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

USC International Certificate Program
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Nancy K. Young, Ph.D.

Topics for Discussion

- A Little Bit of Data for Context
- Risks to Children
- What's Being Done
- The “How To” of Collaboration
- Improving Outcomes: An Example
- Resources
- Discussion

Some Data

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.acl.hhs.gov

7/12/2011
Child Maltreatment By Age Group, 2009

<table>
<thead>
<tr>
<th>Age Group of Victims</th>
<th>Number</th>
<th>Rate per 1,000*</th>
<th>Percent**</th>
</tr>
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<tbody>
<tr>
<td>Age &lt;1</td>
<td>87,612</td>
<td>20.6</td>
<td>12.6</td>
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<tr>
<td>National, Ages 0-3</td>
<td>231,940 (33.5%)</td>
<td>11.9</td>
<td>7.4</td>
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<tr>
<td>Age 4-7</td>
<td>161,289</td>
<td>9.7</td>
<td>23.3</td>
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<tr>
<td>Age 8-11</td>
<td>130,085</td>
<td>8.1</td>
<td>18.8</td>
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<tr>
<td>Age 12-15</td>
<td>123,318</td>
<td>7.6</td>
<td>17.8</td>
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<tr>
<td>Age 16-17</td>
<td>43,835</td>
<td>10.6</td>
<td>6.4</td>
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<tr>
<td>Unknown</td>
<td>2,797</td>
<td>---</td>
<td>.4</td>
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<tr>
<td>Total</td>
<td>693,174</td>
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</tbody>
</table>

*National rates were computed by dividing the victim count by the child population count and multiplying by 1,000.

**Percentage is number of victims per age group out of the total number of victims (U.S. N=693,174; AK N=3,544).

Children Living with One or More Substance-Dependent Parent

Numbers indicate millions.

Children in Care

Percent and Number of Children with Terminated Parental Rights by Reason for Removal — 2007

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS).

Parental or Alcohol Drug Abuse as Factor in Cases of Child Removal

Substance Abuse as Primary Reason for Case Opening

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<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Parental Alcohol or Drug Abuse as Factor in Cases of Child Removal (Percent)</td>
<td>Substances Abuse as Primary Reason for Case Opening (Percent)</td>
<td>Substances Abuse as Primary Reason for Case Opening (Percent)</td>
</tr>
<tr>
<td>A</td>
<td>4.4</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>B</td>
<td>5.8</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>C</td>
<td>9.2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>D</td>
<td>10.0</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>E</td>
<td>11.8</td>
<td>4</td>
<td>14</td>
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<tr>
<td>F</td>
<td>42.6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>46.4</td>
<td>18</td>
<td></td>
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<tr>
<td>H</td>
<td>51.0</td>
<td>8</td>
<td>31</td>
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<tr>
<td>I</td>
<td>58.0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>J</td>
<td>63.6</td>
<td>27</td>
<td></td>
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</table>

*This chart depicts 10 of 52 states.
**In Round 1, these data were not included in the first cohorts of States reviewed. It was an added item in subsequent States.

Risks to Children of Parents with Substance Use Disorders

Spectrum of Substance Use Disorders

A Problem for Child Welfare and Court Officers: The most frequently used method of substance abuse problems is child welfare and family court does not tell you anything about the individual’s place on the spectrum

Experiment and Use

Abuse

Dependence

Risks to Children: Different Situations for Children

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

The greatest number of children are exposed through a parent who uses or abuses

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: Systemic Response

- Each situation poses different risks and requires different responses
- Professionals working with this population need to know the different responses required

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

The Threshold Issues

- Is substance abuse more than “just one more thing”—does it have a major impact on outcomes for families involved in the child welfare system?
- How can the substance abuse and child welfare systems partner to achieve better outcomes for families?
- What is the role of timely access to effective treatment to resolve the substance abuse disorders affecting children and families involved in the child welfare system?
- What responsibility do treatment agencies have to address child welfare outcomes?

So what is being done?

“Call Me Tuesday”
Summary of the Five National Reports, 1997-1999

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

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2007 – 2012 Regional Partnership Grants
Regional Partnership Grants

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded in September, 2007
- Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes

Broad Program Strategy Categories

- Case management
- Screening and assessment
- Substance abuse treatment
- Children's services
- Parenting/Family therapy
- Mental health and trauma services
- Collaborative clinical practice activities
- Collaborative program and policy activities
Family Centered Treatment: Principles

- Substance use disorders are chronic, but treatable
- Services must be gender responsive and specific and culturally competent
- Family-centered treatment requires an array of staff professionals as well as an environment of mutual respect and shared training
- Safety comes first
- Treatment must support creation of healthy family systems
The “How To” of Collaboration

Temporary Assistance for Needy Families (TANF)
- 24 months work participation
- 60 month lifetime

Adoption and Safe Families Act (ASFA)
- 12 months permanency plan
- 15 of 22 months in out-of-home care must petition for Termination of Parental Rights (TPR)

Recovery
- One day at a time for the rest of your life

Child Development
- Clock doesn’t stop
- Moves at the fastest rate from prenatal to age 5

The Five Clocks

The Most Important Clock
- The 5th Clock: The one that’s ticking on us
- How long do we have to act if our families have
  - 24 months to work and
  - 12 months to reunify?
- Taking this clock seriously means that we take aggressive action to reconcile the clocks on children and families

“We have a program, but you don’t qualify” – December 2010

- “It doesn’t matter to me if she goes to treatment right away”
  - Child’s attorney
- “She can’t go to the residential women and children’s program that is funded for CWS families because her child will be 6 years old next October and it’s a year program for mothers with children 5 and under”
  - Residential Treatment Program Director
Changing The Rules
External Funding
Joint Projects
Information Exchange

Changing The Rules
Changing The System
Existing Funding

We have a program, but you don't qualify
Better Outcomes for Children and Families
Joint Projects
Information Exchange

Getting Better at Getting Along:
Four Stages of Collaboration
Sid Gardner, 1996
Beyond Collaboration to Results

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

Collaborative Practice and Policy Tools

Ten Element Framework – A method to organize collaborative activities in specific practice and policy areas

Collaborative Values Inventory – An anonymous way to explore values and beliefs to facilitate the development of common principles using web-based data collection

Collaborative Capacity Instrument – An anonymous way to assess the strengths and challenges in each of the areas of system linkages using web-based data collection

Matrix of Progress in System Linkages – A practice-based approach that specifies characteristics of advance collaboration practice in the elements of system linkages

Screening and Assessment for Family Engagement, Retention and Recovery — SAFERR – A guidebook to develop effective communication across systems while engaging families in services
Improving Outcomes: An Example

Dependency Drug Court
Sacramento County, CA

Six 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 Drug Court (EIFDC)

Cross-System Joint Training

3 Levels of Training

• Level I: Required for all staff
  o Overview of chemical dependency
  o Beginning to intermediate AOD information
  o Introduction to assessment and treatment
• Level II: Required for all staff with clinical and case management roles
  o Advanced AOD information
  o Assessment and treatment skill building
  o SADDI Certification training
• Level III: Required for all substance abuse treatment counselors and voluntary training for all other staff and community agencies
  o Group treatment service skills
  o Special treatment topics

Early Intervention Specialists

• Children’s Social Worker co-located at the court
• Function
  o Court assessments
  o Authorize treatment
• Linkage to Sacramento County Dependency Drug Court and Specialized Treatment and Recovery Services (STARS Program)
Recovery Specialists

- STARS: Contracted treatment provider whose primary responsibility is to help parents complete the substance abuse treatment requirements ordered by the Dependency Court and Sacramento County Child Protective Services.
- Function: Engage parents into entering treatment and support through treatment completion
- Practice: Motivational Enhancement Techniques

Purpose Of Utilizing Recovery Specialists: Child Welfare

- Reduce length of time in foster care
- Reduce costs associated with out of home care
- Improve linkages between child welfare and substance abuse treatment to better serve families
- Improve capacity of child welfare to serve families affected by substance use disorders
- Ensure reasonable efforts
- Increase 12-month permanent placements
- Increase family reunification rates

Purpose Of Utilizing Recovery Specialists: Treatment

- Decrease time to assess and enter treatment
- Increase compliance with treatment
- Standardize reporting of progress in treatment
  - Twice per month
    - Attendance at treatment sessions
    - Attendance at self-help groups
    - Meetings with STARS worker
    - Drug testing results

Sacramento County Dependency Drug Court Model

- Referral to Treatment
  - Detention Hearing
  - Jurisdiction & Disposition Hearings
- Review Hearings at 6 Mo Intervals
- Permanency Hearing at 12 Mols
- Referral to STARS & 90 Days of DDC
- Early Intervention Specialist (EIS) Assessment & Referral to STARS
- Court Ordered
  - Pre March 30, 2009
  - Post April 1, 2009
  - 1x STARS & 90 Days of DDC
- STARS Voluntary Participation
- STARS Court Ordered/Voluntary Participation
**DDC Graduation Criteria**

For 180 consecutive days, parent must:
- Produce negative drug tests
- Attend all required group and individual treatment sessions
- Attend all scheduled Recovery Specialist (STARS) meetings
- Attend at least 3 support / 12-step meetings weekly
- Attend all required DDC appearances
- Complete all requirements of the court

**Parents DDC Graduation Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Graduated</th>
<th>30 Day Certificate</th>
<th>Mother Landmark</th>
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<tbody>
<tr>
<td>Percent</td>
<td>33.6</td>
<td>24.7</td>
<td>41.8</td>
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**36 Month Child Placement Outcomes**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Comparison</th>
<th>DDC</th>
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</thead>
<tbody>
<tr>
<td>Adopted</td>
<td>47.7</td>
<td>26.0</td>
</tr>
<tr>
<td>Guardianship</td>
<td>33.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Fr Services</td>
<td>12.7</td>
<td>7.6</td>
</tr>
<tr>
<td>12 Months</td>
<td>17.3</td>
<td>1.7</td>
</tr>
<tr>
<td>24 Months</td>
<td>4.4</td>
<td>8.7</td>
</tr>
<tr>
<td>36 Months</td>
<td>12.7</td>
<td>12.7</td>
</tr>
</tbody>
</table>

* *p<.05; ***p<.001 Comp n=173; DDC n=2817  Source: CWS/CMS*

**Child Reunification Rates by DDC Graduation Status Over Time**

- 12 Months: 62.2% Comparison, 58.9% DDC
- 24 Months: 56.6% Comparison, 50.7% DDC
- 36 Months: 46.1% Comparison, 52.7% DDC

*Nearly three quarters of the children of graduates are living with their parents at three years post DDC.
24-Month Cost Savings
Due to Increased Reunification

- What would have happened regarding costs associated with Out of Home Care (OHC) in the absence of DDC?
  - 824 fewer children would have reunified
  - 16.44 months: Length of time children would have remained in OHC
- What does this represent in savings?
  - $24,749,971.00

The Voice of a Child

Nothing But Silence

By A. G.
Age 12
January 2005

People all around me
Calling out my name
But no I cannot hear them
For my heart is filled with shame
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

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
But now I’ve come to realize
It’s just a bunch of bluff
Nothing but silence

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
And that’s why I’ll remain drug free
Nothing…but hope

Resources
Online Tutorials

All trainings are available at no cost, issued a Certificate of Completion and eligible for CEUs.

3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Child Welfare Training Toolkit

6 modules, each containing:
• Trainer Script
• PowerPoint Presentation
• Handouts
• Case Vignettes

http://www.ncsacw.samhsa.gov/training/default.aspx

To obtain a copy, see:

Nancy K. Young, PhD, MSW
Director
National Center on Substance Abuse
And Child Welfare,
Children and Family Futures
Phone: 1-866-493-2758
E-mail: ncsacw@cffutures.org

For resources, please visit our website:
http://www.ncsacw.samhsa.gov/

Contact Information

Discussion