



# Substance Abuse, Child Welfare and the Courts: How do We Meet the Challenge?

Art of Social Change:

Child Welfare, Education and Juvenile Justice  
Child Advocacy Program at Harvard Law School

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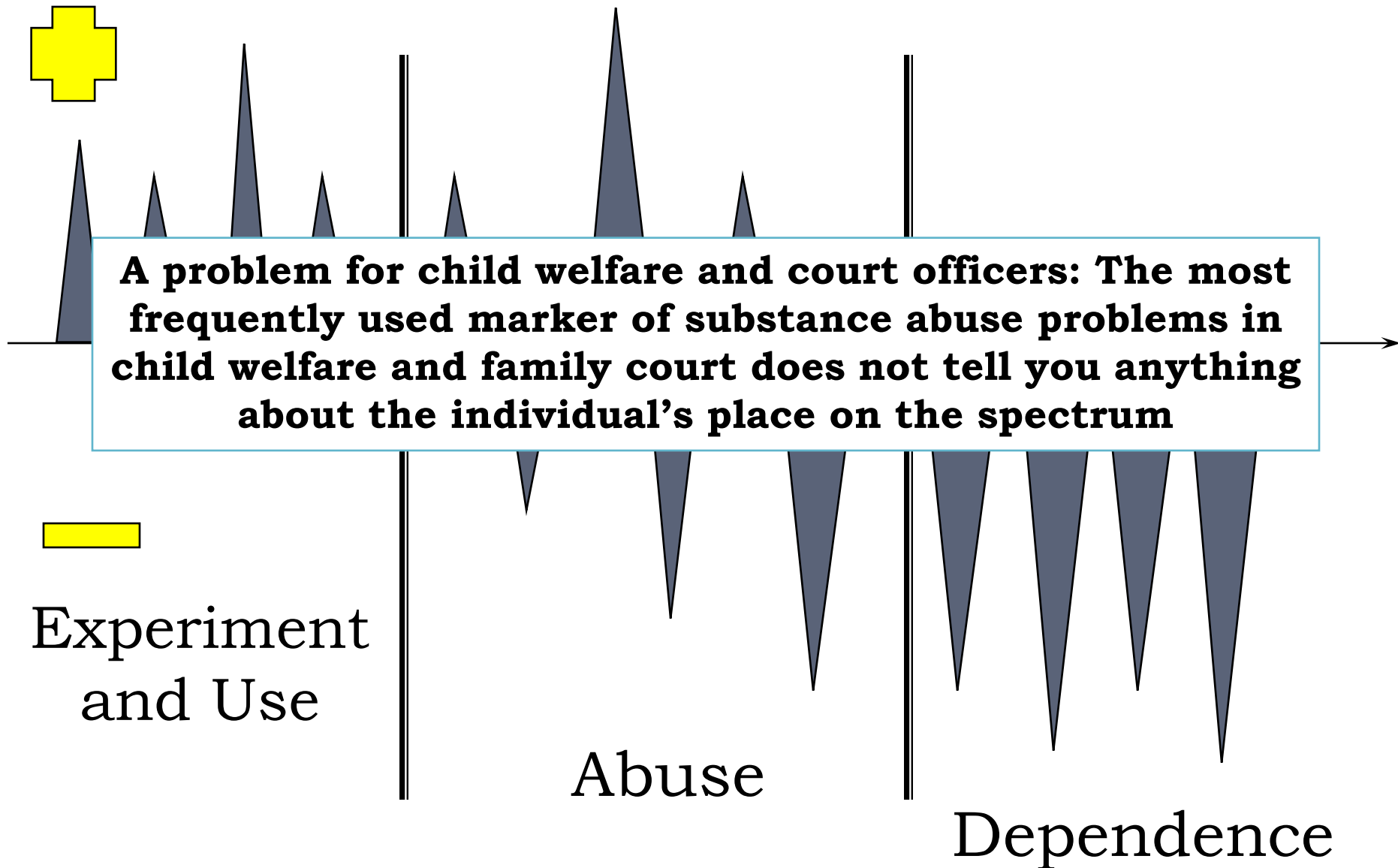
A Program of the  
Substance Abuse and Mental Health  
Services Administration  
Center for Substance Abuse Treatment  
and the  
Administration on Children, Youth and Families  
Children's Bureau  
Office on Child Abuse and Neglect



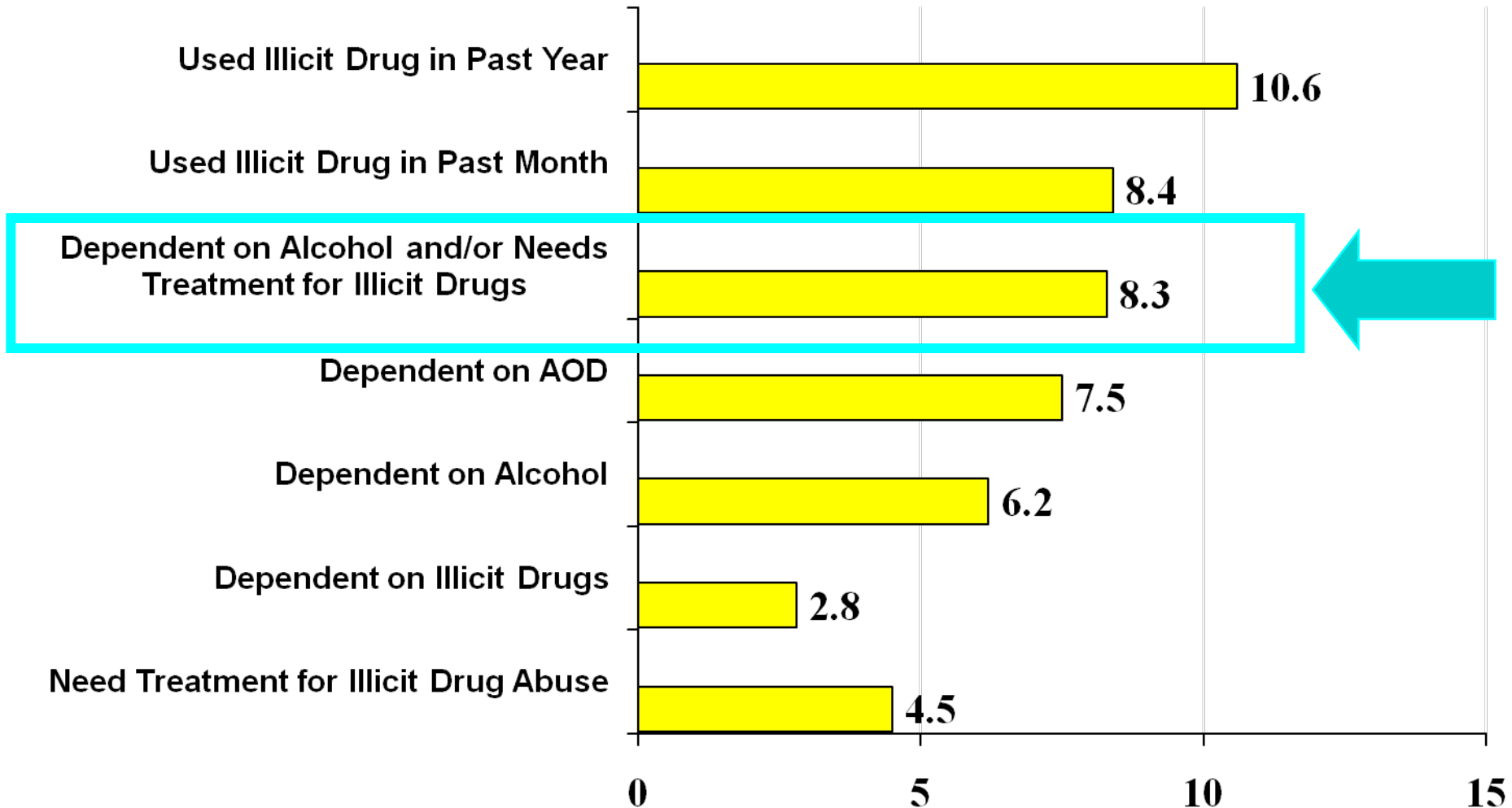
**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
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# Scope of the Problem

# Spectrum of Substance Use Disorders

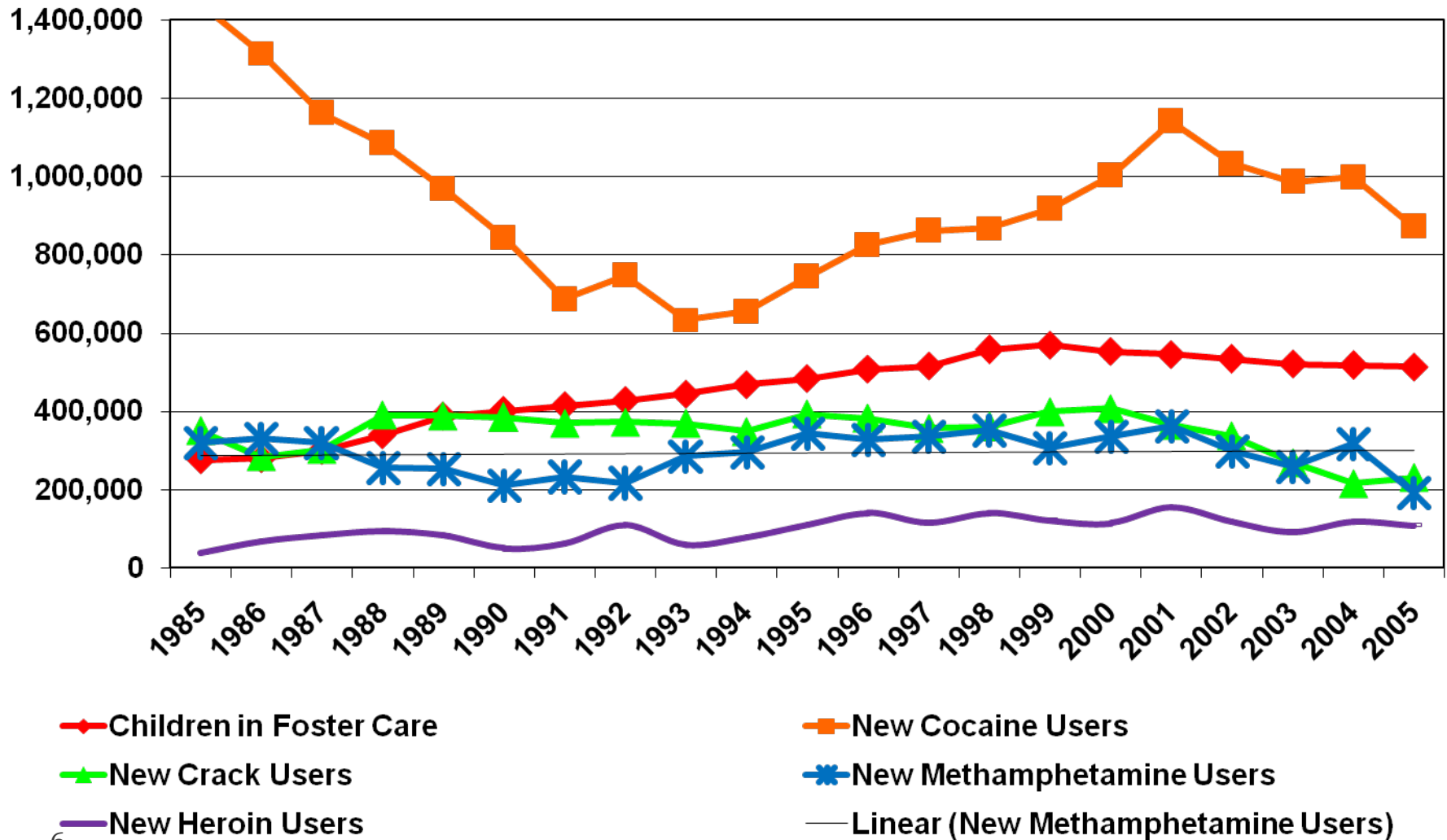


# Children Living with One or More Substance – Abusing Parent



Numbers indicate millions

# Persons who Initiated Substance Use by Year



# 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 families with a substance use disorder

# Estimates of AOD Problems Among Parents in Child Welfare

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- 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

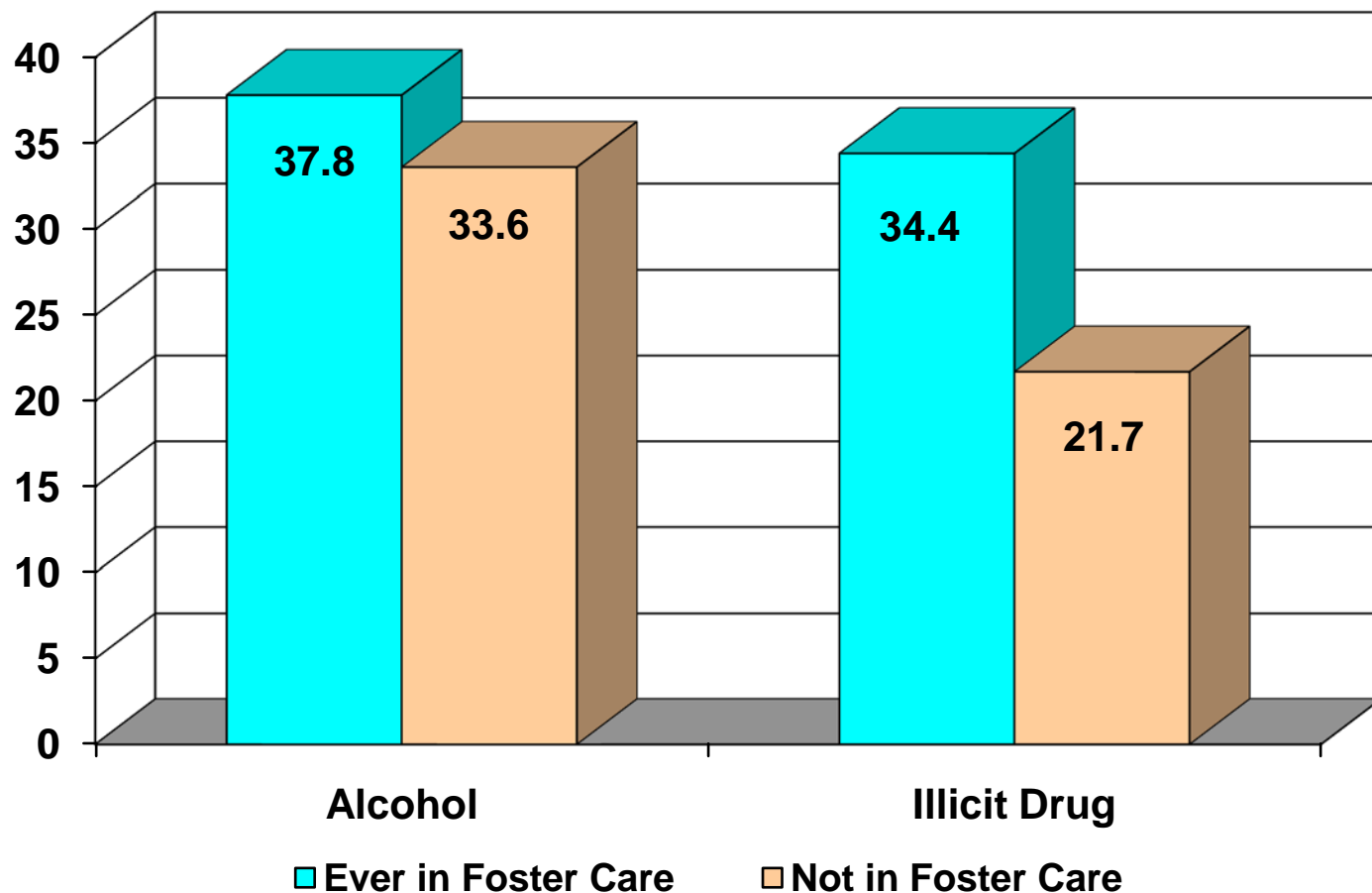
- Oregon – State Reporting System 62%
- Connecticut – Case Review 60%
- Social Workers 72%
  - AOD is among top three causes of rise in child maltreatment
  - AOD causes or contributes to at least half of all cases
- Orange Co. CA 2001/02 – Women only over age 18 40%
- Sacramento Co. CA 2004/05 – All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

# Parents Entering Publicly-Funded Substance Abuse Treatment

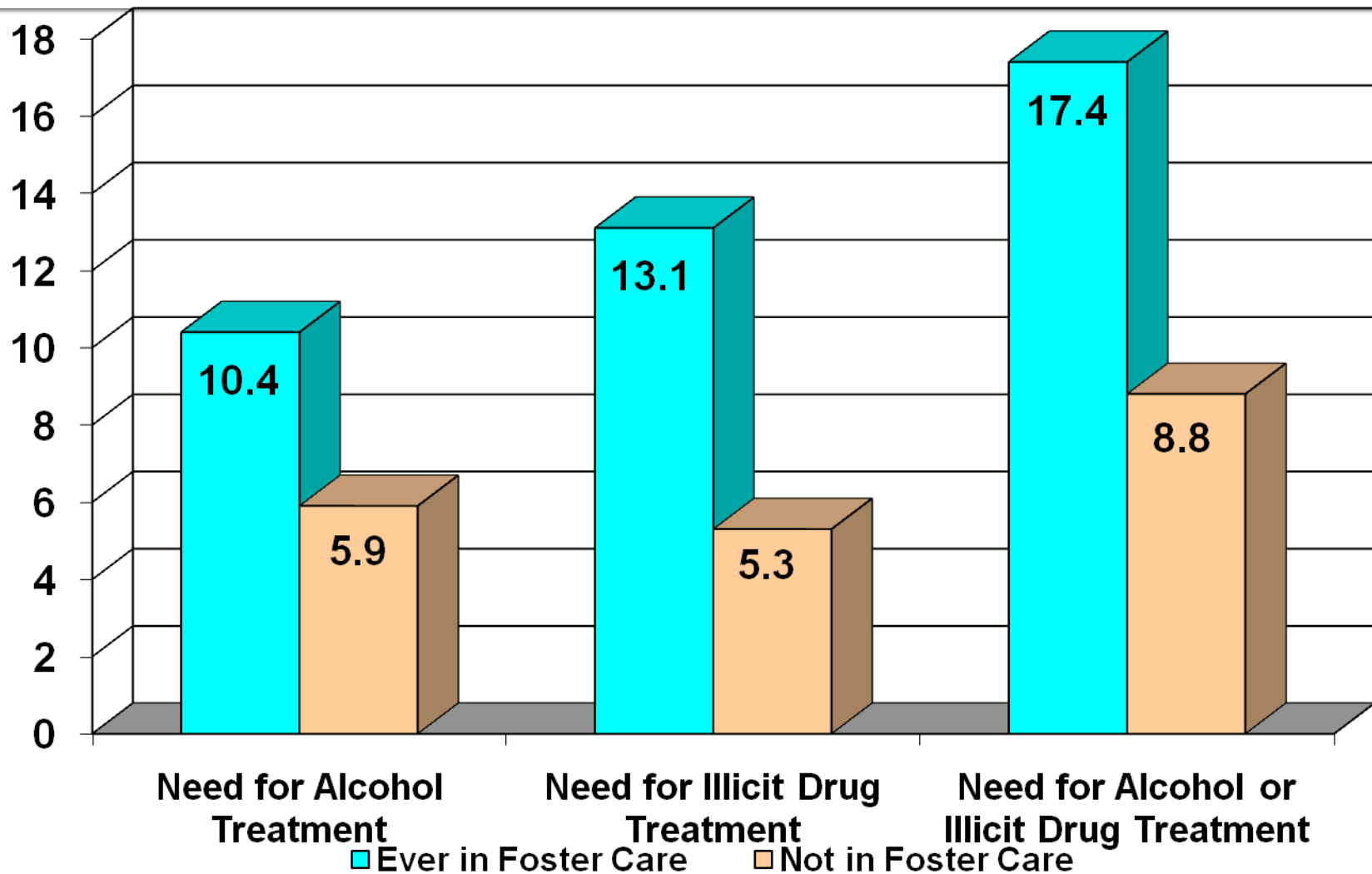
- Had a child under age 18 59%
- Had a child removed by CPS 22%
- If a child was removed, lost parental rights 10%

# 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%)**



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



# 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%)
- How many parents in treatment have children? (59%)
  - How many are “at risk” for child abuse or neglect?
  - How many have open cases?

# Substance Exposed Infants

# Use During Pregnancy

**SAMHSA, Office of Applied Studies, National Survey on  
Drug Use and Health, 2004-2005 Annual Average,  
Applied to 2004 US birth data: 4,112,000**

Substance Used (Past Month)	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	<b>7.0% women</b>	<b>3.2% women</b>	<b>2.3% women</b> <b>94,600 infants</b>
Alcohol Use	<b>20.6% women</b>	<b>10.2% women</b>	<b>6.7% women</b> <b>275,500 infants</b>
Binge Alcohol Use	<b>7.5% women</b>	<b>2.6% women</b>	<b>1.6% women</b> <b>65,800 infants</b>

State prevalence studies report 10-12% of infants or mothers test positive for alcohol or illicit drugs at birth



# Must go home.

80-95% are undetected and go home without assessment and needed services.

- Many doctors and hospitals do not test, or may have inconsistent implementation of state policies
  - Tests detect only very recent use
- Inconsistent follow-up for woman identified as AOD using or at-risk, but with no positive test at birth
- CAPTA legislation raises issues of testing and reporting to CPS

# Child Abuse Prevention and Treatment Act (CAPTA) 2003 Amendments

## 2003 Keeping Families Safe Act Amendments

- Policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of **infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure**, including a requirement that health care providers involved in the delivery or care of such infants **notify the child protective services system of the occurrence of such condition in such infants**, except that such notification shall not be construed to (I) establish a definition under Federal law of what constitutes child abuse; or (II) require prosecution for any illegal action (section 106(b)(2)(A)(ii));
- The development of **a plan of safe care** for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii))

# The Importance of Identifying Infants Prenatally Exposed to Substances

- Though a small percentage of CWS cases, these children are disproportionately affected by many lifetime conditions
- Prenatal exposure to alcohol is the leading cause of mental retardation
- Special education classrooms contain a disproportionate number of children who were prenatally exposed to drugs.
- SEIs require a higher level of public spending than many other target groups

# **Why Collaborate?**

## **The 10 Elements of System Linkages and Models of Collaboration**

# The Five Clocks

- Adoption and Safe Families Act (ASFA)
  - 12 Months Permanent Plan
  - 15 Months out of 22 in Out of Home Care Must Petition for TPR
- Recovery
  - One Day at a Time for the Rest of Your Life
- Child Development
  - Clock doesn't stop
  - Moves at Fastest Rate from Prenatal to Age 5

# The Five Clocks



## 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

# 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

- 1998 Report to Congress: “The Blending Report”
- 2000-2001 Regional forums of state teams
- 2002 Funding of the National Center on Substance Abuse and Child Welfare
- CFSRs address substance abuse issues as part of “array of services”
- 2007 Refunding of NCSACW

# *Navigating the Pathways*

Published by CSAT

- 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

# Framework and Policy Tools for Systems Change

- 10 Element Framework
- Matrix of Progress in Linkages
- Collaborative Values Inventory
- Collaborative Capacity Instrument
- Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)

# 10 Element Framework

## The Key Bridges

- 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

# 10 Element Framework

## Underlying Values

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### Issues to Address

- Who is the client – Parent, Child, Family?
- Can AOD users/abusers be effective parents?
- What is the goal – Recovery, child safety, family preservation

### Common Strategies

- Identify and resolve differences across systems
  - Ensure conversation happens at policy, supervisory and front-line levels
- Develop common principles for working together



# 10 Element Framework

## Underlying Values

- 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; consequences should not be used solely as punishments

# 10 Element Framework Daily Practice – Screening and Assessment

## Issues to Address

- Time, Time, Time – reconcile the Four Clocks:
  - CWS, AOD, TANF, child development
- Roles and responsibilities across systems
- Communication paths across systems
- Incentives for prioritization
- Missing box problem

# 10 Element Framework Daily Practice – Screening and Assessment

- Common Strategies
- Clarify intake procedures and AOD/child safety screening protocols
- Decide on team, tool, method, roles and responsibilities to
  - Provide AOD expertise to Child Welfare Workers in investigation/assessment (EIOS Workers)
  - Ensure parents seeking treatment receive needed supports for child safety

# 10 Element Framework Daily Practice – Screening and Assessment

- UNCOPE – Washington and Maine
  - 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?

# 10 Element Framework Daily Practice – Screening and Assessment

- Common Strategies
- Clarify drug testing policies and procedures to ensure appropriate interventions are provided to effectively managing safety and risk conditions
  - As one component of a comprehensive family assessment to identify or eliminate substance abuse as a contributing factor
  - To assist a parent in their readiness for treatment interventions
  - When substance abuse is a contributing factor and the parent is not participating in a substance abuse treatment program.
  - To deter and monitor client substance use
  - To provide a positive reinforcement for clients in early recovery.

# 10 Element Framework Daily Practice – Engagement and Retention

## Issues to Address

- Time, Time, Time
- Outreach and engagement strategies
- Addressing motivation to change
- Cross-system agreement on approaches to relapse
- Responding to clients' progress in treatment

# 10 Element Framework Daily Practice – Engagement and Retention

## Common Strategies

- Out-stationing staff
- Use motivational enhancement
- Ensure AOD treatment and CPS practice is responsive to clients' individualized needs
- Strengths-based, supportive relationships, trauma-informed, culturally competent, accessible
- Parent Partners
- Recovery management approaches
  - STARS
  - SARMS

# Screening and Assessment for Family Engagement, Retention and Recovery

- *Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)*
  - Provides screening and assessment tools
  - Includes guidelines for communication and collaboration across the systems responsible for helping families



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# Organization of SAFERR

## I. Building Cross-System Collaboration

- Creating the structure to create and sustain change

## II. Collaboration Within and Across Systems

- What each system needs to know about itself and its partners

## III. Collaboration in Action: Working Together on the Front Line

- Presents activities that create cross-system practice changes

# Organization of SAFERR Appendices

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## A. Facilitator's Guide

- Templates and exercises

## B. Fact Sheets

- To educate administrators, legislators and stakeholders about the initiative

## C. Understanding the Needs of Children

## D. Screening and Assessment Tools for Substance Use Disorders

# Organization of SAFERR Appendices

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- E. Substance Use, Abuse, Dependence Continuum, and Principles of Effective Treatment
- F. Safety and Risk Assessments for Use by Child Welfare Staff
- G. Sharing Confidential Information
- H. Glossary of Terms
- I. Guide to Compliance with the Indian Child Welfare Act (ICWA)

# 10 Element Framework Daily Practice – Services to Children

## Issues to Address

- Time, Time, Time
- Children of parents with a substance use disorders are at an increased risk for disabilities as well as involvement with child welfare services
- Prenatal and post-natal exposure creates multiple opportunities for intervention

# 10 Element Framework Daily Practice – Services to Children

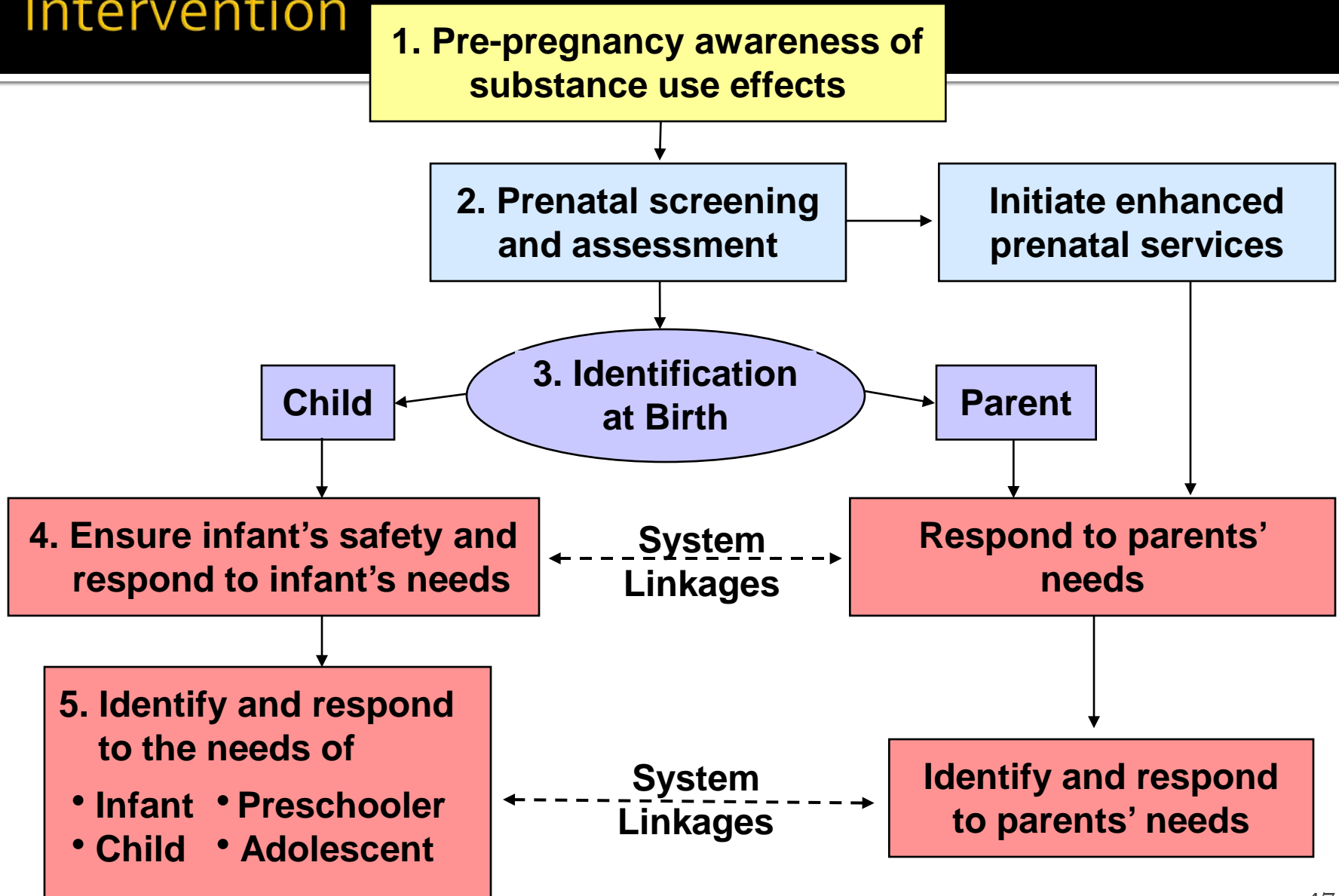
- Screening project for FASD among the children of the Santa Clara County Family Drug Treatment Court (California)
- Use of *Celebrating Families!* curriculum to educate families about the impact of substance dependence on families
  - Four groups – adolescents, pre-adolescents, children and parents – meet separately, but receive the same information

# Daily Practice – Services to Children

## Multiple Opportunities for Intervention

- Commonly noted consequences for children
  - Fetal Alcohol Syndrome (FAS)
  - Alcohol-related neuro-developmental disorders (ARND)
    - Physical health consequences
    - Lack of secure attachment
    - Psychopathology
    - Behavioral problems
    - Poor social relations/skills
    - Deficits in motor skills
    - Cognition and learning disabilities

# Policy and Practice Framework: Five Points of Intervention



# 10 Element Framework

## Joint Accountability, Shared Outcomes, and Information Systems

- Filling in “missing boxes” for prevalence of
  - 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
- Developing communication protocols
- CFSR (SIP) and NOMS processes



# 10 Element Framework

## Training and Staff Development

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### Issues to Address

- Audience
- Purpose and Intended Use
- Content

### Common Strategies

- Creating a training plan
- Develop an inventory of current training efforts
- Developing opportunities for cross training and joint training

# NCSACW Training and Related Products

- On-Line Training – **Now Available**
  - 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
- *Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers*
  - Includes a Methamphetamine Resource List

# 10 Element Framework

- **Funding and Program Sustainability**
  - Two types of sustainability:
    - Financial
    - Political and Community Support
- **So an inventory of existing and potential funding streams is a critical need**

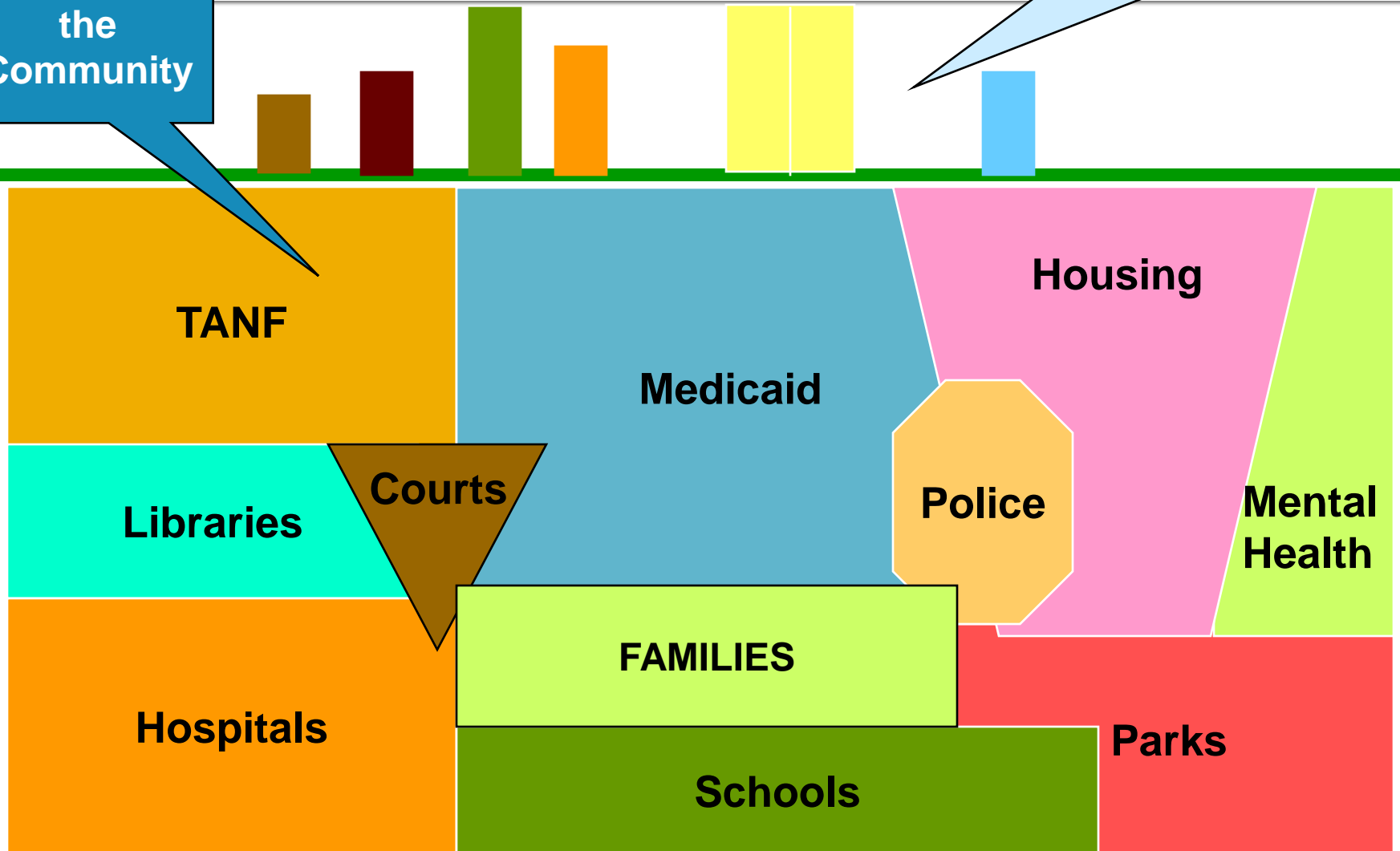
# Cross-System Funding Inventory

- Maps all sources in the community that fund services
  - At what levels
  - On what types of programs
  - For which populations
- Includes information such as
  - Total funds by Federal, State, and local funding sources
  - Program descriptions, including program objectives, services, and effectiveness
  - Target populations served and client demographics by age, gender, and race/ethnicity

# Financial Sustainability: Guarding Against “Projectitis”

The “Real”  
Money in  
the  
Community

Pilots, Demos and  
Grant-funded Projects



# Political and Community Support

- Continue to identify needed partners based on changing needs of families
- Negotiate outcomes upfront: “What results would it take to get your resources?”
- Secure champions for your efforts: legislators, advocates, media

# The Four Questions

1. Where are the data that tells the story?
  - Begin to monitor the population in all three information systems – CWS, ADS, Court
2. Who do we need to succeed?
  - Find one key partner who's not at the table now
3. Where's the real money?
  - Get a redirection agenda
4. Who are the champions?
  - Recruit policy leaders who will endorse the effort

# Substance Abuse Specialists in Child Welfare and the Courts



# Mid to late 1990s – Practice Models

Many communities began program models

- Paired Counselor and Child Welfare Worker
- Counselor Out-stationed at Child Welfare Office
- Multidisciplinary Teams for Joint Case Planning
- Persons in Recovery act as Parents Advocates

# Lessons and Challenges

- Program Structure
  - Purpose
  - Roles and responsibilities
  - Location and settings
- Collaborative Structure
  - Underlying values and principles
  - Funding
  - Training and supervision
  - Outcomes and evaluation

# Factors Critical to Success

- Cross training and training on how to use the specialist
- Specialists' background and expertise
- Location of specialist
- Same specialist serves client through length of case
- Collaborative relationship and constant communication between CWS, treatment, specialists, and others
- Buy-in from different systems
- Top leadership decided integrative practice was a priority
- Sustainable funding

# Lessons Learned

- Obtaining buy-in is a slow process and does not happen overnight
  - Importance of developing joint values and principles
  - Importance of obtaining buy-in from different systems and treatment providers
  - Importance of involving courts during program's design phase
- Planning and budgeting for ongoing data collection/evaluation of program is important
  - Importance of collecting standardized data

# Lessons Learned

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- Need to train CWWs on how to use specialists
- Importance of having available resources/ capacity to handle increased caseload
- Importance of addressing clients' ancillary needs
- Importance of flexibility to meet the (changing) needs of systems

# 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



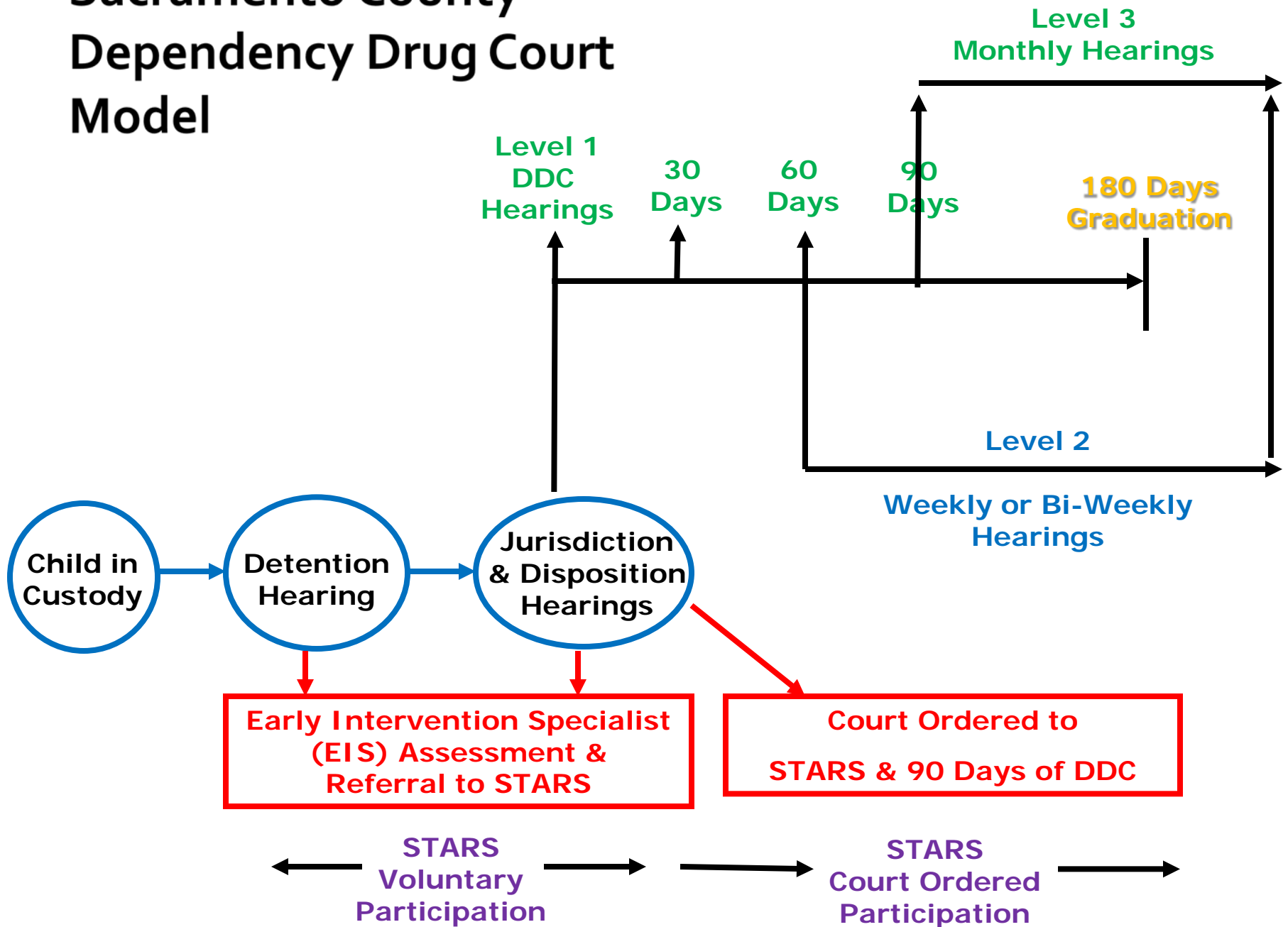
# Sacramento County's Comprehensive Reform

## Five Components of Reform

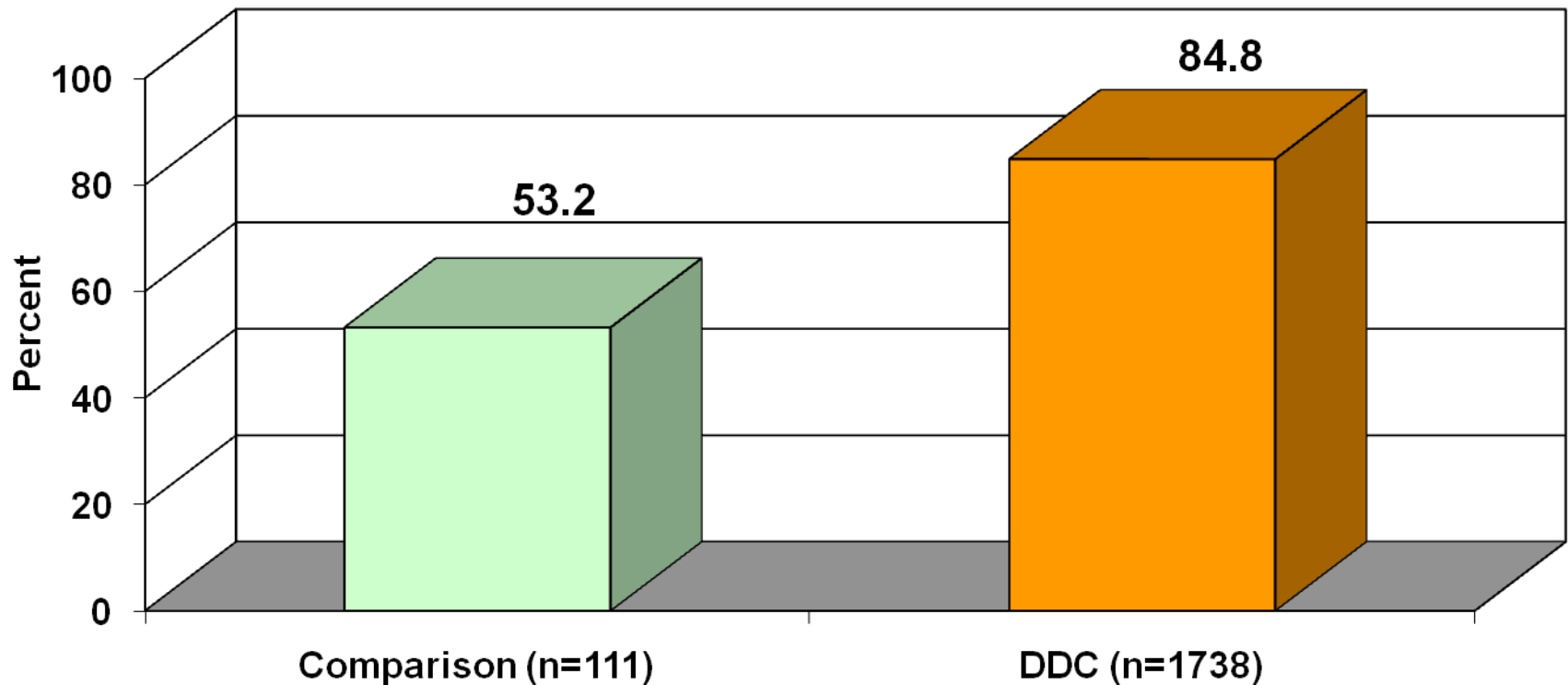
1. Comprehensive cross-system joint training
2. Substance Abuse Treatment System of Care
3. Early Intervention Specialists
4. Recovery Management Specialists (STARS)
5. Dependency Drug Court

Reforms have been implemented  
over the past eleven years

# Sacramento County Dependency Drug Court Model

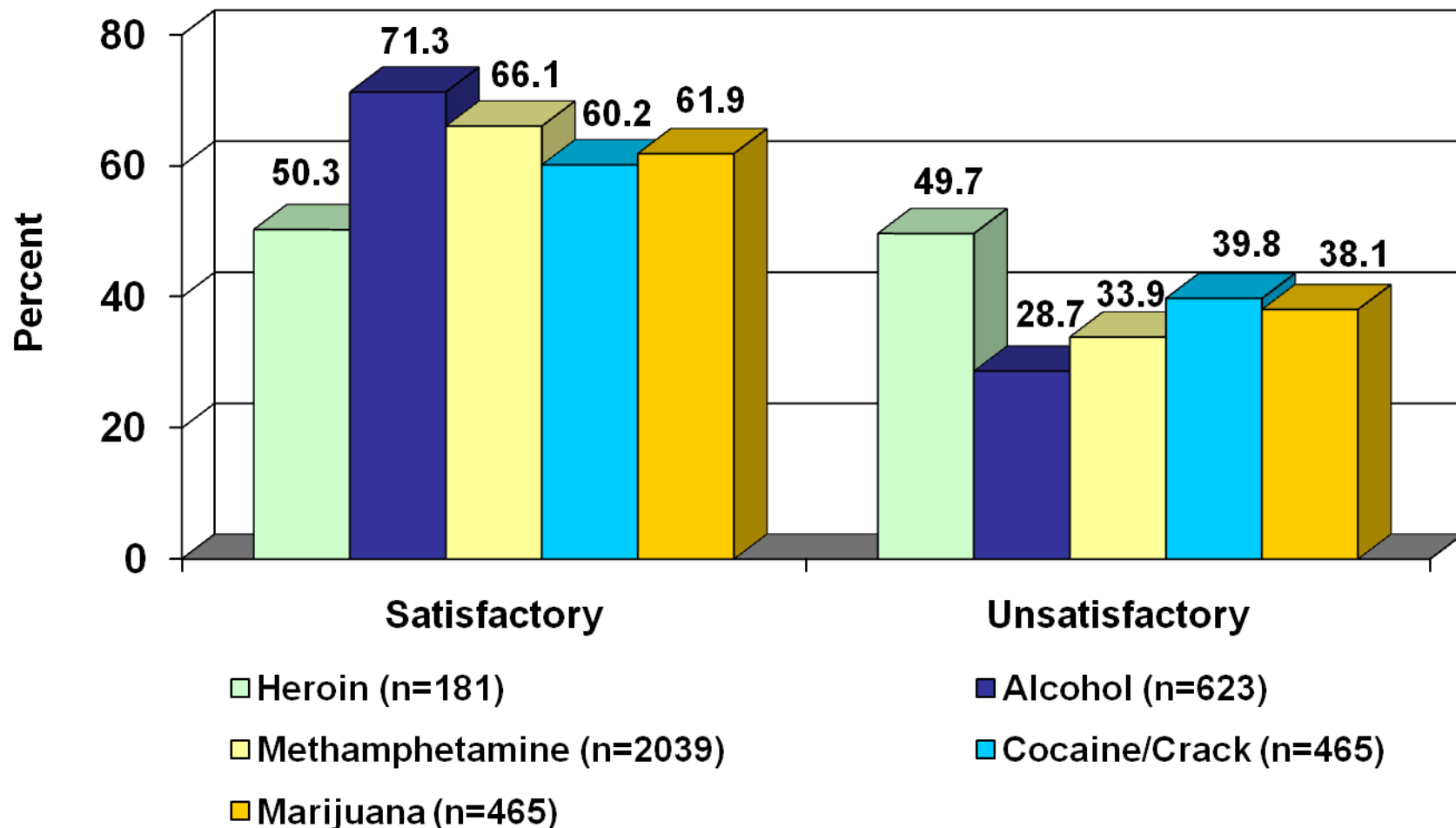


# Treatment Admission Rates\*\*\*



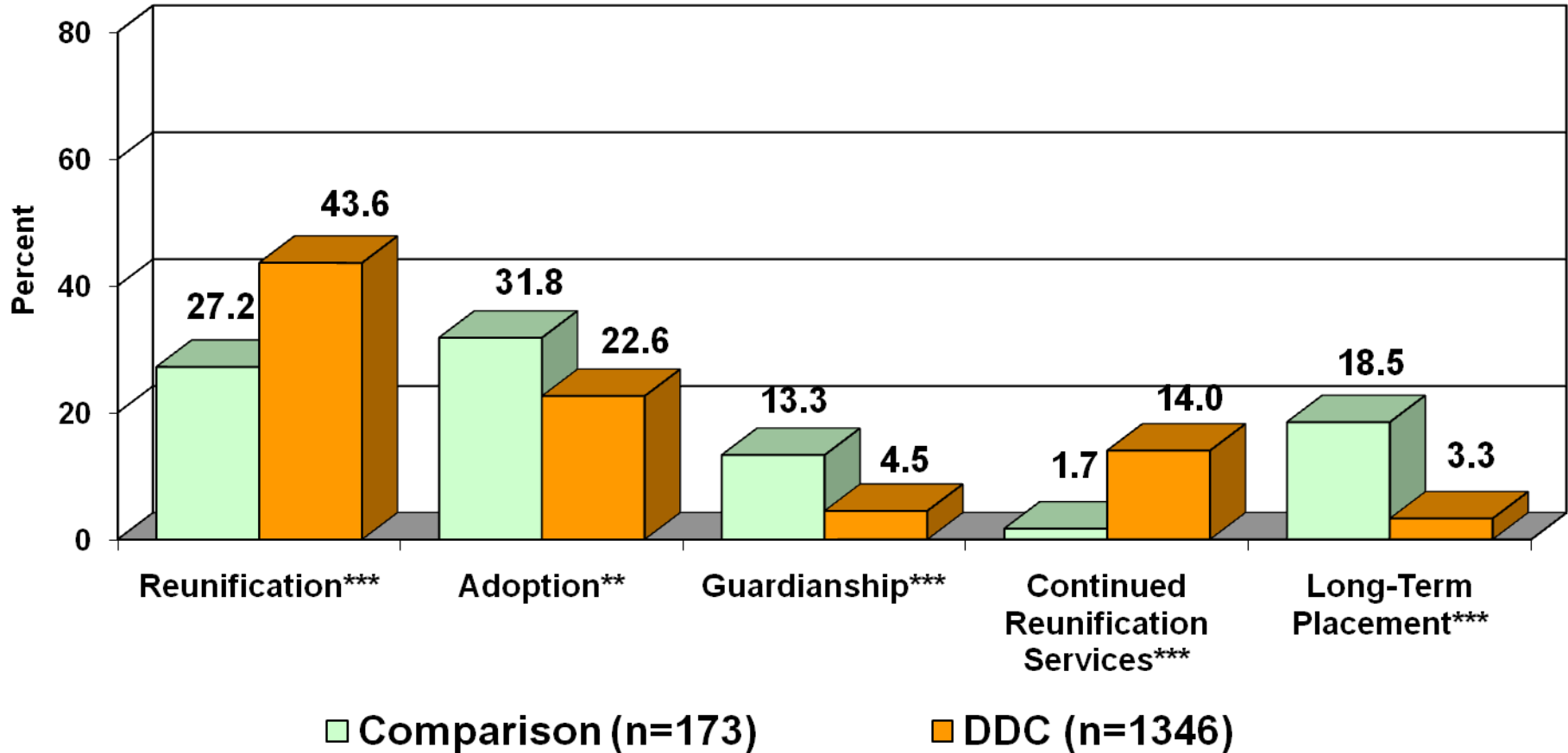
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# Treatment Discharge Status by Primary Drug Problem\*\*\*



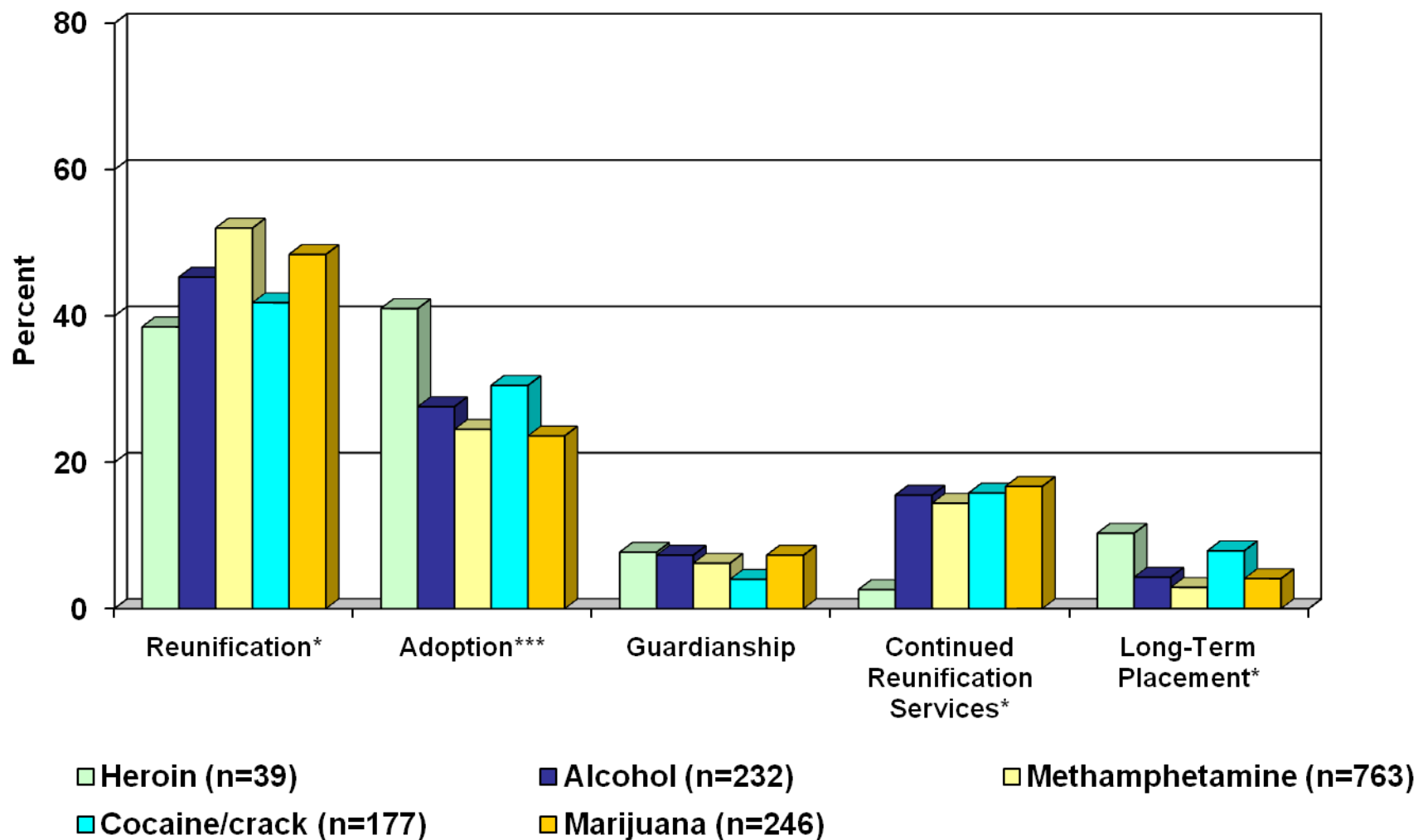
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# Child Placement Outcomes at 24-Month



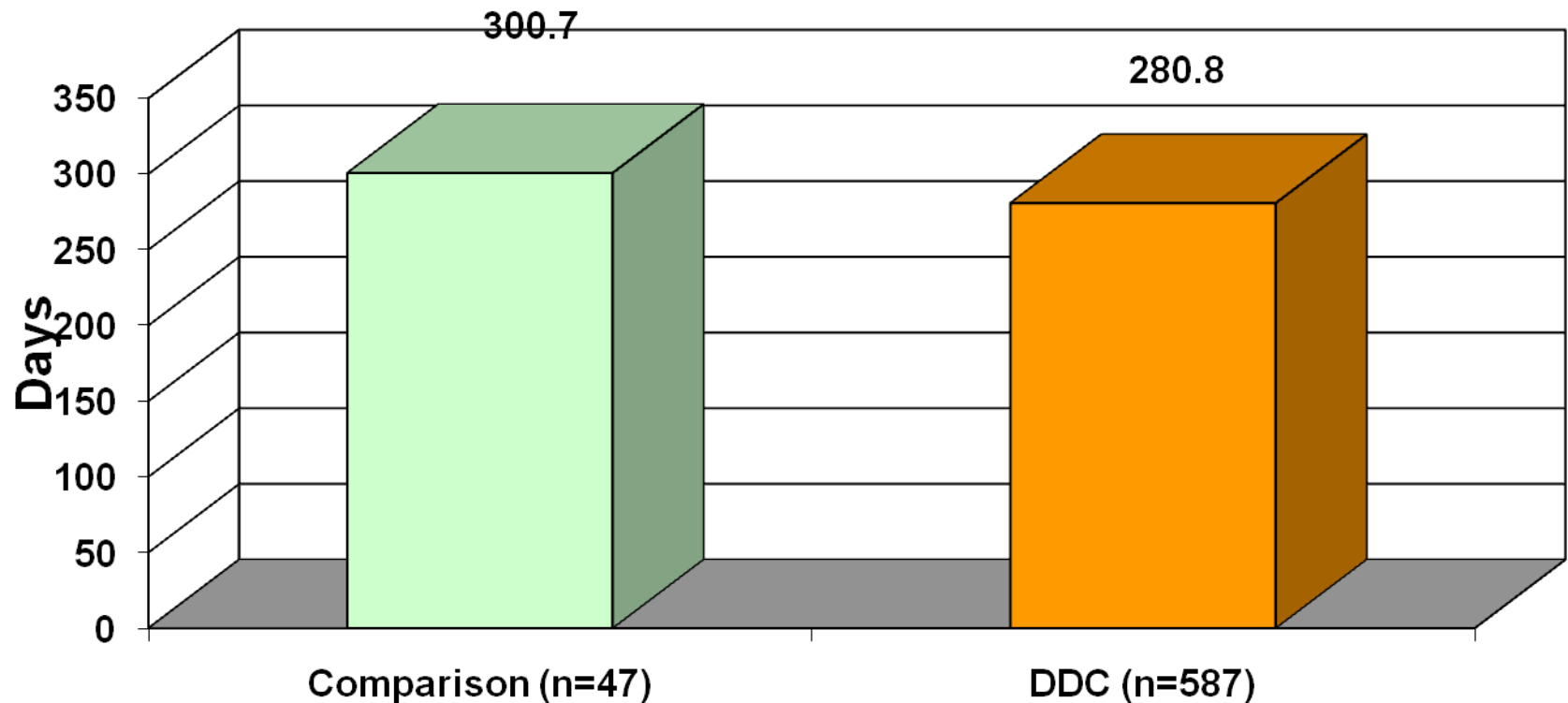
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# 24-Month Child Placement Outcomes by Parent Primary Drug Problem



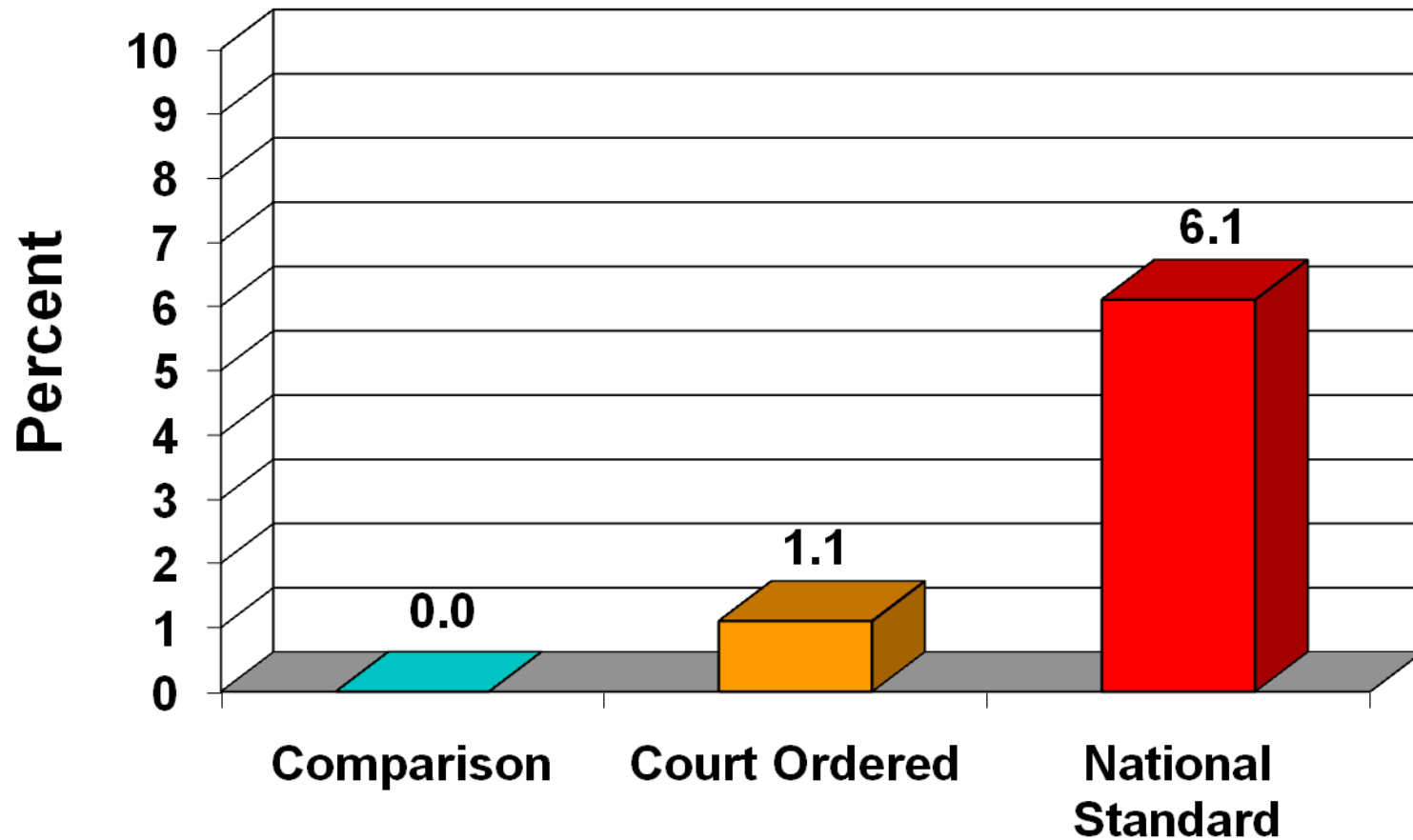
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# Time to Reunification at 24 Months



n.s.

# Recidivism Rates





# 24-Month Cost Savings Due to Increased Reunification Rates Preliminary Findings

- 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
- 43.6% - Reunification rate for court-ordered DDC group children
- 221 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
- **\$10,049,036 Estimated Savings in Out-of-Home care**