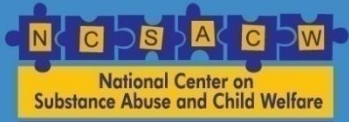




# Partnerships, Policies and Practices

Linda Carpenter, Project Director  
NADEC, November 10, 2010



Bringing Systems Together for  
Family Recovery, Safety, and Stability





**A Program of the**

**Substance Abuse and Mental Health Services Administration**  
**Center for Substance Abuse Treatment**

**and the**

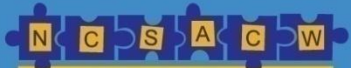
**Administration on Children, Youth and Families**  
**Children's Bureau**  
**Office on Child Abuse and Neglect**



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Substance Abuse and Mental Health Services Administration**  
**Administration for Children and Families**  
[www.samhsa.gov](http://www.samhsa.gov)



# Partnerships, Policies and Practices:



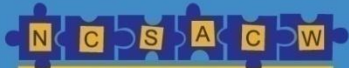
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# A Collaborative Framework for Addressing the Complex Needs of Drug Endangered Children and Their Families - Part I



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# Statement of the Problem

Parental substance use disorders are a factor in the majority of child welfare cases.





# Introduction

- This is a two-part workshop that will describe the continuum of services necessary to effectively serve drug endangered children and their families.
- The first session will provide an overview of the problem, with a brief discussion on the impact of parental substance use on children across the lifespan from pre-natal exposure to childhood to adolescence.





# Workshop Objectives

- **Part I: To Understand:**
  - I. The nature of the problem, including the prevalence rates of children prenatally exposed to both licit and illicit substances.
  - II. The impact of prenatal and environmental exposure on children.
  - III. The need for a comprehensive approach to the problem that includes prevention/education, early intervention and child safety, treatment and family support.





# An Overview of the Challenge

- Prevalence numbers will show that many more children are affected than the attention we give to this issue.
- The cost over time to treat these children is far greater than the cost of prevention and early identification.
- Our efforts are now fragmented and focused more on pilot projects than systems change.





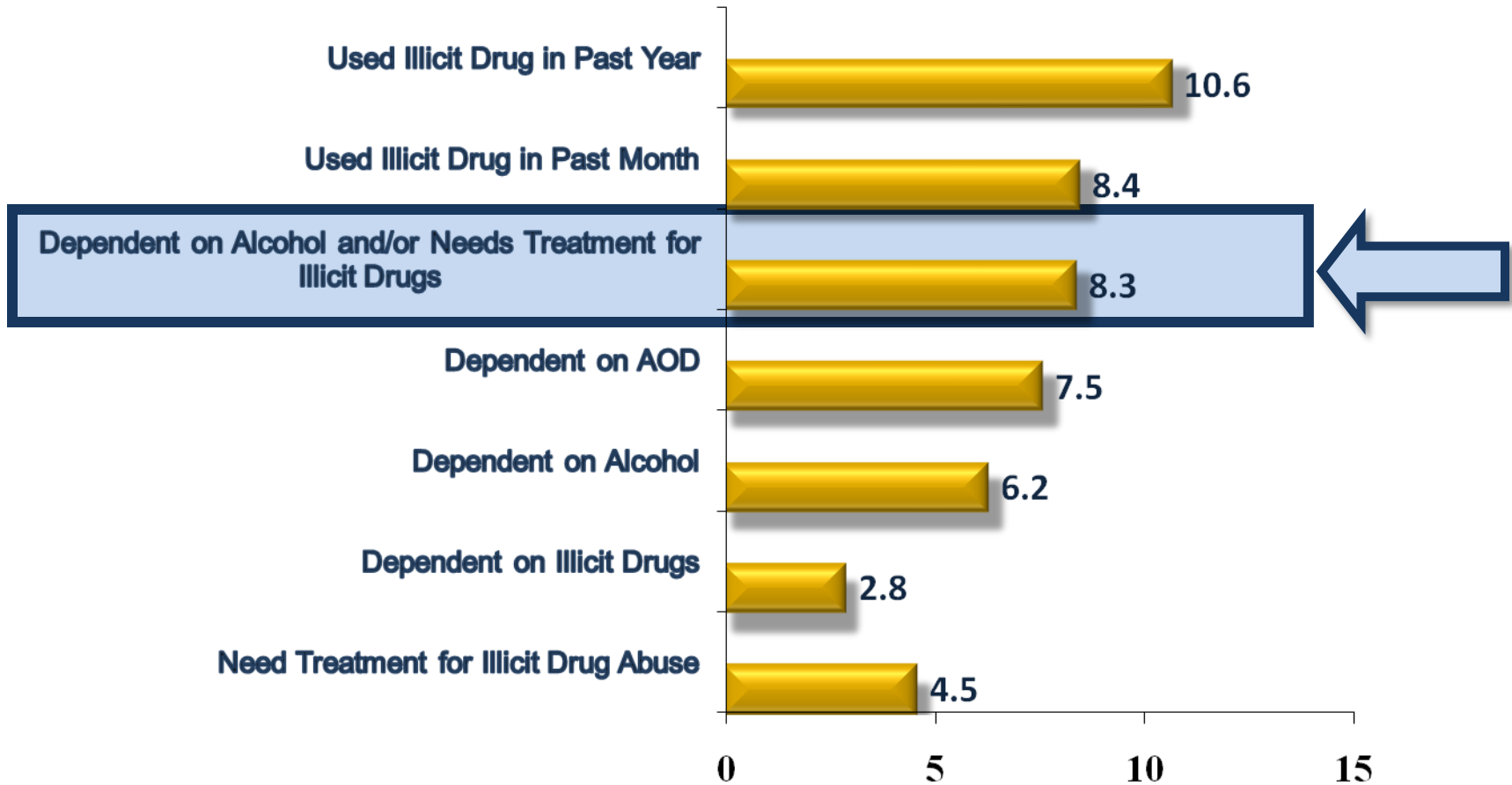


# An Overview of the Challenge

- Of the 74,602,590 children under the age of 18, 11% or **8.3 million** live with one or more parent who is dependent on alcohol or needs treatment for illegal drug abuse.
- Of children entering the child welfare system, estimates suggest that **40-80%** are affected by their parents' or caretakers' substance abuse.
- Prenatal screening studies document **15-20%** of newborns prenatally exposed to alcohol, tobacco, or illegal drugs.



# Children Living with One or More Substance-Abusing Parent



*Numbers indicate millions*



# Use During Pregnancy

**SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007-2008 Annual Average**

**Total U.S. Births 2008: 4,247,000**

<b>Substance Used (Past Month)</b>	<b>1st Trimester</b>	<b>2nd Trimester</b>	<b>3rd Trimester</b>
<b>Any Illicit Drug</b>	<b>7.2%</b>	<b>5.0%</b>	<b>2.8%</b>
<b>Alcohol Use</b>	<b>20.7%</b>	<b>7.8%</b>	<b>3.5%</b>
<b>Binge Alcohol Use</b>	<b>10.3%</b>	<b>1.9%</b>	<b>1.3%</b>
<b>Cigarettes</b>	<b>23.7%</b>	<b>12.9%</b>	<b>13.7%</b>





# Number of Children Prenatally Exposed to Substances

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

Total births = **4,247,000** 2007

11% of total births = **467,170**





# Child Welfare and Substance Abuse

*Most cases of child maltreatment by substance-abusing parents now involve children under age three. Infants in particular are the fastest growing population in foster care.*



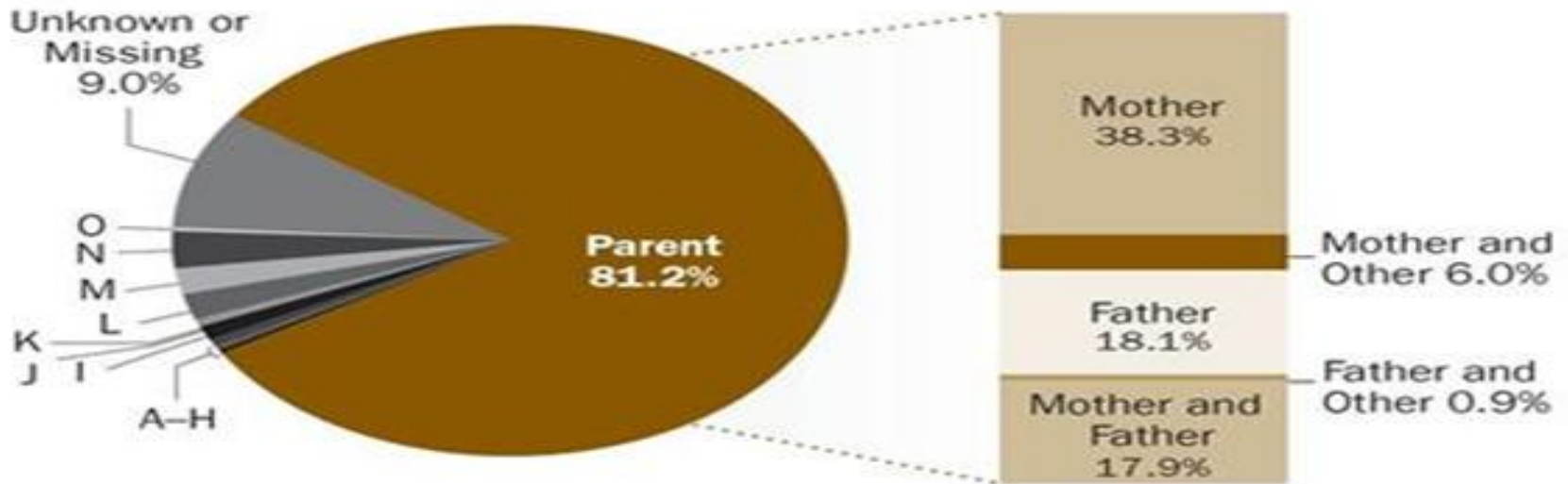


# 2008 Child Welfare Data Child Maltreatment By Age Group

Age Group of Victims	Number	Rate per 1,000
Age <1	91,652	21.7
Age 1	54,008	12.9
Age 2	50,816	12.4
Age 3	47,263	11.7
Age 4-7	175,773	11.0
Age 8-11	141,185	9.2
Age 12-15	135,306	8.4
Age 16-17	46,795	5.5
Unknown	3,164	--
<b>Total</b>	<b>745,962</b>	<b>10.2</b>



# 2008 Child Welfare Data: Perpetrator Relationship



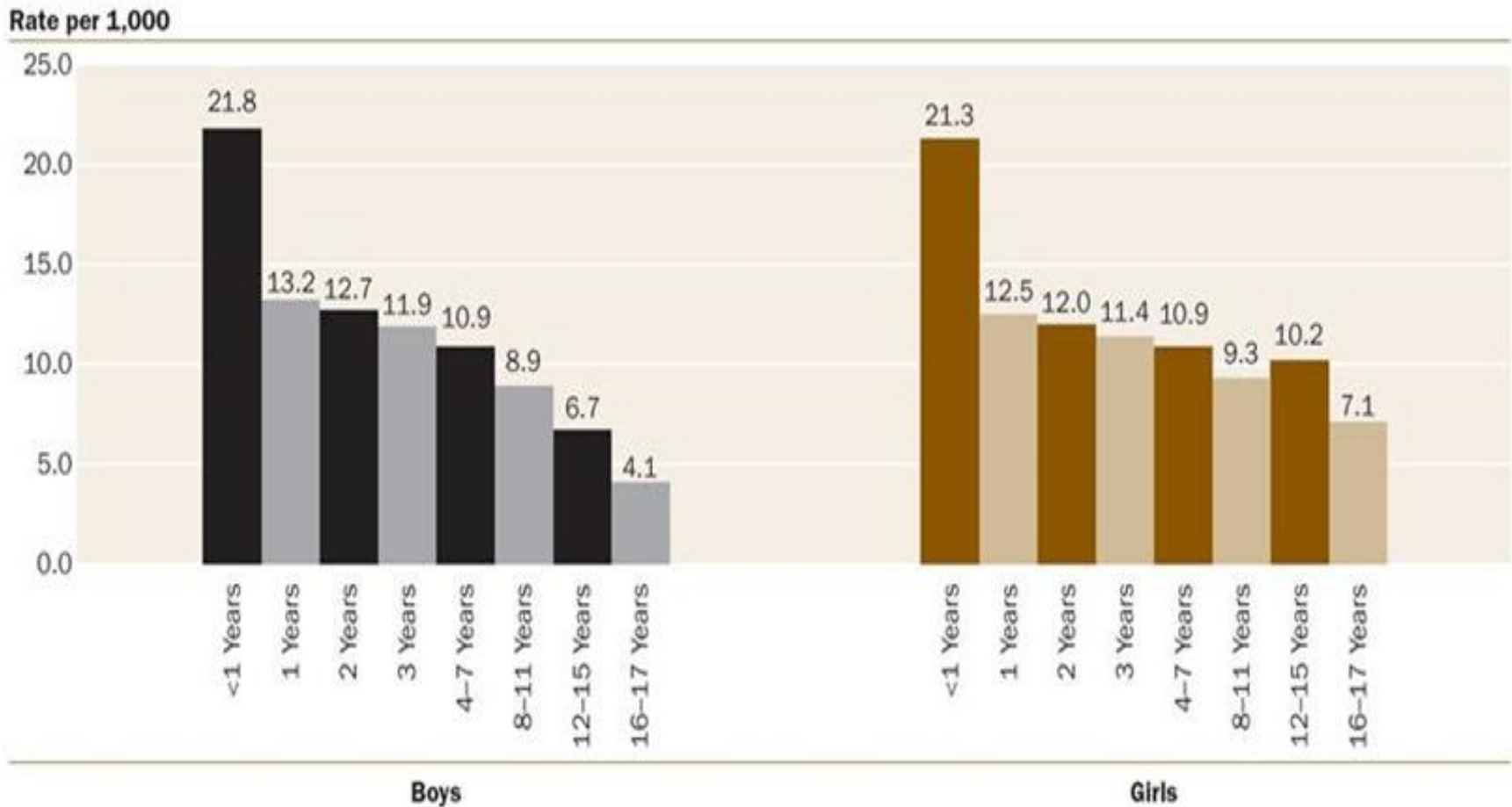
## Nonparental

- |   |  |
|---|--|
| A Daycare Staff 0.5%                        | I More than One Nonparental Perpetrator 1.1% |
| B Foster Parent (Female Relative) 0.0%      | J Other Professional 0.1%                    |
| C Foster Parent (Male Relative) 0.0%        | K Partner of Parent (Female) 0.3%            |
| D Foster Parent (Nonrelative) 0.2%          | L Partner of Parent (Male) 2.2%              |
| E Foster Parent (Unknown Relationship) 0.1% | M Relative (Female) 1.7%                     |
| F Friend or Neighbor 0.4%                   | N Relative (Male) 3.0%                       |
| G Legal Guardian (Female) 0.1%              | O Staff Group Home 0.2%                      |
| H Legal Guardian (Male) 0.0%                |  |

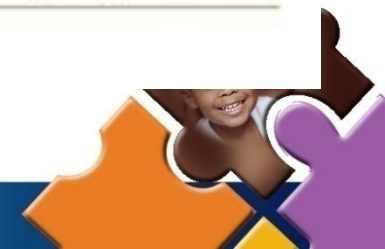




# 2008 Child Maltreatment Data by Age and Sex

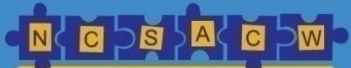


Source: Data extracted from Table 3-12 (USDHHS, 2010)





# What is the Impact on the Child?



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# Impact on the Child

- Complex interchange of biological, psychological and sociological events
- Other issues in parental behavior, competence, and disorders interact which may lead to multiple co-occurring problems for children.
- Children of parents with substance use disorders are at an increased risk for developmental delays, involvement with child welfare services, and developing their own problems with substance use.





# Impact on the Child

- Children whose parents abuse drugs and alcohol are almost three times (2.7) likelier to be abused and more than four times (4.2) likelier to be neglected than children of parents who are not substance abusers.
- Substance abuse and addiction is almost guaranteed to lead to neglect of children.
- The rate of repeated abuse or neglect appears to be increasingly driven by alcohol and drug addiction.



# Impact on the Child

- Substance abuse can significantly interfere with a parent's ability to parent effectively while they are actively using; impacting their judgment, inhibitions, protective capacity and overall mental functioning.



# Impact on the Child

- The impact on the child can range from:
  - Severe, inconsistent and inappropriate discipline
  - Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
  - Disruption of parent/child relationship, child's sense of trust, belonging
  - Situations that jeopardize the child's safety and health (e.g. meth labs, parents who are dealing, teaching child to use)
  - Physical, emotional, sexual abuse and exploitation





# Impact on the Child

The combination of prenatal exposure and postnatal factors has been shown to have a significant impact on a child's development. These factors include:

- Parental substance use
- Domestic Violence
- Quality of home environment
- Parenting style
- Lack of or poor care giving
- Mother's cognitive functioning/level of education
- Maternal/caregiver stress and depression and other mental health issues
- Separation and other traumatic events





# Impact on the Child

- Effects of prenatal exposure and postnatal environment may include:
  - Physical Health Consequences, including low-birth weight, prematurity, physical defects
  - Language Delays / Disorders
  - Behavioral/Emotional Dysregulation/Poor Social Skills
  - Cognition/Learning Disabilities/Delayed School Readiness
  - Executive Dysfunction
  - Gross and Fine Motor Delays
  - Attention Problems
  - Below Average Intellectual Abilities
  - Memory Difficulties
  - Attachment Disorders





# Impact on the Child

- Research has focused primarily on the impact of illicit drugs (cocaine & methamphetamine more recently), and usually only one drug—not poly-drug use as is most often the case.
- The adverse effects of prenatal exposure to alcohol have been clearly established:
  - *Prenatal exposure to alcohol is the most common form of preventable brain damage.*







# Impact on the Child

- FAS (Fetal Alcohol Syndrome) rates range from 0.2-1.5 cases per 1,000 live births.
- Other prenatal alcohol conditions, such as ARND (alcohol-related neuro-developmental disorders) and ARBD (alcohol-related birth defects) are estimated to occur about **three** times as often. *(Fetal Alcohol Surveillance Network (FASSNet), Centers for Disease Control and Prevention)*





# Impact on the Child

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

Total births = **4,317,000**

2007

11% of total births = **474,870**

*Where did they all go?*





# Most Go Home...

**75-90% of substance-exposed infants are undetected and go home.**

## Why?

- Many hospitals don't test or don't systematically refer to CPS.
- State law may not require report or referral.
- Tests only detect very recent use.



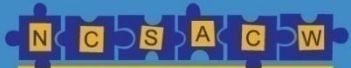


# Where Are They?

- They are the children who arrive at kindergarten not ready for school.
- They are in special education caseloads.
- They are disproportionately in foster care.
- They are in juvenile justice caseloads.
- They are in residential treatment programs.



# What Are We Doing to Address this Issue?



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# The Spotlight on this Issue is Getting Brighter

- States assurances of CAPTA compliance
- New federal attention to home visiting models for high-risk births
- Expanded Early Head Start funding
- States have developed and are monitoring their Performance Improvement Plans in response to the Child and Family Services Reviews (CFSRs)
- Perinatal treatment programs have accomplished a great deal—for a small portion of the problem
- SEI project (C-SIMI) funded from U.S. Children's Bureau

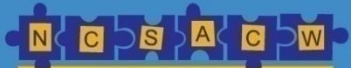




# States have Implemented Several Pieces of the Puzzle:

- Pre-pregnancy: Ad campaigns
  - Prenatal screening: 4PsPlus screening, other tools (WA)
  - At birth: Model prevalence studies\*
  - Infants 0-2: Early screening projects combining Medicaid with mental health and developmental disabilities funding; CAPTA assessments (MA)
  - Preschool 3-5: Head Start models, family treatment models
  - 53 Regional Partnership Grants
  - 12 Grants for Children affected by Methamphetamine
  - Coordination between law enforcement, medical and child welfare (DEC teams)
- 

# Where Do We Go From Here?



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# No One Agency: A Classic Services Integration Issue

The issue of prenatal and postnatal exposure does not “belong to” any one agency, because it demands:

- *comprehensive* services
- provided along a *continuum* of prevention, intervention and treatment
- at different *developmental stages* in the life of the child and family

No single agency can deliver all of these; an interagency, integrated services effort is critical.



# 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

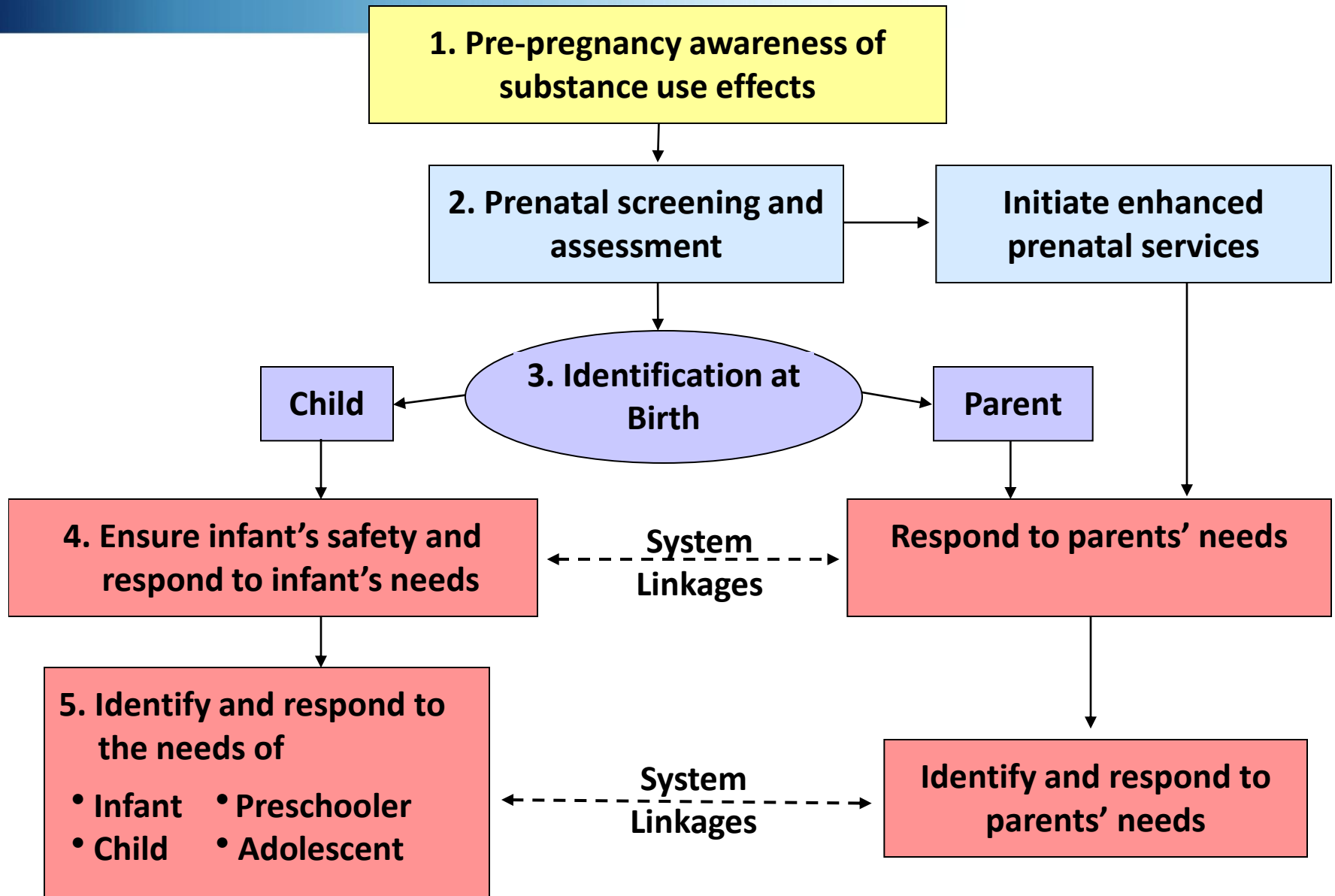


# The Framework: Five Points of Intervention

- Pre-pregnancy and public awareness
- Prenatal screening and support
- Screening at birth
- Services to infants and children
- Services to parents

So—the birth event is one of *several* opportunities to make a difference, not the only one

# Policy and Practice Framework: Five Points of Intervention





# What Would a Statewide Interagency Response Look Like?

- It would compile baseline measures of the current problem across key agencies—for the first time—including CAPTA reports.
- It would set targets and monitor them in an annual report card format—for the first time.
- It would inventory current efforts and spending across agencies—for the first time.
- It would spotlight and disseminate information on model programs at the local level.
- It would work at all five levels of intervention.





# What Would a Statewide Interagency Response Look Like?

- It would be coordinated from the Governor's Office or an overhead agency.
- It would include at least the state agencies with these functions:
  - Drug and alcohol treatment
  - Child welfare
  - Maternal and child health, representatives from the medical community
  - Medicaid
  - Mental health
  - Law Enforcement/DEC Organizations
  - Education and special education
  - Developmental disabilities
  - Early childhood care and education





# A Discussion of Underlying Values is Essential

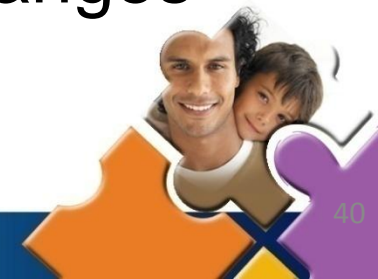
- A Collaborative Values Inventory can be used to surface some of the important disagreements and different perceptions of the SEI issue, as noted in the attached examples of responses to past CVIs.
- The wide differences in attitudes about practices and policy show the need for intensive interagency and inter-professional dialogue about these differences.





# Seek Opportunities for Advancing Policy and Leveraging Change

- Health Care Reform—using Medicaid funding of births (41% and rising) to leverage screening
- CFSR review II—spotlight on the child welfare system's SEI reunification and child well-being outcomes
- Federal treatment information system changes







# Seek Opportunities for Advancing Policy and Leveraging Change

- Monitoring of child and family service state plans, IDEA Part C and CAPTA
- CAPTA reauthorization to include alcohol and ensure there is follow-up to screening referral
- Ensure SEIs and substance effected children and families are high priority for Home Visiting models





# Questions?



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- How do I access technical assistance?
  - Visit the NCSACW website for resources and products at <http://ncsacw.samhsa.gov>
  - Complete the contact form on the website
  - Email us at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)





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