Improving Outcomes for Families Affected by Substance Use Disorders: Child Welfare, Substance Abuse Services and the Juvenile Court

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Overview

- NCSACW.SAMHSA.GOV
- Some Massachusetts Numbers
- Elements of System Linkages
- Models of Implementing the Linkages
- Celebrating the Work of the Massachusetts Family Recovery Collaborative
Mission

- To improve outcomes for families by promoting effective practice, and organizational and system changes at the local, state, and national levels
  - Developing and implementing a comprehensive program of information gathering and dissemination
  - Providing technical assistance
Recent Products

  (A short monograph for front-line workers)

- 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

Visit

[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)
Program of In-Depth Technical Assistance

- Fifteen months of in-depth work with a State Team to develop practice protocols and policies that improve outcomes for families


  Colorado  Florida  Michigan  Virginia

- **Round 2 – 2004/2006**

  Arkansas  Massachusetts  Minnesota  
  Squaxin Island Tribe

- **Round 3 – 2006/2007**

  New York  Texas

  Four Sites with a less intensive level of support
ANNOUNCING

- Putting the Pieces Together for Children and Families: Second National Conference on Substance Abuse, Child Welfare and the Courts

- January 30, 2007
  - Pre-conference symposium on substance-exposed infants with Dr. Ira Chasnoff

- January 31 to February 2, 2007
  - National Conference

- Disneyland Hotel, Anaheim California
  - Sign up for information at contactus@cffutures.org
Some Numbers
Children of Parents with Substance Use Disorders
So how many are there?

Living with parent

Parent entered treatment
Mother used while pregnant
Children Living with One or More Substance-Abusing Parent

1,464,189 MA Children with ~ 161,000 Living with Parent with SUD
About 9,500 Children under 18 in Out-of-Home Care at end of 2005

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

Numbers indicate millions
Parent Entered Treatment
Parents Entering Publicly-Funded Substance Abuse Treatment

- Had a Child under age 6 20%
  - 19,980 -- 35% lived with child

- Had a Child aged 6 to 18 31%
  - 33,697 – 34% lived with child

Massachusetts Department of Public Health, Bureau of Substance Abuse Services
Fact Sheet: Statewide Adult Admissions – FY 2004
Mother Used While Pregnant

Last Statewide Prevalence Study Of Infants at Birth 1992 in California
# Use During Pregnancy

**SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003, applied to Massachusetts 2004 births – 78,460**

<table>
<thead>
<tr>
<th>Substance Used</th>
<th>First Trimester</th>
<th>Second Trimester</th>
<th>Third Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Illicit Drug</td>
<td>7.70%</td>
<td>3.20%</td>
<td>2.30%</td>
</tr>
<tr>
<td></td>
<td>6,041</td>
<td>2,511</td>
<td>1,805</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>19.60%</td>
<td>6.10%</td>
<td>4.70%</td>
</tr>
<tr>
<td></td>
<td>15,378</td>
<td>4,786</td>
<td>3,688</td>
</tr>
<tr>
<td>Binge Alcohol Use</td>
<td>10.90%</td>
<td>1.40%</td>
<td>0.70%</td>
</tr>
<tr>
<td></td>
<td>8,552</td>
<td>1,098</td>
<td>549</td>
</tr>
</tbody>
</table>
Massachusetts Children Affected

Parent is Alcohol Dependent or Need Treatment:
About 161,000 Massachusetts Children

Parents in Treatment:
About 50,000 Massachusetts Treatment Admissions Were Parents of Minor Children

Mother uses while pregnant:
About 8,500 Massachusetts Infants Exposed to Binge Alcohol per Year
Cumulative – About 144,500 Children Under 18
How Big a Problem are Substance Use Disorders in CWS Caseloads?

- We don’t really have the numbers…

Let’s look at the overall foster care population over time…
Foster Care Population and Persons Who First Used Specific Substances in Prior Year

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

Office of Applied Studies, SAMHSA (2005) Substance Use and Need For Treatment among Youths Who Have Been in Foster Care
How Big a Problem are Substance Use Disorders in CWS Caseloads?

- We don’t have good data…
- 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

- Research studies vary based on:
  - Definition of substance abuse
  - Population (rural versus urban)
  - Sample (in-home versus out of home)
Risks for Children
How does Child Welfare Assess for the Differences?

- Parent uses or abuses drugs and/or alcohol
- Parent is dependent on drugs and/or alcohol
- Special circumstances involving methamphetamine and manufacturing
  - Parent “cooks” small quantities of meth
  - Parent involved in super lab
- Parent involved in trafficking
- Mother uses while pregnant
Collaborative Models
Key Barriers Between Substance Abuse, Child Welfare, and the Courts

- Beliefs and values
- Competing priorities
- Treatment gap
- Information systems
- Staff knowledge and skills
- Lack of communication
- Different mandates
Models of Improved Services

- Many communities began program models in 1990s
  - Paired Counselor and Child Welfare Worker
  - Counselor Out-stationed at Child Welfare Office
  - Multidisciplinary Teams for Joint Case Planning
  - Persons in Recovery act as Advocates for Parents
  - Training and Curricula Development
  - Family Treatment Courts
More Advanced Models of Team Efforts

- Workers out-stationed in collaborative settings: at courts, at CWS agencies, at treatment agencies
- Increased recovery management and monitoring of recovery progress
- New methods and protocols on sharing information
- Increased judicial oversight and family drug treatment courts
- New priorities for treatment access for child welfare-involved families
- New responses to children’s needs – family based treatment
Models are Not Yet Reformed Systems

Emergence of Family Based Treatment...
Emergence of Family Based Treatment

- **Women’s programming 1970s - 80s**
  - Strategies still largely based on male models

- **Women and children 1990s**
  - Increased recognition of specific needs for women – Trauma and Co-occurring disorders

- **Children’s intervention needs – Early 2000s**
  - Significant therapeutic needs of children
  - Poor parenting skills and attachment ability
Moving Toward Family Based Treatment

- Challenges
  - Defining who is the family member
  - How many and ages of children in programs
    - Logistics, milieu and clinical reasons
  - Incorporating fathers in treatment milieu
    - Preventing further trauma of family divisions and separations
Continuum of Family Based Treatment

**Level One**

Serve women

- Family relationships framework is built into service delivery
Continuum of Family Based Treatment

Level Two

Serve women and children

- Child care – often through co-op babysitting
- Treatment plan includes parenting and family relationships
Continuum of Family Based Treatment

Level Three

Serve women and children

- Therapeutic needs of children are recognized
- Parenting and family relationships are part of treatment plan
- For families in child welfare services, dual role of supporting recovery and ensuring health and safety of children
Continuum of Family Based Treatment

Serve women and children

- Therapeutic needs of children are recognized and they have own treatment/therapeutic goals
- Fathers and/or significant others receive services in support of the woman’s recovery
Serve women, children and family members they define as their family

- All members of family unit have individualize treatment plans
- Focus is on family members and the family system as a whole
- Community supports including domestic violence, employment and re-entry services are addressed
Navigating the Pathways
TAP 27 published by CSAT

Established:

- A framework for defining elements of collaboration
- Methods to assess effectiveness of collaborative work
Framework and Policy Tools for Systems Change

- To define linkage points across systems
- To describe the components of the initiative
- To assess the progress in implementation
- To assist sites in measuring their implementation
Framework and Policy Tools for Systems Change

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

- 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

Visit [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov) for Examples from States to Implement these Elements
Massachusetts Family Recovery Collaborative

A Collaborative Agreement among the Massachusetts Departments of Social Services and Public Health, Bureau of Substance Abuse Services, Massachusetts Juvenile Court, and the Wampanoag Tribe of Gay Head (Aquinnah)
Family Recovery Collaborative

- Developed Priorities
  - Families involved with DSS and the Juvenile Court where parents or caregivers have substance Use Disorders
  - Children, youth and families identified by DSS who are not court involved but where parents or caregivers have substance use disorders
  - Children, youth and families in substance use treatment who are not involved with DSS but whose substance use disorder places them at risk for DSS involvement
Family Recovery Collaborative

- **Established Goals**
  - Develop and implement an integrated system of care including substance abuse, mental health, trauma and domestic violence
  - Increase systems’ capacity including screening for SUDs, ICWA eligibility, child well-being and functioning and encouraging legal system to support parents in treatment
  - Develop and implement standardized releases of information and informed consents
  - Develop and implement multidisciplinary training
  - Improve access to culturally and gender appropriate services
  - Develop on-going mechanisms of program evaluation
Established a Statement of Shared Values

- No one organization or system can address all of the substance use problems facing families and communities. Ensuring child safety and family health requires collaboration and partnership among families, professionals, agencies, organizations, and communities.
- Effective collaboration requires that individuals, families, systems, and communities value differences and diverse perspectives but seek to establish a common purpose that creates a shared vision for their community.
- Families experiencing alcohol and other drug problems often share histories of violence and trauma. Our systems should seek to work together in an integrated approach to minimize the possibility of further trauma and abuse.
- Every parent who has an alcohol or other drug problem should have a fair shot at recovery with timely and comprehensive treatment within their community. Every child who is experiencing his/her own alcohol and/or other drug problems, either directly or indirectly, should also have fair access to treatment and recovery.
Family Recovery Collaborative

- Established a Statement of Shared Values
  - Services should be family-focused and needs-driven, utilizing best practices. Services should respect culture and language at all levels. Service standards must be quality-driven and maintained through a commitment to life-long learning.
  - The needs of the children, youth, and families of the Wampanoag Tribe and other Native American families of federally recognized tribes residing in the Commonwealth are understood to be unique and complex because of their sovereign status and the historic failure by the American government to address these needs. Service delivery to this population should not only conform to the requirements of the Indian Child Welfare Act but also be culturally competent and delivered by well-trained providers.
  - Every child has a right to be free of abuse and neglect, and a child’s developmental needs take precedence over the timing of parental recovery.
  - Safety and permanency are the birthright of every child in our community. The goals of the child welfare system and its partners are to support safe, nurturing, and permanent families for children within their community – where possible within the biological family and where not possible with another permanent family.
The Voice of a Child

Nothing But Silence
By Ashley G.
Age 12
January 2005
Nothing But Silence

People all around me
Calling out my name
But no I cannot hear them
For my heart is filled with shame
Nothing but silence

But only till the break of dawn
Will I be feeling sad
For wandering out on the streets
Are my birth mom and dad

Why’d she do this to her and me
With this we’ll have to cope
But while she’s clean you never know
There still could be hope

But in the perfect world I know
There’s no harmful stuff
Now I’ve come to realize
It’s just a bunch of bluff
Nothing but silence

Sitting by the widow sill
A tear rolls down my cheek
Although it hurts I can’t express
My heart is just too weak
Nothing but ache

It’s funny what one pill can do
To a mother or a kid
And now I know that for a fact
I won’t do what she did
Nothing but ache

Now I live a better life
And drugs…I wouldn’t dare
Away from all the harmful things
With a family who cares
Nothing but love

I know it hurts, it sure hurt me
That’s why I’ll remain drug free
Nothing…but hope