



Substance Abuse and Child Welfare: Elements of System Linkages

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Where We've Been

Five National Reports over Two Years - 1998

- Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy
 - Young, Gardner & Dennis; CWLA
- Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers
 - General Accounting Office
- Healing the Whole Family: A Look at Family Care Programs
 - Children's Defense Fund

Where We've Been

Five National Reports over Two Years - 1999

- No Safe Haven: Children of Substance-Abusing Parents
 - Center on Addiction and Substance Abuse Columbia University
- Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection
 - Department of Health and Human Services

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Where We've Been

Summary of the Five National Reports

- Identified Barriers
 1. Differences in values and perceptions of primary client
 2. Timing differences in service systems
 3. Knowledge gaps
 4. Lack of tools for effective engagement in services
 5. Intervention and prevention needs of children
 6. Lack of effective communication
 7. Data and information gaps
 8. Categorical and rigid funding streams as well as treatment gaps

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- Suggested Strategies
 1. Develop principles for working together
 2. Create on-going dialogues and efficient communication
 3. Develop cross-training opportunities
 4. Improve screening, assessment and monitoring practice and protocols
 5. Develop funding strategies to improve timely treatment access
 6. Expand prevention services to children
 7. Develop improved cross-system data collection⁶

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Leadership of the Federal Government

Blending Perspectives and Building Common Ground (Report to Congress in response to ASFA)

- **Five National Goals Established**
 - Building Collaborative Relationships
 - Assuring Timely Access to Comprehensive Substance Abuse Treatment Services
 - Improving our Ability to Engage and Retain Clients in Care and to Support Ongoing Recovery
 - Enhancing Children's Services
 - Filling Information Gaps

Leadership of the Federal Government

- 1999 Stakeholders forum called for a central focal point for these efforts
- 2000-2001 Regional forums of state teams
- 2002 Funding of the National Center on Substance Abuse and Child Welfare

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***Navigating the Pathways* (TAP 27) published by CSAT**

- A framework for defining elements of collaboration
 - To define linkage points across systems
 - To describe the components of the initiative
- Methods to assess effectiveness of collaborative work
 - To assess the progress in implementation
 - To assist sites in measuring their implementation

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	<h2>Framework and Policy Tools for Systems Change</h2>
	<ul style="list-style-type: none">▪ 10 Element Framework▪ Matrix of Progress in Linkages▪ Collaborative Values Inventory▪ Collaborative Capacity Instrument▪ Screening and Assessment for Family Engagement, Retention and Recovery -- SAFERR <p>11</p>

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	<h2>10 Element Framework</h2>
	<ul style="list-style-type: none"> ▪ Underlying values ▪ Daily practice – screening and assessment ▪ Daily practice – client engagement and retention in care ▪ Daily practice – AOD services to children ▪ Joint accountability and shared outcome ▪ Information systems ▪ Training and staff development ▪ Budgeting and program sustainability ▪ Working with related agencies ▪ Building community supports

	<h2>10 Element Framework Underlying Values</h2>
	<p>Issues to Address</p> <ul style="list-style-type: none"> ▪ Who is the client -- Parent, Child, Family? ▪ Can AOD users/abusers be effective parents? ▪ What is the goal -- Recovery, child safety, family preservation <p>Common Strategies</p> <ul style="list-style-type: none"> ▪ Identify and resolve differences across systems <ul style="list-style-type: none"> ▪ Ensure conversation happens at policy, supervisory and front-line levels ▪ Develop common principles for working together

	<h2 style="margin: 0;">10 Element Framework</h2> <h3 style="margin: 0;">Underlying Values</h3>
	<ul style="list-style-type: none"> ▪ Practitioners from all systems should adopt a “screen out stance” with regard to substance abuse ▪ Practitioners should systematically inquire about potential involvement with the other systems ▪ The team is more critical than the tool in determining the relationship between substance use and child safety or risk (but the team does need the tools) ▪ During the assessment process, children’s needs should be identified and addressed ▪ Sharing information appropriately is desirable, helpful, and feasible ▪ Actions should have consequences that are fair, timely, and appropriate to the action ▪ Consequences should apply to families and to staff;¹⁵ consequences should not be used solely as punishments

	<h2 style="margin: 0;">10 Element Framework</h2> <h3 style="margin: 0;">Daily Practice – Screening and Assessment</h3>
	<p style="margin: 0;">Issues to Address</p> <ul style="list-style-type: none"> ▪ Time, Time, Time – reconcile the clocks ▪ Roles and responsibilities across systems ▪ Communication paths across systems ▪ Incentives for prioritization ▪ Missing box problem

	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Daily Practice – Screening and Assessment</h3>
	<p>Common Strategies</p> <ul style="list-style-type: none">▪ Clarify intake procedures and AOD/child safety screening protocols▪ Decide on team, tool, method, roles and responsibilities to<ul style="list-style-type: none">– Provide AOD expertise to Child Welfare Workers in investigation/assessment (EIOS Workers)– Ensure parents seeking treatment receive needed supports for child safety <p style="text-align: right;">17</p>

	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Daily Practice – Screening and Assessment</h3>
	<ul style="list-style-type: none">▪ Studies conducted on brief screens of six or less items suggest that there are a limited number of common constructs▪ An effective screen of substance use disorders includes questions about:<ul style="list-style-type: none">– Unintended use– Desire to restrict use– Consequences of use– Concern about consequences of use <p style="text-align: right;">18</p>

	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Daily Practice – Screening and Assessment</h3>
	<ul style="list-style-type: none">▪ UNCOPE – Oregon, Washington and Maine<ul style="list-style-type: none">– In the past year, have you ever drank or used drugs more than you meant to?– Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?– Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?– Has anyone objected to your drinking or drug use?– Have you ever found yourself preoccupied with wanting to use alcohol or drugs?– Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom? <p style="text-align: right;">Norm Hoffman, Ph.D. - Evince</p>

	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Daily Practice – Engagement and Retention</h3>
	<p>Issues to Address</p> <ul style="list-style-type: none">▪ Time, Time, Time▪ Outreach and engagement strategies▪ Addressing motivation to change▪ Cross-system agreement on approaches to relapse▪ Responding to clients' progress in treatment <p style="text-align: right;">20</p>

	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Daily Practice – Engagement and Retention</h3>
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	<h4>Common Strategies</h4>
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| | <ul style="list-style-type: none">▪ Re-configure staffing patterns▪ Implement assessment and interventions based on readiness to change and motivational enhancement▪ Develop mechanism to re-engage clients in care▪ Ensure AOD treatment and CPS practice is responsive to clients' individualized needs<ul style="list-style-type: none">– Strengths-based, supportive relationships, trauma-informed, culturally competent, accessible |
|--|---|

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	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Daily Practice – Engagement and Retention</h3>
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| | <ul style="list-style-type: none">■ Parent Partners■ Recovery management approaches<ul style="list-style-type: none">– STARS– SARMS■ Stages of Change and Motivational interviewing techniques |
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	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Daily Practice – Services to Children</h3>
	<ul style="list-style-type: none">■ Screening project for FASD among the children of the Santa Clara County Family Drug Treatment Court (California) ■ Use of <i>Celebrating Families!</i> curriculum to educate families about the impact of substance dependence on families<ul style="list-style-type: none">– Four groups – adolescents, pre-adolescents, children and parents – meet separately, but receive the same information

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	<h2 style="text-align: center;">10 Element Framework</h2> <h3 style="text-align: center;">Joint Accountability, Shared Outcomes and Information Systems</h3>
	<ul style="list-style-type: none">■ Filling in “missing boxes” for prevalence of<ul style="list-style-type: none">– Substance abuse in child welfare cases– Prevalence of effects among children of substance abusers (abuse, neglect, developmental delays)– Extent of newborn prenatal substance exposure ■ Michigan revised SACWIS to prioritize families with substance use disorders ■ CFSR (SIP) and NOMS processes ■ Developing communication protocols

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	<h2 style="text-align: center;">10 Element Framework Budgeting and Program Sustainability</h2>
	<ul style="list-style-type: none">▪ Inventory of Funding Streams<ul style="list-style-type: none">– Substance abuse treatment block grant, Drug MediCal, Prop 10, Prop 36, Tobacco settlement funds, Title IV-E funds, Title IV-B funds and CalWORKS– Inventory of treatment slots▪ New Opportunity – Child and Family Services Improvement Act of 2006<ul style="list-style-type: none">– \$40 million in FY 2007 (match is required) with individual awards of \$500K to \$1 million a year for 2 to 5 years

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	<h2 style="text-align: center;">Child and Family Services Improvement Act of 2006</h2>
	<ul style="list-style-type: none">▪ Grant program for regional approaches to “improve outcomes for children in families affected by methamphetamine abuse and addiction.”<ul style="list-style-type: none">– Family Based Comprehensive long-term substance abuse treatment– Early intervention and preventive services– Children and family counseling– Mental health services– Parenting skills training

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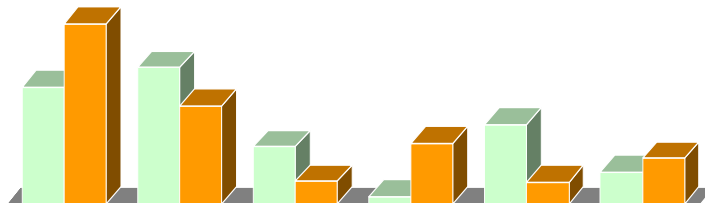
Sacramento County's Comprehensive Reform

Five Components of Reform

1. Comprehensive cross-system joint training
2. Substance Abuse Treatment System of Care
3. Early Intervention Specialists
4. Recovery Management Specialists (STARS)
5. Dependency Drug Court

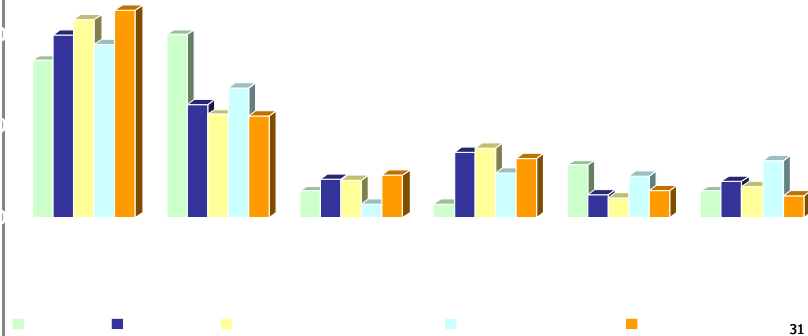
Reforms have been implemented over the past eleven years

24-Month Child Placement Outcomes***



*p<.05; ***p<.001

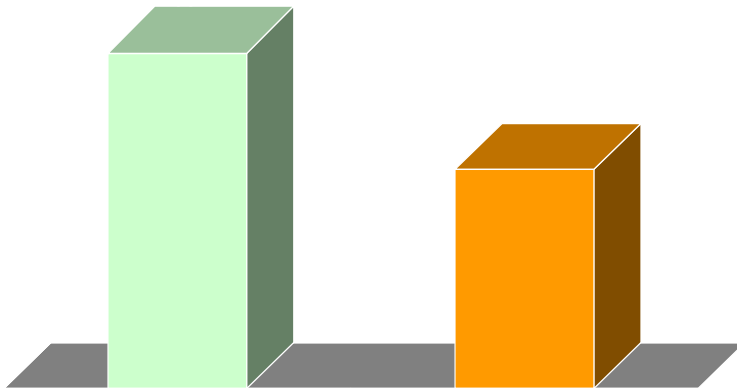
24-Month Child Placement Outcomes by Parent Primary Drug Problem



*p<.05

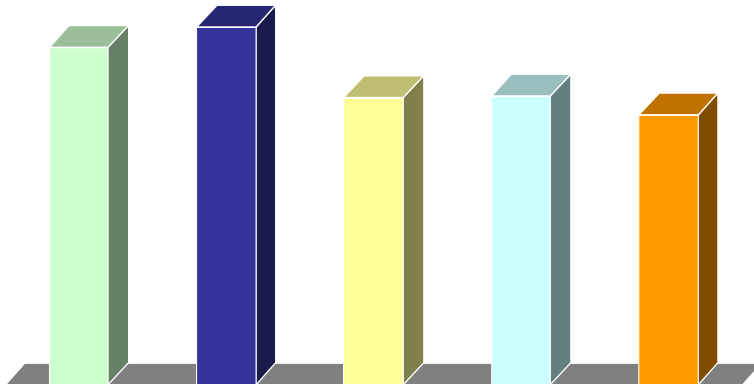
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Total Time in Out of Home Care



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Time in Out of Home Care by Parent's Primary Drug Problem



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24-Month Cost Savings Due to Increased Reunification Rates

Takes into account the reunification rates, time of out-of-home care, time to reunification, and cost per month

- 27.2% - Reunification rate for comparison group children
- 42.0% - Reunification rate for court-ordered DDC children
- 128 Additional DDC children reunified
- 33.1 – Average months in out-of-home care for comparison group children
- 9.4 - Average months to reunification for court-ordered DDC children
- 23.7 month differential
- ❖ **\$5,823,208 Estimated Savings in Out-of-Home care costs**

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Sacramento County Dependency Drug Court Model

