Substance Abuse and Child Welfare
NCSL Legislative Summit
Pre-Conference Meeting

This meeting is co-sponsored by the National Center on Substance Abuse and Child Welfare (NCSACW).

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.
Substance Abuse and Child Welfare: An Overview of the Issues

Nancy K. Young, Ph.D.
Director
National Center on Substance Abuse and Child Welfare
Mission:
Developing knowledge and providing technical assistance to Federal, State, local agencies and tribes to improve outcomes for families with substance use disorders in the child welfare and family court systems.
Topics

- Overall look at the numbers behind the issue
- Risks to children of substance abusers
- Role time plays in policy and practice
- Review of National Reports
- Framework and policy tools for systems change
- Federal Government Leadership
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

Numbers indicate millions

- 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

Used Illicit Drug in Past Year: 10.6
Used Illicit Drug in Past Month: 8.4
Persons who Initiated Substance Use by Year, 1985-2005

- Children in Foster Care
- New Cocaine Users
- New Crack Users
- New Methamphetamine Users
- New Heroin Users

Substance Abuse and Mental Health Services Administration. (2006) *Results from the 2005 National Survey on Drug Use and Health: National Findings*
United States: Treatment Admissions by Primary Substance and Child Maltreatment Victims, 2000-2006

Office of Applied Studies, SAMHSA Quick Statistics from the Drug and Alcohol Services Information System
What is the Relationship?

- It is not solely the use of a specific substance that affects the child welfare system; it is a complex relationship between:
  - The substance use pattern
  - Variations across States and local jurisdictions regarding policies and practices
  - Knowledge and skills of workers
  - Access to appropriate health and social supports for families
Key Questions

- How many child welfare cases involve a caregiver with a substance use disorder? (40-80%; DHHS said one-third to two-thirds)
- How many parents in treatment have children?
  - How many are “at risk” for child abuse or neglect?
  - How many have open cases?
Reason for Removal: Alcohol Abuse by the Parents

Source: AFCARS data, 2005
Reason for Removal: Drug Abuse by the Parents

Percentage of child removals

Source: AFGARS data, 2005
How many child welfare cases involve a caregiver with a substance use disorder?

Estimates vary by

- Population studied
  - In-Home versus Out-of-Home cases
  - Urban versus rural
  - Foster care versus investigations
- The definition of substance abuse used in the study
  - Substance use, abuse or dependence
  - Inclusion of specific illicit substance but not legal ones
How many child welfare cases involve a caregiver with a substance use disorder?

Estimates vary by

- The method used to determine substance involvement
  - Case report, SUD assessment, Child risk assessment
- Whether the substance is a primary or contributing factor
- The method of analysis
Parents Entering Publicly-Funded Substance Abuse Treatment

- 59% Had a Child under age 18
- 22% Had a Child Removed by CPS
- 10% If a Child was Removed, Lost Parental Rights

Based on CSAT TOPPS-II Project
Past Year Substance Use by Youth Age 12 to 17

Compared to African-American Youth, Caucasian Youth 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
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

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<thead>
<tr>
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</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>
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<tr>
<td><strong>Children taken into protective custody</strong></td>
<td>353</td>
<td>778</td>
<td>1,026</td>
<td>724</td>
<td>724</td>
<td>724</td>
<td>724</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
## Use During Pregnancy & Prenatal Exposure


<table>
<thead>
<tr>
<th>Substance Used (Past Month)</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any Illicit Drug</strong></td>
<td>7.0% women 287,800 infants</td>
<td>3.2% women 131,600 infants</td>
<td>2.3% women 94,600 infants</td>
</tr>
<tr>
<td><strong>Alcohol Use</strong></td>
<td>20.6% women 847,000 infants</td>
<td>10.2% women 419,400 infants</td>
<td>6.7% women 275,500 infants</td>
</tr>
<tr>
<td><strong>Binge Alcohol Use</strong></td>
<td>7.5% women 308,400 infants</td>
<td>2.6% women 106,900 infants</td>
<td>1.6% women 65,800 infants</td>
</tr>
</tbody>
</table>

State prevalence studies report 10-12% of infants or mothers test positive for alcohol or illicit drugs at birth ~ **411,200 infants**
Policy and Practice Framework: Five Points of Intervention

1. Pre-pregnancy awareness of substance use effects

2. Prenatal screening and assessment
   - Initiate enhanced prenatal services
   - 3. Identification at Birth
      - Child
      - Parent

4. Ensure infant’s safety and respond to infant’s needs
   - Respond to parents’ needs

5. Identify and respond to the needs of
   - Infant
   - Preschooler
   - Child
   - Adolescent
   - Identify and respond to parents’ needs
Substance Exposed Infants (SEI): Key Findings

• Some States responding to the SEI problem and the 2003 CAPTA changes with some strong programs in some points of intervention; most have not

• None of the study States have developed policy at each of the five points of intervention for mothers and infants

• State policy implementation occurs across a diverse set of agencies requiring extensive coordination
Substance Exposed Infants (SEI): Opportunities for Advancing Policy

- CFSR review II—spotlight on the child welfare system’s SEI reunification outcomes
- Monitoring of child and family service state plans
- Federal treatment information system changes: NOMS
- New federal funding streams: Child and Family Services Improvement Act of 2006
Substance Exposed Infants (SEI): Opportunities for Advancing Policy

- IDEA referrals under CAPTA
- Renewed focus on school readiness issues: \( EI^2 = \) early identification for early intervention
- Using Medicaid funding of births to leverage prenatal efforts, screening at birth, and newborn follow-up
Substance Exposed Infants (SEI): Key Policy Challenges

- There are many opportunities before and after the birth event to intervene—a balanced policy would address all five stages of the SEI problem

- To address all five stages, States need much stronger coordination that monitors progress across multiple agencies
Substance Exposed Infants (SEI): Key Policy Challenges

- States don’t track SEIs and treatment for mothers well enough to measure whether they are making progress on the problem or to justify additional resources.

- Treatment programs do not admit enough pregnant and parenting women in comparison to those who need treatment services:
  - 1.3% of all admissions = not much of a priority.
The Five Clocks

Adoption and Safe Families Act (ASFA)
- 12 Months Permanent Plan
- 15 Months out of 22 in out of home care petition for TPR unless it is not in the best interest of the child

Recovery
- One Day at a Time for the Rest of Your Life

Child Development
- Clock doesn’t stop
- Moves at Fastest Rate from Prenatal through Age 5

Temporary Assistance for Needy Families (TANF)
- 24 Months Work Participation
- 60 Month Lifetime
- Reauthorization in December 2005
  ▪ Stricter work requirements for FY 2007
  ▪ 50% of single parent families must meet work requirements
  ▪ 90% of two parent families must meet work requirements
  ▪ New treatment provision

The Fifth Clock: How quickly will we put the pieces together?
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
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
Summary of the Five National Reports

• 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
Regional Partnership Grants and NCSACW In-Depth Technical Assistance Sites

Regional Partnership Grants = 53 Sites
- Array of Services - 11
- Child Focused – 8
- Drug Courts – 9
- 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
Framework and Policy Tools for Systems Change

- Ten Element Framework
- Collaborative Values Inventory
- Collaborative Capacity Instrument
- Matrix of Progress in System Linkages
- Screening and Assessment for Family Engagement, Retention and Recovery — SAFERR
Elements of System Linkages - The Ten Key Bridges

1. Underlying Values and Principles of Collaborative Relationships
2. Client Screening and Assessment
3. Client Engagement and Retention
4. Services to Children
5. Working with the Community and Supporting Families
6. Working with Related Agencies
7. Information Systems
8. Training and Staff Development
9. Budgeting and Program Sustainability
10. Joint accountability and shared outcome
   • Safety, Permanency, Family Well-Being and Recovery
NCSACW Products Online Training

Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals

Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals (Fall 2008)

http://www.ncsacw.samhsa.gov/tutorials
In-Depth Technical Assistance
State Products

- Interagency agreements
- Communication protocols
- Screening and assessment protocols
- Statements of shared values
- Joint outcome measures
- Strategic plans
- Training initiatives
- Tribal community resources
Models and Evaluations from Across the Country

Family Treatment Drug Courts
Family Drug Treatment Court Models

- Integrated (e.g., Santa Clara, Reno, Suffolk)
- Dual Track (e.g., San Diego)
- Parallel (e.g., Sacramento)
- Cross-Court Team (e.g., Orange County, CA)
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

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
6. Early Intervention Family Drug Court

Reforms have been implemented over the past twelve years
Sacramento County
Dependency Drug
Court Model

Jurisdiction & Disposition
Hearings

Level 1
DDC
Hearings
30 Days
60 Days
90 Days
180 Days
Graduation

Level 2
Weekly or Bi-Weekly
Hearings

Level 3
Monthly Hearings

Hearings

Child in Custody

Detention
Hearing

Early Intervention Specialist (EIS) Assessment & Referral to STARS

Court Ordered to STARS & 90 Days of DDC

Review
Hearings at 6 Mo Intervals

Permanency
Hearing at 12 Mos

STARS
Voluntary Participation

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

**p<.001**

Comp n=111; DDC n=2138

Source: CalOMS
Treatment Discharge Status by Primary Drug Problem

**Satisfactory**
- Heroin: 50.7%
- Alcohol: 70.8%
- Methamphetamine: 65.6%
- Cocaine/Crack: 60.6%
- Marijuana: 61.8%

**Unsatisfactory**
- Heroin: 49.3%
- Alcohol: 29.2%
- Methamphetamine: 34.4%
- Cocaine/Crack: 39.4%
- Marijuana: 38.2%

**p<.001 Source: CalOMSComp n=111; DDC n=2138**

**Source: CalOMS**
Child Placement Outcomes at 36 Months by Parent Primary Drug Problem

**p<.01; ***p<.001 Comp n=173; DDC n=1343

Source: CWS/CMS & CalOMS
Parents DDC Graduation Status

- Graduated: 31.1%
- 90 Day Certificate: 26.4%
- Neither Landmark: 42.5%

Source: STARS

DDC n=2138
Child Reunification Rates by DDC Graduation Status Over Time

Comp n=173; DDC n=2138

Source: STARS; CWS/CMS
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

= 396 fewer DDC children would have reunified

33.1 - Average months in out-of-home care for comparison
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
A Father’s Perspective
Pictured Left to Right: Kirsten, Zane, Lyn, Alex, Nikki, Sophia, Quinn and John Smyrni.
State Experiences of Cross-System Collaboration

Florida Initiatives

Ken DeCerchio, MSW, CAP
Project Director, Regional Partnership Grantee Technical Assistance Program
National Center on Substance Abuse and Child Welfare
Former Florida Assistant Secretary for Mental Health and Substance Abuse
Florida’s Child Welfare Cases-April, 2008

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Number</th>
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<tbody>
<tr>
<td>36,905 children in care</td>
<td>36,905</td>
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<tr>
<td>12,953 in-home care</td>
<td>12,953</td>
</tr>
<tr>
<td>23,952 out-of-home care</td>
<td>23,952</td>
</tr>
</tbody>
</table>
Impetus for Florida’s Initiatives

- DHHS Report to Congress:
  - Blending Perspectives and Building a Common Ground
- 1998 Florida General Appropriations Act (GAA) Performance Measure
Impetus for Florida’s Initiatives

- General Appropriations Act Performance Measure
  - Number of adults in child welfare protective supervision who have case plans requiring substance abuse treatment who are receiving treatment
General Appropriations Act Performance Measure

• Measure examined as a part of the Child Welfare Integrated Quality Assurance (CWIQA) Review Process
  ▫ 1000 + case files, from 21 CBC agencies evaluated:
    • Appears to be improvement in assessment and referral of parents needing SA treatment
    • Approximately 44% case files reviewed required one or more parents to obtain SA treatment
    • Evidence of parent completing or receiving treatment at the time of the review was diverse and varied based upon the CBC (Range 36% -94%)
    • 12 CBC providers reviewed either met or exceeded the state target of 55%
Florida Substance Abuse Treatment/Child Welfare (SA/CW) Collaborative Initiatives

- Family Intervention Specialists
- FY 2003-04
  - $2.3 million
    - 35 positions
- FY 2001-02
  - $2.5 million
    - 35 positions
    - $20,000 discretionary funding per FIS
Florida SA/CW Collaborative Initiatives

- Use of Family Intervention Specialists
  - Reduced by 27 percent time to case closure
  - Increased access to treatment
  - Increased treatment completion and reunification
Florida SA/CW Collaborative Initiatives

1999
Prioritized Families at-risk or involved with child welfare system using Federal Block grant dollars
Eligibility for TANF funded treatment expanded to include child welfare client

2003-04
SA admissions form specified if the client is a member of a family under child protection

October 1, 2005
A FIS staff ID code included as a part of the SAMH data system to identify clients who received FIS services

FY 2005-06
Legislature assigned responsibility for measure to both programs
Florida SA/CW Collaborative Initiatives

- Policy Paper Joint System Goals
- To ensure the safety of children
- To prevent and remediate the consequences of substance abuse on families involved in the child welfare system or at risk of becoming involved in the system by reducing the use of alcohol and drugs
- To expedite family preservation and permanency for children when appropriate
- To promote healthy and intact families
- To support families in recovery
Florida SA/CW Collaborative Initiatives

- FY 2004-05 – Policy Working Agreements (PWA) between SAMH and Family Safety signed at state level.
- SAMH/Community Based Care Contract Language
- Crisis Response Team Volusia County
Crisis Response Team Volusia County
582 Removals Over A 13 Month Period
February 2004 thru February 2005

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<tr>
<th>Removals</th>
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<tr>
<td>Feb-04</td>
<td>65</td>
</tr>
<tr>
<td>Mar-04</td>
<td>68</td>
</tr>
<tr>
<td>Apr-04</td>
<td>61</td>
</tr>
<tr>
<td>May-04</td>
<td>46</td>
</tr>
<tr>
<td>Jun-04</td>
<td>42</td>
</tr>
<tr>
<td>Jul-04</td>
<td>40</td>
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<td>Aug-04</td>
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<td>Sep-04</td>
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<td>Oct-04</td>
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<td>Nov-04</td>
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<td>Dec-04</td>
<td>39</td>
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<tr>
<td>Jan-05</td>
<td>30</td>
</tr>
<tr>
<td>Feb-05</td>
<td>31</td>
</tr>
<tr>
<td>TOTAL Removals</td>
<td>582</td>
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Focus: Sheltered Children
February 2004 thru February 2005

13 MONTH REMOVAL AVERAGE IS 45 CHILDREN REMOVED PER MONTH
Clients served by Court for the First Operational Year

- As of 2/21/05:
  - 116 families served (252 children)
  - 80% success rate in keeping families intact (93 families stabilized, 23 families experienced removal of their children)
  - 204 children remained in the home of the custodian (48 children were removed from the custodian)
Legislation (2006)

- SB 114 and HB 0175
  - Provides legislative intent for early referral and treatment for substance abuse
  - Establishes legislative goals regarding substance abuse treatment in the dependency system
- Provides court authorization to:
  - Order substance abuse assessment, where good cause is shown, at every stage of the dependency process; and
  - Require participation in substance abuse treatment following adjudication
Additional SA/CW Initiatives

- 2004 – District 4 & 12 single managing entity established began development to manage substance abuse services for families involved in the child welfare system
- 2005 - Child Welfare, Substance Abuse, and Mental Health Roundtable Forum was established to discuss issues critical to the Family Safety program and CBC agencies
Summary

- Legislature was a key impetus for the SA and CW system collaboration
- Doubled the number of families from CW receiving SA services
- Strength of collaboration impacted by leadership turnover
- Challenge with bringing collaboration to scale in a large state, and impacting local jurisdictions
- Unable to impact SACWIS system to identify case plans requiring substance abuse
State Experiences of Cross-System Collaboration

Florida Initiatives

Ken DeCerchio, MSW, CAP
Project Director, Regional Partnership Grantee Technical Assistance Program
National Center on Substance Abuse and Child Welfare
Former Florida Assistant Secretary for Mental Health and Substance Abuse
Substance Abuse and Child Welfare – Arizona’s Experience

Arizona Department of Economic Security
Division of Children, Youth and Families
Ken Deibert, Deputy Director
July 22, 2008
Leadership

- Child Protective Services Expedited Substance Abuse Treatment Program (A.R.S. 8-812)

- Joint Substance Abuse Treatment Fund (A.R.S. 8-881)

- Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS).
An Overview of the Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)

Over 15,400 individuals served
Services Provided

• Assessment, Evaluation and Screening – 93%
• Individual Counseling – 25%
• Family Counseling – 62%
• Group Counseling – 23%
• Case Management – 97%
• Transportation – 29%
• Flex Funding – 72%
Best Practices and Innovations

- Service Integration through Co-location
- Motivational Interviewing
- Expedited Engagement
- Drug Testing
- Parent Recovery Coaches
- Aftercare
- Sober Living Housing
Performance Outcomes

Reduction in:
- Recurrence of child abuse and neglect - Yes
- Substance abuse - Yes

Increase in:
- Number of children achieving permanency - Yes
Start-Up Challenges

- Shared values
- Common understanding of the Recovery Cycle versus the Adoption and Safe Families Act timeframes
- Training across systems
- Limitations of Title XIX funded substance treatment services in relationship to the child welfare population
## Blended Funding of Services

<table>
<thead>
<tr>
<th>Total AFF Clients, SFY 2007 N = 4,471</th>
</tr>
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<tbody>
<tr>
<td><strong>AFF Funded Clients</strong> 870 clients received treatment services funded from TANF and SGF*</td>
</tr>
<tr>
<td><strong>Shared Funding Clients</strong> 1,715 clients received treatment services funded from TANF, Title XIX and SGF</td>
</tr>
<tr>
<td><strong>RBHA Funded Clients</strong> 1,886 clients received treatment services funded Title XIX only</td>
</tr>
<tr>
<td>522 client closed from services</td>
</tr>
</tbody>
</table>

*SGF = State General Fund
Need for Realignment of Resources

• Comparing March 2003 to March 2004, the number of children in out-of-home care increased by 20%.

• The number of young children ages 0-3 in shelter care in March 2004 was 242.

• The number of young children ages 0-6 in group home care in September 2004 was 143.
“I had my son taken away from me and for the last 10 months, she [AFF case manager] helped me get him back. She helped me find a halfway house. I’m getting ready to move into my own place next month. I don’t think I could have done it without this place.”

*Female, Yavapai County*

“We did drugs a lot. CPS took our kids. AFF gave us parenting and drug counseling. We’re getting visits. We’ve been clean for four and one half months. We got parenting classes and drug classes. Our case worker told CPS we needed more visitations with the kids, so we’re getting more starting next week. We should get our kids back after the first of the year. We would still be out using without AFF.”

*Female, Pinal County*
Continued Challenges

• Availability of Services in Rural Areas

• Availability of Sober Residential Facilities for the Entire Family

• Availability of Qualified Staff

• Adequate Services for Victims of Domestic Violence
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