



# Framework and Policy Tools for Improving Linkages Between Alcohol and Drug Services, Child Welfare Services and Dependency Courts

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## Summary

This paper describes the ten-element framework of system linkages that are necessary for effective collaboration between the substance abuse treatment, child welfare, and dependency court systems. It presents the opportunities and challenges that may be encountered by the systems in developing a collaborative approach to the issue of substance use disorders among parents in the child welfare and dependency court population. Reasons for the inclusion of the dependency court as a third partner in the collaborative are discussed, and the specific roles and responsibilities of each system are delineated. The paper describes seven program sites which are implementing the collaborative approach.



# 1. Background

Over the last two decades, increasing evidence of the association between parents' substance use disorders and child abuse and neglect has produced a heightened recognition of the importance of collaboration between the substance abuse treatment and child welfare systems. Children and Family Futures (CFF) developed *Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services with Child Welfare* to provide guidance and practical information about establishing and maintaining cross-system collaboration. The publication was developed under a contract with the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), as part of the Treatment Assistance Protocols (TAP) Series, and was published by CSAT in 2002.

*Navigating the Pathways* introduced ten critical elements of interagency collaboration that should be addressed by the collaborative partners in their efforts to create sustainable improvements in policy and practice for the benefit of families. These ten elements were referred to as the framework. *Navigating the Pathways* included three policy tools that supported the framework: a detailed chart identifying criteria for improved practice, good practice, and best practice for each of the ten elements, and two inventories that the collaborative partners could use to assess their capacity for collaboration and to identify shared values. The publication also described seven sites where promising programs of collaboration among substance abuse treatment and child welfare services were being implemented.

The experiences of collaborating agencies led to revisions of the framework and its supporting policy tools. This summary of the Framework and Policy Tools for Improving Linkages Between Alcohol and Drug Services, Child Welfare Services, and Dependency Courts presents the most current version of the framework.

Two significant advances have been incorporated:

- The dependency court is recognized as a partner in the collaboration, and the perspective of the dependency court has been integrated within each element of the framework.
- Linkages with community groups and family supportive systems are included as a distinct area of policy and practice.

This paper includes updated versions of the matrix of progress and the two collaborative inventories with a particular emphasis on the role of the court in these collaborative efforts.

## 2. The Elements of System Linkages

The ten-element framework was based on five domains of action highlighted in *Blending Perspectives and Building Common Ground*,<sup>1</sup> a 1999 Report to Congress by the Department of Health and Human Services. CFF added five elements identified through its work with multiple sites and jurisdictions and the framework was further revised based on feedback from participants in collaborations who were actively implementing system linkages. Assistance from the National Council of Juvenile and Family Court Judges in specifying the roles of the judiciary and attorneys is also reflected in these revisions.

The ten elements of the framework are:

- Underlying values and principles of collaborative relationships
- Daily practice–client screening and assessment
- Daily practice–client engagement and retention in care
- Daily practice–services to children of substance abusers
- Joint accountability and shared outcomes
- Information sharing and data systems
- Training and staff development
- Budgeting and program sustainability
- Working with related agencies
- Working with the community and supporting families

The first element, Underlying values and principles of collaborative relationships, is the foundation of collaboration among systems. Each partner enters the partnership with its own perspective and assumptions about the mission and mandate of each system. Unless these differences can be identified and resolved, the collaborative partners may find it difficult to reach agreement on the issues they must address.

The next three elements, Daily practice–client screening and assessment, client engagement and retention in care, and services to children of substance abusers, concern services provided to the families served by the three systems. The partners must collaborate in these areas of practice: screening and assessing child welfare-involved parents for substance use disorders, screening and assessing parents in substance abuse treatment for risks of child abuse and/or neglect; engaging and retaining these parents in treatment; and providing services to their children.

The following four elements, Joint accountability and shared outcomes, Shared information systems, Budgeting and program sustainability, and Training and staff development concern structures and processes that the partners must establish jointly to ensure effective integration and maintenance of their collaborative efforts.

The last two elements, Working with related agencies and Working with the community and supporting families, concern the relationships of the collaborative partners with agencies, communities, and supportive families in the communities where the families live; these relationships support the goal of better outcomes for the families served by the collaborative.

### **Summary of the ten elements:**

***Underlying values.*** Each partner enters the collaboration with its own perspective and particular assumptions about the mission and mandates of the other partners. Unless these differences are identified and addressed, the collaborative will find it difficult to reach agreement on the issues. Often the values and definitional issues, such as who is viewed as the primary client, affect the ways in which staff work across agencies boundaries. Developing common principles of how the agencies and staff will work together to best serve the clients in each of their caseloads is critical.

***Daily practice and protocols in client screening and assessment.*** It is in the first contacts with the client that agencies must begin the process of determining what kind of substance abuse problem, if any, the client has, what mode of treatment would be the best response to the problem, what risks exist for the children of parents entering substance abuse treatment, and what information needs to be communicated to other agencies. Legal advocates for parents play a pivotal role in this process by either encouraging or discouraging the client from seeking services and being forthright during the evaluation.

***Daily practice in engaging and retaining parents in care.*** It is critical to engage and retain parents in treatment, and to keep them on track in meeting their parental goals. The Adoption and Safe Families Act (ASFA) requires this effort, and the developmental needs of children are at stake. Judicial officers in particular have an important role to play in enhancing retention in care among parents, as do parents' attorneys, who influence parents through the messages they give about engaging in substance abuse treatment and other services. Agency attorneys are positioned to inform the court and community about available resources and gaps in services.

***Daily practice in services to children of substance abusers.*** The substance abuse disorders of parents have a major impact on their children. Substance abuse treatment services provided to families in the child welfare system should employ a family systems approach to mitigate the risk that a new generation will repeat their parents' pattern. Advocates for children can ensure that the special needs of this group of children of substance abusers are addressed in prevention and intervention programs. When residential substance abuse treatment is required,

parents and their children should be kept together during treatment. Agency attorneys can act as a liaison between the agency, community and media to advocate for improved services that increase family recovery and child protection.

***Joint accountability and shared outcomes.*** Jointly developed outcomes guide the work of the collaborative and demonstrate that the collaborative has achieved agreement on desired results. Without agreement on shared outcomes, each of the partners is likely to measure its progress as it did prior to the collaboration, based on its own internally defined outcomes. Particular importance needs to be given to the outcomes for the whole family—parents’ recovery as well as safety and permanency of the children to appropriately reflect a family-centered approach in monitoring the effectiveness of the collaborative effort.

***Shared information systems.*** Shared information from each of the systems is a prerequisite for joint accountability; they form the basis of communicating across systems and are needed to track progress toward joint goals and determine whether joint outcomes have been achieved. Without effective sharing of information at the client, program and systems level, the partnership will lack guideposts to measure its programs’ effectiveness.

***Budgeting and program sustainability.*** The only way to develop multi-year stability for innovative approaches is to tap the full range of funding resources across multiple agencies that are available to a State or community. Jurisdictions that have been successful in sustaining these efforts have looked at cross-systems resources and maximizing budget leverage points.

***Training and staff development.*** Cross-training efforts at all levels—management, administrative, and line-level staff—is needed to bridge divisions between the systems. In the absence of cross-training, the continuation of conventional practice deepens these divisions.

***Working with other agencies.*** Many parents with substance use disorders also require services beyond treatment and child welfare to address the complex issues impeding the healthy functioning of their families. These services include mental health, domestic violence, primary health, housing, and employment-related services. The collaborative will need to develop and maintain relationships with the organizations that can provide these services.

***Working with the community and supporting families.*** Community-based organizations and community and family support systems are important resources for families involved in child welfare and substance abuse treatment. These entities can serve as a front line of child protective services, advocating child and substance abuse prevention and providing ongoing support after formal services have ended.

## Policy Tools

The Matrix of Progress in Building Linkages Among Alcohol and Drug Agencies, Child Welfare Services, and the Dependency Court is a tool for evaluating collaboration across the three systems. It specifies characteristics in improved system linkages that lead to improved outcomes and long-term well-being for families. The Matrix of Progress identifies criteria for improved practice, good practice, and best practice for each of the ten elements; it is included in Appendix 1.

Two interrelated collaborative inventories were developed and piloted with the County Alcohol and Drug Program Administrators Association of California and the Children's Committee of the County Welfare Directors Association of California, and introduced in Navigating the Pathways. These policy tools are intended to assist states and communities in their collaborative efforts and are included in Appendix 2. These tools are available on the Children and Family Futures website ([www.cffutures.org](http://www.cffutures.org)) for use by states and communities. On-line versions of the tools with data collection, analysis and summaries are available free of charge from the National Center on Substance Abuse and Child Welfare. The inventories are:

***Collaborative Values Inventory (CVI)*** – This questionnaire serves as a neutral, anonymous way of assessing how much a group shares ideas about the values that underlie their work. It is intended to help the collaborative clarify the underlying values that its members bring to their work and identify issues that may become barriers to collaboration.

***Collaborative Capacity Instrument (CCI)*** – This self-assessment tool includes questions designed to elicit discussion among and within the child welfare and substance abuse treatment systems, dependency courts, and community agencies about their progress in addressing specific issues. It helps agencies prioritize their most urgent program and policy plans.

## 3. Rationale for a Trilateral Relationship

There are families involved in substance abuse treatment and child welfare services that do not come to the attention of the dependency courts. However, for those families in which child protection and custody issues prevail, the dependency courts play a critical role in overseeing compliance with the law, adjudicating the case, and ensuring the safety, permanency and well-being of children. An important part of the context of the problem is the large number of child abuse and neglect reports through which families enter the child welfare service (CWS) system. The extent of overlap between these families and the other two core systems—substance abuse and the dependency court—is substantial, as indicated by the following national estimates.

### ***Alcohol and Drug Treatment – 2004***

- 1.84 million adults were admitted to the public treatment system<sup>2</sup>
- 566,648 (30.8% of 1.84 million) were women<sup>3</sup>
- 1.085 million (59% of 1.84 million) were parents of minor children<sup>4</sup>
- 294,000 parents (27% of 1.085 million) had one or more children removed by child welfare services<sup>5</sup>
- 106,000 parents (36% of 294,000) had parental rights terminated<sup>6</sup>

### ***Child Welfare Services - 2004***

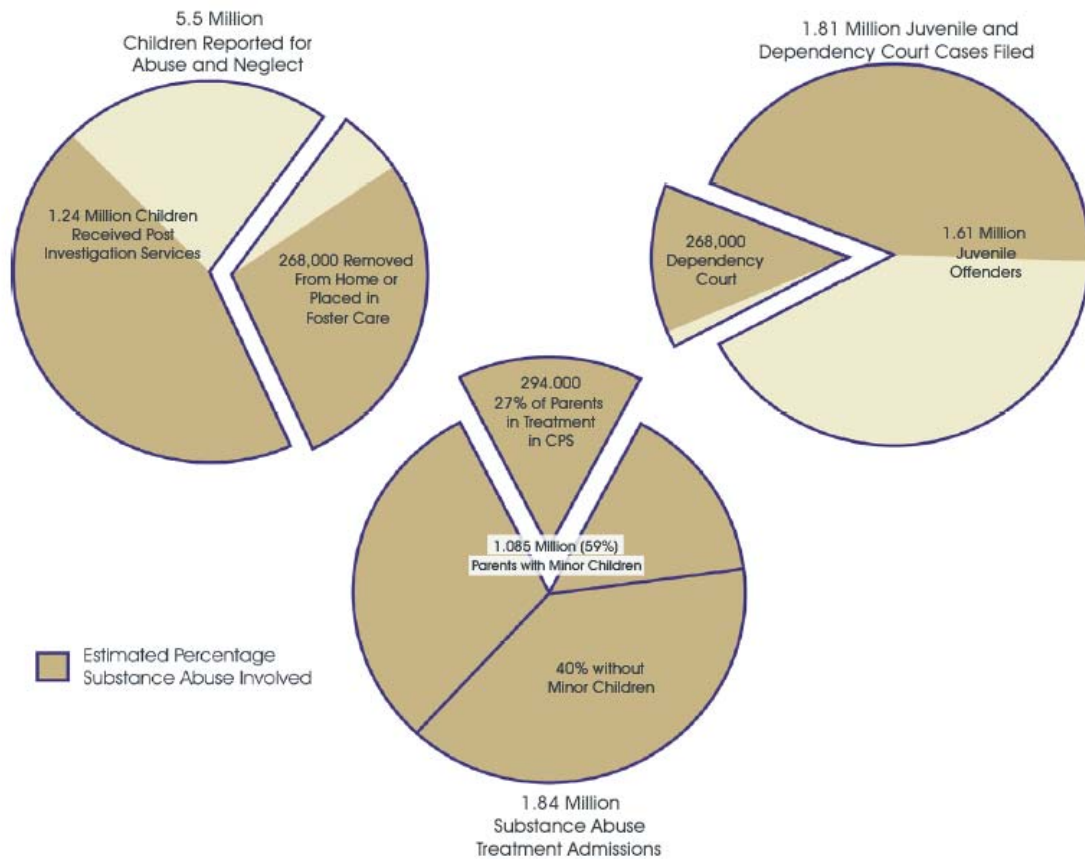
- 5.5 million children were reported for abuse/neglect in 2004<sup>7</sup>
- 3.5 million children received an investigation (62.7% of referrals made to Child Protective Services)<sup>8</sup>
- 1.24 million children received post-investigation services<sup>9</sup>
- 872,000 children (47.8% of those receiving an investigation or assessment) were victims of neglect (64.5%); physical abuse (17.5%); sexual abuse (9.7%); emotional or psychological abuse (7%); medical neglect (2.1%); and other (14.5%)<sup>10</sup>
- 268,000 children entered out-of-home care<sup>11</sup>
- One-third to two-thirds of families in child welfare services are affected by substance use disorders<sup>12</sup>

### ***Dependency Court - 2002***

- 1.81 million juvenile court cases were filed<sup>13</sup>
- 1.615 million delinquency cases were filed in juvenile court<sup>14</sup> (Each case represents a new referral to juvenile court for one or more offenses; a youth may be involved in more than one case in a year; the Juvenile Court Statistics series does not provide a count of individual juveniles brought before juvenile courts)
- 193,200 cases (about 12% of 1.615 million) were for drug-related offenses<sup>15</sup>
- The total number of dependency cases filed is not known; however, 268,000 children were court-involved due to placement in foster care<sup>16</sup>
- The number of children who were court-involved but not removed from parents' custody (often referred to as "in home" cases) and for whom a petition alleging parental abuse or neglect was filed in court is not known<sup>17</sup>

The graphic below illustrates how each system interacts with the others for some percentage of its total population. While the overlap is extensive, none of the three systems has a specific mandate to differentially address the portion of families with substance use disorders. One component adding to the complexity of the issue is the fact that each system includes a significant number of cases that do not interact with in the other two systems.

## CHILDREN AND PARENTS IN THREE SYSTEMS



### 4. Challenges to Collaboration

Given the magnitude of the population of children within the child welfare and dependency court systems whose parents are challenged by substance use disorders, it is important to engage all three systems—the dependency courts, child welfare services, and treatment providers—in planning for systemic change. Challenges to building successful collaboration between the substance abuse and child welfare systems have been noted in several publications (see the summary of the Five National Reports in the endnotes). Including the court system in the collaborative team can add new challenges. Collaboration calls upon judges, attorneys, child welfare professionals and substance abuse treatment providers to rethink their roles and responsibilities and to focus in a different way on the needs of families and children.

The challenges inherent in building and maintaining a successful collaboration among all three partners often stem from a general lack of understanding of one another's roles and responsibilities. Child welfare systems often are frustrated by the lack of appropriate services immediately available from treatment providers. Treatment providers may not understand the various roles and responsibilities of

child welfare workers. Both treatment and child welfare staff may lack the training to work well within the dependency court system, which can be intimidating to other professionals and bewildering to families.

The development of new policies to support improved practice requires all three systems to work in a collaborative mode, which places new responsibilities upon each system's professionals. In a collaborative setting, judges, attorneys, child welfare professionals and treatment providers must move beyond their traditional roles, begin to look at the system as a whole, and focus on the needs of children and families in a holistic way. By making the best interests of abused and neglected children and their families the primary focus, all three partners can plan for effective systemic change, including the development of treatment and support service options that best meet the needs of children and their families and respond to the various timelines required by the service systems.

The policy focus on the best interests of children and their families can guide planning for change in court and agency practice. When the focus is on the needs of children, policy will take into consideration the child's developmental needs, the child's sense of time, and the child's sense of well-being. A holistic approach to assessing and revising policy can ensure that appropriate and immediately accessible substance abuse services will be available to parents and that the mental health needs of children and parents will be met.

Collaboration among the three systems can present barriers that must be overcome. There is a shifting role for professionals as they develop and implement a new way of communicating with one another on policy issues. Differences in practice among stakeholders, from courtroom to courtroom, from agency to agency, and from provider to provider must be recognized and addressed. Difficult collaborative issues may arise in reallocating resources or identifying new sources of support and these issues must be addressed by all three systems. If adequate numbers of caseworkers, judicial officers, and attorneys, and appropriate treatment services are not available, it is the responsibility of policy stakeholders to identify these gaps and find new or redirected resources to meet the needs of children and families within their communities.

Some challenges faced by the collaborative partners result from the high rate of turnover in each system. Judges are frequently required to rotate. Child welfare agencies often encounter high rates of turnover, and substance abuse treatment providers face similar challenges in retaining staff.

The ethical considerations in building collaboration with judicial officers and attorneys should be addressed early in the collaborative process. Participants must learn to think beyond traditional judicial, legal, child welfare and service provider roles; they should bring a sense of cooperation to the partnership and be willing to "think outside the box."

## **Strengths and Challenges of the Dependency Court**

Judicial officers and attorneys bring both strengths and challenges with their participation in the planning and implementation of cross-system initiatives, including:

### ***Strengths***

- The ability to convene stakeholders to address policy considerations in improving practice;
- The ability to outreach to the community for support;
- The ability to hold stakeholders, clients, and themselves accountable;
- The ability to join with stakeholders in looking holistically at the system and, along with stakeholders, identify challenges and plan and implement meaningful changes in practice;
- The ability to reach out to lawmakers and funding bodies (county commissioners) for support of new practices developed through collaboration; and,
- The advocacy role of attorneys.

### ***Challenges***

- Judicial officers often act independently, which creates challenges to implementing changes across courts;
- Some jurisdictions rotate judicial officers and attorneys, which poses challenges to the continuity of the collaborative effort;
- The adversarial nature of the legal system and relationships among the various advocates within the dependency court system, including attorneys who represent children, parents, social workers and the state, poses challenges to incorporating a collaborative vision in working with these families; and,
- The legal mandates of the dependency court require more hearings and a higher judicial workload than other areas of the judiciary.

## **5. Roles and Responsibilities**

It is imperative that staff members in each system understand the roles and responsibilities of the staff members in each of the other systems. A fundamental prerequisite to building effective teams is the joint training of staff. Staff must be given sufficient time to become familiar with the roles, responsibilities, nomenclature, values and practices in the other fields. A description of the roles and responsibilities of each system follows.

**Substance Abuse Treatment System** – Staff have a primary responsibility to address clients' substance use disorders and guide clients to sobriety and recovery. They also have a legal mandate to report suspected child abuse or neglect.

*Counselors* – Their primary role is to help the client recognize their denial, envision a positive life without substance dependency or abuse, understand the impact and damage the condition brings to life goals and relationships with children, family, friends, and employment. The counselor is coach, critic, and cheerleader. To achieve and maintain sobriety and promote continued recovery, the treatment must consider the safety of the child and the healing of the entire family.

*Supervisors* – Their primary role is to provide perspective to the case management, ensuring that program protocols are followed, client needs are fully identified, clinical interventions are appropriate, all service and community resources are tapped and counselor experiences or values are not inappropriately biasing the service plan and interventions. Supervisors provide oversight to ensure that services are provided on a timely basis.

*Administrators* – Their primary role is to provide appropriate policies, protocols and adequately trained staff to meet the system responsibilities.

**Child Welfare System** – Staff have a primary responsibility to ensure the safety and well-being of the child and address the child's need for a permanent and loving home within twelve months of case opening for children placed in out of home care. The staff are also charged with the legal responsibility to make reasonable efforts to reunify the family.

*Caseworkers* – After conducting an investigation to assess child safety and risk, casework includes providing a nurturing environment for the child while understanding and identifying the needs of both the child and the neglectful or abusive parent or caregiver. Reasonable efforts to reunify require the caseworker to be coach, critic and cheerleader to support, heal and train the parent so he or she has the capability of caring for the child.

*Supervisors* – Their primary role is to provide perspective to the case management, ensuring that program protocols are followed, child and family needs are fully identified, clinical interventions are appropriate, all service and community resources are tapped and caseworker experiences or values are not inappropriately biasing the service plan and interventions. Supervisors provide oversight so services are provided on a timely basis.

*Administrators* – Their primary role is to provide appropriate policies, protocols and adequately trained staff to meet the system responsibilities.

**Dependency Court System** – The dependency court has jurisdiction in cases of child abuse and neglect. The system includes both judicial officers and the

attorneys who represent parents, children, social workers and the State in court processes.

There are several critical roles of the dependency courts in addressing substance abuse issues among families in child welfare services. In addition to dealing with substance abuse issues, judges and attorneys are also being asked to assume new roles in their work with families affected by domestic violence and mental health issues. This comes at a time of evolution in the overall role of the courts in addressing a variety of societal problems through court-based interventions. The practice of court-based "therapeutic intervention" is in its infancy, and there is a need for judges, attorneys, other service providers and the larger community to understand the different roles that courts are being asked to play in this arena.

The role of dependency court judges is shifting from that of power and authority to shared responsibility with the collaborative partners focused on therapeutic as well justice-related goals. In the area of substance abuse and dependency courts, the roles of judicial officers include:

*Leadership.* Judges can tap into the power structure of the community; they have a unique role in guiding change and working with stakeholders to reallocate and identify new resources.

*Public Awareness.* Judicial officers hold positions of respect in the community and can raise public awareness and gain support for additional resources.

*Convener.* Judges can bring together diverse groups to develop a common vision and to implement jointly-held goals.

The specific roles of the attorneys who represent parents, children, social services and the State in the dependency court influence the nature of their collaborative efforts. As stated by the Youth Law Center:

"In dependency cases involving issues of substance abuse, attorneys play a critical role in enforcing their clients' rights to services and to family integrity. Representing clients in these cases requires expertise not usually acquired in the general practice of law. Prior to accepting these complex cases, attorneys must have sufficient background information, knowledge, and skill to practice competently in this area."<sup>18</sup>

According to the Youth Law Center, legal advocacy skills that attorneys can provide include:

- Interpretation of federal, state and local statutes, regulations and standards;
- Lobbying and speaking to legislatures, boards, and commissions;
- Development of relationships with experts from various disciplines (psychology, tribal, etc.) to obtain expert advice when necessary;

- Investigation and development of a complete history of the case, including all other court involvement and involvement of other agencies (delinquency court, domestic violence court, family/divorce court, mental health agencies);
- Ensure that witness attend hearings; and,
- Inform the court about available community services.

*Dependency Court Judges*—Their primary role is to make judicial decisions that lead to permanency for children who are in the child welfare system. They follow a set of procedures and timetables that are specified in the Adoption and Safe Families Act, presiding over a series of hearings throughout the child welfare case. They will also examine whether the child welfare agency has made reasonable efforts to provide the services needed (including treatment services), first to prevent removal, and then to achieve reunification.

*Parents' Attorneys*—Their primary role is to advocate for their client, which includes protecting the legal rights of the parent. In addition, parents' attorneys play a crucial role in understanding the client's wishes regarding parenting, encouraging the client's engagement in substance abuse and other services, and advocating for reasonable efforts to provide these services to their clients. Through their advocacy, attorneys ask the court to hold other stakeholders responsible. Attorneys must be familiar with services that address the most common problems faced by families with substance use disorders and should advocate for development of services not routinely available in their community. They must be able to present evidence of the reasonableness or unreasonableness of the agency efforts and of alternative efforts that could have been made. Further, they should be prepared to obtain court orders for specific services, including visitation when appropriate.<sup>19</sup>

*Children's Attorneys*—Their primary role is to advocate for the best interest of the child in the case. This includes advocating for appropriate services, ensuring permanency and fostering the child's long-term well-being. Representing children in dependency court poses special challenges, particularly when the child is old enough to express an opinion regarding their status. There are differences of opinion regarding this situation. One position is that the attorney should advocate for the child's best interests, regardless of what the child says. The other is that the attorney should represent the child as one would represent any other client and advocate for the position the child expresses.<sup>20</sup>

*Social Services' Attorneys*—Their primary role is to advocate for the social worker and to present the legal position of the social services department in the case. They help develop policies and protocols (e.g., confidentiality) and oversee the best interests of the child and family. They have an obligation to share agency records with attorneys for the private parties involved and have a policy role as they assist in developing protocols (i.e., confidentiality) and agency policy as they oversee the best interests of the child and family. The agency attorney's ethical obligations include a responsibility to the general public and to the welfare of the child whom the agency is attempting to assist.<sup>21</sup> In carrying out that responsibility, they can act









































































Circle the response category that most closely represents your extent of agreement with each of the following statements:

Dealing with the problems caused by alcohol and other drugs would improve the lives of a significant number of children, families, and others in need in our community.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Dealing with the problems caused by alcohol and other drugs should be one of the highest priorities for funding services in our community.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Dealing with the problems of child abuse and neglect should be one of the highest priorities for funding services in our State.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Illegal drugs are a bigger problem in our community than use and abuse of alcohol.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

People who abuse alcohol and other drugs have a disease for which they need treatment.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

People who are chemically dependent have a disease for which they need treatment.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

People who abuse alcohol and other drugs should be held fully responsible for their own actions.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

There is no way that a parent who abuses alcohol or other drugs can be an effective parent.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

There is no way that a parent who uses alcohol or other drugs can be an effective parent.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

There is no way that a parent who is chemically dependent on alcohol or other drugs can be an effective parent.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

In assessing the effects of the use of alcohol and other drugs, the standard we should use for deciding when to remove or reunify children with their parents is whether the parents are fully abstaining from use of alcohol or other drugs.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Parents who have been ordered to remain clean and sober should face consequences for non-compliance with those orders.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Parents who are noncompliant with dependency court orders should face jail time as a consequence.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

We have enough money in the systems that respond to the problems of alcohol and other drugs today; we need to redirect the money to use it better.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

We should fund programs that serve children and families based on their results, not based on the number of people they serve, as we often do at present.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

We should fund programs that treat parents for their abuse of alcohol and other drugs based on their results, not based on the number of people they serve, as we often do at present.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

We should provide incentive funds and penalties to courts based on their results in meeting statutory timelines.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

If we funded programs based on results, some programs would lose some or all of their funding.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

In our community, agencies should involve people from the community and court system in planning and evaluating programs that respond to the problems of substance abuse.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

In our community, agencies should involve people from the community in planning and evaluating programs that serve families affected by child abuse/neglect.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

In our community, dependency courts do a good job of involving people from the community in planning and evaluating services and programs in the dependency court.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Judges have a responsibility to be involved with planning community-wide responses to the problems associated with alcohol and other drug use.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Children of substance abusers who are also in children's services should be a high priority group for targeted substance abuse prevention services.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Substance abuse treatment outcome measures should include indicators regarding the safety, permanency and well being of the children of parents who are in their treatment programs.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Child welfare service outcome measures should include indicators regarding the substance abuse recovery status of parents of the children they seek to protect.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Child welfare service outcome measures should include indicators regarding the parents' ability to be effective parents.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Persons who are in recovery and have successfully transitioned out of the child welfare system should play a significant role in supporting and advocating for parents in the child welfare and family court systems.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Changing the system so that more services were delivered closer to the neighborhoods and community level would improve the effectiveness of services.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Services would be improved if agencies were more responsive to the cultural differences between client groups.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

The problems of Indian children and families are significant in our community.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Our agencies and courts do a good job in responding to the needs of Indian children and families in the child welfare and treatment systems.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Services would be improved if all clients, regardless of income, who receive services made some kind of payment for the services with donated time, services, or cash.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

In our community, the judges and attorneys in the dependency court and the agencies delivering services to children and families often are ineffective because they don't work together well enough when they are serving the same families.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

The dependency courts should provide increased monitoring of parents' recovery as they go through substance abuse treatment, and should use the power of the court to sanction parents if they don't comply with treatment requirements.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

The most important causes of the problems of children and families cannot be addressed by government; they need to be addressed within the family and by non-governmental organizations such as churches, neighborhood organizations, and self-help groups.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Judges should be the leaders of collaboratives seeking to solve problems associated with substance abuse and child welfare.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Our judges and attorneys' response to parents with problems of addiction is generally appropriate and effective.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

The problems caused by use of tobacco by youth are largely unrelated to the problems caused by the use of alcohol and other drugs by youth.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

A neighborhood's residents should have the right to decide how many liquor stores should be allowed in their neighborhood.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

The messages which youth receive from the media, TV, music, etc. are a big part of the problem of abuse of alcohol and other drugs by youth.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

The price of alcohol and tobacco should be increased to a point where it pays for the damage caused in the community by use and abuse of these legal drugs.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

I believe that the significant barriers to interagency cooperation would be resolved if children's services, substance abuse and dependency court staff were involved in a comprehensive training program for child welfare staff.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

I believe that confidentiality of client records is a significant barrier to allowing greater cooperation among alcohol and drug treatment, children's services agencies, and the courts.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

I believe that publicly-funded alcohol and drug treatment providers should give higher priority in allocating treatment slots than they do at present to women referred from child protective services.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Judicial ethics should be interpreted that judges not participate in collaborative efforts that involve attorneys who may appear in their courts.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Attorneys who represent parents in dependency court proceedings have an ethical conflict if they advise parents to admit that they have a substance abuse problem or to seek treatment prior to the court taking jurisdiction in a case because the substance abuse admission could be negatively interpreted during the investigation of the child abuse and neglect allegations.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Some parents with problems with alcohol and other drugs will never succeed in treatment.

Strongly Agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

The proportion of parents who will succeed in treatment for alcohol and other drug problems is approximately (circle one).

0%    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

The proportion of parents in substantiated CPS cases who will succeed in family services, regain custody of their children, and not re-abuse or re-neglect is (circle one).

0%    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

The most important causes of problems affecting children, families, and others in need in our community are [circle only three]:

A lack of self-discipline

The level of violence tolerated by the community

A loss of family values

Lack of skills needed to keep a good job

Racism

The harm done by government programs

Drug abuse

Too few law enforcement personnel

Mental illness

Fragmented systems of service delivery

Domestic violence

Deteriorating public schools

Alcoholism

The way the welfare program works

Poverty

Children born and raised in single-parent homes

Child abuse

A lack of business involvement in solutions

Low intelligence

Too few jails and prisons

Illiteracy

Inadequate support for low-income families who work

The drug business

Economic changes that have eliminated good jobs

Incompetent parenting

An over-emphasis upon consumer values

Illegal immigration

Media concentration on negatives

Other \_\_\_\_\_

## Notes and References

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<sup>1</sup> The full report to Congress, *Blending Perspectives and Building Common Ground* can be downloaded at [www.acf.dhhs.gov/programs/cb/](http://www.acf.dhhs.gov/programs/cb/)

<sup>2</sup> Office of Applied Studies, Substance Abuse and Mental Health Services Administration (2005). Admissions by primary substance of abuse, according to selected race/ethnicity/sex/age groups: TEDS 2003. Accessed at: [http://www.oas.samhsa.gov/2k5Teds/teds\\_03\\_tbl3.3a.htm](http://www.oas.samhsa.gov/2k5Teds/teds_03_tbl3.3a.htm). April 9, 2006.

<sup>3</sup> Office of Applied Studies, Substance Abuse and Mental Health Services Administration (2005). Admissions by primary substance of abuse, according to sex and race/ethnicity: TEDS 2003. Accessed at: [http://www.oas.samhsa.gov/2k5Teds/teds\\_03\\_tbl3.1b.htm](http://www.oas.samhsa.gov/2k5Teds/teds_03_tbl3.1b.htm). April 9, 2006

<sup>4</sup> Based on data published in Yih-Ing Hser, Y.I., Evans, E., Teruya, C., Ettner, S., Hardy, M., Urada, D., Huang, D., Picazo, R., Shen, H., Hsieh, J. & Anglin, D. (2003). The California Treatment Outcome Project (CalTOP) Final Report. Accessed at: <http://www.uclaisap.org/caltop/FinalReport/Chapter%20IX%20Treatment%20Outcomes.pdf> p. 9. April 9, 2006.

There are no national data on the number of children of persons in treatment. The CalTOP (California's implementation of the CSAT Treatment Outcome Performance Pilot Study [TOPPS-II]) study found that 60% of persons in treatment were parents. The cross-state analysis of the TOPPS-II Study also found that 58.5% of persons admitted to treatment had a child under the age of 18. These data were from the Inter-State TOPPS-II Data Set from the 16 TOPPS II Primary Data States. These data were analyzed by Dr. Kazi Ahmed of Johnson, Bassin & Shaw under contract to the Center for Substance Abuse Treatment on January 29, 2006 Unpublished data.

<sup>5</sup> Based on data published in Hser, Y-I., et al. (2003) Op cit. The CalTOP study found that 27.1% of parents had a child removed from their custody by Child Protective Services. Similar analyses of the TOPPS-II data set by Dr. Ahmed found that 22% of parents in the 16 State dataset had a child removed by CPS.

<sup>6</sup> Based on data published in Hser, Y-I., et al. (2003) Op cit. The CalTOP study found that 36.6% of parents who had a child removed from their custody by Child Protective Services (CPS) had their parental rights terminated. However, the percentage of parents varied significantly by the type of treatment that they received. Among parents with a child removed by CPS, 29% in Outpatient programs, 53% in residential programs, and 80% in Narcotic Treatment (primarily methadone maintenance) had their parental rights terminated. Similar analyses of the TOPPS-II data set by Dr. Ahmed found that 22% of parents in the 16 State dataset had a child removed by CPS and only 10% of those had their parental rights terminated. However 36% of parents had parental rights terminated or a child removed. In the cross-State data set, termination of parental rights also varied by type of treatment program. Of parents with a child removed by CPS, 66% of those in outpatient programs, 29% in residential care, 3% in narcotic treatment and 1% in other programs had their parental rights terminated.

<sup>7</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* (Washington, DC: U.S. Government Printing Office, 2006). Accessed at: <http://www.acf.hhs.gov/programs/cb/pubs/cm04/chaptertwo.htm#screen>. April 9, 2006.

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<sup>8</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* Op Cit. Accessed at: <http://www.acf.hhs.gov/programs/cb/pubs/cm03/chaptertwo.htm#backnotethree>. Author generated data by applying 62.7% to 3.0 million referrals. And children victims Accessed at: <http://www.acf.hhs.gov/programs/cb/pubs/cm04/chapterthree.htm#types>. April 9, 2006.

<sup>9</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* Op Cit. Accessed at: <http://www.acf.hhs.gov/programs/cb/pubs/cm04/chaptersix.htm#prevent>. April 9, 2006.

<sup>10</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004*. Op Cit. Accessed at: <http://www.acf.hhs.gov/programs/cb/pubs/cm04/chapterthree.htm#types>. April 9, 2006. The total percentage adds up to more than 100% because children may be victims of more than one type of abuse or neglect and as a result are coded multiple times.

<sup>11</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004*. Op Cit. Accessed at: <http://www.acf.hhs.gov/programs/cb/pubs/cm04/chaptersix.htm#prevent>. April 9, 2006.

<sup>12</sup> U.S. Department of Health and Human Services. *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Welfare* (1999). Washington, D.C.: Department of Health and Human Services. The full report can be downloaded at [www.acf.dhhs.gov/programs/cb/](http://www.acf.dhhs.gov/programs/cb/).

<sup>13</sup> Snyder, Howard N., and Sickmund, Melissa. 2006. *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Chapter 6: Juvenile offenders in court. Accessed at: <http://ojjdp.ncjrs.org/ojstatbb/nr2006/downloads/chapter6.pdf>. April 9, 2006. Author derived number from total juvenile offender cases added to the number of children placed in out-of-home care who would have had a court case filed as a dependent of the court. The number of court cases filed in which the child is not removed from the home is not known.

<sup>14</sup> Snyder, Howard N., and Sickmund, Melissa. 2006. *Juvenile Offenders and Victims: 2006 National Report*. Op cit. Chapter 6: Juvenile offenders in court. p. 157.

<sup>15</sup> Snyder, Howard N., and Sickmund, Melissa. 2006. Op cit.

<sup>16</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, The AFCARS Report: Preliminary FY 2003 Estimates as of April 2005 (10). Accessed at: [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report10.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm). April 9, 2006.

<sup>17</sup> The number of child victims under continuing court supervision is not known. There are an annual estimated 769,000 child victims who were not placed in out of home care and thus are not declared dependents of the court requiring court supervision of their care (i.e., 906,000 child victims less 137,000 child victims who were placed in care).

<sup>18</sup> Youth Law Center. (2000). *Making Reasonable Efforts: A Permanency Home for Every Child*. San Francisco: Author.

<sup>19</sup> Ibid. p. 22

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<sup>20</sup> Ibid. p. 19

<sup>21</sup> Ibid. p. 23

<sup>22</sup> Ibid. p. 27