

CHILDREN AND FAMILY FUTURES

STRATEGIC PLANNING AND EVALUATION

SIDNEY L. GARDNER, M.P.A.
PRESIDENT

NANCY K. YOUNG, Ph.D.
DIRECTOR

LESLIE CHERNEN, Ph.D.
SENIOR ASSOCIATE

JORGE B. LÓPEZ, M.P.A.
KAREN SHERMAN, M.S.W.
CHERYL OSLINKER, ESQ.
ASSOCIATES

VICTOR KOGLER
SENIOR CONSULTANT

UNITED STATES HOUSE OF REPRESENTATIVES COMMITTEE ON WAYS AND MEANS SUBCOMMITTEE ON HUMAN RESOURCES

Oral and Written Testimony of Nancy K. Young, Ph.D. March 23, 2000

Thank you for inviting me to testify on the impact of parental substance abuse on the placement of children into foster care. I have been asked to address the issue of the prevalence and scope of substance abuse problems among the population affected by the Adoption and Safe Families Act (ASFA). I'd like to make four primary points on this topic today:

1. the overall number of children affected by parental substance abuse;
2. the estimated prevalence of substance abuse among child welfare cases;
3. the degree of substance-related problems within child welfare services; and,
4. the implications of this information on the implementation of the Adoption and Safe Families Act (ASFA).

Before I talk about ASFA prevalence and scope issues, I think we need to focus for a moment on the prevalence in the larger population that concerns all of us—among the nation's nearly eighty million children and their parents.

If we think of the typical classroom, which these days contains nearly thirty children, the National Household Survey on Drug Abuse tells us that in that classroom there are three children who are affected a great deal by substance abuse. Eleven percent of our children live in a household where at least one parent is dependent on alcohol and/or in need of treatment for illicit drugs. That's more than eight million children in the country, and that is the context for our narrower, but very significant data on the child welfare system.¹

In that system, the most detailed studies performed have documented percentages of children impacted by alcohol and other drug use by their parents ranging from 60% to over 75%. In dependency courts, anecdotal evidence indicates that over 90% of dependency court cases are affected. The range of estimates depends on which population is under scrutiny and how the problem was estimated.

- In studies that have surveyed workers in public and private agencies, workers state that at least alcohol and/or other drugs significantly affect 50% of families with substantiated child abuse/neglect allegations.²
- In multiple sites across the country—Sacramento County, Oregon, Connecticut—when assessments have been conducted or open child welfare cases have been reviewed, the estimates consistently indicate that alcohol or other drugs (AOD) have played a significant role in the abuse and neglect of 60% of those cases.³
- Among young children in urban areas of two states (California and Illinois), 78% were estimated to be in out of home care due to parental substance abuse.⁴
- When cases are reviewed in which the child has been placed in protective custody, estimates are in the 65% to 75% range.⁵
- However, when we ask Dependency Court Judges who see the narrow spectrum of cases who have been placed in out-of-home care, the response is that virtually every case—over 90%—that come into their courtroom has some alcohol and drug problems in the family that affect the well-being of the children.⁶

The following table shows the population of children reported as abused and neglected; the numbers reduce to those who are placed in protective custody. Based on the number of children affected by child abuse and neglect, the estimated number of those children who are also affected by parental substance abuse is shown.

1997 CHILD PROTECTIVE SERVICES⁷		
	All Children Affected by Child Abuse/Neglect	Children Affected by Child Abuse/Neglect and Parental Substance Abuse
Children Reported	> 3 Million	Unknown
CPS Investigations	Estimated 2 Million	Unknown
Substantiated Cases	984,000	492,000 (50%)²
Young Children	~ 490,000*	382,200 (78%)⁴
Placed in Out of Home Care	155,200**	100,800 to 116,400 (65% to 75%)⁵
Population of Children in Out-of-Home Care (3/1998)	~ 520,000	338,000 to 390,000 (65% to 75%)⁵

*Approximately half of substantiated case

**Sixteen percent of victims were removed from the home

Projecting these numbers nationally means that between 300,000 and 400,000 of the children in out-of-home care are from families where AOD problems will determine whether these children can return home to safe, stable families. We must remember, however, that in 1997, there were approximately 905,000 admissions to publicly funded treatment in the entire country. Only 34% of those admissions (~306,000) were admissions for women.⁸

Thus in 1997, providing treatment to the mothers of the 155,200 children placed in out-of-home care in a single year would require one-third of all annual women's admissions. Further, providing treatment to the mothers of the entire population of children who are currently in out-of-home care would require virtually 100% of annual admission slots. Finding appropriate substance abuse services for child welfare-referred women and their children is a daily competition among child welfare clients and women who seek treatment on their own, women who are referred by the criminal justice system (particularly drug courts), women referred by primary health care providers (particularly pregnant women), and those referred by the TANF system.

To make the best possible use of these scarce treatment resources, we need to understand better the differences revealed by the data among three kinds of AOD-involved parents:

1. parents who are *using* a substance,
2. those who are *abusing* the substance—who are experiencing negative consequences as a result of their use, and
3. those who have crossed over the line to addiction and *chemical dependency*, in which brain chemistry has been altered in ways, which create a compulsion to continue drug use, despite the negative consequences for the family.

In Sacramento County, which has done detailed studies of these three levels; over 3,000 cases have been assessed for alcohol and drug problems. Among those cases, 7% were determined to not be substance users, one in five (20%) were substance users without substantial negative consequences, another 26% were classified as substance abusers, and 47% were assessed as chemically dependent; 21% were in early stages of recovery at the time of assessment.

The State of Connecticut has a well-developed system of screening and assessing for substance abuse problems among caregivers in the Department of Children and Families. In State Fiscal Year 1999, there were over 5,000 substance abuse assessments completed; 56% of clients assessed (2,735) received a recommendation for treatment services.

Despite the differences in studies and resulting prevalence rates, the implications of these numbers in implementing ASFA strongly suggest that we need to address four gaps:

- the gap in workers in both systems who can work across the systems—who have the ability and will to build the bridges that ASFA's timetables now demand;
- the gap in data systems that can document the AOD problems that many states and communities are still failing to capture;
- the gap in treatment for the parents who are willing and able to comply with treatment requirements, especially for women with children in a treatment system that is oriented more to males than to women; and,
- the gap in communications at the worker level and at the top policy levels between CWS and AOD agencies who need to work out agreements on how they will refer and monitor cases so that children can be returned home to stable families where they can be safe.

The good news is that the early innovators across the nation have begun to fill these gaps, using the limited resources now available to them. Some of their experience is captured in the Report to Congress commissioned as part of ASFA that was presented last year and which so powerfully captures the range of policy actions needed to respond to the problem. In addition, we are in the midst of developing case studies of eight of these innovative sites for a monograph that CSAT will publish later this year.

The other good news is that the early innovators have enough experience at this point that they have made changes to their programs and are in a second stage of their initiatives, building on pilot projects and beginning to go to scale. The best examples of this that we are familiar with are Sacramento County and Connecticut's Project SAFE.

References

-
- ¹ Huang, L., Cerbone, F. & Gfroerer, J. (1998). Children at risk because of parental substance abuse. In Substance Abuse and Mental Health Administration, Office of Applied Studies, *Analyses of Substance Abuse and Treatment Need Issues* (Analytic Series A-7). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration.
- ² Child Welfare League of America (1998). *Alcohol and Other Drug Survey of State Child Welfare Agencies*. Washington, DC: Child Welfare League of America.
- ³ Young, N.K., Gardner, S.L. & Dennis, K. (1997). *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy*. Washington, DC: Child Welfare League of America and Children and Family Futures (1999). *Project SAFE Phase II Strategic Plan*. Hartford: Department of Mental Health and Addiction Services and Department of Children and Families.
- ⁴ U.S. General Accounting Office (1994). *Foster Care: Prenatal Drug Abuse has an Alarming Impact on Young Children*. Washington, DC: U.S. General Accounting Office.
- ⁵ General Accounting Office (1998). *Foster Care Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers*. Washington, DC: U.S. General Accounting Office.
- ⁶ Personal communications with Judge James Milliken, San Diego Dependency Court; Judge John Parnham, Escambia County Florida Juvenile Court; Judge Robert Hutson, Orange County, California Dependency Court.
- ⁷ U.S. Department of Health and Human Services, Children's Bureau (2000). Highlights of Findings from the 1997 National Child Abuse and Neglect Data System. <http://www.acf.dhhs.gov/programs/cb/stats/ncands97/hl.htm>.
- ⁸ National Association of State Alcohol and Drug Abuse Directors (1999). *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Years 1996 and 1997*. Washington, DC: NASADAD.

Children and Family Futures Current Federal Government Contracts and Grants:

Contracts:

- Center for Substance Abuse Treatment, Requisition #99MOO5775
Substance Abuse and Child Welfare Stakeholders Meeting
- Center for Substance Abuse Treatment, Requisition #99MOO583801D
Development of a Technical Assistance Publication on Substance Abuse and Child Welfare

Grant:

- Center for Substance Abuse Treatment, Grant Number: 6 KD 1 TI12006-01
Children and Family Futures is a Subcontractor to Orangewood Children's Foundation
Subcontract is to conduct a program evaluation of outreach and engagement services to women with substance abuse problems in the dependency court system.