A photograph of a family of five holding hands in a circle on a beach at sunset. The sun is low on the horizon, creating a warm, golden glow. The family consists of a man in a light blue shirt and jeans, a woman in a floral top and jeans, a young boy in a red shirt, a young girl in a dark top, and another person in a red shirt and jeans. They are all smiling and looking towards the camera.

Making Child Welfare Work for Families Affected by Substance Use: *Collaboration, Policy and Best Practice*

Tina Willauer

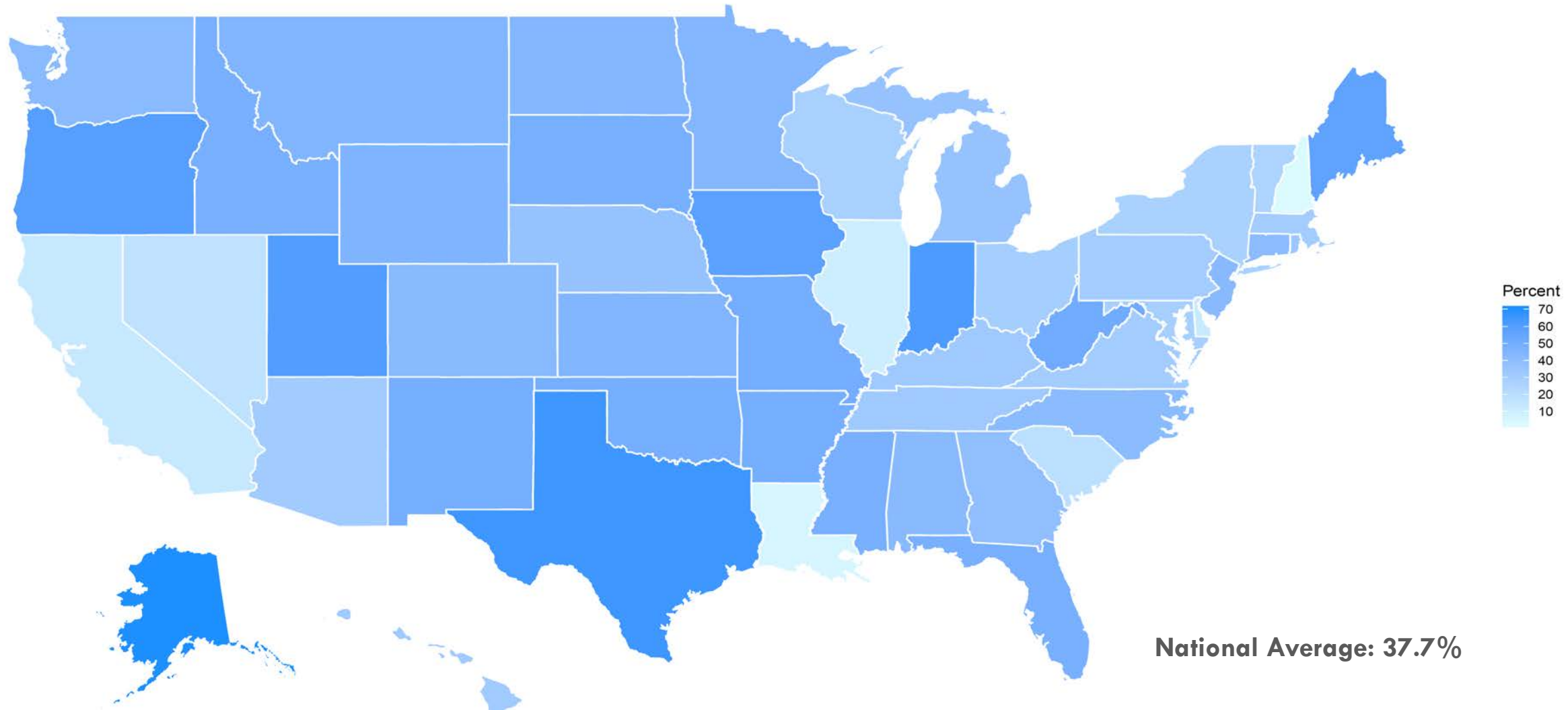
CASCW Conference 2019



8,700,000 children

Lipari, R.N. and Van Horn, S.L. Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

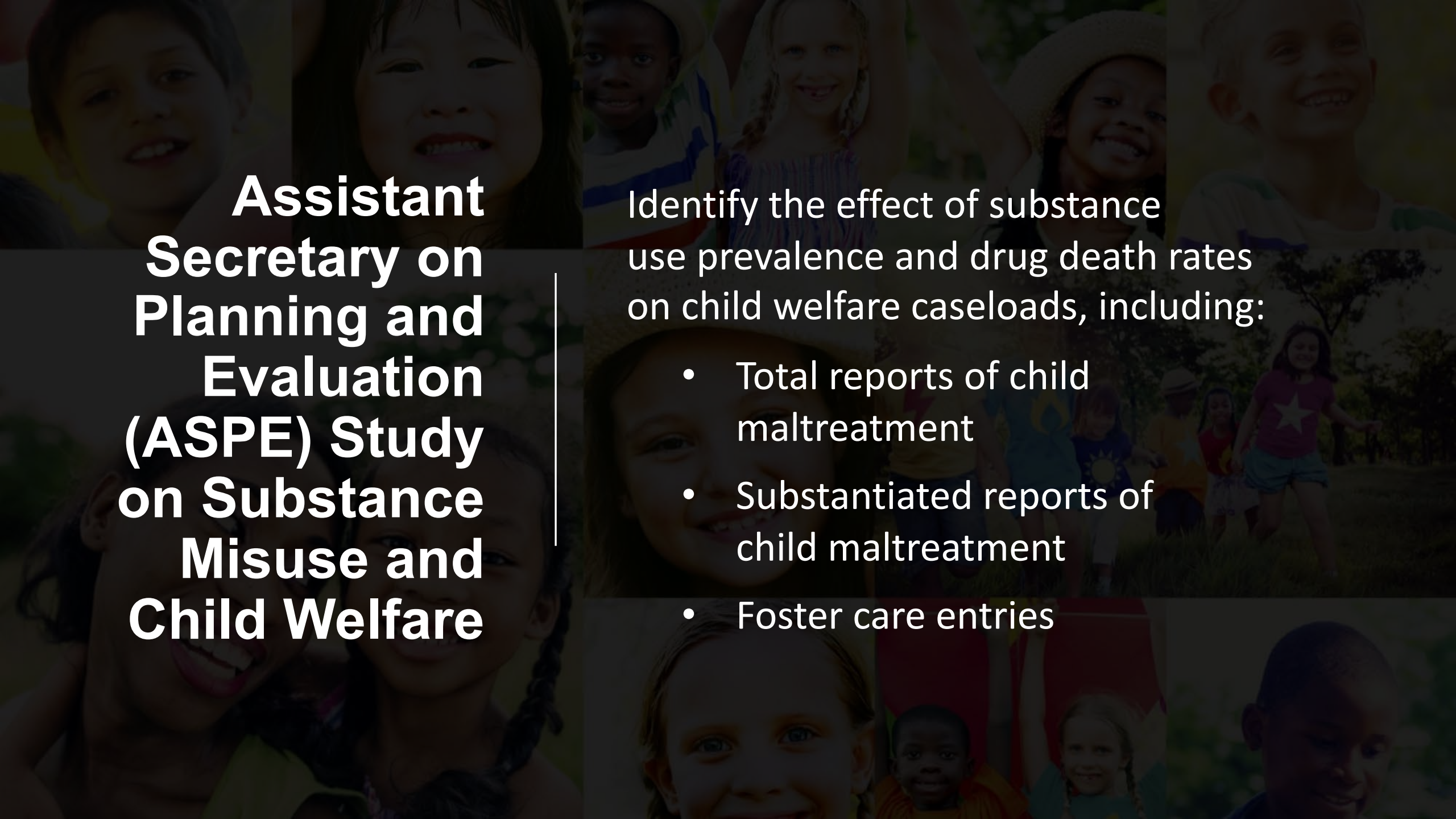
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2017



Efforts in Data Collection have improved in recent years, but significant undercount remains in some states.

Note: Estimates based on children in out of home care at some point during Fiscal Year 2017

Source: AFCARS, 2012-2017

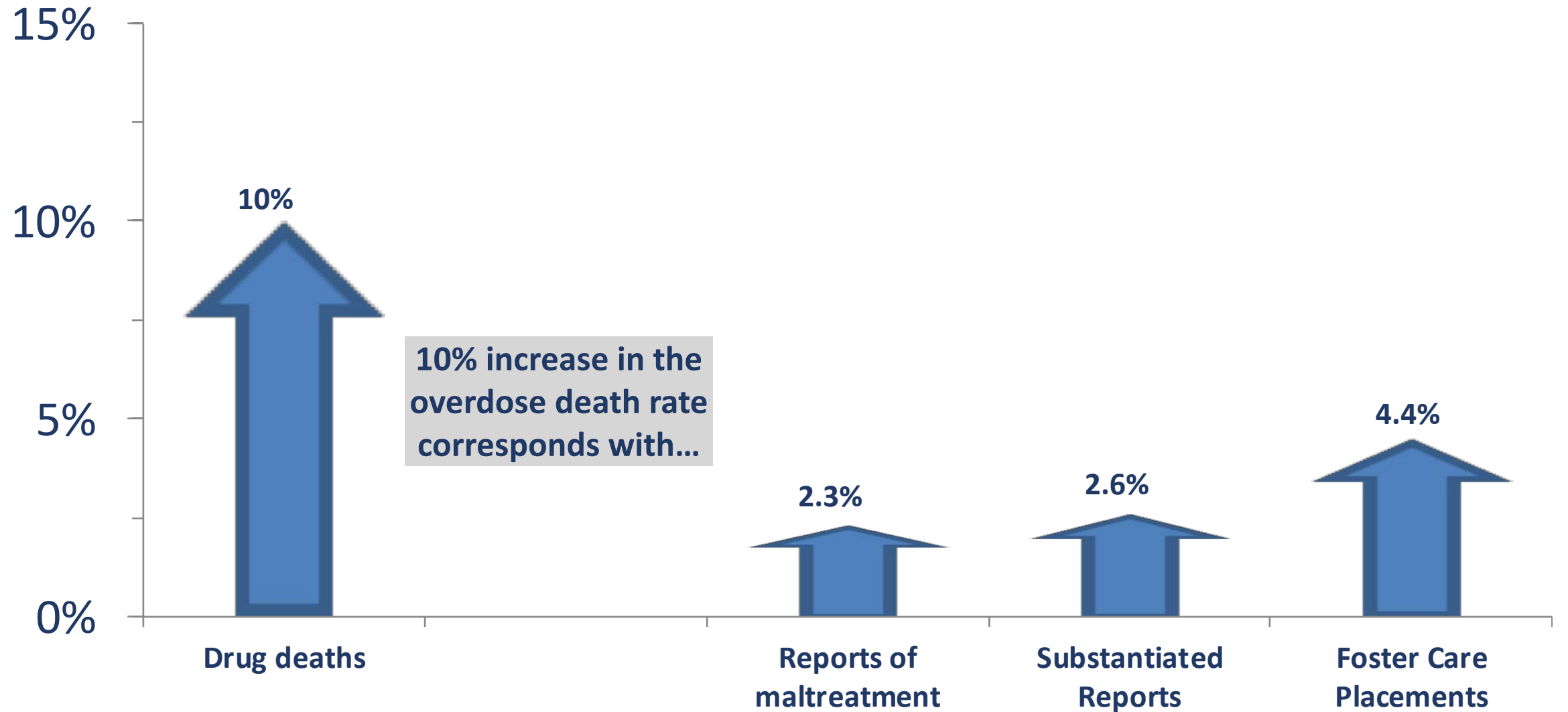


Assistant Secretary on Planning and Evaluation (ASPE) Study on Substance Misuse and Child Welfare

Identify the effect of substance use prevalence and drug death rates on child welfare caseloads, including:

- Total reports of child maltreatment
- Substantiated reports of child maltreatment
- Foster care entries

Relationship of Substance Use and Child Welfare Indicators



Findings from the ASPE Study

Factors that undermine the effectiveness of agencies' responses to families

- Lack of treatment specific to pregnant women
- Clients received repeated detoxification without engagement in on-going treatment
- Mistrust of Medication Assisted Treatment (MAT)
- Family-friendly treatment options were limited
- Haphazard substance use assessment practices
- Barriers to collaboration
- Shortages of trained staff



A Treatable Disease

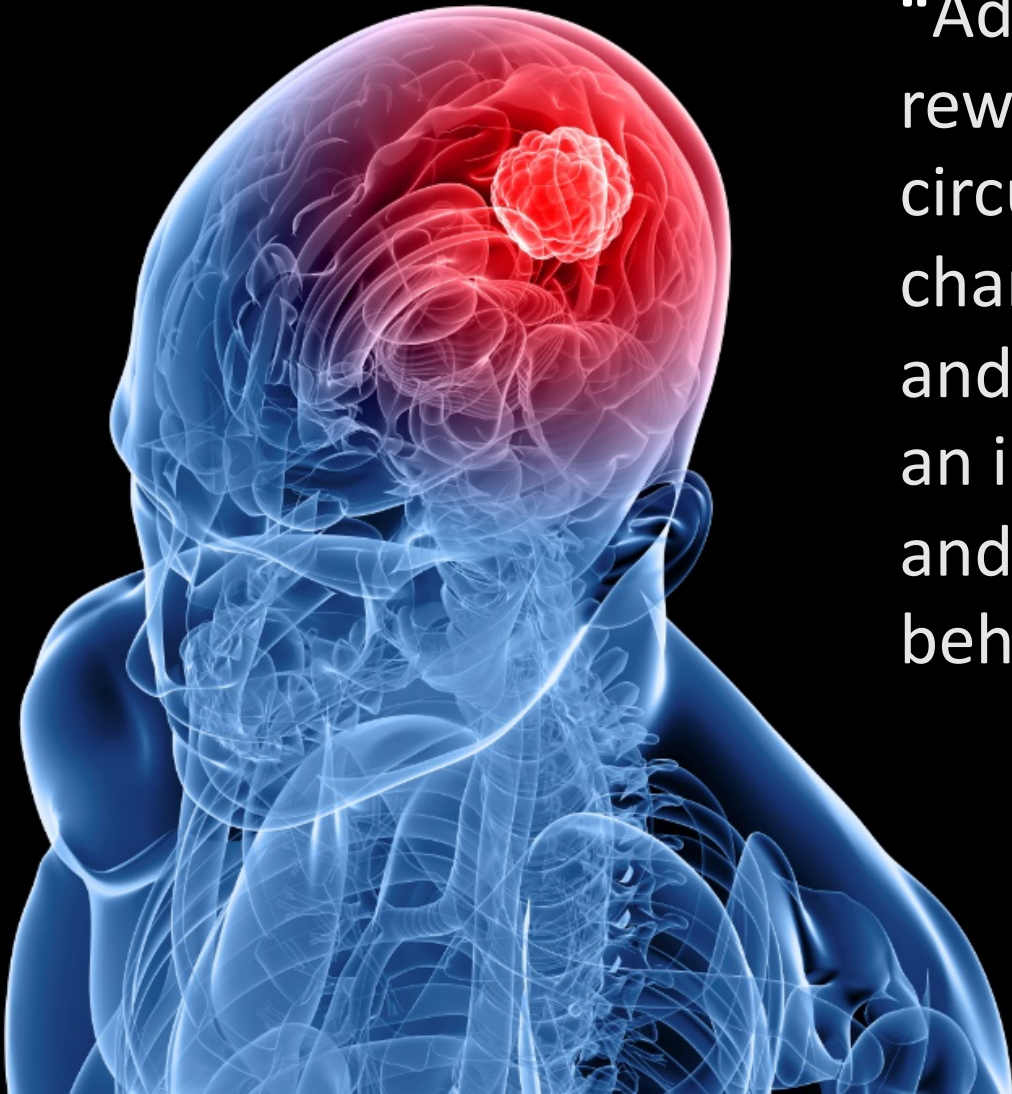
"Groundbreaking discoveries about the brain have revolutionized our understanding of addiction, enabling us to respond effectively to the problem"

- Dr. Nora Volkow, National Institute on Drug Abuse



Brain Science of Addiction

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”



Adopted by the ASAM Board of Directors 4/12/2011

A Chronic, Relapsing Brain Disease

Brain imaging studies show physical changes in areas of the brain that are critical to:

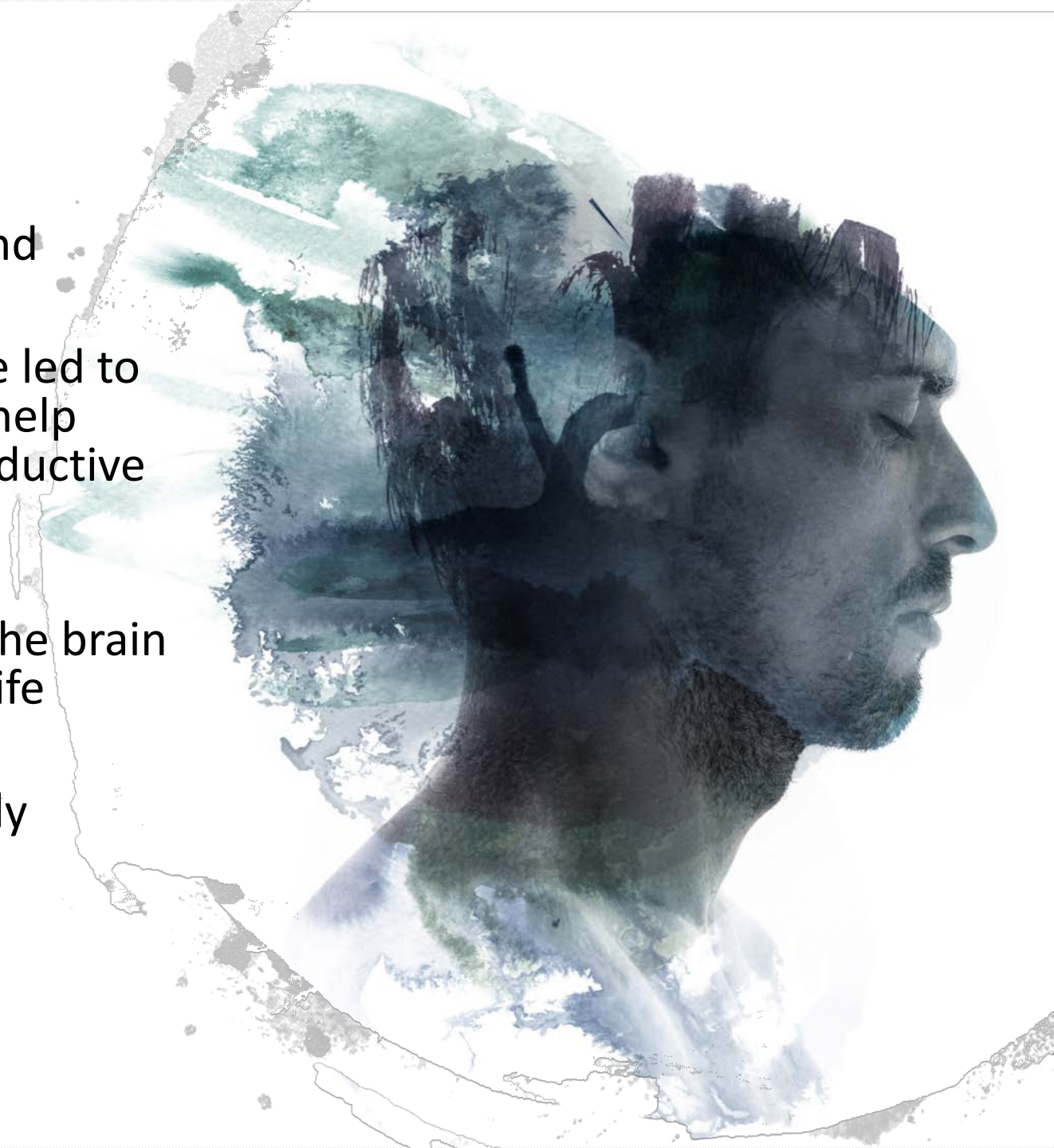
- Judgment
- Decision making
- Learning and memory
- Behavior control

These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences.



A Treatable Disease

- Substance use disorders are preventable and treatable
- Discoveries in the science of addiction have led to advances in substance use treatment that help people stop abusing drugs and resume productive lives
- Treatment enables people to counteract addiction's powerful disruptive effects on the brain circuitry and behavior and regain areas of life function
- Successful substance use treatment is highly individualized and entails:
 - Medication
 - Behavioral Interventions
 - Peer Support



We know more about

Effective Substance Use Disorder Treatment

- Readily available
- Attends to multiple needs of the individual (vs. just the substance use)
- Engagement strategies to keep clients in treatment
- Counseling, behavioral therapies (in combination with medications if necessary)
- Co-occurring conditions
- Continuous monitoring

(National Institute on Drug Abuse, 2012)

Medication Assisted Treatment (MAT)

A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- **Tobacco**
- **Alcohol**
- **Opioids**

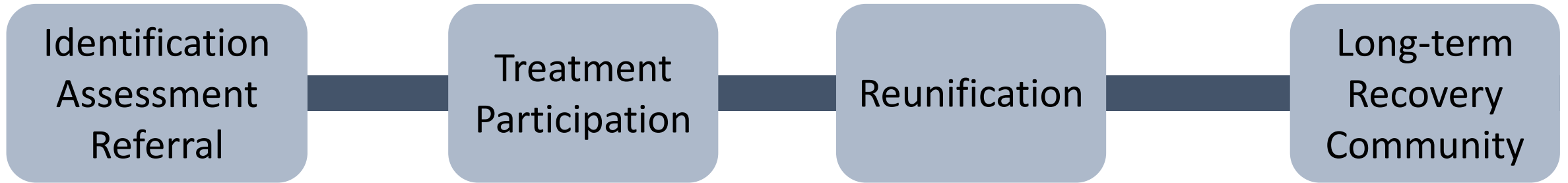
Prescribers of medication determine the appropriate type of medication, dosage and duration based on each person's:

- **Biological makeup**
- **Addiction history and severity**
- **Life circumstances and needs**

Benefits of MAT

- **Increase retention in treatment**
- **Decrease illicit opiate use**
- **Decrease criminal activities, re-arrest and re-incarceration**
- **Decrease drug-related HIV risk behavior**
- **Decrease pregnancy related complications**
- **Reduce maternal craving and fetal exposure to illicit drugs**

Ongoing Recovery Support



Each family has unique recovery needs and support

Peer Support

Warm Hand-Offs

Resource Linkages

Recovery Community



Peer Recovery Supports

Designed to help people become and stay engaged in the recovery process and reduce the likelihood of relapse

Peer recovery supports are provided by individuals in long term recovery to individuals with more acute SUD to promote recovery in three life domains:

- Sobriety,
- Emotional, relational, and physical health, and
- Positive and self-directed participation in the family and community

Peer Recovery Support Services may be billable through Medicaid under the Affordable Care Act and some states have a training and certification process

Benefits of Peer Recovery Support Services

- Increased access and retention in SUD treatment
- Reduced rates of relapse
- Extra outreach and support
- Better parent engagement and satisfaction
- Decreased time in foster care
- Improved family reunification rates

The Need to Do Better for Families



Substance use disorders (SUDs) can negatively affect a parent's ability to provide a stable, nurturing home and environment. **Most children** involved in the child welfare system and placed in out-of-home care have a parent with a SUD (Young, Boles & Otero, 2007).



Stigma associated with substance use disorder, negative messaging from service providers and inaccurate **language** in the media exacerbate the challenges experienced by families and discourage engagement in needed services. (SAMHSA, 2017)



Families affected by parental SUDs have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without SUDs (Gregorie & Shultz, 2001).



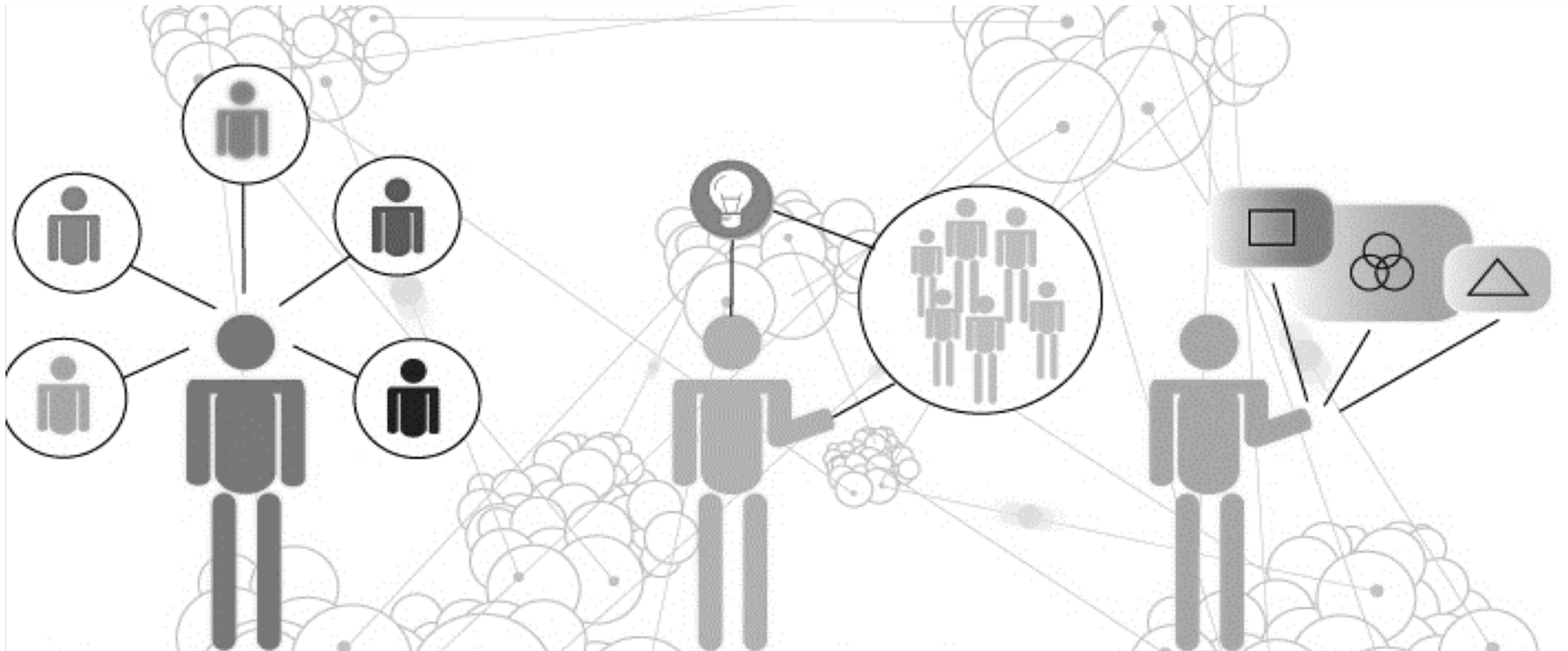
The **lack of coordination and collaboration** across child welfare, substance use disorder treatment and family or dependency drug court systems has **hindered their ability to fully support these families** (US Department of Health and Human Services, 1999).

Systems Struggle to Serve Families Affected by SUDs



The lack of coordination and collaboration across child welfare, substance use disorder treatment, and family or dependency court systems has hindered their ability to fully support families with SUDs.

Development of Models – Testing Solutions



Family Drug Courts

- First Family Drug Courts (FDCs) Emerge in 1994
- Devoted to **cases of child abuse and neglect that involve substance use** by the child's parents and/or other caregivers
- Focused on safety and welfare of the child while giving parents tools needed to become sober, responsible caregivers
- Utilizes a **multidisciplinary team approach** to assess the family's situation, devising **comprehensive case plans** that address the needs of the children and the parents



FDC Model as a Collaborative

Judicial Oversight

Comprehensive Services



**Treatment
Court
Hearings**



**Therapeutic
Jurisprudence**



**Access to Quality
Treatment and
Enhanced Recovery
Support**



**Enhanced
Family-Based
Services**

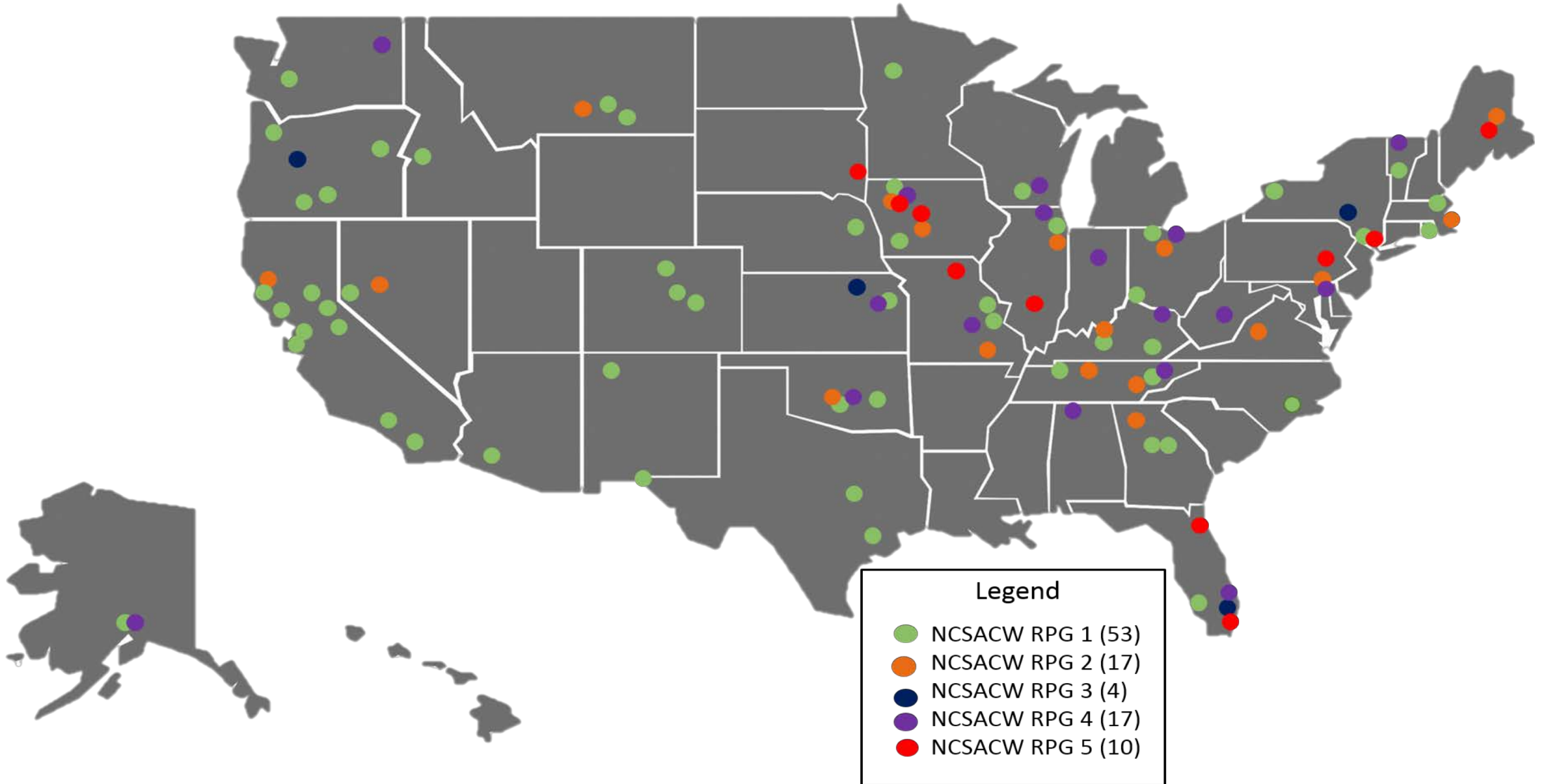
Family Drug Court Outcomes

- **Higher** treatment completion rates
- **Shorter** time in foster care
- **Higher** family reunification rates
- **Lower** termination of parental rights
- **Fewer** CPS Petitions after reunification
- **Lower** criminal justice recidivism
- **Cost** savings per family

Regional Partnership Grants (RPG)

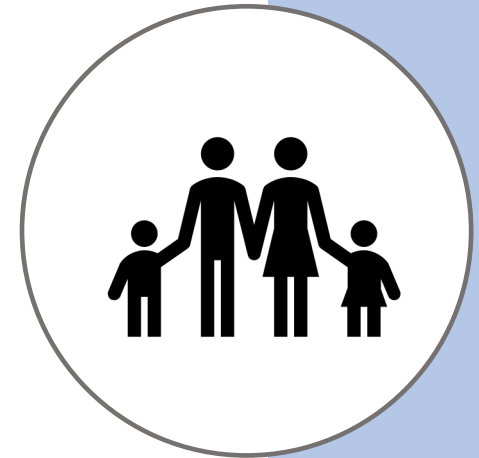
- Program Purpose:
 - Establish or enhance a collaborative infrastructure to build the region's capacity
 - Address common systemic and practice challenges
 - Improve the safety, permanency, and well-being of children affected by substance abuse in child welfare
- The RPG grant program has provided funding to 101 grant projects in 36 state tribal communities, and counties
- The RPG grant program had served 17,821 families as of February 2017

RPG Rounds 1, 2, 3, 4, and 5



Common Evidence-Based and Evidence-Informed Programs and Practices in RPG

- Parent and Child Interactive Therapy, Trauma-Focused Cognitive Behavioral Therapy and Matrix Model
- Nurturing Parenting Program
- Peer Support/Navigator
- Motivational Interviewing
- Seeking Safety
- Strengthening Families Program



Children Affected by Methamphetamine (CAM) Grants

- 12 FDC Awardees funded by SAMHSA
- Focused on expanded/enhanced services to children and improve parent-child relationships
- 18 Performance Indicators
- Contextual Performance Information included for indicators where state or county-level measures are similar in definition and publicly available



Clients Served

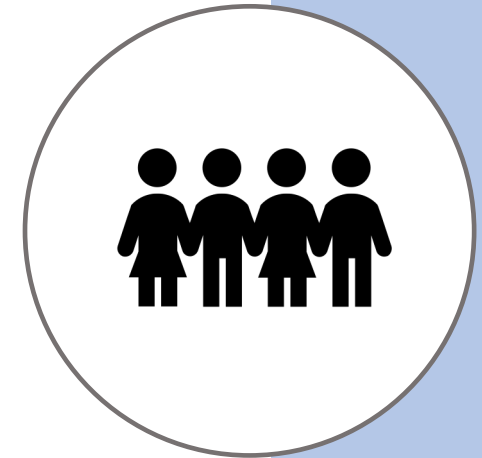
3,592 Children

2,455 Adults

1,850 Families

Common Program Strategies in CAM Sites

- Parenting Education
- Therapeutic Based Parent-Child Intervention
- Engagement and Outreach
- Trauma Focused Services for Adults
- Trauma Focused Services for Children
- Developmental and Behavioral Interventions



New Ways of Doing Business

- CAM profoundly changed the ways FDCs function
- Increased focus on children has requires new collaboration and partnerships
- Increased focus on family functioning parent-child relationships



7 Collaborative Strategies Learned from CAM and RPG

- 1) A system of identifying families
- 2) Timely access to assessment and treatment services
- 3) Enhanced case management and recovery support
- 4) Improved family services and focus on parent-child relationships
- 5) Increased judicial or administrative oversight
- 6) Contingency management
- 7) Collaborative approach and efficient information sharing

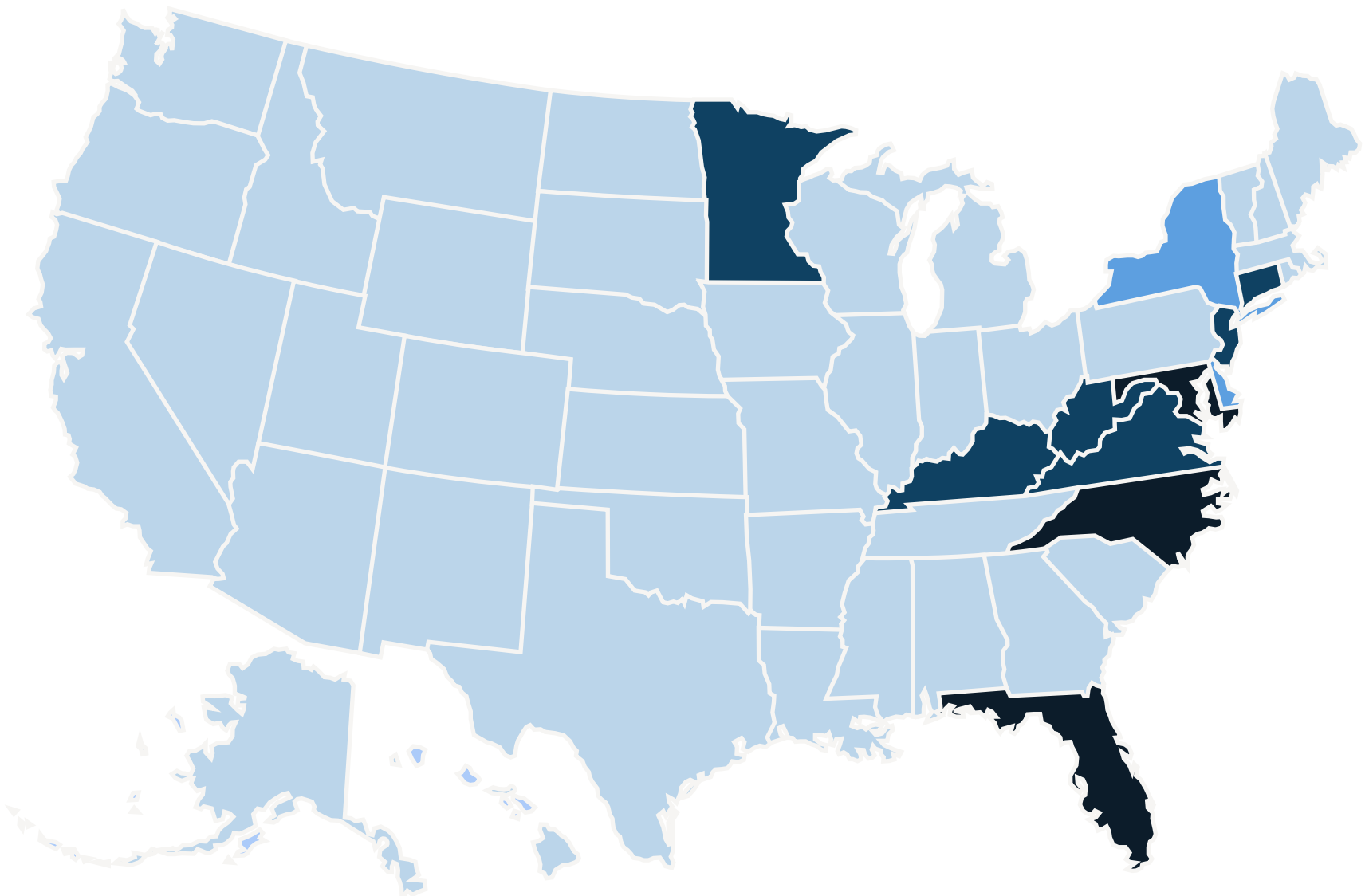
RPG and CAM Outcomes

- **Recovery:** Increased parental recovery from substance use disorders
- **Remain at Home:** More children remain in the care of their parents
- **Reunification:** Increased number and timeliness of parent-child reunification
- **Recidivism:** Decreased incidence of repeat maltreatment
- **Re-Entry:** Decrease in number of children entering out of home care

Substance Exposed Infant In-Depth Technical Assistance (SEI-IDTA)

- The project's purpose is to advance the capacity of State and local jurisdictions to improve the safety, health, permanency and well-being of infants exposed to maternal alcohol and drug use.
- States focus on development and implementation of comprehensive systems to address the needs of pregnant and parenting women (PPW) with substance use disorders and infants with prenatal substance exposure (IPSE).
- 11 States have participated to date

Substance Exposed Infant In-Depth Technical Assistance (SEI-IDTA)



11 States have participated from 2014 to Present

Round 1

- Connecticut
- Kentucky
- Minnesota
- New Jersey
- Virginia
- West Virginia

Round 2

- Delaware
- New York

Round 3

- Florida
- Maryland
- North Carolina
- West Virginia

Critical Lessons about Effective Collaboration

- **Leadership:** Identifying champions from critical partner systems and a dedicated lead agency
- **Engaging Critical Partners:** Ensuring that partners from multiple agencies and disciplines are meaningfully engaged
- **Cross-system Support:** Building a common foundation for systems change through shared resources, relationships and results
- **Data Collection, Reporting & Integration:** Developing systems, protocols and training to support shared data collection, analysis and reporting



Key Policy and Practices that Work: Early identification, assessment services, service linkages, monitoring

Early Identification System for Families in Need of SUD Treatment

Timely Access to Assessment and Treatment Services

Increased Management of Recovery Services and Compliance with Treatment

Family-Centered Treatment Services and Parent-Child Relationships

Increased Monitoring

Systematic Responses for Participants

Mission, Values, Principles | Efficient Cross System Communication | Cross-Training | Budget & Sustainability | Evaluation & Outcomes

Public Prevention

Petition Filed

Adjudicatory Hearing

Dispositional Hearing

Permanency Hearing

CWS Prevention

Removal of Child

Temporary Custody Hearing

Review Hearings

Working together, systems can achieve key shared outcomes.

Recovery

Parents access treatment more quickly

Remain at Home

More children remain at home throughout program participation

Reunification

Children stay less days in foster care and reunify within 12 months at a higher rate

Repeat Maltreatment


Fewer children experience subsequent maltreatment

Re-entry

Fewer children who reunify return back to foster care

**We have learned
so much, hundreds
of programs exist
across the country ... is that
enough?**





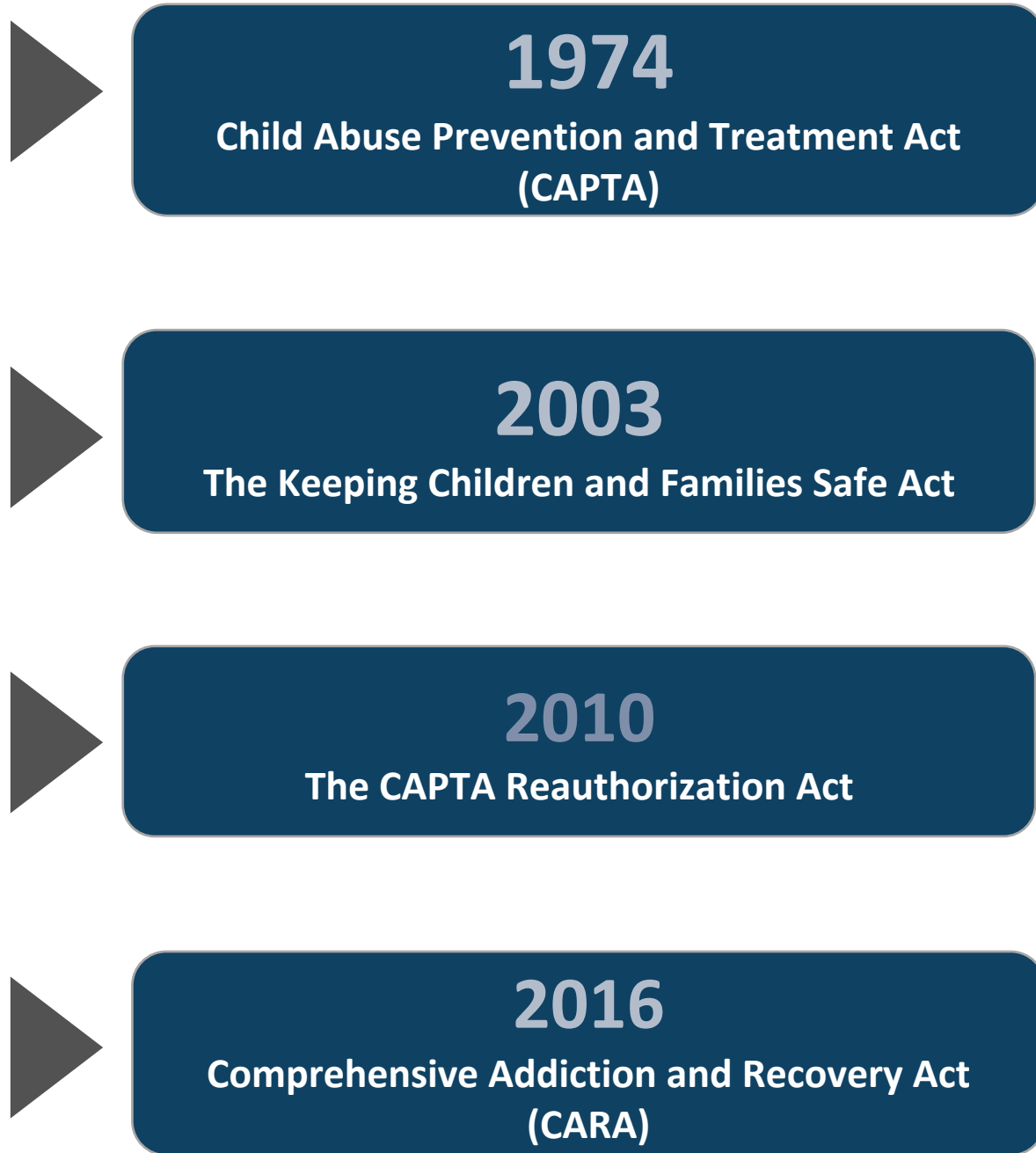
Moving Toward S ystems Change

Expanding Best Practices

Provide Response Proportionate to the Challenge

Expanded Policy, Funding and Workforce Capacity

Reaching Every Part of the Country



Primary
Changes in
CAPTA
Related to
Infants with
Prenatal
Substance
Exposure



Comprehensive Addiction and Recovery Act (CARA)

- Amendments to CAPTA
- Further clarified to “born with and affected by substance use, withdrawal symptoms or Fetal Alcohol Spectrum Disorder”, specifically removing “illegal”
- Required Plans of Safe Care to include needs of infant and family or caregiver
- Specified data to be reported by State
- Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services

Family First Prevention Services Act (FFPSA)

- **Makes changes to federal child welfare financing** that includes, but is not limited to, allowing federal Title IV-E dollars to reimburse states for services to children at imminent risk of becoming candidates for foster care and their families. These services include:
 - Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse
 - Time-limited foster care prevention programs and services
- **Reauthorizes Regional Partnership Grants**



\$60 million

CAPTA state grants that prioritize
implementation of Plans of Safe Care

Funding What Works

\$20 million

Kinship Navigator Programs

\$70 million

SAMHSA Drug Courts

\$1 billion

Treatment funds to SAMHSA for states



Key Practices that Work

Early Identification System for Families in Need of SUD Treatment

Timely Access to Assessment and Treatment Services

Increased Management of Recovery Services and Compliance with Treatment

Family-Centered Treatment Services and Parent-Child Relationships

Increased Monitoring

Systematic Responses for Participants

Policy Changes to Support Practices

Mission, Values, Principles | Efficient Cross System Communication | Cross-Training | Budget & Sustainability | Evaluation & Outcomes

Working together, systems can achieve key shared outcomes

Recovery

Parents access treatment more quickly; stay in treatment longer; decrease substance use

Remain at Home

More children remain at home throughout program participation

Reunification

Children stay less days in foster care and reunify within 12 months at a higher rate

Repeat Maltreatment

Fewer children experience subsequent maltreatment

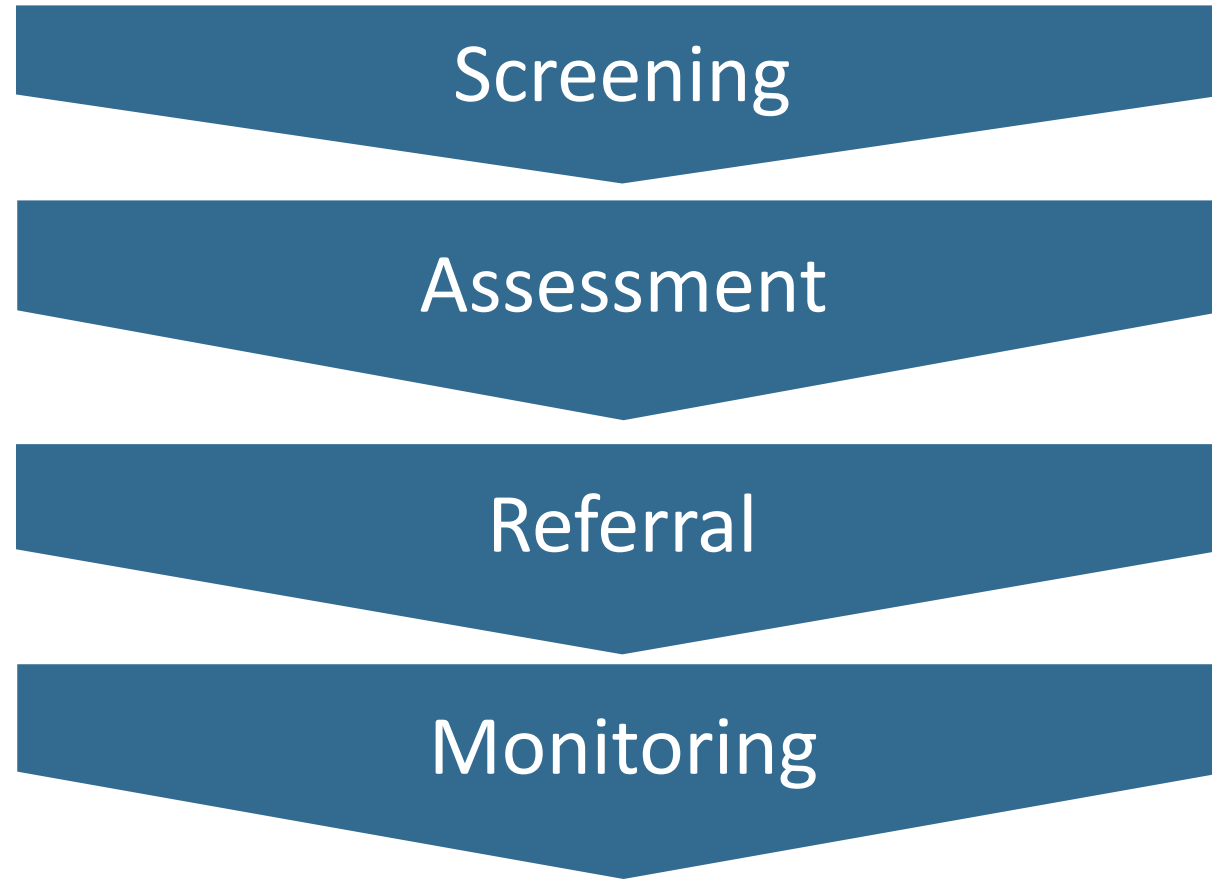
Re-entry

Fewer children who reunify return back to foster care

CALL TO ACTION & NEXT STEPS

Conduct an Systems Walk-Through

Flow Chart: Child Welfare Involved Families With Substance Use Disorders



Contact us @ ncsacw@cffutures.org

Watch Webinars for Cross-Training Opportunities



Utilizing Recovery Support Specialists as a Key Engagement and Retention Strategy

According to research, the use of recovery coaches has a positive impact on multiple outcomes. This webinar presentation will review available outcome data regarding implementation of this key strategy.

A Framework for Intervention for Infants with Prenatal Exposure and Their Families

Identifies points of intervention for comprehensive reform to prevent prenatal exposure and respond to the needs of pregnant women, mothers, their families and infants.

Visit  www.cffutures.org

Contact the NCSACW TTA Program



National Center on
Substance Abuse
and Child Welfare

- Connect you with programs that are developing tools and implementing practices and protocols to support their powerful collaborative
- Training and technical assistance to support collaboration and systems change

Contact us



ncsacw@cffutures.org

Get Engaged in Current Collaborative Work



HELP is here.
PREVENT • TREAT • RECOVER



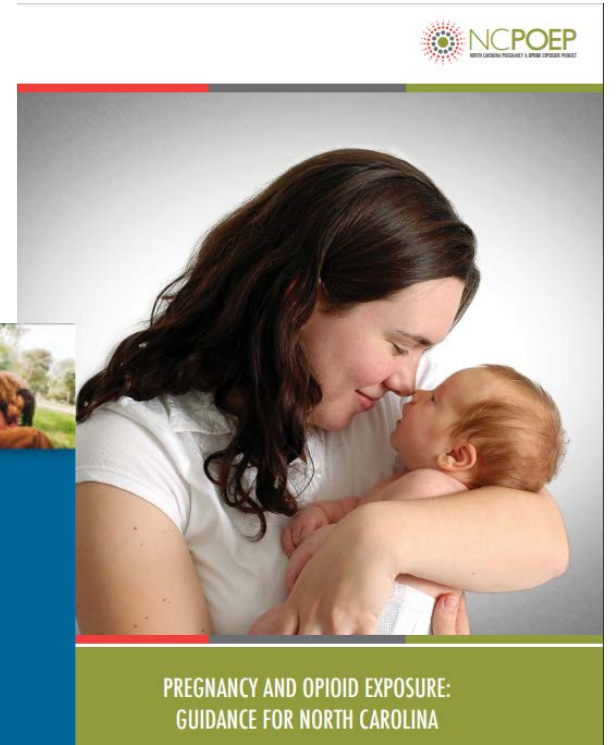
STATEWIDE INITIATIVE FOR COMMUNITY-BASED PRENATAL RECOVERY-ORIENTED CARE

m1 DEPARTMENT OF HUMAN SERVICES

m1 DEPARTMENT OF HEALTH



Great Lakes (and) Region 11
ATTC | Advanced Technology Transfer Center Network



“If you want
to go fast,
go alone.
If you want
to go far, go
together.”

African Proverb





National Center on
Substance Abuse
and Child Welfare

*Bringing Systems Together for
Family Recovery, Safety and
Stability*

Contact Information

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