

FIVE NATIONAL REPORTS ISSUED ON ALCOHOL AND OTHER DRUG PROBLEMS IN CHILD WELFARE

Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy. Washington, DC: Child Welfare League of America. 1998. [CWLA]

Sets forth a policy framework of innovative ways to address the overlapping problems of substance abuse and child abuse. The guidebook describes a number of effective models for linking child welfare services and alcohol and other drug treatment. *Copies may be ordered by calling the Juvenile Justice Clearinghouse at 800-638-8736 and asking for publication #ncj 171669.*

Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers. Washington, DC: U.S. General Accounting Office. September 1998. [GAO]

Discusses the extent and characteristics of parental substance abuse among foster care cases and the difficulties agencies face in making timely permanency decisions for such children. Offers model initiative to achieve timely permanency outcomes. *Copies may be ordered on-line at www.gao.gov or by calling (202) 512-6000 and asking for GAO/HEHS-98-182.*

No Safe Haven: Children of Substance-Abusing Parents. New York: The National Center on Addiction and Substance Abuse at Columbia University. January 1999. [CASA]

Illustrates the impact substance abuse has had on the child welfare system and its failed ability to respond. Calls for an emphasis on prevention, new training and protocols for child welfare, court and other professionals, increased funding for comprehensive treatment and greater attention to evaluation outcomes. *The report is available on-line at www.casacolumbia.org and may be ordered by calling CASA at 212-841-5227.*

Healing the Whole Family: A Look at Family Care Programs. Washington, DC: Children's Defense Fund. 1998. [CDF]

Profiles 50 residential treatment programs from across the country which provide comprehensive services to mothers and children. The report focuses on the importance of family care and describes the unique characteristics that make it work for children and families in crisis. *The Executive Summary is available on-line at www.childrensdefense.org. Copies may be ordered by calling CDF Publications at 202-662-3652.*

Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection. Washington, DC: Department of Health and Human Services. 1999. [DHHS]

The report was developed jointly by the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, and the Office of the Assistant Secretary for Planning and Evaluation. It provides background information on understanding addiction, substance abuse and recovery, the nature of child maltreatment, the extent and scope of the problems as well as current efforts and further directions to address the problem. *The report can be accessed on-line at www.aspe.os.dhhs.gov or www.acf.dhhs.gov/programs/cb/*

Attached Summary Provided by Children and Family Futures, Irvine, CA

**SUMMARY OF CHALLENGES, BARRIERS, DIFFICULTIES, CRITICAL WEAKNESSES BY FIVE TOPICS FOR IMPORTANT ACTION
IN DHHS REPORT TO CONGRESS¹**

Tx = Treatment; CA/N = Child Abuse and/or Neglect

DHHS TOPICS FOR IMPORTANT ACTION	DHHS Challenges	GAO Difficulties	CWLA Barriers	CASA Critical Weaknesses
1. Building Collaborative Working Relationships	<ul style="list-style-type: none"> • Different perspectives in defining families' problems • Often see other field at fault when conflicts arise • Different frameworks and priorities • Lack of communication and collaboration 		<ul style="list-style-type: none"> • Conflicts in values and philosophies 	
2. Assuring Timely Access to Comprehensive Substance Abuse Treatment Services	<ul style="list-style-type: none"> • Both fields need to take a comprehensive view of families' situations • Understanding the contributions of various • High quality treatment designed for parents and children is not easily available 	<ul style="list-style-type: none"> • Helping parents enter AOD treatment programs • Criminal activity associated with illicit drug use behaviors to child maltreatment 	<ul style="list-style-type: none"> • Timing differences in welfare and child welfare mandates, treatment and recovery, child development 	<ul style="list-style-type: none"> • CW agencies and family courts do not have timely access to treatment and related services that are appropriate for the parents
3. Improving our Ability to Engage and Retain Clients in Care and to Support Ongoing Recovery	<ul style="list-style-type: none"> • CW agencies must become knowledgeable about treatment and recovery • Need to make appropriate and realistic decisions about child safety, reunification, family preservation, TPR within context of monitoring progress and child safety 	<ul style="list-style-type: none"> • Close monitoring of parents' progress • Research on best treatment approach or setting is limited (except heroin addiction) • Predicting readiness for recovery and potential for relapse is difficult 	<ul style="list-style-type: none"> • Staff training, education and practice methods • Cross training in pre-service education 	<ul style="list-style-type: none"> • CW & judges lack training & assistance to understand substance abuse, how to detect and assess severity • Few CW agencies and family courts have strategies to motivate parents to enter and complete treatment • CW agencies do little to prevent or prepare for relapse

¹ Barriers were not specifically addressed in the CDF Report on Family Care

**SUMMARY OF CHALLENGES, BARRIERS, DIFFICULTIES, CRITICAL WEAKNESSES BY FIVE TOPICS FOR IMPORTANT ACTION
IN DHHS REPORT TO CONGRESS (CONTINUED)²**

Tx = Treatment; CA/N = Child Abuse and/or Neglect

DHHS TOPICS FOR IMPORTANT ACTION	DHHS Challenges	GAO Difficulties	CWLA Barriers	CASA Critical Weaknesses
4. Enhancing Children’s Services	<ul style="list-style-type: none"> • Need to provide joint parent-child services that address parenting & other issues while working on recovery 	<ul style="list-style-type: none"> • Children exiting foster care at a slower rate than they are entering 	<ul style="list-style-type: none"> • Difference in definition and focus on primary client 	<ul style="list-style-type: none"> • Family courts have inadequate criteria to guide determination of when to return children and often make their decisions with insufficient information • CW agencies and judges find it difficult to conclude FR attempts have been sufficient and to TPR
5. Filling Information Gaps			<ul style="list-style-type: none"> • Each system needs more information from each other’s child status in AOD, substance abuse in the CW 	
Other: Funding			<ul style="list-style-type: none"> • Complexity of categorical systems • Funding gaps in each system • Outside forces (courts and managed care) control of resources and Tx decisions 	

² Barriers were not specifically addressed in the CDF Report on Family Care

SUMMARY OF RECOMMENDATIONS BY THE “FIVE TOPICS FOR IMPORTANT ACTION” IN DHHS REPORT TO CONGRESS

Tx = Treatment; CA/N = Child Abuse and/or Neglect

NATIONAL REPORT RECOMMENDATIONS

DHHS TOPICS	DHHS	GAO	CWLA	CASA	CDF
1. Building Collaborative Working Relationships	<ul style="list-style-type: none"> • Ongoing interdisciplinary training • Ongoing dialogue • Shared information on screening and assessment tools and referral innovations • Adequate information flow on the results of innovative grants 		<ul style="list-style-type: none"> • Develop comprehensive statement of values & principles • Use of a Collaborative Values Inventory to assess consensus & disagreements on values & norms • Develop multi-year staff development plan including courts, law enforcement & managers • Review all Title IVE training • Develop a public education plan on innovations that bridge CWS-AOD and substantiates need for these services • Need to deal with skepticism of CW toward AOD Tx effectiveness 	<ul style="list-style-type: none"> • Learn to integrate services across agency lines • Prepare to change organizational culture and practices one employee at a time 	<ul style="list-style-type: none"> • Offer cross-agency and cross-program training for staff working with families challenged by substance abuse and other problems

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NATIONAL REPORT RECOMMENDATIONS

DHHS TOPICS	DHHS	GAO	CWLA	CASA	CDF
<p>2. Assuring Timely Access to Comprehensive Substance Abuse Treatment Services</p>	<ul style="list-style-type: none"> • Take advantage of expanded federal funding for Tx • Wider use of Medicaid to fund Tx • Wider use of TANF and WtW for Tx 	<ul style="list-style-type: none"> • Overcome inadequate links with AOD providers and inadequate monitoring of parents’ progress in treatment 	<ul style="list-style-type: none"> • Develop multiyear funding and staffing plan across agencies (CWS, TANF, Family Violence, JJ & MH) • Use results-based accountability principles to evaluate and fund provider agencies • Modify contracts to transition to results based accountability 	<ul style="list-style-type: none"> • Establish protocols that assure that staff screen for AOD problems in all parents who are investigated for CA/N • Arrange for timely and appropriate AOD treatment for parents • Fund comprehensive treatment 	<ul style="list-style-type: none"> • Improve assessments of families’ strengths and needs, the nature of support available to them, and the development of their children • Increase service and treatment programs so that families needs can be matched with appropriate services • Make the case for investing in these families by explaining and documenting benefits of comprehensive treatment
<p>3. Improving our Ability to Engage and Retain Clients in Care and to Support Ongoing Recovery</p>	<ul style="list-style-type: none"> • Disseminate information on assessing progress in treatment • Links to Court Improvement Projects and Family Drug Court Program 		<ul style="list-style-type: none"> • Review current assessment tools for their AOD content and layering effect • Develop an Integrated CWS-AOD Assessment Approach • Design organizational innovation and new staffing patterns based on pros and cons of models 	<ul style="list-style-type: none"> • Use strategies that motivate parents to engage in treatment • Take steps to prevent and prepare for relapse before closing cases 	<ul style="list-style-type: none"> • Expand opportunities for families by expanding public and private financial and in-kind supports for all aspects of family care programs

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<p>4. Enhancing Children’s Services</p>	<ul style="list-style-type: none"> • Preventive services expansion • Foster parents training • Early childhood focused programs • Extract lessons of existing pilot projects 	<ul style="list-style-type: none"> • Develop strategies to quickly achieve permanency outcomes for children when Family Reunification efforts fail 	<ul style="list-style-type: none"> • More comprehensive & targeted prevention/intervention for children in CW system • View children & needs from a developmental perspective • Focus on the middle children (those not identified as prenatally exposed and not current users) • Specifically address needs of all children in the family including Children of Alcoholics and Children of Substance Abuser issues 	<ul style="list-style-type: none"> • Nurture healthy children by providing services to children who are abused & neglected • Remove barriers to permanent placements by establishing criteria for reasonable efforts for substance abusing parents 	<ul style="list-style-type: none"> • Increase the capacity of CW agencies to address the needs of parents with substance abuse problems

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<p>5. Filling Information Gaps</p>	<ul style="list-style-type: none"> • Federal data set improvement AFCARS & NHSDA \$ Spring Forum on Child Abuse Research • NIH research grants, CSAP grants 		<ul style="list-style-type: none"> • Review and upgrade data: <ul style="list-style-type: none"> ○ Estimating the prevalence among CWS subgroups ○ Documenting the resources-staff & services to AOD/WS parents ○ The outcomes & indicators to monitor effectiveness of AOD Tx • Develop a scorecard of overall CWS-AOD conditions for annual monitoring • Encourage outcome data as part of reporting & evaluation • Provide incentives to accelerate move to result-based accountability and capacity building among CWS and AOD agencies • Ensure that federal data collection activities support this work across agencies • Ensure lessons from demonstrations are disseminated 	<ul style="list-style-type: none"> • Evaluate outcomes, increase research, and improve data systems 	<ul style="list-style-type: none"> • Expand public and private efforts to evaluate the impact of family care programs

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<p>Other: Funding Prevention</p>			<ul style="list-style-type: none"> • Review CW & AOD outcomes as they affect the capacity to redirect resources • Determine the feasibility of federal blended funding to provide flexibility in funding for this population 	<ul style="list-style-type: none"> • Start with prevention: <ul style="list-style-type: none"> ○ Each entity and citizen must take responsibility to prevent substance abuse & addiction ○ Incorporate efforts to prevent CA/N & treat parents in other social programs ○ Treat SA & related problems during pregnancy ○ Provide home-based services and supports during pregnancy and the child’s early years • Provide substance abuse training for all CW, court, social and health service professionals 	