

Summary of Program Outcomes addressing Substance Use Disorders among Families in Child Welfare Services

Innovative Models for Linking Child Welfare and Substance Abuse Treatment Agencies

The mission of the National Center on Substance Abuse and Child Welfare (NCSACW) is to work with substance abuse, child welfare, and the courts to improve outcomes for families affected by substance use disorders. To accomplish this goal, the NCSACW looked for effective practice models that could be adopted by the communities and agencies receiving technical assistance. One of the most highly developed system-wide reform efforts, that has demonstrated positive outcomes, is that of Sacramento County, CA. Sacramento County has a long standing history of efforts to improve outcomes for children and families in the county's Child Protective Services (CPS) Division, particularly those families affected by substance use disorders. These efforts have evolved over more than a decade and include the following system changes:

System Change	Brief Description
Common Principles	A core set of values and cross-system principles included prioritizing high-risk families receiving services in multiple county agencies, expanding treatment and support service capacity within existing resources, and viewing the family and children as integral to successful intervention.
Comprehensive Cross-System Joint Training	Developed the Alcohol and Other Drug Treatment Initiative (AODTI), a multifaceted initiative to change the child welfare and other health and social service systems through training on substance use disorders, treatment and recovery and making each worker responsible for alcohol and drug screening and brief intervention.
Substance Abuse Treatment System of Care	An integrated approach that includes standardized screening and assessment policy across agencies, patient placement in the most appropriate level of care, outcomes monitoring and continuous program improvement, and treatment access priority for families receiving services in other county departments and, specifically, parents reported to CPS with child abuse and/or neglect allegations associated with a substance use disorder.
Early Intervention Specialists	Masters' level social workers with training and experience in substance abuse treatment services and motivational enhancement therapy are out-stationed at the family court to intervene and conduct preliminary assessments, intervention, and treatment linkages to ALL parents with substance abuse allegations at the very first court hearing in the case.
Recovery Specialists	Provides immediate access to substance abuse assessment and engagement strategies conducted by staff trained in motivational enhancement therapy. Provided through the Specialized Treatment and Recovery Support Services (STARS) program, parents receive intensive outreach services, management of the recovery aspect of the child welfare case plan, routine monitoring and feedback to CPS and the court.
Dependency Drug Court	The DDC's goal is to protect children from abuse and neglect and ensure timely judicial decisions regarding children's permanency. These are accomplished through coordinated services, timely access to substance abuse treatment, increased judicial oversight and routine application of incentives and sanctions. The approach depends on court-based collaboration among the child welfare agency, substance abuse treatment administration and providers, the legal system and other community support agencies.

Impact on Children and Families

The DDC uses recovery specialists who are professional substance abuse treatment program staff with experiential knowledge of recovery to deliver intensive recovery management and supportive services to parents. In comparison to families who entered child protective services prior to STARS and DDC initiation, significant outcomes include:

Sacramento County, CA	Before DDC and STARS N=111 Parents 173 Children	DDC and STARS Recipients N=2,422 Parents 2,086 Children
Entered substance abuse treatment***	53.2%	84.6%
Mean number of treatment admissions***	1.4	2.3
36 months after starting services, percent children living with birth parent*	26%	45.7%
At 36 months, percent of children in alternative placements		
Adoption*	33.5%	26.7%
Guardianship**	12.7%	7.2%
Long-term foster care***	17.3%	5.1%

*p<.05; **p<.01; ***p<.001

Significant Outcomes of State, County and Tribal Jurisdictions

The National Center on Substance Abuse and Child Welfare (NCSACW) provides In-Depth Technical Assistance (IDTA) by strengthening collaboration and linkages across service systems and family courts to improve outcomes for families with substance use disorders who are involved in the child welfare and family court systems. The 18-month program provides substantial support and expertise through a unique technical assistance model that matches a site's strengths, needs and priorities with a senior level consultant for approximately 32 hours per month. State, county and Tribal teams work together in focus areas such as:

- ✓ implementing collaborative practice strategies for screening and assessment protocols, improved engagement and retention procedures, drug testing protocols, and more effective information exchange;
- ✓ developing collaborative funding inventories and strategic plans; and,
- ✓ improving data systems to accommodate cross-system accountability for shared clients.

Launched in 2003, IDTA has provided technical assistance to 19 State, county and Tribal jurisdictions:

2003-04	2005-06	2006-07	2008-09	2009-10
<ul style="list-style-type: none"> • Colorado • Florida • Michigan • Virginia 	<ul style="list-style-type: none"> • Arkansas • Massachusetts • Minnesota • Squaxin Island Tribe 	<ul style="list-style-type: none"> • Maine • New York • Texas 	<ul style="list-style-type: none"> • Orange County, CA • Coeur d' Alene Tribe • Connecticut • Iowa 	<ul style="list-style-type: none"> • California • New Jersey • Seminole Tribe • Sonoma County, CA

Impact on Children and Families

As part of IDTA, each IDTA team observes the Sacramento Dependency Drug Court (DDC) and hears from the members of the cross-system DDC staff about the strategies they use to achieve better outcomes for families. Combining program strategies from Sacramento's DDC, technical assistance by IDTA, and each IDTA's needs and priorities, IDTA sites have accomplished the following:

Development of MOUs for Working Across Agencies

- 12 IDTA sites (80.0%) addressed underlying values in developing collaborations that resulted in formal MOU or working agreements: Arkansas, Colorado, Connecticut, Florida, Iowa, Virginia, Maine, Massachusetts, Minnesota, New York, Squaxin Island and Texas.

Development of a Recovery Specialist Model

- 10 IDTA sites (66.7%) implemented, expanded or enhanced a recovery specialist model in their State, county or Tribe: Colorado, Connecticut, Coeur D'Alene Tribe, Florida, Iowa, Massachusetts, Minnesota, New York, Orange County, CA, and Seminole Tribe.
- In 2009, the State of Connecticut implemented a Recovery Specialist Voluntary Program (RSVP). To date, 40 clients have participated in an evaluation of the program. Early findings indicate that RSVP parents are more likely to enter treatment within three weeks of their child protection case than comparison parents (80% vs. 50%).
- In 2007, Minnesota piloted the use of recovery specialists in Itasca County as part of their Children's Justice Initiative (CJI). The CJI Project is in Phase One Implementation with twelve CJI-AOD teams. Itasca County, with their Recovery Specialists, and the Stearns County DDC team are mentors for the other counties.

Itasca County, MN	Without Recovery Specialists	With Recovery Specialists
Completed substance abuse treatment	14%	53%
Percent of parents abstinent on drug testing	67%	91%
Children remaining or reunified with parents	39%	52%

Implementation of Cross-Systems Workforce Development

- 7 IDTA sites (46.6%) developed and/or implemented cross-system training plans: Colorado, Connecticut, Florida, Minnesota, New York, Orange County, CA and Texas.

Implementation of State Administrative Change

- 4 IDTA sites (26.7%) implemented state administrative changes including contracting requirements and state certification of provider organizations: Colorado, Florida, Michigan and Virginia.
- Riverside County, California, in response to NCSACW's guidance on drug testing policies, generated \$500,000 annual cost savings in their child welfare program.

Development of Screening Protocols:

- 9 IDTA sites (60.0%) developed and/or implemented screening protocols: Arkansas, Coeur d' Alene Tribe, Colorado, Florida, Maine, Massachusetts, Michigan, New York and Texas.
- Since Maine's pilot testing in 2005 and implementation of a universal screening tool in 2006, referrals to substance abuse treatment have doubled over their pre-IDTA referral numbers.

Maine: Referrals from Child Welfare to Substance Abuse Treatment	2003	2004	2005	2006	2007	Percent Change
Referrals	139	136	174	234	277	99.3%

Development of a Parent Partner Model

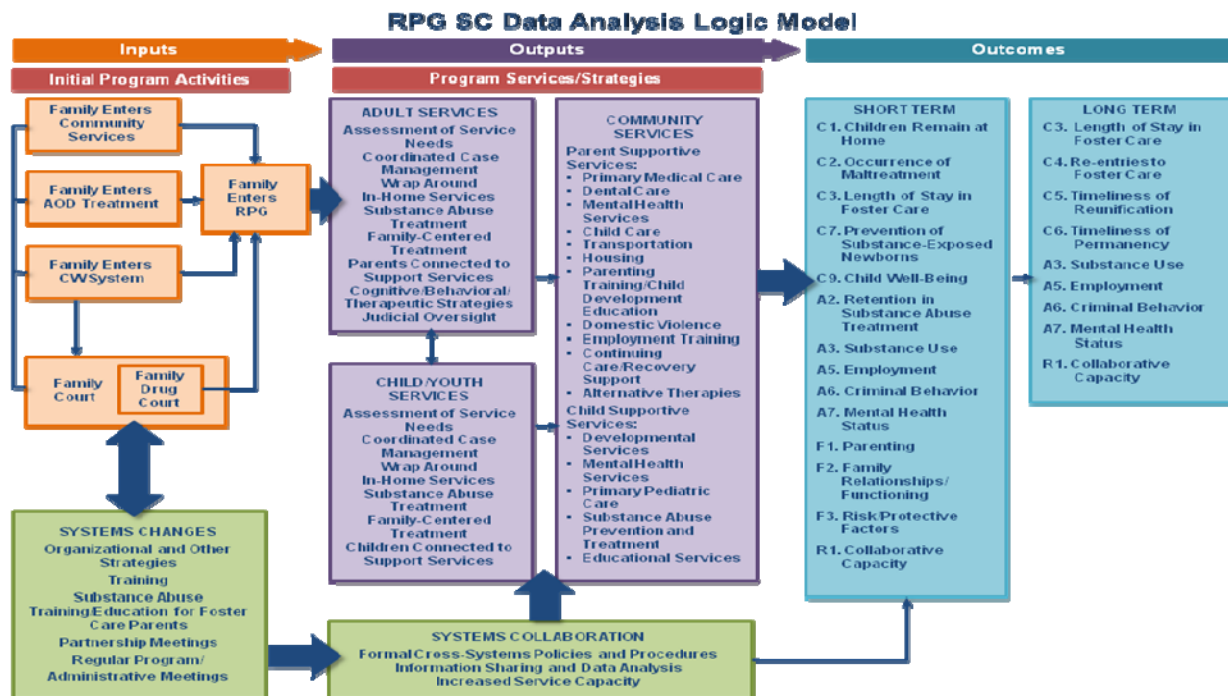
- 2 IDTA sites (13.3%) developed parent partner models. Orange County, CA provides parent partners at the first court hearing leading to increased rates of service plan engagement. In Minnesota, the parent partner model was formalized in a parents' manual increasing parent participation in court processes and case planning; the program description was published by the American Bar Association.

Operation of Family Dependency Drug Courts

- 14 IDTA sites (73.7%) operate Family Dependency Drug Courts: California, Colorado, Florida, Iowa, Maine, Massachusetts, Michigan, Minnesota, New Jersey, New York, Orange County, CA, Sonoma County, CA, Texas and Virginia.

Data System Advancements

The work of the IDTA sites and Sacramento County on cross-systems data linkages enabled SAMHSA and ACF to create a cross-systems data framework for the Regional Partnership Grantee Program funded in 2007 by Children's Bureau. Most outcomes are being measured using existing Federal data systems. In spring 2010, 53 initiatives from around the country will have outcome data on nearly 10,000 children and 8,000 parents in a relational dataset to analyze substance abuse, child welfare and family/relationship outcomes.



Regional Partnership Grant Program Performance Indicators

Child/Youth

- C1. Children remain at home
- C2. Occurrence of child maltreatment
- C3. Average length of stay in foster care
- C4. Re-entries to foster care placement
- C5. Timeliness of reunification
- C6. Timeliness of permanency
- C7. Prevention of substance-exposed newborns
- C8. Children connected to supportive services
- C9. Improved child well-being

Adult

- A1. Access to substance abuse treatment
- A2. Retention in substance abuse treatment
- A3. Reduced substance use
- A4. Parents/caregivers connected to supportive services
- A5. Employment
- A6. Criminal behavior
- A7. Mental health status

Family/Relationship

- F1. Improved parenting
- F2. Family relationships and functioning
- F3. Risk/protective factors
- F4. Coordinated case management
- F5. Substance abuse education and training for foster care parents and other substitute caregivers

Regional Partnership/Service Capacity

- R1. Collaborative capacity
- R2. Capacity to serve families

Expanded Use of SAMHSA and ACF Resources

Requests for Technical Assistance

- In the first quarter of the 2009/10 contract year, requests for technical assistance averaged 44 per month representing a 240% increase over the first 5 years of the NCSACW and a 13% growth from 2007-2008.

Website Statistics

- Compared to the first quarter of the prior year, the average number of website visits increased 32.3% (24,898 vs. 16,848); the total number of pages viewed by users increased by 113.1% (552,535 vs. 259,298); and, the average number of pages being viewed by users increased by 161.1% (47 vs. 18).

Cross-Systems Workforce Development

- To promote cross-systems collaboration and basic knowledge, the NCSACW provides three on-line tutorials: training for substance abuse treatment professionals, training for child welfare workers, and training for legal professionals. To date, there are **22,158 persons who have registered to take the on-line tutorials**.
- At least five states require child welfare professionals from state child welfare agencies to complete the Guide for Child Welfare Professionals. They are: **Indiana, Georgia, Michigan, Oklahoma and Utah**.

The National Center on Substance Abuse and Child Welfare is a program of the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and the Administration for Children and Families, Children's Bureau. For more information and assistance, please email questions to ncsacw@cffutures.org or call us at 1 (866) 493-2758.

