Table of Contents

Substance Abuse and Child Welfare ................................................................................................................. 3
  Substance Abuse and Child Welfare: An Overview of the Issues ................................................................. 3
  National Center on Substance Abuse and Child Welfare (NCSACW) .......................................................... 3
  Topics ............................................................................................................................................................ 3
  Spectrum of Addiction ........................................................................................................................................ 3
  Children Living with One or More Substance-Abusing Parent ................................................................. 3
  Persons who Initiated Substance Use by Year, 1985-2005 ........................................................................... 4
  United States: Treatment Admissions by Primary Substance and Child Maltreatment Victims, 2000-2006 . 4
  What is the Relationship? .............................................................................................................................. 4
  Key Questions ................................................................................................................................................... 5
  Reason for Removal: Alcohol Abuse by the Parents ....................................................................................... 5
  Reason for Removal: Drug Abuse by the Parents ......................................................................................... 6
  How many child welfare cases involve a caregiver with a substance use disorder? .................................... 7
  How many child welfare cases involve a caregiver with a substance use disorder? .................................... 7
  Parents Entering Publicly-Funded Substance Abuse Treatment ............................................................... 7
  Past Year Substance Use by Youth Age 12 to 17 ....................................................................................... 7
  Percent of Youth Ages 12 to 17 Needing Substance Abuse Treatment by Foster Care Status ................. 7
  Risks to Children: Different Situations for Children .................................................................................... 8
  Risks to Children: Different Situations for Children .................................................................................... 8
  Children in Meth Labs ................................................................................................................................... 8
  Use during Pregnancy & Prenatal Exposure ................................................................................................. 8
  Policy and Practice Framework: Five Points of Intervention ................................................................... 8
  Substance Exposed Infants (SEI): Key Findings ......................................................................................... 9
  Substance Exposed Infants (SEI): Opportunities for Advancing Policy ................................................... 9
  Substance Exposed Infants (SEI): Opportunities for Advancing Policy ................................................... 9
  Substance Exposed Infants (SEI): Key Policy Challenges .......................................................................... 9
  Substance Exposed Infants (SEI): Key Policy Challenges .......................................................................... 9
  The Five Clocks ............................................................................................................................................... 9
  Where We’ve Been ...................................................................................................................................... 10
  Summary of the Five National Reports ....................................................................................................... 10
  Summary of the Five National Reports ....................................................................................................... 10
  Leadership of the Federal Government on Substance Abuse and Child Welfare Issues .......................... 10
  Regional Partnership Grants and NCSCW In-Depth Technical Assistance Sites ......................................... 11
  Framework and Policy Tools for Systems Change ....................................................................................... 11
  Elements of System Linkages: The Ten Key Bridges ............................................................................... 11
  NCSACW Products Online Training ........................................................................................................ 11
  In-Depth Technical Assistance State Products .......................................................................................... 11

Models and Evaluations from Across the Country: Family Treatment Drug Courts .................................. 12
  Family Drug Treatment Court Models ..................................................................................................... 12
  Common Ingredients of Family Treatment Courts ..................................................................................... 12
  Sacramento County’s Comprehensive Reform ............................................................................................ 12
  Sacramento County Dependency Drug Court Model .................................................................................. 12
  Sacramento County Child Welfare Statistics ............................................................................................ 12
  Treatment Outcomes: Admission Rates*** (Ever been in AOD treatment) ............................................ 13
  Treatment Discharge Status by Primary Drug Problem*** ....................................................................... 13
  Child Placement Outcomes at 36 Months by Parent Primary Drug Problem ........................................ 13
  Parents DDC Graduation Status ................................................................................................................. 14
  Child Reunification Rates by DDC Graduation Status Over Time ........................................................... 14
  Child Reunification Rates Over Time .......................................................................................................... 14
  Time to Reunification at 36 Months ........................................................................................................... 14
  What would have happened regarding out of home care costs in the absence of DDC? ......................... 14

A Father’s Perspective ..................................................................................................................................... 15

State Experiences of Cross-System Collaboration Florida Initiatives ......................................................... 15
  Florida’s Child Welfare Cases-April, 2008 ................................................................................................. 15
  Impetus for Florida’s Initiatives ................................................................................................................ 15
  Impetus for Florida’s Initiatives ................................................................................................................ 15
  General Appropriations Act Performance Measure ............................................................................... 15
  Florida Substance Abuse Treatment/Child Welfare (SA/CW) Collaborative Initiatives ................................ 15
  Florida SA/CW Collaborative Initiatives ................................................................................................. 16
Substance Abuse and Child Welfare – Arizona’s Experience ................................................................. 18
Leadership.................................................................................................................................................. 18
An Overview of the Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together).................................................................................. 18
Services Provided ........................................................................................................................................ 18
Best Practices and Innovations.................................................................................................................. 18
Performance Outcomes ............................................................................................................................ 18
Start-Up Challenges .................................................................................................................................. 18
Blended Funding of Services ..................................................................................................................... 18
Need for Realignment of Resources ......................................................................................................... 19
Clients Served............................................................................................................................................... 19
Client Voices............................................................................................................................................... 19
Continued Challenges ............................................................................................................................... 19
Substance Abuse and Child Welfare
NCSL Legislative Summit
Pre-Conference Meeting

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
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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of incidents</td>
<td>9,111</td>
<td>13,460</td>
<td>16,240</td>
<td>17,615</td>
<td>17,774</td>
<td>12,596</td>
<td>6,696</td>
</tr>
<tr>
<td>Children affected**</td>
<td>1,235</td>
<td>2,317</td>
<td>3,658</td>
<td>3,686</td>
<td>3,111</td>
<td>1,960</td>
<td>986</td>
</tr>
<tr>
<td>Children taken into protective custody</td>
<td>353</td>
<td>778</td>
<td>1,026</td>
<td>724</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children injured</td>
<td>12</td>
<td>14</td>
<td>26</td>
<td>44</td>
<td>13</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Children killed</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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


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
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 NCSCACW 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 NCSCACW 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
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:

<table>
<thead>
<tr>
<th>Primary Drug Problem</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin***</td>
<td>50.7</td>
<td>49.3</td>
</tr>
<tr>
<td>Alcohol***</td>
<td>70.8</td>
<td>29.2</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>65.6</td>
<td>34.4</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>60.6</td>
<td>39.4</td>
</tr>
<tr>
<td>Marijuana</td>
<td>61.8</td>
<td>38.2</td>
</tr>
</tbody>
</table>

***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 as follows:

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

**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:

<table>
<thead>
<tr>
<th>Time in Months</th>
<th>Comparison</th>
<th>Graduated</th>
<th>90 Day Certificate</th>
<th>Neither Landmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Months</td>
<td>19.1</td>
<td>61</td>
<td>44.1</td>
<td>19.4</td>
</tr>
<tr>
<td>24 Months</td>
<td>27.2</td>
<td>73.2</td>
<td>51.4</td>
<td>25.3</td>
</tr>
<tr>
<td>36 Months</td>
<td>26</td>
<td>68.2</td>
<td>48.4</td>
<td>20.8</td>
</tr>
</tbody>
</table>

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
  - $2.5 million
  - 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

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

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**

- 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
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**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>3,138</td>
<td>3,903</td>
<td>4,700</td>
<td>5,087</td>
</tr>
<tr>
<td>Clients Assessed</td>
<td>1,763</td>
<td>2,595</td>
<td>3,149</td>
<td>3,875</td>
</tr>
<tr>
<td>Clients Participating in Services</td>
<td>1,681</td>
<td>2,772</td>
<td>4,032</td>
<td>4,181</td>
</tr>
</tbody>
</table>

**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