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## **Substance Abuse and Child Welfare**

NCSL Legislative Summit  
Pre-Conference Meeting  
New Orleans, Louisiana – July 22, 2008

This meeting is co-sponsored by the National Center on Substance Abuse and Child Welfare (NCSACW).

### **Substance Abuse and Child Welfare: An Overview of the Issues**

Presenter: Nancy K. Young, Ph.D.  
Director  
National Center on Substance Abuse and Child Welfare

### **National Center on Substance Abuse and Child Welfare (NCSACW)**

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

### **Topics**

- Overall look at the numbers behind the issue
- Risks to children of substance abusers
- Role time plays in policy and practice
- Review of National Reports
- Framework and policy tools for systems change
- Federal Government Leadership

### **Spectrum of Addiction**

- A Problem for Child Welfare and Court Officers:
- The most frequently used marker of substance abuse problems in child welfare and family court does not tell you anything about the individual's place on the spectrum.
- The spectrum of addiction graphic consists of three major areas: experiment and use, abuse and dependency.

### **Children Living with One or More Substance-Abusing Parent**

This slide contains a bar graph that shows the number of children living with one or more substance-abusing parents. The statistics are from the Report to Congress – Blending Perspectives and Building Common Ground. It shows the variety of ways that Children of Substance Abusers' can be defined – parent used in past year, etc.

The statistics are as follows:

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

## Persons who Initiated Substance Use by Year, 1985-2005

This slide contains a line graph that shows the number of persons who initiated substance use by year, from 1985 through 2005. The statistics are as follows:

Year	Children in Foster Care	New Cocaine Users	New Crack Users	New Methamphetamine Users	New Female Crack	New Female Meth	New Marijuana Users	New Heroin Users
1985	276,000	1441000	350,000	320000	117,000	123,000	2,165,000	37,000
1986	280,000	1315000	284,000	330000	100,000	148,000	2,062,000	67,000
1987	300,000	1162000	302,000	321000	85,000	106,000	1,823,000	82,000
1988	340,000	1084000	390,000	257000	120,000	120,000	1,702,000	94,000
1989	387,000	968000	388,000	253000	161,000	114,000	1,647,000	82,000
1990	400,000	843000	384,000	211000	137,000	105,000	1,482,000	50,000
1991	414,000	687000	370,000	231000	105,000	113,000	1,694,000	63,000
1992	427,000	747000	373,000	215,000	148,000	109,000	1,920,000	109,000
1993	445,000	634000	369000	286,000	122,000	167,000	2,154,000	59,000
1994	468,000	655000	349,000	296,000	117,000	133,000	2,420,000	79,000
1995	483,000	744000	393,000	345,000	143,000	174,000	2,635,000	111,000
1996	507,000	825000	382,000	327,000	152,000	168,000	2,483,000	140,000
1997	515,000	861000	357,000	336,000	135,000	136,000	2,603,000	114,000
1998	557,000	868000	360,000	352,000	119,000	144,000	2,498,000	140,000
1999	570,000	917000	399,000	308,000	149,000	131,000	2,640,000	121,000
2000	552,000	1002000	407,000	337,000	170,000	152,000	2,746,000	114,000
2001	545,000	1140000	365,000	362,000	145,000	170,000	2,793,000	154,000
2002	533,000	1032000	337000	299,000	123000	157000	2,196,000	117,000
2003	520,000	986000	269000	260000	n/a	n/a	1,973,000	92,000
2004	517000	998000	215000	318000	n/a	n/a	2142000	118000
2005	513000	872000	230000	192000	n/a	n/a	2114000	108000

Source: Substance Abuse and Mental Health Services Administration. (2006) *Results from the 2005 National Survey on Drug Use and Health: National Findings*

## United States: Treatment Admissions by Primary Substance and Child Maltreatment Victims, 2000-2006

This slide contains a line graph that shows treatment admissions by primary substance and total child maltreatment victims from 2000 through 2006. The statistics is as follows:

Primary Substance	2000	2001	2002	2003	2004	2005	2006
Alcohol	454,447	433,716	448,999	431,035	418,006	403,403	393,810
Alcohol w-2nd	358,687	354,806	364,720	345,222	337,062	327,695	320,222
Cocaine	238,771	233,509	245,686	254,660	263,689	261,436	250,135
Marijuana	250,639	269,156	289,220	291,668	307,486	297,226	289,988
Heroin	298,871	319,948	332,357	326,840	329,690	325,693	245,984
Amphetamines	81,420	101,567	124,433	135,247	148222	171,292	156,486
Victims	879,000	903,000	896,000	906,000	872,000	899,454	885,245

Sources: Office of Applied Studies, SAMHSA Quick Statistics from the Drug and Alcohol Services Information System and Children's Bureau, Administration of Children and Families (2006) Child Maltreatment

## What is the Relationship?

**It is not solely the use of a specific substance that affects the child welfare system; it is a complex relationship between**

- The substance use pattern
- Variations across States and local jurisdictions regarding policies and practices
- Knowledge and skills of workers
- Access to appropriate health and social supports for families

## Key Questions

- How many child welfare cases involve a caregiver with a substance use disorder? (40-80%; DHHS said one-third to two-thirds)
- How many parents in treatment have children?
- How many are “at risk” for child abuse or neglect?
- How many have open cases?

## Reason for Removal: Alcohol Abuse by the Parents

Using statistics from the Adoption and Foster Care Analysis and Reporting System (AFCARS) the data provides the percentage of child removals due to alcohol abuse by parent by state:

Alabama: 0.9 percent  
Alaska: 32.4 percent  
Arizona: 2.3 percent  
Arkansas: 3.5 percent  
California: 0.8 percent  
Colorado: 7.7 percent  
Connecticut: 11.6 percent  
Delaware: 1.1 percent  
District of Columbia: 8.7 percent  
Florida: 7.7 percent  
Georgia: 5 percent  
Hawaii: 4.8 percent  
Idaho: 0.2 percent  
Illinois: 0 percent  
Indiana: 0.4 percent  
Iowa: 7 percent  
Kansas: 1 percent  
Kentucky: 8.9 percent  
Louisiana: 5.8 percent  
Maine: 23.7 percent  
Maryland: 12.9 percent  
Massachusetts: 8.5 percent  
Michigan: 14 percent  
Minnesota: 8.1 percent  
Mississippi: 9.3 percent  
Missouri: 9.5 percent  
Montana: 11.8 percent  
Nebraska: 6.2 percent  
Nevada: 3.2 percent  
New Hampshire: 6.4 percent  
New Jersey: 8 percent  
New Mexico: 17.3 percent  
North Carolina: 9.2 percent  
North Dakota: 18.3 percent  
Ohio: 2.3 percent  
Oklahoma: 8.7 percent  
Oregon: 66.1 percent  
Pennsylvania: 8.1 percent  
Rhode Island: 7.8 percent  
South Carolina: 4.1 percent  
South Dakota: 6.8 percent  
Tennessee: 1.1 percent  
Texas: 13.8 percent  
Utah: 11.2 percent

Vermont: 2.2 percent  
Virginia: 7.3 percent  
Washington: 7.6 percent  
West Virginia: 9.2 percent  
Wisconsin: 13.6 percent  
Wyoming: 0 percent  
Puerto Rico: 17.6 percent

### **Reason for Removal: Drug Abuse by the Parents**

Using statistics from the Adoption and Foster Care Analysis and Reporting System (AFCARS) the data provides the percentage of child removals from drug abuse by parents by state:

Alabama: 10.6 percent  
Alaska: 25.6 percent  
Arizona: 11.9 percent  
Arkansas: 16.6 percent  
California: 3.7 percent  
Colorado: 25.5 percent  
Connecticut: 25.7 percent  
Delaware: 4.9 percent  
District of Columbia: 15.5  
Florida: 36.8 percent  
Georgia: 28.9 percent  
Hawaii: 38.5 percent  
Idaho: 0.5 percent  
Illinois: 0 percent  
Indiana: 23.9 percent  
Iowa: 28.2 percent  
Kansas: 5.7 percent  
Kentucky: 19.7 percent  
Louisiana: 13.9 percent  
Maine: 22.7 percent  
Maryland: 38.5 percent  
Massachusetts: 18.9 percent  
Michigan: 30.1 percent  
Minnesota: 20 percent  
Mississippi: 21.8 percent  
Missouri: 29.5 percent  
Montana: 13.3 percent  
Nebraska: 15.6 percent  
Nevada: 23.3 percent  
New Hampshire: 6 percent  
New Jersey: 48.1 percent  
New Mexico: 30.9 percent  
North Carolina: 23.8 percent  
North Dakota: 21.6 percent  
Ohio: 8.5 percent  
Oklahoma: 34 percent  
Oregon: 66.4 percent  
Pennsylvania: 18.2 percent  
Rhode Island: 20.7 percent  
South Carolina: 12.1 percent  
South Dakota: 6.3 percent  
Tennessee: 12.1 percent  
Texas: 45.9 percent  
Utah: 38.6 percent

Vermont: 8.4 percent  
Virginia: 15.9 percent  
Washington: 27.9 percent  
West Virginia: 18 percent  
Wisconsin: 18.3 percent  
Wyoming: N/A  
Puerto Rico: 36.8 percent

### **How many child welfare cases involve a caregiver with a substance use disorder?**

#### **Estimates vary by**

- Population studied
- In-Home versus Out-of-Home cases
- Urban versus rural
- Foster care versus investigations
- The definition of substance abuse used in the study
- Substance use, abuse or dependence
- Inclusion of specific illicit substance but not legal ones

### **How many child welfare cases involve a caregiver with a substance use disorder?**

#### **Estimates vary by**

- The method used to determine substance involvement
- Case report, SUD assessment, Child risk assessment
- Whether the substance is a primary or contributing factor
- The method of analysis

### **Parents Entering Publicly-Funded Substance Abuse Treatment**

Had a Child under age 18: 59%  
Had a Child Removed by CPS: 22%  
If a Child was Removed, Lost Parental Rights: 10%

### **Past Year Substance Use by Youth Age 12 to 17**

#### **Compared to African-American Youth, Caucasian Youth were more likely to use alcohol (41.4% versus 29.8%) and illicit drugs (36.2% versus 26.7%)**

This slide contains a bar graph that shows the percentage of youth age 12-17 alcohol and illicit drug use by their foster care status. The percentage value for each category is as follows:

Ever in foster care and alcohol use: 37.8 percent  
Ever in foster care and illicit drug use: 34.4 percent  
Not in foster care and alcohol drug use: 33.6 percent  
Not in foster care and illicit drug use: 21.7 percent

### **Percent of Youth Ages 12 to 17 Needing Substance Abuse Treatment by Foster Care Status**

This slide contains a bar graph that shows the percentage of youth age 12-17 needing substance abuse treatment by foster care status. The percentage value for each category is as follows:

Need for alcohol treatment and ever in foster care: 10.4 percent  
Need for alcohol treatment and not in foster care: 5.9 percent  
Need for illicit drug treatment and ever in foster care: 13.1 percent  
Need for illicit drug treatment and not in foster care: 5.3 percent  
Need for alcohol or illicit drug treatment and ever in foster care: 17.4 percent  
Need for alcohol or illicit drug treatment and not in foster care: 8.8 percent

## Risks to Children: Different Situations for Children

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

## Risks to Children: Different Situations for Children

- Each situation poses different risks and requires different responses
- Child welfare workers need to know the different responses required
- The greatest number of children are exposed through a parent who uses or is dependent on the drug
- Relatively few parents “cook” methamphetamine

## Children in Meth Labs

Status	2000	2001	2002	2003*	2004	2005	2006
<b>Number of incidents</b>	9,111	13,460	16,240	17,615	17,774	12,596	6,696
<b>Children affected**</b>	1,235	2,317	3,658	3,686	3,111	1,960	986
<b>Children taken into protective custody</b>	353	778	1,026	724			
<b>Children injured</b>	12	14	26	44	13	11	0
<b>Children killed</b>	3	0	2	3	3	2	0

4 years = 2,881; all children ~1,000,000

\*The 2003 number of incidents is calendar year, while the remaining data in the column are for fiscal year

\*\*Data for 2000 and 2001 may not show all children affected

## Use during Pregnancy & Prenatal Exposure

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004-2005 Annual Average, Applied to National birth data: 4,112,052 births in 2004

Substance Used (Past Month)

1st Trimester

- Any Illicit Drug: 7.0% women 287,800 infants
- Alcohol Use: 20.6% women 847,000 infants
- Binge Alcohol Use: 7.5% women 308,400 infants

2nd Trimester

- Any Illicit Drug: 3.2% women 131,600 infants
- Alcohol Use: 10.2% women 419,400 infants
- Binge Alcohol Use: 2.6% women 106,900 infants

3rd Trimester

- Any Illicit Drug: 2.3% women 94,600 infants
- Alcohol Use: 6.7% women 275,500 infants
- Binge Alcohol Use: 1.6% women 65,800 infants

State prevalence studies report 10-12% of infants or mothers test positive for alcohol or illicit drugs at birth ~ 411,200 infants

## Policy and Practice Framework: Five Points of Intervention

The framework developed by Children and Family Futures, Inc. (CFF) to organize practice and policy responses to these children assert that there are five major time frames when intervention could reduce the potential longer-term harm of prenatal substance exposure:

1. Pre-pregnancy - This time frame offers the opportunity to promote awareness of the effects of prenatal substance use among women of childbearing age and their family members;

2. Prenatal- This intervention point encourages health care providers to screen pregnant women for substance use as a part of routine prenatal care and to make active referrals with follow-up that facilitates access to treatment and related services for women who need those services;
3. Birth - Interventions during this time frame incorporate screening newborns for substance exposure at the time of delivery and obtaining needed assessments-including safety assessments-and follow-up care for the family;
4. Neonatal - The emphasis includes developmental assessment and the corresponding provision of services for the newborn as well as the family immediately following the birth event; and
5. Throughout childhood and adolescence - This time frame calls for ongoing provision of coordinated services for both child and family.

### **Substance Exposed Infants (SEI): Key Findings**

- Some States responding to the SEI problem and the 2003 CAPTA changes with some strong programs in some points of intervention; most have not
- None of the study States have developed policy at each of the five points of intervention for mothers and infants
- State policy implementation occurs across a diverse set of agencies requiring extensive coordination

### **Substance Exposed Infants (SEI): Opportunities for Advancing Policy**

- CFSR review II—spotlight on the child welfare system’s SEI reunification outcomes
- Monitoring of child and family service state plans
- Federal treatment information system changes: NOMS
- New federal funding streams: Child and Family Services Improvement Act of 2006

### **Substance Exposed Infants (SEI): Opportunities for Advancing Policy**

- IDEA referrals under CAPTA
- Renewed focus on school readiness issues: EI2= early identification for early intervention
- Using Medicaid funding of births to leverage prenatal efforts, screening at birth, and newborn follow-up

### **Substance Exposed Infants (SEI): Key Policy Challenges**

- There are many opportunities before and after the birth event to intervene—a balanced policy would address all five stages of the SEI problem
- To address all five stages, States need much stronger coordination that monitors progress across multiple agencies

### **Substance Exposed Infants (SEI): Key Policy Challenges**

- States don’t track SEIs and treatment for mothers well enough to measure whether they are making progress on the problem or to justify additional resources
- Treatment programs do not admit enough pregnant and parenting women in comparison to those who need treatment services:
- 1.3% of all admissions = not much of a priority

### **The Five Clocks**

- Adoption and Safe Families Act (ASFA)
  - 12 Months Permanent Plan
  - 15 Months out of 22 in out of home care petition for TPR unless it is not in the best interest of the child
- Recovery
  - One Day at a Time for the Rest of Your Life
- Child Development
  - Clock doesn’t stop
  - Moves at Fastest Rate from Prenatal through Age 5

- Temporary Assistance for Needy Families (TANF)
  - 24 Months Work Participation
  - 60 Month Lifetime
  - Reauthorization in December 2005
  - Stricter work requirements for FY 2007
    - 50% of single parent families must meet work requirements
    - 90% of two parent families must meet work requirements
    - New treatment provision

### **The Fifth Clock: How quickly will we put the pieces together?**

#### **Where We've Been**

##### **Five National Reports over Two Years - 1998**

- Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy
  - Young, Gardner & Dennis; CWLA
- Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers
  - General Accounting Office
- Healing the Whole Family: A Look at Family Care Programs
  - Children's Defense Fund
- No Safe Haven: Children of Substance-Abusing Parents
  - Center on Addiction and Substance Abuse Columbia University
- Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection
  - Department of Health and Human Services

##### **Summary of the Five National Reports**

- 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

##### **Summary of the Five National Reports**

- 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

### **Regional Partnership Grants and NCSCW In-Depth Technical Assistance Sites**

Map of the United States with stars indicating the location of a Regional Partnership Grant Site and a NCSACW In-Depth Technical Assistance (IDTA) Site. The Regional Partnership Grant sites are located in the following states: Alaska, Arizona, California (9 sites), Colorado (4 sites), Florida, Georgia (2 sites), Idaho, Illinois, Iowa (2 sites), Kansas, Kentucky (2 sites), Massachusetts, Minnesota, Missouri (2 sites), Montana (2 sites), Nebraska, Nevada, New York (2 sites), North Carolina, Oklahoma (2 sites), Ohio (2 sites), Oregon (4 sites), Rhode Island, Tennessee (2 sites), Texas (3 sites), Vermont, Washington, and Wisconsin. The NCSACW IDTA sites have included the following states, tribal jurisdictions, and one county: Arkansas, Colorado, Connecticut, Coeur d'Alene Tribe, Florida, Iowa, Maine, Massachusetts, Michigan, Minnesota, New York, Orange County, Squaxin Island, Texas, and Virginia.

### **Framework and Policy Tools for Systems Change**

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

### **Elements of System Linkages: The Ten Key Bridges**

- Mission
  1. Underlying Values and Principles of Collaborative Relationships
- Family
  2. Client Screening and Assessment
  3. Client Engagement and Retention
  4. Services to Children
  5. Working with the Community and Supporting Families
  6. Working with Related Agencies
- Outcomes
  7. Information Systems
  8. Training and Staff Development
  9. Budgeting and Program Sustainability
- Systems
  10. Joint accountability and shared outcome
    - Safety, Permanency, Family Well-Being and Recovery

### **NCSACW Products Online Training**

- Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Available at <http://www.ncsacw.samhsa.gov/tutorials>

### **In-Depth Technical Assistance State Products**

- Interagency agreements
- Communication protocols
- Screening and assessment protocols
- Statements of shared values
- Joint outcome measures
- Strategic plans
- Training initiatives

- Tribal community resources

## **Models and Evaluations from Across the Country: Family Treatment Drug Courts**

### **Family Drug Treatment Court Models**

1. Integrated (e.g., Santa Clara, Reno, Suffolk)
2. Dual Track (e.g., San Diego)
3. Parallel (e.g., Sacramento)
4. Cross-Court Team (e.g., Orange County, CA)

### **Common Ingredients of Family Treatment Courts**

- System of identifying families
- Earlier access to assessment and treatment services
- Increased management of recovery services and compliance
- System of incentives and sanctions
- Increased judicial oversight

### **Sacramento County's Comprehensive Reform**

#### **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 Family Drug Court

Reforms have been implemented over the past twelve years

### **Sacramento County Dependency Drug Court Model**

This slide contains a flow chart of the main components and timing for the Sacramento County Dependency Drug Court Model. The flow chart begins when the child is taken into custody. The parents attend a detention hearing, jurisdiction and disposition hearing, review hearings at 6 month intervals and permanency hearing at 12 months. At each hearing or review, the STARS program is involved with their Early Intervention Specialist conducting assessments and referrals at the detention and jurisdiction and disposition hearings. After the jurisdiction and disposition hearings and leading up to the 6 month and 12 month reviews, the parent can voluntarily participate in the STARS program and attend hearings at the DDC 30 days, 60 days, 90 days, and 180 days. The STARS program works collaboratively with the DDC.

### **Sacramento County Child Welfare Statistics**

This slide contains a bar graph that shows child welfare statistics for Sacramento County from 2002-2007. The number value for each category is as follows:

10/1/02-9/30/03, Hotline Referrals: 3620  
 10/1/02-9/30/03, Intake Petitions: 1589  
 10/1/02-9/30/03, DDC Children: 429  
 10/1/02-9/30/03, DDC as percent: 27.0 percent  
 10/1/03-9/30/04, Hotline Referrals: 3338  
 10/1/03-9/30/04, Intake Petitions: 1812  
 10/1/03-9/30/04, DDC Children: 485  
 10/1/03-9/30/04, DDC as percent: 26.8 percent  
 10/1/04-9/30/05, Hotline Referrals: 3552  
 10/1/04-9/30/05, Intake Petitions: 2347

10/1/04-9/30/05, DDC Children: 741  
 10/1/04-9/30/05, DDC as percent: 31.6 percent  
 10/1/05-9/30/06, Hotline Referrals; 3728  
 10/1/05-9/30/06, Intake Petitions: 2386  
 10/1/05-9/30/06, DDC Children: 731  
 10/1/05-9/30/06, DDC as percent: 30.6 percent  
 10/1/06-9/30/07, Hotline Referrals: 3084  
 10/1/06-9/30/07, Intake Petitions: 1914  
 10/1/06-9/30/07, DDC Children: 604  
 10/1/06-9/30/07, DDC as percent: 31.6 percent

DDC Children, n = 3422  
 Source: CWS/CMS

**Treatment Outcomes: Admission Rates\*\*\* (Ever been in AOD treatment)**

This slide contains a bar graph that shows treatment outcomes by court ordered and comparison group status. The rate value for each category is as follows:

Comparison: 53.2  
 Court Ordered: 85.3  
 \*\*\*p<.001  
 Comparison n=111; DDC n= 2138  
 Source: CalOMS

**Treatment Discharge Status by Primary Drug Problem\*\*\***

This slide contains a bar graph that shows treatment discharge status (satisfactory or unsatisfactory) by the primary drug problem indicated at the initial assessment. The percentage value for each category is as follows:

Primary Drug Problem	Satisfactory	Unsatisfactory
Heroin***	50.7	49.3
Alcohol***	70.8	29.2
Methamphetamine	65.6	34.4
Cocaine/Crack	60.6	39.4
Marijuana	61.8	38.2

\*\*\*p<.001  
 Comparison group n=111; DDC n=2138  
 Source: CalOMS

**Child Placement Outcomes at 36 Months by Parent Primary Drug Problem**

This slide contains a bar graph that shows child placement outcomes at 36 months by parent primary drug problem. The percentage value for each category is a follows:

Primary Drug Problem	Reunification**	Adoption	Guardianship	Long-term placement***	Family Reunification Services*
Heroin	30.6	44.4	5.6	19.4	0
Alcohol	45.9	33.9	9.6	10.1	0.5
Methamphetamine	50.6	33.1	9.6	4.2	2.6
Cocaine/crack	40.8	37.4	8	13.8	0
Marijuana	53.2	26.8	8.4	8.4	3.2

\*\*p<.01;\*\*\*p<.001  
 Comparison group n=173; DDC n=1343  
 Source: CWS/CMS & CalOMS

### Parents DDC Graduation Status

This slide contains a bar graph that shows parent graduation from the Dependency Drug Court status. The percentage value for each category is as follows:

- Graduated: 31.1 percent
- 90 Day Certificate: 26.4 percent
- Neither Landmark: 42.5 percent

DDC n=2138  
Source: STARS

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

This slide contains a bar graph that shows child reunification rates by parent graduation from the Dependency Drug Court over time. The percentage value for each category is as follows:

Time in Months	Comparison	Graduated	90 Day Certificate	Neither Landmark
12 Months	19.1	61	44.1	19.4
24 Months	27.2	73.2	51.4	25.3
36 Months	26	68.2	48.4	20.8

Comparison group n=173| DDC n=2138  
Source: STARS; CWS/CMS

### Child Reunification Rates Over Time

This slide contains a bar graph that shows child reunification rates over time. The percentage value for each category is as follows:

- Comparison group (36 mos): 26 percent
- 12 Months: 37.9 percent
- 24 Months: 46.1 percent
- 36 Months: 42.8 percent

Comparison n=173; DDC 12 months=2818; 24 months=2087; 36 months=1343  
Source: CWS/CMS

### Time to Reunification at 36 Months

This slide contains a bar graph that shows time to reunification at 36 months. The percentage value for each category is as follows:

- Comparison group: 10.4 percent
- Court ordered: 10.1 percent
- Differences not significant
- Comparison Group n=173; DDC n=1343

Source: CWS/CMS

### Cost Savings Due to Increased Reunification Rates

#### What would have happened regarding out of home care costs in the absence of DDC?

- 27.2% - Reunification rate for comparison children
- 46.1% - Reunification rate for DDC children
  - = 396 fewer DDC children would have reunified
- 33.1 - Average months in out-of-home care for comparison
- 9.22 - Average months to reunification for DDC children
  - = 23.88 months that DDC kids would have spent in out of home care

\$1,867.66 – Out of home care cost per month  
396 x 23.88 x 1867.66 =

**\$17,572,290 Total Savings in Out-of-Home Care Costs**

## **A Father's Perspective**

John Smyrni  
Consumer Advocate  
Sacramento, California

## **State Experiences of Cross-System Collaboration Florida Initiatives**

Ken DeCerchio, MSW, CAP  
Project Director, Regional Partnership Grantee Technical Assistance Program  
National Center on Substance Abuse and Child Welfare  
Former Florida Assistant Secretary for Mental Health and Substance Abuse

### **Florida's Child Welfare Cases-April, 2008**

- 36,905 children in care
- 12,953 in-home care
- 23,952 out-of home care

### **Impetus for Florida's Initiatives**

- DHHS Report to Congress:
  - Blending Perspectives and Building a Common Ground
- 1998 Florida General Appropriations Act (GAA) Performance Measure

### **Impetus for Florida's Initiatives**

- General Appropriations Act Performance Measure
  - Number of adults in child welfare protective supervision who have case plans requiring substance abuse treatment who are receiving treatment

### **General Appropriations Act Performance Measure**

- Measure examined as a part of the Child Welfare Integrated Quality Assurance (CWIQA) Review Process
  - 1000 + case files, from 21 CBC agencies evaluated:
    - Appears to be improvement in assessment and referral of parents needing SA treatment
    - Approximately 44% case files reviewed required one or more parents to obtain SA treatment
    - Evidence of parent completing or receiving treatment at the time of the review was diverse and varied based upon the CBC (Range 36% -94%)
    - 12 CBC providers reviewed either met or exceeded the state target of 55%

### **Florida Substance Abuse Treatment/Child Welfare (SA/CW) Collaborative Initiatives**

- Family Intervention Specialists
- FY 2003-04
  - \$2.3 million
  - 35 positions
- FY 2001-02
  - \$2.5million
  - 35 positions
- \$20,000 discretionary funding per FIS

### Florida SA/CW Collaborative Initiatives

- Use of Family Intervention Specialists
  - Reduced by 27 percent time to case closure
  - Increased access to treatment
  - Increased treatment completion and reunification

### Florida SA/CW Collaborative Initiatives

- 1999
  - Prioritized Families at-risk or involved with child welfare system using Federal Block grant dollars
  - Eligibility for TANF funded treatment expanded to include child welfare client
- 2003-04
  - SA admissions form specified if the client is a member of a family under child protection
- October 1, 2005
  - A FIS staff ID code included as a part of the SAMH data system to identify clients who received FIS services
- FY 2005-06
  - Legislature assigned responsibility for measure to both programs

### Florida SA/CW Collaborative Initiatives

- Policy Paper Joint System Goals
- To ensure the safety of children
- To prevent and remediate the consequences of substance abuse on families involved in the child welfare system or at risk of becoming involved in the system by reducing the use of alcohol and drugs
- To expedite family preservation and permanency for children when appropriate
- To promote healthy and intact families
- To support families in recovery

### Florida SA/CW Collaborative Initiatives

- FY 2004-05 – Policy Working Agreements (PWA) between SAMH and Family Safety signed at state level.
- SAMH/Community Based Care Contract Language
- Crisis Response Team Volusia County

### Crisis Response Team Volusia County

582 Removals Over A 13 Month Period  
February 2004 thru February 2005

Month/Year	Removals
Feb-04	65
Mar-04	68
Apr-04	61
May-04	46
Jun-04	42
Jul-04	40
Aug-04	57
Sep-04	31
Oct-04	39
Nov-04	33
Dec-04	39
Jan-05	30
Feb-05	31
<b>Total Removals</b>	<b>582</b>

This slide contains a line graph that shows sheltered children from October 2002 through February 2005. The number value for each category is as follows:

Oct-02: 85  
Nov-02: 75  
Dec-02: 40  
Jan-03: 87  
Feb-03: 99  
Mar-03: 97  
Apr-03: 86  
May-03: 99  
Jun-03: 74  
Jul-03: 55  
Aug-03: 75  
Sep-03: 90  
Oct-03: 79  
Nov-03: 48  
Dec-03: 35  
Jan-04: 65  
Feb-04: 57  
Mar-04: 68  
Apr-04: 61  
May-04: 46  
Jun-04: 42  
Jul-04: 40  
Aug-04: 57  
Sep-04: 31  
Oct-04: 39  
Nov-04: 33  
Dec-04: 39  
Jan-05: 30  
Feb-05: 31

13 month removal average is 45 children removed per month

#### **Clients served by Court for the First Operational Year**

- As of 2/21/05:
  - 116 families served (252 children)
  - 80% success rate in keeping families intact (93 families stabilized, 23 families experienced removal of their children)
  - 204 children remained in the home of the custodian(48 children were removed from the custodian)

#### **Legislation (2006)**

- SB 114 and HB 0175
  - Provides legislative intent for early referral and treatment for substance abuse
  - Establishes legislative goals regarding substance abuse treatment in the dependency system
- Provides court authorization to:
  - Order substance abuse assessment ,where good cause is shown, at every stage of the dependency process; and
  - Require participation in substance abuse treatment following adjudication

#### **Additional SA/CW Initiatives**

- Sept. 2003-Dec. 2004 - Florida Technical Assistance provided through National Center on Substance Abuse and Child Welfare
- 2004 – District 4 & 12 single managing entity established began development to manage substance abuse services for families involved in the child welfare system
- 2005 - Child Welfare, Substance Abuse, and Mental Health Roundtable Forum was established to discuss issues critical to the Family Safety program and CBC agencies
- Jan. 2006 – SAMH & Child Welfare Forum in Orlando targeting management

## Summary

- Legislature was a key impetus for the SA and CW system collaboration
- Doubled the number of families from CW receiving SA services
- Strength of collaboration impacted by leadership turnover
- Challenge with bringing collaboration to scale in a large state, and impacting local jurisdictions
- Unable to impact SACWIS system to identify case plans requiring substance abuse

## Substance Abuse and Child Welfare – Arizona’s Experience

Arizona Department of Economic Security  
Division of Children, Youth and Families  
Ken Deibert, Deputy Director  
July 22, 2008

### Leadership

- Child Protective Services Expedited Substance Abuse Treatment Program (A.R.S. § 8-812)
- Joint Substance Abuse Treatment Fund (A.R.S. § 8-881)
- Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS).

### An Overview of the Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)

Over 15,400 individuals served

### Services Provided

- Assessment, Evaluation and Screening – 93%
- Individual Counseling – 25%
- Family Counseling – 62%
- Group Counseling – 23%
- Case Management – 97%
- Transportation – 29%
- Flex Funding – 72%

### Best Practices and Innovations

- Service Integration through Co-location
- Motivational Interviewing
- Expedited Engagement
- Drug Testing
- Parent Recovery Coaches
- Aftercare
- Sober Living Housing

### Performance Outcomes

Reduction in:

- Recurrence of child abuse and neglect - Yes
- Substance abuse - Yes

Increase in:

- Number of children achieving permanency - Yes

### Start-Up Challenges

- Shared values
- Common understanding of the Recovery Cycle versus the Adoption and Safe Families Act timeframes
- Training across systems

- Limitations of Title XIX funded substance treatment services in relationship to the child welfare population

### Blended Funding of Services

- AFF Funded Clients 870 clients received treatment services funded from TANF and State General Fund
  - 522 client closed from services
  - 348 clients continuing to receive services

Total Arizona Families First, SFY 2007, N = 4471

- Shared Funding Clients 1,715 clients received treatment services funded from TANF, Title XIX and State General Fund
  - 580 clients closed in both systems
  - 370 clients closed by AFF, continuing to receive services from RBHA
  - 387 clients closed by RBHA, continuing to receive services from AFF
  - 378 clients continuing to receive services from both systems
- RBHA Funded Clients 1,886 clients received treatment services funded Title XIX only
  - 1162 clients closed from services
  - 724 clients continuing to receive services

### Need for Realignment of Resources

- Comparing March 2003 to March 2004, the number of children in out-of-home care increased by 20%.
- The number of young children ages 0-3 in shelter care in March 2004 was 242.
- The number of young children ages 0-6 in group home care in September 2004 was 143.

### Clients Served

Client Status	SFY 2004	SFY 2005	SFY 2006	SYF 2007
Referrals	3,138	3,903	4,700	5,087
Clients Assessed	1,763	2,595	3,149	3,875
Clients Participating in Services	1,681	2,772	4,032	4,181

### Client Voices

“I had my son taken away from me and for the last 10 months, she [AFF case manager] helped me get him back. She helped me find a halfway house. I’m getting ready to move into my own place next month. I don’t think I could have done it without this place.” *Female, Yavapai County*

“We did drugs a lot. CPS took our kids. AFF gave us parenting and drug counseling. We’re getting visits. We’ve been clean for four and one half months. We got parenting classes and drug classes. Our case worker told CPS we needed more visitations with the kids, so we’re getting more starting next week. We should get our kids back after the first of the year. We would still be out using without AFF.” *Female, Pinal County*

### Continued Challenges

- Availability of Services in Rural Areas
- Availability of Sober Residential Facilities for the Entire Family
- Availability of Qualified Staff
- Adequate Services for Victims of Domestic Violence