care costs**

Family to Family Implications

A Quick Self-assessment: How are We Doing in Connecting with SA Resources?

- Are SA staff on the planning team?
- Are SA data elements used in self-evaluation?
 - CWS pulldown menus?
 - Any data on treatment outcomes?
 - What is SA incidence among the caseload?
 - What % of births are substance-exposed? Referred/removed? Ongoing survey of hospitals?
- Are SA-CWS protocols in use?
 - How many children/parents are referred/served?
- Are SA funding streams identified?

See F2F self-assessment tool available online
for further support

Are there any treatment slots?

- Without an inventory of funding streams that is kept current, we can't know what slots are available
 - There are at least 7 different funding sources for parents' treatment—are all being used now? For which clients?
- With higher priority for child welfare clients, available slots can be allocated for two-generation programs
- The more serious problem may be too few slots in *effective* treatment programs, not just treatment slots
 - Low-dosage programs are part of the problem; lowest-cost is rarely best outcomes

An Approach to Finding Treatment

- How many reunifications does it take to reach state or national standards?
- How many treatment slots does it take to meet the needs of the parents affected by substance abuse?
- What percentage of total treatment slots is that number?
 - In one county, the total # of treatment slots needed was less than 1% of all admissions!!
- Maybe what is missing is not treatment slots—but *a priority for these parents and children*

The Voice of a Child



Nothing But Silence

By Ashley G.

Age 12

January 2005

Nothing But Silence

People all around me
Calling out my name
But no I cannot hear them
For my heart is filled with shame
Nothing but silence

But only till the break of dawn
Will I be feeling sad
For wandering out on the streets
Are my birth mom and dad

Why'd she do this to her and me
With this we'll have to cope
But while she's clean you never know
There still could be hope

But in the perfect world I know
There's no harmful stuff
But now I've come to realize
It's just a bunch of bluff

Nothing but silence

Sitting by the widow sill
A tear rolls down my cheek
Although it hurts I can't express
My heart is just too weak
Nothing but ache

It's funny what one pill can do
To a mother or a kid
And now I know that for a fact
I won't do what she did

Nothing but ache

Now I live a better life
And drugs...I wouldn't dare
Away from all the harmful things
With a family who cares

Nothing but love

I know it hurts, it sure hurt me
And that's why I'll remain drug free

Nothing... but hope