

**National Center on
Substance Abuse and Child Welfare
and
National Association of
State Alcohol Drug Abuse Directors**

Present

**A Webinar on
*Child and Family Services Reviews***

**Wednesday, December 19, 2007
1:00 ~ 2:30 p.m. EST**

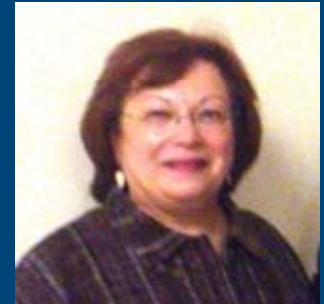




A Program of the
Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
and the
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect



Today's Topics



Introductions

- Irene Bocella, M.S.W., Child Welfare Program Specialist *Office on Child Abuse and Neglect, Children's Bureau*

Overview of Child and Family Services Reviews

- Nancy K. Young, Ph.D., Director
National Center on Substance Abuse and Child Welfare
- Cathleen Otero, M.S.W., M.P.A., Deputy Director
National Center on Substance Abuse and Child Welfare

Today's Topics-Continued

Role of State Substance Abuse Directors/Agency Personnel

- Kara Mandell, M.A., Research Analyst/Child Welfare Committee Liaison

National Association of State Alcohol/Drug Abuse Directors

Accessing CFSR Information

- Cathleen Otero, M.S.W., M.P.A., Deputy Director
National Center on Substance Abuse and Child Welfare

Questions and Answers

Materials



- **Substance Abuse Fact Sheet** – A quick reference fact sheet for Substance Abuse Treatment Professionals on the CFSR process
- **CFSR Timeline Schematic** – The major timelines for the CFSR process and strategic points in the process where State substance abuse treatment professionals can become involved
- **State Contact list** – Lists the CFSR Coordinator, State Substance Abuse Treatment Director and Women’s Services Network representative
- **State CFSR Summaries** – Findings from the first CFSR round for the 19 States that are scheduled for an on-site review during the 2008 CFSR schedule

Materials



- **CFSR Outcomes and Systemic Factors** – This document provides a quick reference of the full set of CFSR Outcomes and System Factors
- **CFSR-NOMS Outcomes crosswalk** – The table provides a snapshot of the three CFSR outcomes and measures that capture information related to substance abuse, and how they may connect to eight of the ten NOMS outcomes and measures.
- **CFSR Website Guide** – provides an index of highlights and resources available through the Children’s Bureau CFSR website



AN OVERVIEW OF CHILD AND FAMILY SERVICES REVIEWS (CFSR)

Nancy K. Young, Ph.D., Director, NCSACW

Cathleen Otero, M.S.W., M.P.A., Deputy Director, NCSACW



Purpose

The Child and Family Services Reviews enable the Children's Bureau to:

- (1) ensure conformity with Federal child welfare requirements;
- (2) determine what is actually happening to children and families as they are engaged in child welfare services; and
- (3) assist States to enhance their capacity to help children and families achieve positive outcomes.

Assessment

Assesses state performance related to child welfare outcomes and systemic factors.

Assessment is based on:

- Statewide assessment
- State child welfare data
- Case record review and interviews
- Interviews with stakeholders

Seven Outcome Areas

Outcomes of services provided to children and families served

Safety

- *Children are, first and foremost, protected from abuse and neglect.*
- *Children are safely maintained in their homes whenever possible and appropriate.*

Seven Outcome Areas

Permanency

- *Children have permanency and stability in their living situations.*
- *The continuity of family relationships and connections is preserved for families.*

Seven Outcome Areas

Child and Family Well-Being

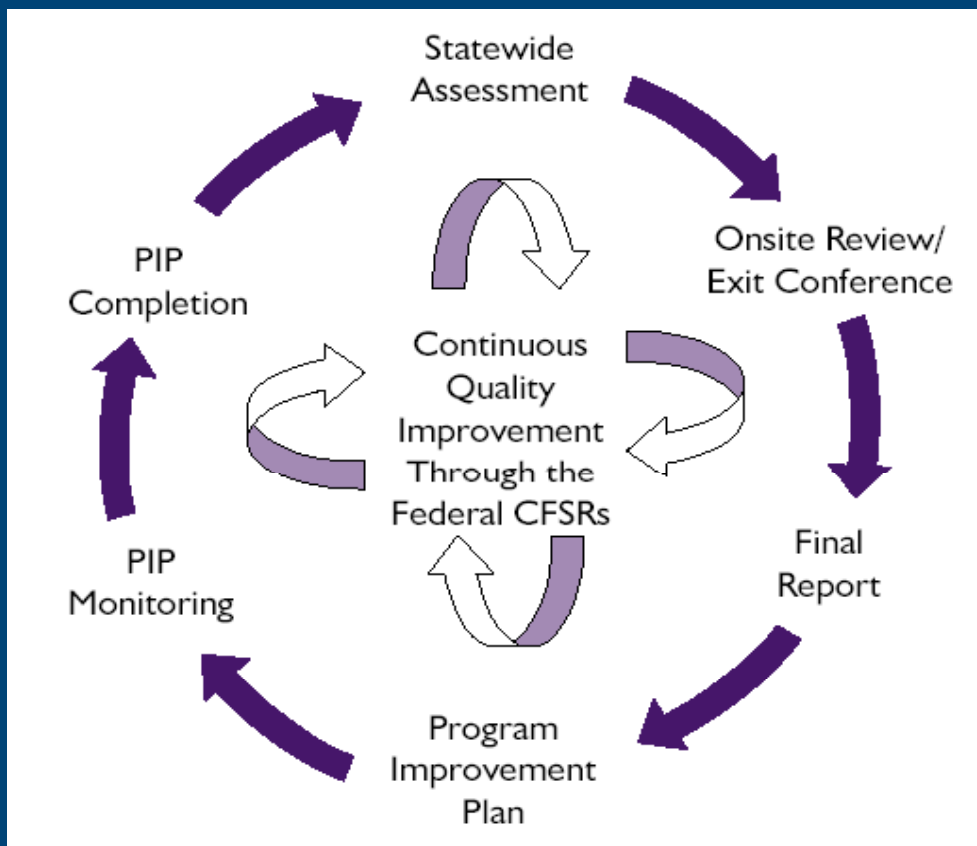
- *Families have enhanced capacity to provide for their children's needs.*
- *Children receive appropriate services to meet their educational needs.*
- *Children receive adequate services to meet their physical and mental health needs.*

Seven Systematic Factors

Systemic Factors

- *Training*
- *Quality Assurance*
- *Foster and adoptive homes*
- *Case review*
- *Statewide Information System*
- *Agency responsiveness*
- *Service array*

The Review Process



Each CFSR is a **two-stage process** consisting of a **Statewide Assessment** and an **Onsite Review** of child and family service outcomes and program systems.

Source: Supporting Improvements in Child Welfare Systems Through the Child and Family Services Reviews: A Resource for State Legislators
Children's Bureau, US Department of Health and Human Services

The Review Process

Statewide Assessment—*Begins 6 months before Onsite Review*

Onsite Review—*One week period*

Final Report—*30 days after the Onsite Review*

Program Improvement Plan—*90 days after the Onsite Review*

PIP Monitoring/PIP Completion—*Over 2-5 years after the Onsite Review*

Sources of Information

Child and Family Services Reviews (CFSR)
related documents

- **Statewide Assessment**
- **Final Report**
- **Program Improvement Plan (PIP)**

Child and Family Services Plan related
documents

- **CFSP**
- **APSR**

Statewide Assessment

(Begins 6 months before Onsite Review)

During the Statewide Assessment process, state child welfare agencies engage a range of **internal partners** (agency staff) and **external partners** (for example, personnel from other state agencies) in assessing the state's performance on key child welfare practices.

For the Statewide Assessment, the Children's Bureau prepares and transmits to the State the data profiles that contain aggregate data on the State's foster care and in-home service populations.

Statewide Assessment Instrument

A tool for States to use in examining their capacity and performance in improving outcomes for children and families engaged in child welfare services.

- Section 1: General information
- Section 2: Data profiles on safety and permanency outcomes
- Section 3: Narrative assessment of 7 outcome areas
- Section 4: State child welfare agency characteristics
- Section 5: State strengths and challenges. Identify issues for onsite review

Onsite Review

(Takes Place Over a One Week Period)

During the onsite review, federal and state teams assess state performance on seven child and family outcomes and seven systemic factors that affect those outcomes. At the onsite review exit conference, the federal team leadership reports the preliminary review findings to the state.

The onsite portion of the review includes: (1) *case record reviews*; (2) *interviews with children and families engaged in services*; and (3) *interviews with community stakeholders, such as the courts and community agencies, foster families, and caseworkers and service providers.*

Final Report

(Received by States 30 days After Onsite Review)

The state is officially notified of the review findings via a Final Report.

The Final Report is submitted to States by the Federal government 30 days after the end of the onsite review.

Program Improvement Plans (PIPs)

(Submitted 4 months After Onsite Review)

Using the CFSR findings, states develop a PIP, which:

- Outlines the improvements that they are proposing to make, the strategy and action steps that they will take to do so and the person(s) responsible; and
- How the proposed improvements will be measured.

The federal staff monitor the state's progress in making proposed improvements.

Child and Family Service Plan - CFSP

CFSP - A required five-year comprehensive plan outlining programs and initiatives the State will follow in administering programs and services to promote the safety, permanency and well-being of children and families

Annual Progress and Services Report (APSR)
- A yearly report which discusses progress made by the States in accomplishing the goals and objectives cited in the State's CFSP

Sources of Information

It should be noted that the CFSR process **does not systematically review for substance abuse-related issues** nor does the CFSR process require substance abuse agency professionals as required members of CFSR teams.

Round One at A Glance

- 1st Review completed for all States
- No State met all outcomes assessed
- Substance Use Disorders (SUDs) can impact all outcome areas

State Onsite Review Schedule, Round One (2001-2004)

2001	2002	2003	2004
Massachusetts Vermont New York Delaware District of Columbia Florida Georgia North Carolina Indiana Minnesota Arkansas New Mexico Kansas North Dakota South Dakota Arizona Oregon	Connecticut Pennsylvania West Virginia Alabama Tennessee Michigan Ohio Oklahoma Texas Nebraska Colorado Wyoming Montana California Alaska	New Hampshire Main Puerto Rico Maryland Virginia South Carolina Kentucky Illinois Wisconsin Louisiana Iowa Missouri Utah Hawaii Washington Idaho	Rhode Island New Jersey Mississippi Nevada
17 states	15 states	16 states	4 states

Role of Substance Use Disorders

Most frequently cited primary reasons for case opening

- Neglect (33.1%)
- Physical Abuse (15.6%)
- Substance Abuse by Parents (11.8%)

43 PIPs mention substance abuse issues

Increasing awareness of the impact of methamphetamine

Findings in CFSR Round One

Identification of Substance Abuse

- CFSR reports indicate a lower and wide range of cases affected
- Parental substance abuse is a factor
 - 32 states in 16-61% of cases
- Parental substance abuse is a primary factor
 - 34 states in 2-44% of cases
- Substance abuse by the child is a factor
 - 7 states in 2-48% of cases

Findings in CFSR Round One

Gaps in Service

- Substance abuse services were identified as a gap in services
 - In contrast to more readily available services, such as parenting classes and family counseling
- Rural settings have unique treatment resources and transportation concerns

Findings in CFSR Round One

Assessment and Follow-up Issues

- Child welfare assessments do not address underlying substance abuse issues
- Risk assessment tools not adequate to identify families' Substance Use Disorders
- Waiting lists
- Lack of follow through on referrals

Findings in CFSR Round One

Entry and re-entry into foster care

- A Statewide Assessment identified methamphetamine use and meth labs as contributing to increases in substantiated reports and first-time foster care entries
- Reasons for re-entry included:
 - Parents relapsing due to drug and alcohol use
 - Lack of post-reunification supports, particularly in cases where relapse may be an issue

Findings in CFSR Round One

Moving to Permanency

- Competing timelines: treatment completion, recovery and ASFA permanency guidelines
- Lack of access to treatment as a cause for failing to make “reasonable efforts”

Findings in CFSR Round One

Other Issues

- Example of Substance Abuse Workers accompanying Child Welfare Workers to home
- Stakeholders in one state identified specialized training for caregivers related to methamphetamine as a need
- PIP strategies regarding training on substance use disorders and service system for child welfare workers

Findings in CFSR Round One

Summary of 51 PIPs

- Training was emphasized
- Specialized teams seen as needing to include substance abuse workers
- Commitment to improve information flow
- Need to address premature closure of cases
- Need to develop an in-depth needs assessment survey
- Two states developed goals to improve practice and the need for technical assistance from NCSACW

Findings in CFSR Round One

Implications and Interpretation

- Treatment resources are inadequate with little discussion of the reason for the gaps
- Need for training, but training alone has no impact for substance abuse clients
- Quantity of treatment services lacked emphasis on quality of services
- Lack of specific plans warrants attention
- No references to confidentiality problems
- No discussion of developmental needs of young children related to substance exposure

Issues in CFSPs

- Improving the data collection around cases involving substance use disorder to determine the needed resources and responses
- Need for wider implementation of medical protocols for children who may have been exposed to toxic chemicals
- Need to identify types of resources available to families with an infant prenatally exposed to substances and understand which interventions are successful

Strategies in CFSPs

- Developed specialized training on methamphetamine
- Some focused on children exposed to toxic chemicals from meth labs and implementation of Drug Endangered Children (DEC) programs
- Expansion of the use of Multi-Disciplinary Teams

Addressing Substance Use Disorders

Identified strengths and opportunities

- PIP strategies addressing partnerships with substance abuse treatment agencies and other public health providers
 - Formalizing relationships with Memoranda of Understanding
- PIP strategies creating substance use disorder and/or methamphetamine specialists
- Family drug courts seen as a strength in some States as a tool that ensures access to treatment and closer monitoring of clients

State Onsite Review Schedule, Round Two (2007-2010)

2007	2008	2009	2010
Delaware North Carolina Vermont Minnesota	Texas New York Pennsylvania Arkansas	Michigan New Hampshire South Carolina Hawaii	Rhode Island Louisiana Mississippi
Oregon Indiana Kansas District of Columbia Georgia Massachusetts Arizona Oklahoma Alabama New Mexico	West Virginia Tennessee California Nebraska Connecticut Alaska South Dakota Colorado Kentucky North Dakota Ohio Wyoming Montana Idaho Florida	Utah Iowa Maine New Jersey Washington Puerto Rico Wisconsin Illinois Virginia Nevada Missouri Maryland	
14 states	19 states	16 states	3 states

Data Indicators: CFSR and NOMS

REDUCED MORBIDITY

Outcome: Abstinence from drug/alcohol use

EMPLOYMENT/EDUCATION

Outcome: Increased/ Retained Employment or Return to/Stay in school

CRIME AND CRIMINAL JUSTICE

Outcome: Decreased Criminal Justice Involvement

STABILITY IN HOUSING

Outcome: Increased Stability in Housing

SOCIAL CONNECTEDNESS

Outcome: Increased Social Supports/ Social Connectedness

ACCESS/CAPACITY

Outcome: Increased access to Services (Service Capacity)

RETENTION

Outcome: Increased Retention in Substance Abuse Treatment

PERCEPTION OF CARE

Outcome: Client Perception of Care

NOMS Domain and Outcomes



SAFETY

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.
- Children receive adequate services to meet their physical and mental health needs.

PERMANENCY

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for families.

CHILD AND FAMILY WELL-BEING

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.

CFSR Domains and Outcomes



ROLE OF STATE SUBSTANCE ABUSE DIRECTORS/AGENCY PERSONNEL IN THE CFSR PROCESS

Kara Mandell, M.A., Research Analyst/Child Welfare Committee Liaison
National Association of State Alcohol/Drug Abuse Directors



The CFSR Process

Potential Roles of the Substance Abuse Treatment Professional

Statewide Assessment—*Begins 6 months before Onsite Review*

Onsite Review—*One week period*

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Program Improvement Plan—*90 days after the Onsite Review*

PIP Monitoring/PIP Completion—*Over 2-5 years after the Onsite Review*

NASADAD

Child Welfare Committee

Panelists



- **Raquel Mazon Jeffers**, M.P.H., M.I.A., Director
*Department of Addiction Services, New Jersey State
Department of Human Services*



- **Karen Mooney**, M.S.W., Women's Treatment Coordinator,
Alcohol and Drug Abuse Division
Colorado Department of Human Services



- **Renee Zito**, M.S.W., Director
*California Department of Alcohol and Drug
Programs*



ACCESSING CFSR INFORMATION

Cathleen Otero, M.S.W., M.P.A., Deputy Director, NCSACW



Webinar on Child and Family Services Reviews

QUESTION AND ANSWERS



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