Substance Abuse and Child Welfare: An Overview of the Issues and Models of Reform

Nancy Young, Ph.D.
Topics for Discussion

• Review of the Data
• Federal Initiatives
• Collaboration
• Technical Assistance Resources
• Models of Practice
  ▪ Initiatives being tested in the Regional Partnerships
  ▪ Co-located staff
  ▪ Family Drug Court
• Outcomes of a Comprehensive Family Drug Court
  ▪ The critical issues of prenatal substance exposure are not specifically included
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
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.
Children Living with One or More Substance-Abusing Parent

- Used Illicit Drug in Past Year: 10.6
- Used Illicit Drug in Past Month: 8.4
- Dependent on Alcohol and/or Needs Treatment for Illicit Drugs: 8.3
- Dependent on AOD: 7.5
- Dependent on Alcohol: 6.2
- Dependent on Illicit Drugs: 2.8
- Need Treatment for Illicit Drug Abuse: 4.5

*Numbers indicate millions*
# 2006 Data Summary

## United States

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Tx Admissions</strong></td>
<td>1,800,717</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>393,810</td>
<td>21.9%</td>
</tr>
<tr>
<td>All Other Drugs</td>
<td>1,406,907</td>
<td>78.1%</td>
</tr>
<tr>
<td><strong>Children Substantiated Abuse/Neglect</strong></td>
<td>480,332</td>
<td>25.2%*</td>
</tr>
<tr>
<td><strong>Ratio</strong></td>
<td>3.7 / 1</td>
<td></td>
</tr>
</tbody>
</table>

*Percentage of substantiated cases out of total number of reports

1,000 Children – 750 Parents

60% of Parents Need Assessment
450

50% Go for Assessment
225

80% Need Treatment
180

50% Go to First Session
90

30% Complete 90 Days - 30

50% Reunified - 15
# Child Maltreatment By Age Group, 2005

<table>
<thead>
<tr>
<th>Age Group of Victims</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-3</td>
<td>267,479</td>
<td>30.4%</td>
</tr>
<tr>
<td>Age 4-7</td>
<td>212,383</td>
<td>24.1%</td>
</tr>
<tr>
<td>Age 8-11</td>
<td>174,178</td>
<td>19.8%</td>
</tr>
<tr>
<td>Age 12-15</td>
<td>174,431</td>
<td>19.8%</td>
</tr>
<tr>
<td>Age 16-17</td>
<td>51,679</td>
<td>5.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>880,150</strong></td>
<td></td>
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</tbody>
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Risks to Children: Different Situations for Children

- Parent uses or abuses a substance
- Parent is dependent on a substance
- Special considerations when Methamphetamine production is involved
  - Parent involved in a home lab or super lab
- Parent involved in trafficking
- Mother uses a substance while pregnant

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005
Risks to Children: Different Situations for Children

- Each situation poses different risks and requires different responses
- Child welfare workers need to know the different responses required
- The greatest number of children are exposed through a parent who uses or is dependent on the drug
- Relatively few parents “cook” methamphetamine

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005
### Children in Meth Labs

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of incidents</strong></td>
<td>9,111</td>
<td>13,460</td>
<td>16,240</td>
<td>17,615</td>
<td>17,774</td>
<td>12,596</td>
<td>6,696</td>
</tr>
<tr>
<td><strong>Children affected</strong></td>
<td>1,235</td>
<td>2,317</td>
<td>3,658</td>
<td>3,686</td>
<td>3,111</td>
<td>1,960</td>
<td>986</td>
</tr>
<tr>
<td><strong>Children taken into protective custody</strong></td>
<td>353</td>
<td>778</td>
<td>1,026</td>
<td>724</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children injured</strong></td>
<td>12</td>
<td>14</td>
<td>26</td>
<td>44</td>
<td>13</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td><strong>Children killed</strong></td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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

*The 2003 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*
SO WHAT IS BEING DONE AND WHAT CAN WE DO?
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
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 collection
Leadership of the Federal Government on Substance Abuse and Child Welfare Issues

1999 Report to Congress: *Blending Perspectives and Building Common Ground*

- 2000 – 2001 Regional State Team Forums
- 2002 - 2007 National Center on Substance Abuse and Child Welfare
- 2007 – 2012 Re-funding National Center on Substance Abuse and Child Welfare
- 2007 – 2012 Regional Partnership Grants
Regional Partnership Grants

- Array of Services: 11
- Child Focused: 8
- Drug Courts: 10
- System-Wide Collaboration: 9
- Treatment Focused: 9
- Tribal: 6

Regional Partnership Grants = 53 Sites

Created 3/25/08
Children’s Bureau Regional Partnership Grants and NCSACW In-Depth Technical Assistance Sites

- 12 States plus 3 in Round 5
- 2 Tribal Communities; 1 Round 5
- 1 County

Regional Partnership Grants:
- Array of Services - 11
- Child Focused – 8
- Drug Courts – 9
- System-Wide Collaboration – 9
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The “How To” of Collaboration

The 10 Elements of System Linkages and Models of Collaboration
Getting Better at Getting Along: Four Stages of Collaboration

- Information Exchange
- Joint Projects
- External Funding
- Changing The Rules
- Changing The System
- Existing Funding

Sid Gardner, 1996
Beyond Collaboration to Results
• A framework for defining elements of collaboration
  ▪ To define linkage points across systems: where are the most important bridges we need to build?

• Methods to assess effectiveness of collaborative work
  ▪ To assess differing values
  ▪ To assist sites in measuring their implementation
Elements of System Linkages
The Ten Key Bridges

Mission
1. Underlying Values and Priorities

Children, Family, Tribal, and Community Services
2. Screening and Assessment
3. Engagement and Retention
4. Services for Children
5. Community and Family Support

System Elements
6. Information Systems
7. Training and System Tools
8. Budget and Sustainability
9. Working with Other Agencies

Outcomes
10. Shared Outcomes and Systems Reforms
<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ten Element Framework</td>
<td>A method to organize collaborative activities in specific practice and policy areas</td>
</tr>
<tr>
<td>Collaborative Values Inventory</td>
<td>An anonymous way to explore values and beliefs to facilitate the development of common principles using web-based data collection</td>
</tr>
<tr>
<td>Collaborative Capacity Instrument</td>
<td>An anonymous way to assess the strengths and challenges in each of the areas of system linkages using web-based data collection</td>
</tr>
<tr>
<td>Matrix of Progress in System Linkages</td>
<td>A practice-based approach that specifies characteristics of advance collaboration practice in the elements of system linkages</td>
</tr>
<tr>
<td>Screening and Assessment for Family Engagement, Retention and Recovery — SAFERR</td>
<td>A guidebook to develop effective communication across systems while engaging families in services</td>
</tr>
</tbody>
</table>
Technical Assistance Resources

Types of TA Available

National Center on Substance Abuse and Child Welfare
Bringing Systems Together for Family Recovery, Safety, and Stability
Levels of Technical Assistance

Level One: Information and Sharing of Models
Level Two: Expert Consultation and Research
Level Three: Development of Issue-Specific Products
Level Four: Strategic Planning, Training Resources and Facilitation

- 901 requests
- 338 requests
- 213 requests
- 16 States
- 3 Tribes
- 1 County
- 53 Grantees
- 10 Pre-IDTA

September 2001 through January 2009
Types of TA Products

- Collaborative practice and policy tools
- Information and sharing of models
- Expert consultation and research
- Development of issue-specific products
  - Monographs, white papers, fact sheets
- Training resources and collaborative facilitation
  - Online courses, training materials
- Longer-term strategic planning and development of protocols and practice models
Types of TA Products

- Collaborative practice and policy tools
- Information and sharing of models
- Expert consultation and research
- Development of issue-specific products
  - Monographs, white papers, fact sheets
- Training resources and collaborative facilitation
  - On-line courses, training materials
- Longer-term strategic planning and development of protocols and practice models
Models and Evaluations from Across the Country

Co-Located Staff and Family Treatment Drug Courts
Regional Partnership Grants and NCSACW In-Depth Technical Assistance Sites

Regional Partnership Grants = 53 Sites
- Array of Services - 11
- Child Focused – 8
- Drug Courts – 10
- System-Wide Collaboration – 9
- Treatment Focused – 9
- Tribal - 6

NCSACW In-Depth TA = 14 Sites
- 11 States
- 2 Tribal Communities
- 1 County

Created 3/25/08
Program Models Being Tested by RPGs

Case Management and Case Conferencing
Wraparound and In-Home Services
Parenting/Family Strengthening
Family Therapy or Family Counseling
Mental Health and Trauma Services for Adults

Substance Abuse Treatment for Adults

Specialized Outreach, Engagement and Retention Services

Family-Centered Substance Abuse Treatment or Family-Based Substance Abuse Services

Substance Abuse Prevention Services
Program Models Being Tested by RPGs

Screening/Assessment – Child Welfare and Other Children’s Issues

Screening/Assessment – Substance Use and Other Adult Issues

Children’s Services

Cross-Systems/Interagency Collaboration – Clinical-Related Activities

Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities
<table>
<thead>
<tr>
<th>Case Management and Case Conferencing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Traditional” Case Management</strong></td>
</tr>
<tr>
<td>Usually provided on an ad-hoc, as-needed basis as an adjunct to traditional treatment services</td>
</tr>
<tr>
<td><strong>Intensive/Coordinated Case Management</strong></td>
</tr>
<tr>
<td>Grantee has dedicated program funds and/or staff to ensure that each family is assigned a case manager to carry out activities outlined in full operational definition; activities are coordinated across partner services</td>
</tr>
<tr>
<td><strong>Family Group Decision Making/Family Case Conferencing</strong></td>
</tr>
<tr>
<td>Formal team-based case planning processes to assist families in creating a plan to address safety concerns within their family network and offer long-term help to carry out their safety plan; families actively engaged in planning and decision-making</td>
</tr>
</tbody>
</table>
### Wraparound and In-Home Services

#### Wraparound/Intensive In-Home Comprehensive Services
A child’s or family’s individual needs are addressed by the full range of services needed, with overall goal typically being to keep families together and keep children stabilized in the least restrictive environment and prevent them from being placed in a higher out-of-home level of care or more intensive residential placement.

#### “Regular” or “Traditional” In-Home Services
Individual services that can be provided in an in-home or other setting; does not involve a multi-agency collaborative approach and is part of the service continuum in standard services – i.e., not augmented by the RPG program.
<table>
<thead>
<tr>
<th>Mental Health and Trauma Services for Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Services</strong></td>
</tr>
<tr>
<td>Includes services – other than psychiatric care including medication management, and trauma services described separately below – such as cognitive behavioral therapy, individual and group counseling/therapy, and services for depression, anxiety, affective and somatization disorders</td>
</tr>
<tr>
<td><strong>Psychiatric Care Including Medication Management</strong></td>
</tr>
<tr>
<td>Services provided by a psychiatrist; the intent here is to determine if RPG program clients have access to a psychiatrist and psychotherapeutic medications, in contrast to receiving just counseling or therapy</td>
</tr>
<tr>
<td><strong>Trauma-Informed Services</strong></td>
</tr>
<tr>
<td>Program’s organization, management and service delivery system includes basic understanding of how trauma impacts individual seeking services</td>
</tr>
<tr>
<td><strong>Trauma-Specific Services</strong></td>
</tr>
<tr>
<td>More focused and designed specifically to address the impact and consequences of trauma and facilitate the person’s recovery and healing</td>
</tr>
<tr>
<td>Roles and Responsibilities</td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>Case management</td>
</tr>
<tr>
<td>Screening and/or assessment</td>
</tr>
<tr>
<td>Referral to treatment</td>
</tr>
<tr>
<td>Facilitate access to treatment</td>
</tr>
<tr>
<td>Urine testing</td>
</tr>
<tr>
<td>Consultation to CW</td>
</tr>
<tr>
<td>Training to CW</td>
</tr>
<tr>
<td>Training to court</td>
</tr>
<tr>
<td>Support to parents while in treatment</td>
</tr>
<tr>
<td>Home visits</td>
</tr>
<tr>
<td>Information sharing with CW and/or courts</td>
</tr>
<tr>
<td>Develop and implement substance abuse capacity building plans for CW</td>
</tr>
</tbody>
</table>
Family Drug Treatment Court Models

- **Integrated** (e.g., Santa Clara, Reno, Suffolk)
  - Dependency matters
  - Recovery management
  - Same court, same judicial officer

- **Dual Track** (e.g., San Diego)
  - Dependency matters
  - Recovery management
  - Same court, same judicial officer during initial phase
  - Noncompliant case transferred to specialized judicial officer

- **Parallel** (e.g., Sacramento)
  - Dependency matters
  - Specialized court services offered before noncompliance occurs
  - Compliance reviews and recovery management heard by specialized court officer

- **Cross-Court Team** (e.g., Orange County, CA)
  - Dependency matters
  - Recovery management
  - Same court, same judicial officer
  - More than 1 judicial officer works with drug court team on cases
Common Ingredients of Family Treatment Courts

- System of identifying families
- Earlier access to assessment and treatment services
- Increased management of recovery services and compliance
- System of incentives and sanctions
- Increased judicial oversight
Sacramento County’s Comprehensive Reform

1. Comprehensive cross-system joint training
   - Training to increase service capacity

2. Substance Abuse Treatment System of Care
   - Maximum and efficient use of resources
Sacramento County’s Comprehensive Reform

3. Early Intervention Specialists

- Immediate assessment and referral to treatment at court hearing
- Educate parents about the dependency and family reunification process

4. Recovery Management Specialists (STARS)

- Liaison between clients and court – reduce gaps in services
- Accountability and reporting
- Support, hope, and advocacy
Sacramento County’s Comprehensive Reform

5. Dependency Drug Court

- Increased oversight and response to progress and setbacks
- Ensure provision of reasonable efforts within ASFA timeframes

6. Early Intervention Family Drug Court

- Developed for families with prenatally exposed newborn/infants who remain in the home
Sacramento County Dependency Drug Court Model

Child in Custody → Detention Hearing → Jurisdiction & Disposition Hearings → Referral to Treatment → Referral to Treatment

Level 1 DDC Hearings
- 30 Days
- 60 Days
- 90 Days

Level 2
- Weekly or Bi-Weekly Hearings

Level 3 Monthly Hearings
- 180 Days Graduation

Review Hearings at 6 Mo Intervals

Permanency Hearing at 12 Mos

Early Intervention Specialist (EIS) Assessment & Referral to STARS

Court Ordered to STARS & 90 Days of DDC

STARS Voluntary Participation

STARS Court Ordered Participation
Treatment Outcomes: Admission Rates***
(Ever been in AOD Treatment)

53.2

85.3

Comparison  Court Ordered

***p<.001  Comp n=111; DDC n=2138  Source: CalOMS
Child Placement Outcomes at 36 Months

**p<.01; ***p<.001

Comp n=173; DDC n=1343

Source: CWS/CMS
Child Reunification Rates Over Time

Comp n=173; DDC 12 mos n=2818; 24 mos n=2087; 36 mos n=1343
Source: CWS/CMS
Child Reunification Rates By DDC Graduation Status – Over Time

Comp n=173; DDC n=2138

Source: STARS; CWS/CMS
• More court-ordered children reunified with their families compared to those in the comparison group at 12, 24, and 36 months

• Child placement outcomes differed by primary drug of the parent and race/ethnicity of the child

• Graduation from DDC means higher probability of reunification

• Recidivism and re-entry rates remain low
Cost Savings Due To Increased Reunification Rates

What would have happened regarding out of home care costs in the absence of DDC?

27.2% - Reunification rate for comparison children
46.1% - Reunification rate for DDC children
= **394 fewer DDC children would have reunited**

33.1 - Average months in out-of-home care for comparison children
9.22 - Average months to reunification for DDC children
= **23.88 months that DDC kids would have spent in out of home care**

$1,867.66 – Out of home care cost per month

$$396 \times 23.88 \times 1867.66 = \$17,572,290$$

Total Savings in Out-of-Home Care Costs
Questions and Discussion