

Collaborative Practices for Children and Families Impacted by Substance Abuse

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Children and Family Futures



Oh Say Can You See



8.3 million children

2002-2007 SAMHSA National Survey on Drug Use and Health (NSDUH)



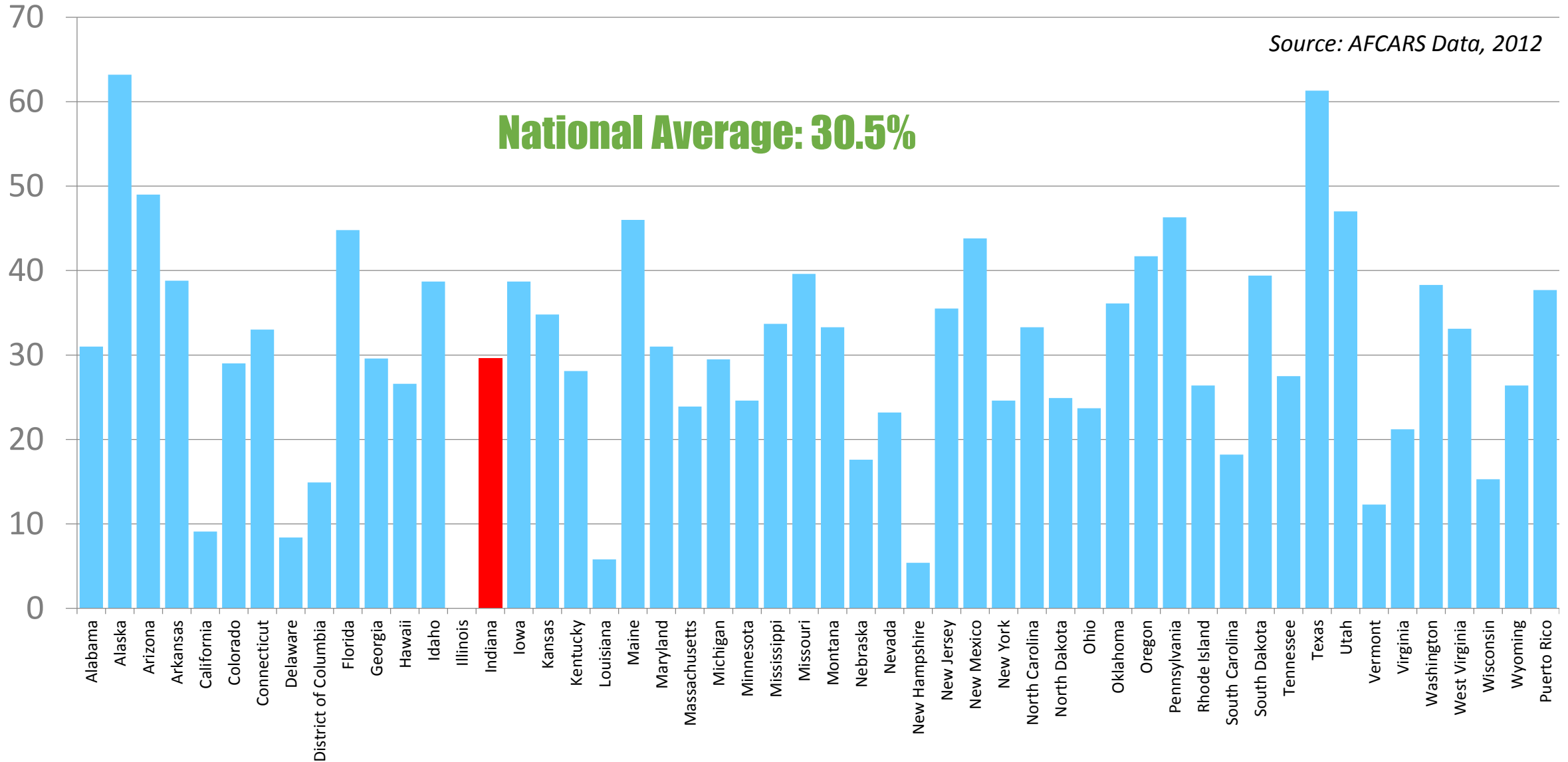
How many children in the child welfare system have a parent in need of treatment?

**61% of infants, 41% of older children who are in out of home care
(Wulczyn, Ernst and Fisher, 2011)**

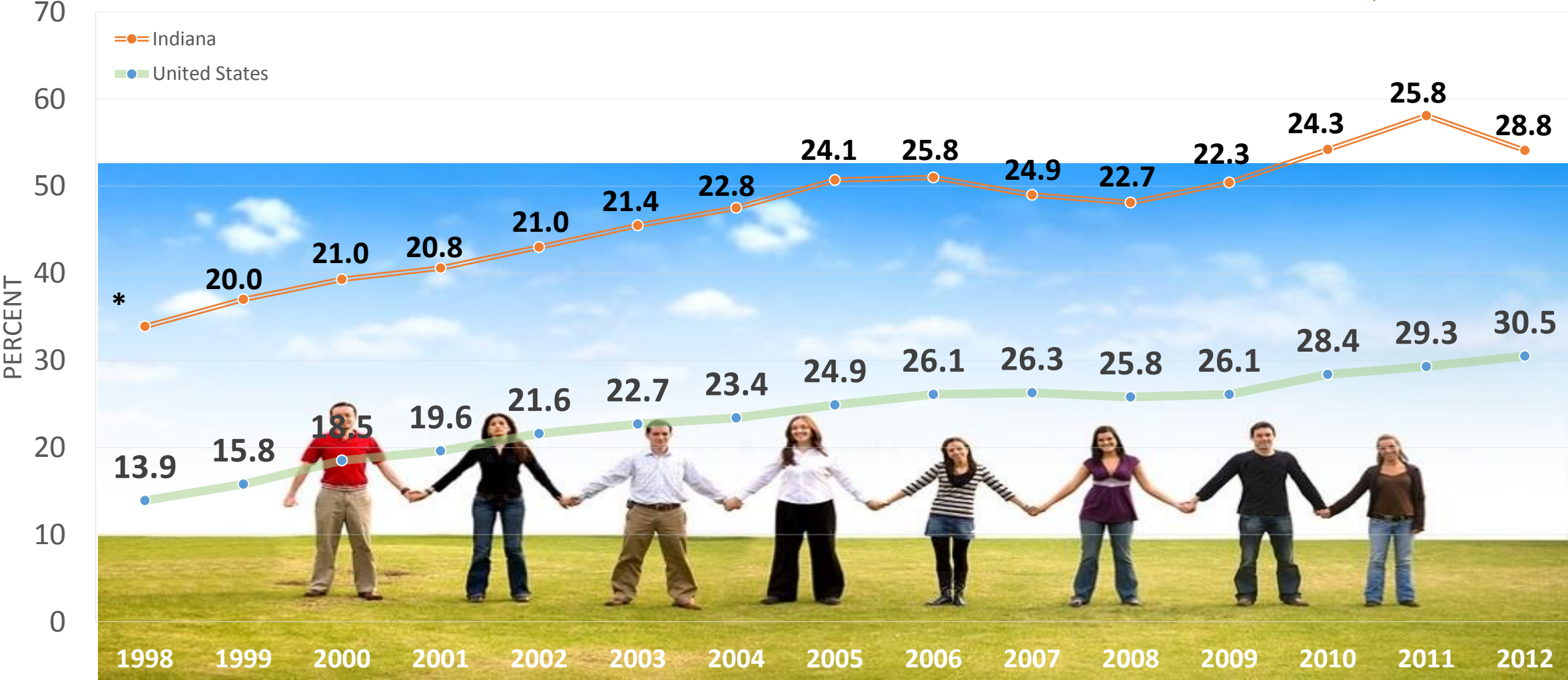
Parental AOD as Reason for Removal 2012

National Average: 30.5%

Source: AFCARS Data, 2012



Parental AOD as Reason for Removal in the United States and Indiana, 1998-2012



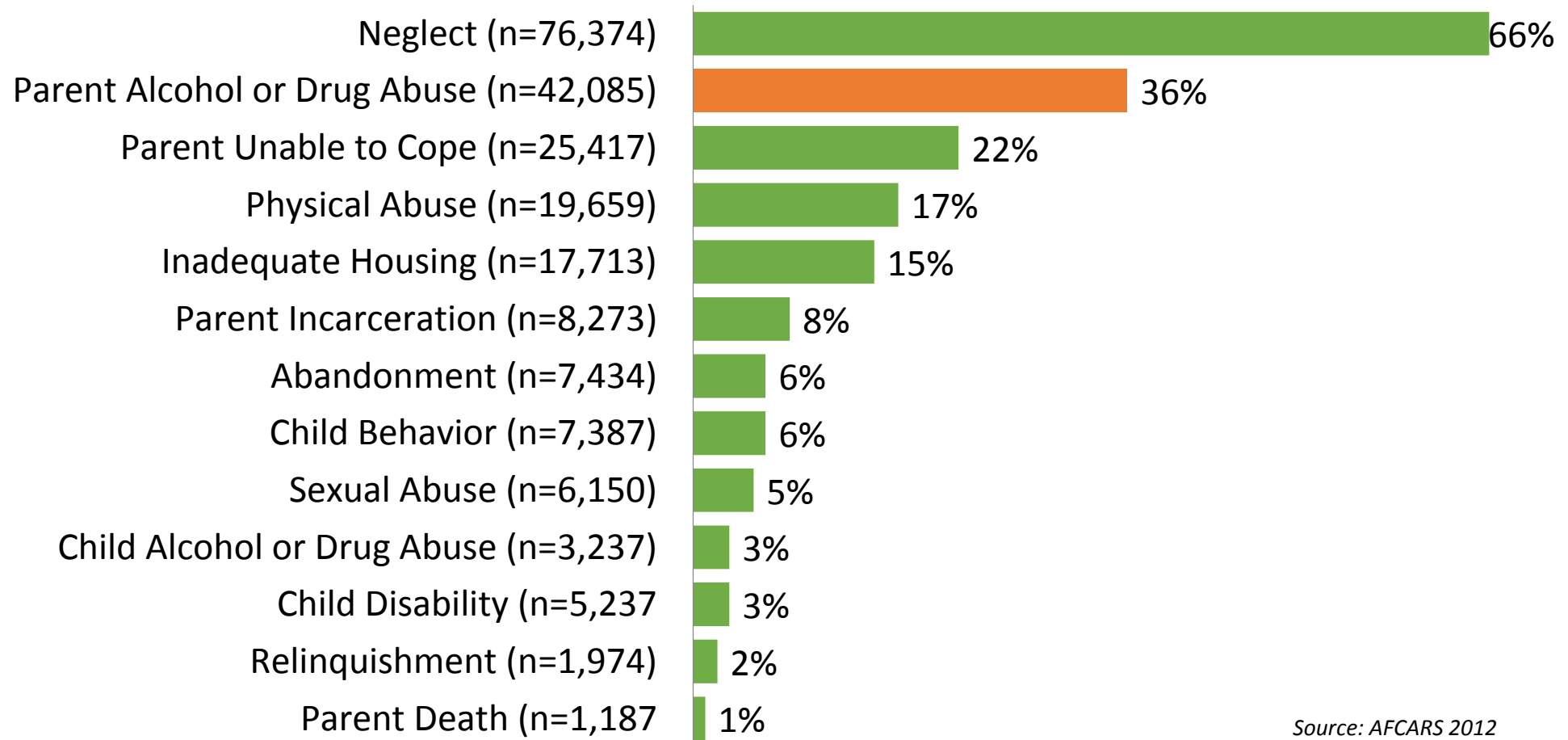
Source: AFCARS Data Files

Children in Foster Care, Indiana, 2002-2012



Source: AFCARS Data Files

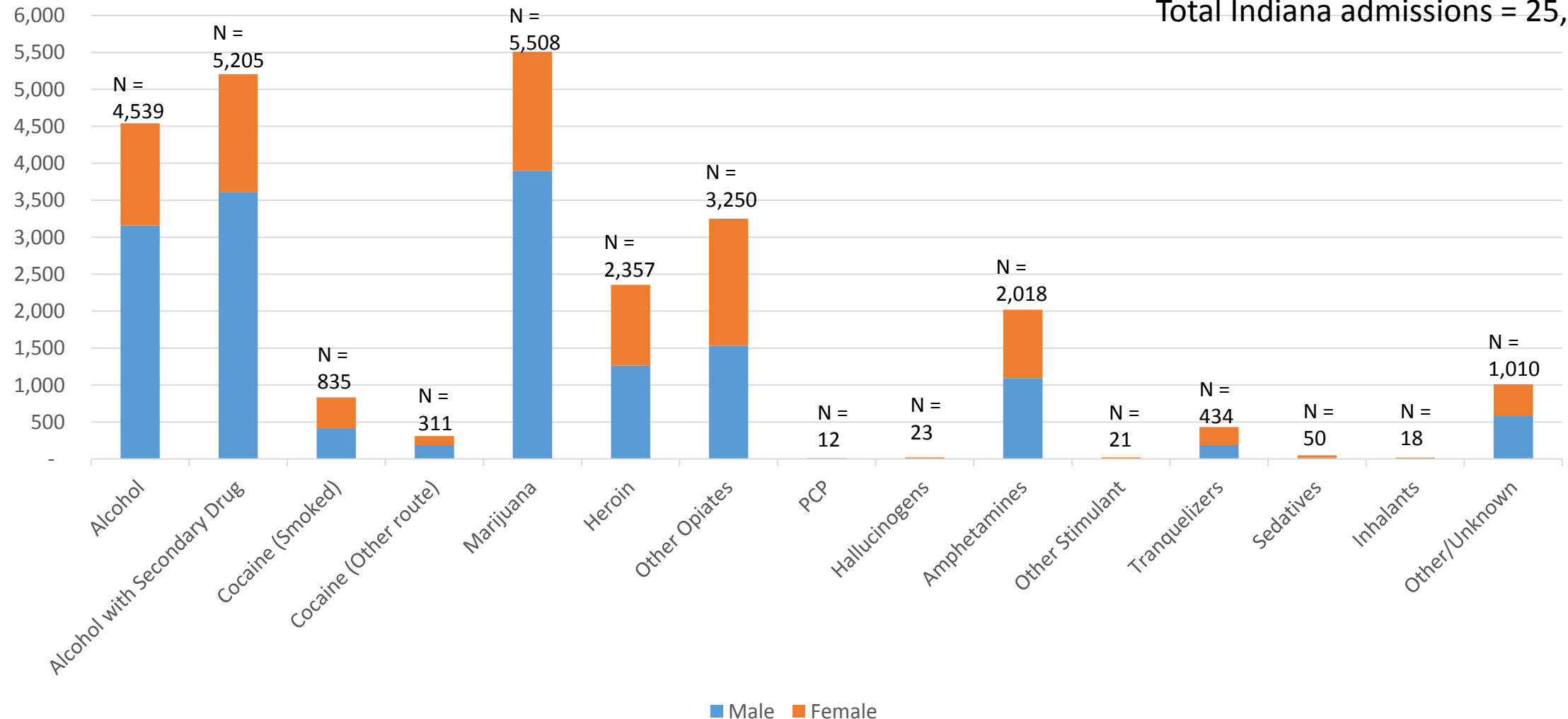
Percent and Number of Children with Terminated Parental Rights by Reason for Removal – 2012



Source: AFCARS 2012

Drugs of Choice at Admission State of Indiana, 2013

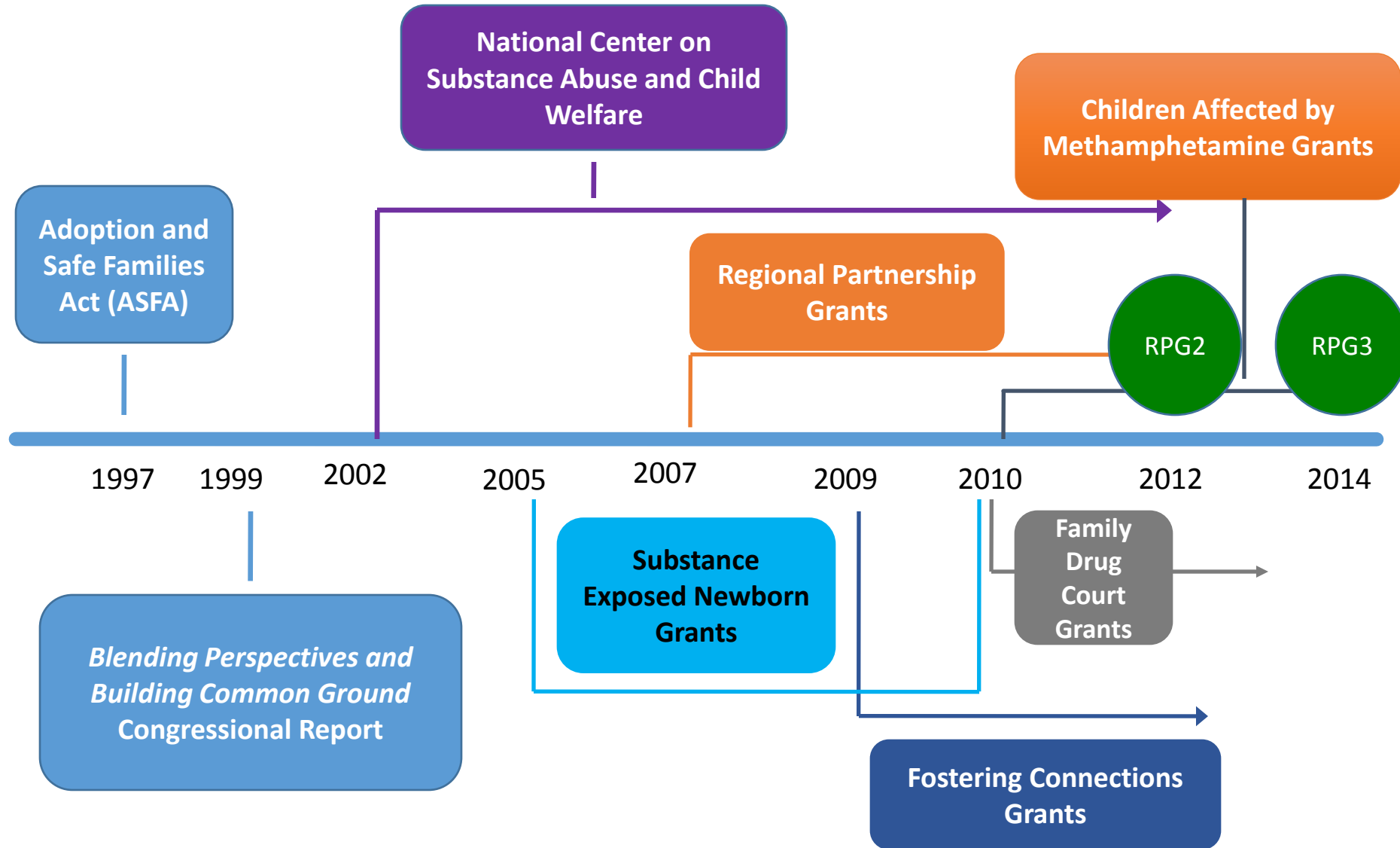
Total Indiana admissions = 25,591



Retrieved 09/05/13 from <http://www.das.samhsa.gov/webt/newmapv1.htm>

*Other opiates includes non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects. (Data for West Virginia not available)

Progress Since ASFA (1997) - Leadership of Federal Government on Substance Abuse and Child Welfare



The background of the slide is a photograph of the interior of the U.S. Capitol dome. The image shows the ornate architecture, including the circular structure, arched windows, and a large frieze depicting various figures. A blue rectangular text box is overlaid on the upper left portion of the image.

Report to Congress

Five National Goals Established

● **1999**
10

Leadership of the Federal Government - Five National Goals Established

Building collaborative relationships

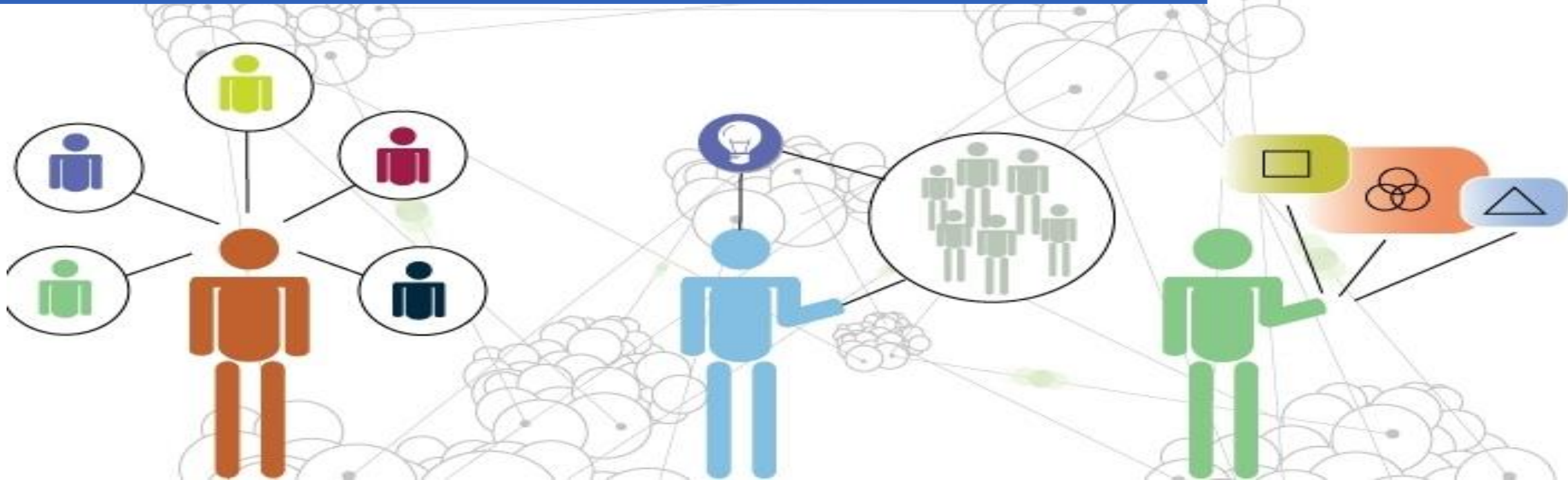
Assuring timely access to comprehensive substance abuse treatment services

Improving our ability to engage and retain clients in care and to support ongoing recovery

Enhancing children's services

Filling information gaps

Technical Assistance



National Center on
Substance Abuse and
Child Welfare

53 Regional Partnership Grants
21 FDCs

Children Affected by
Methamphetamine
12 FDCs

2002

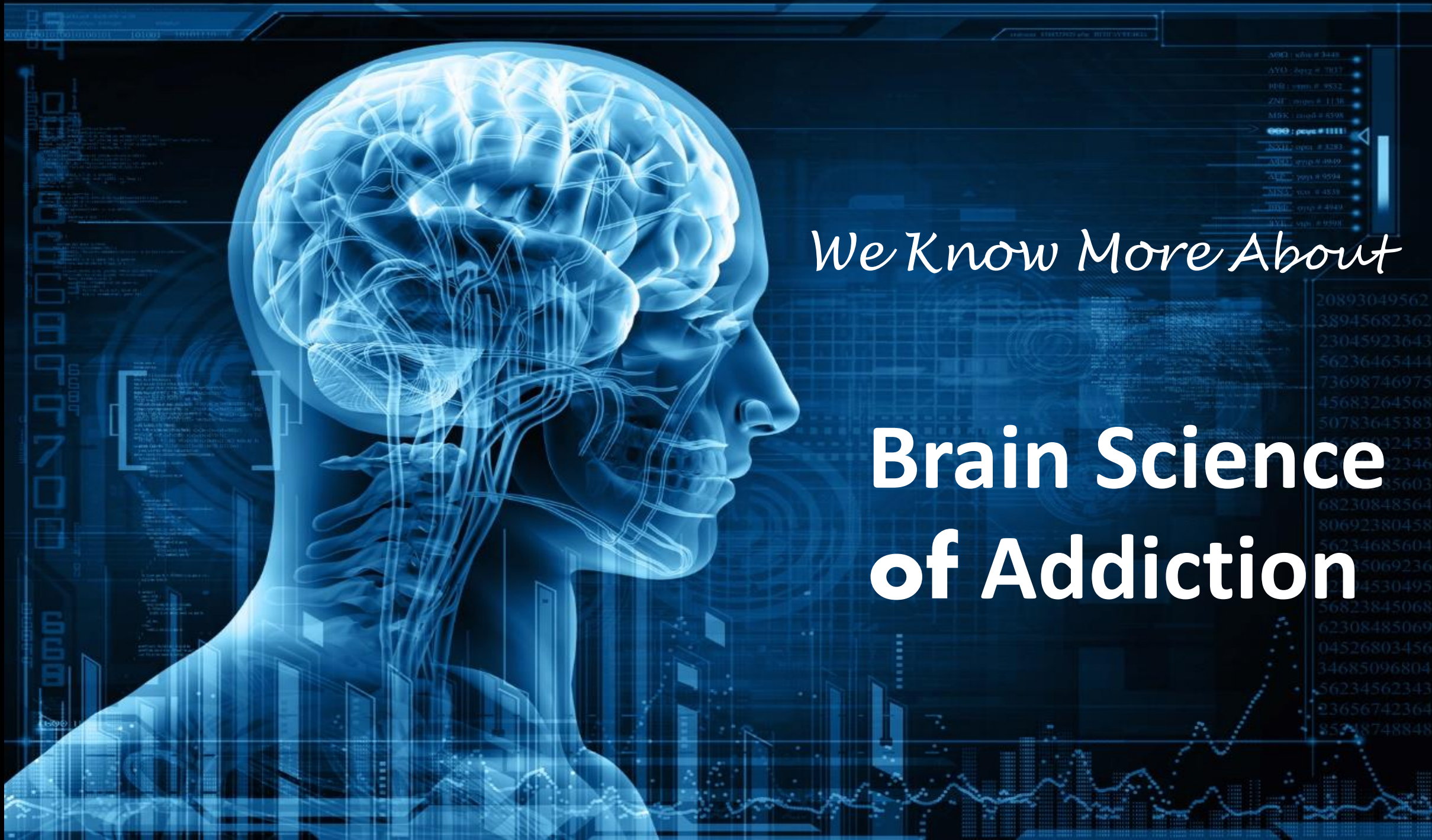


2007



2010

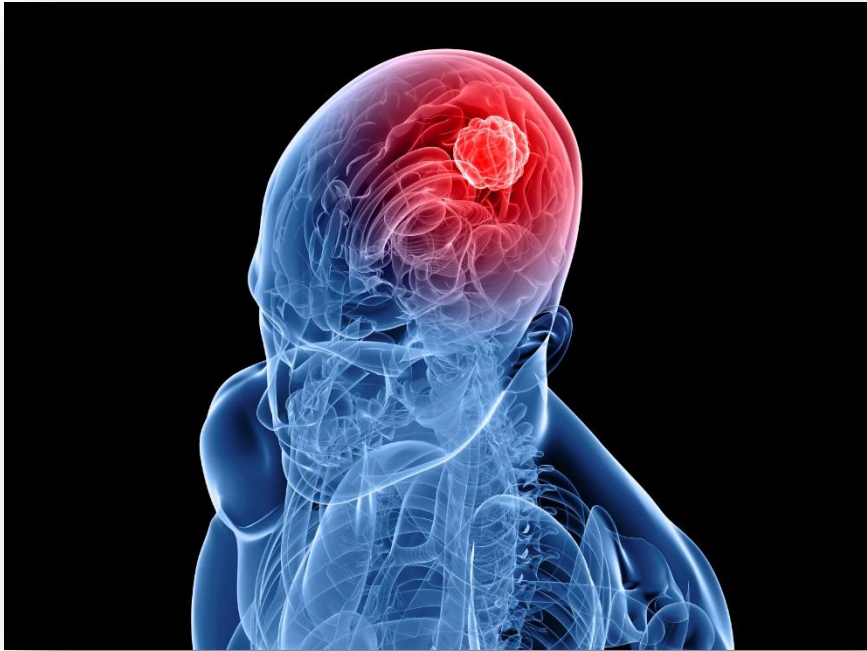




We Know More About

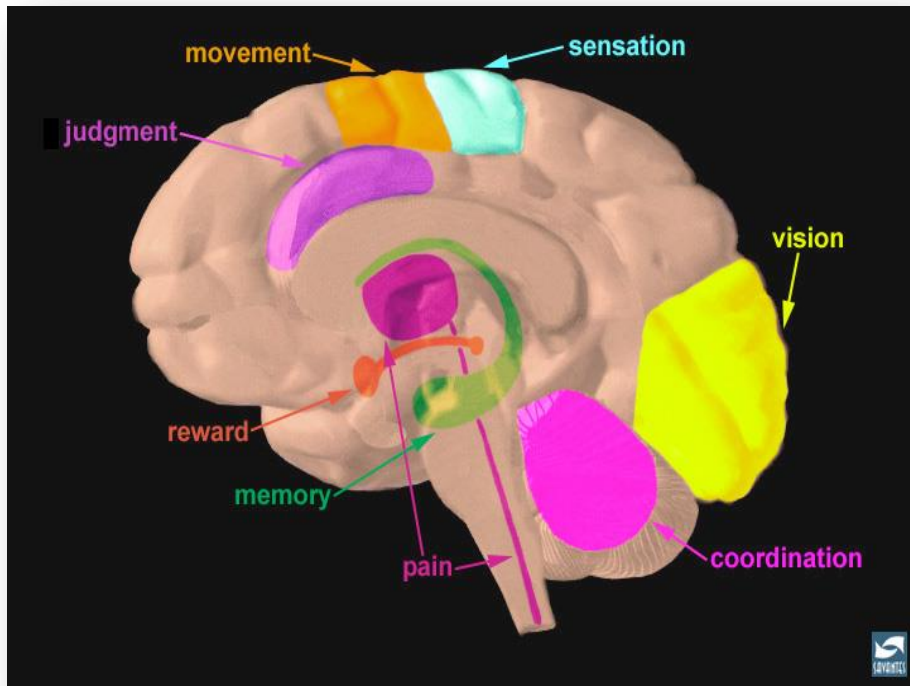
Brain Science of Addiction

ASAM Definition 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.”

A Chronic, Relapsing Brain Disease

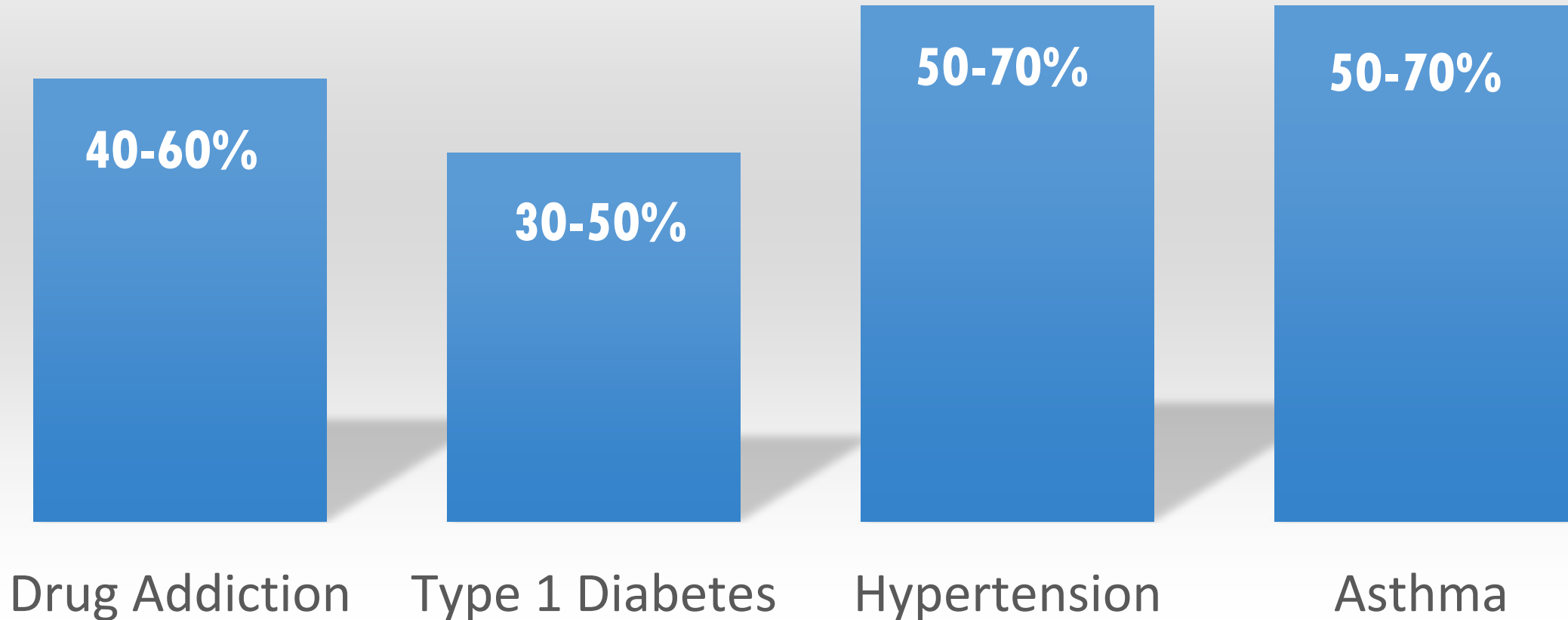


- Brain imaging studies show physical changes in areas of the brain that are critical to
 - Judgment
 - Decision making
 - Learning and memory
 - Behavior control
- These changes alter the way the brain works, and help explain the compulsion and continued use despite negative consequences

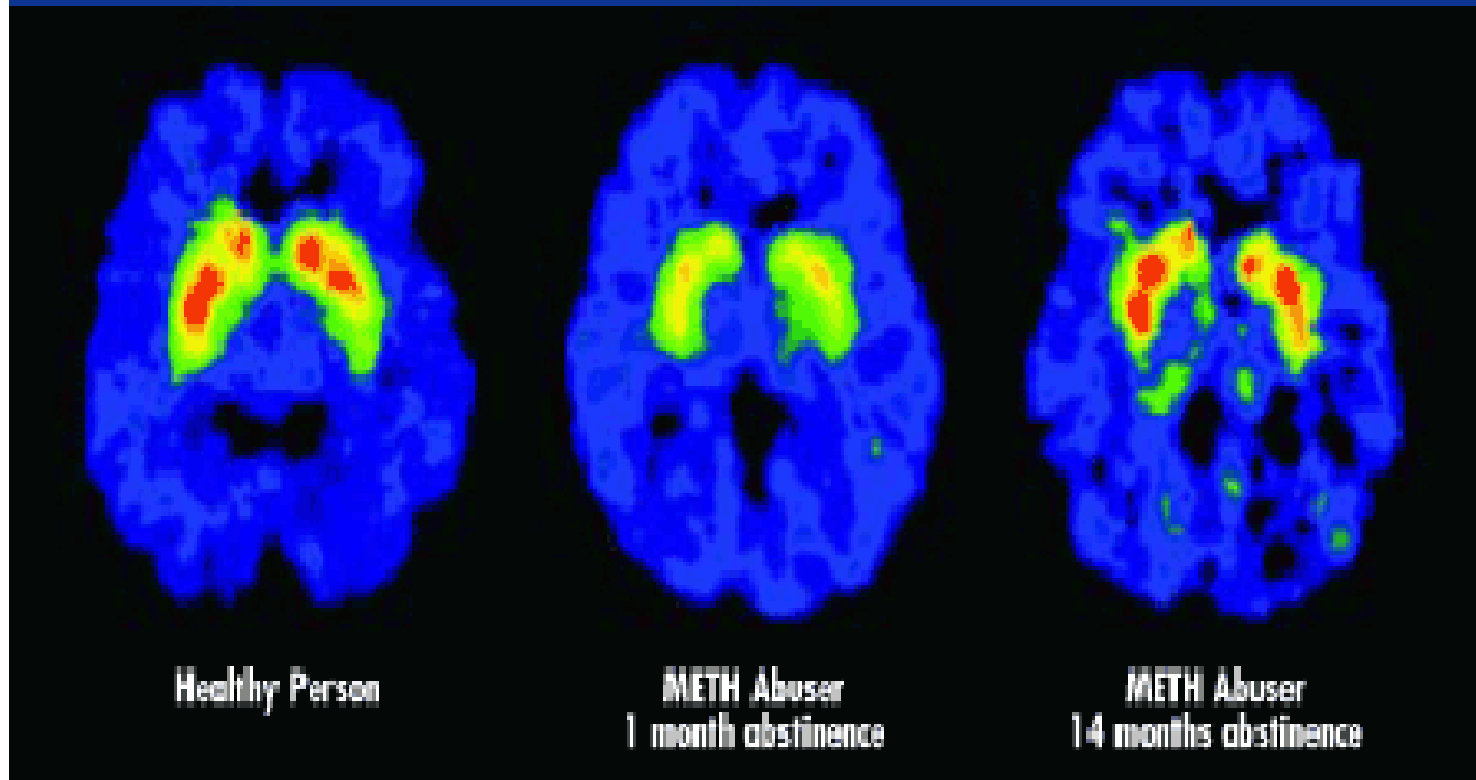
Addiction and Other Chronic Conditions

Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percent of Patients with Relapse



BRAIN RECOVERY WITH PROLONGED ABSTINENCE



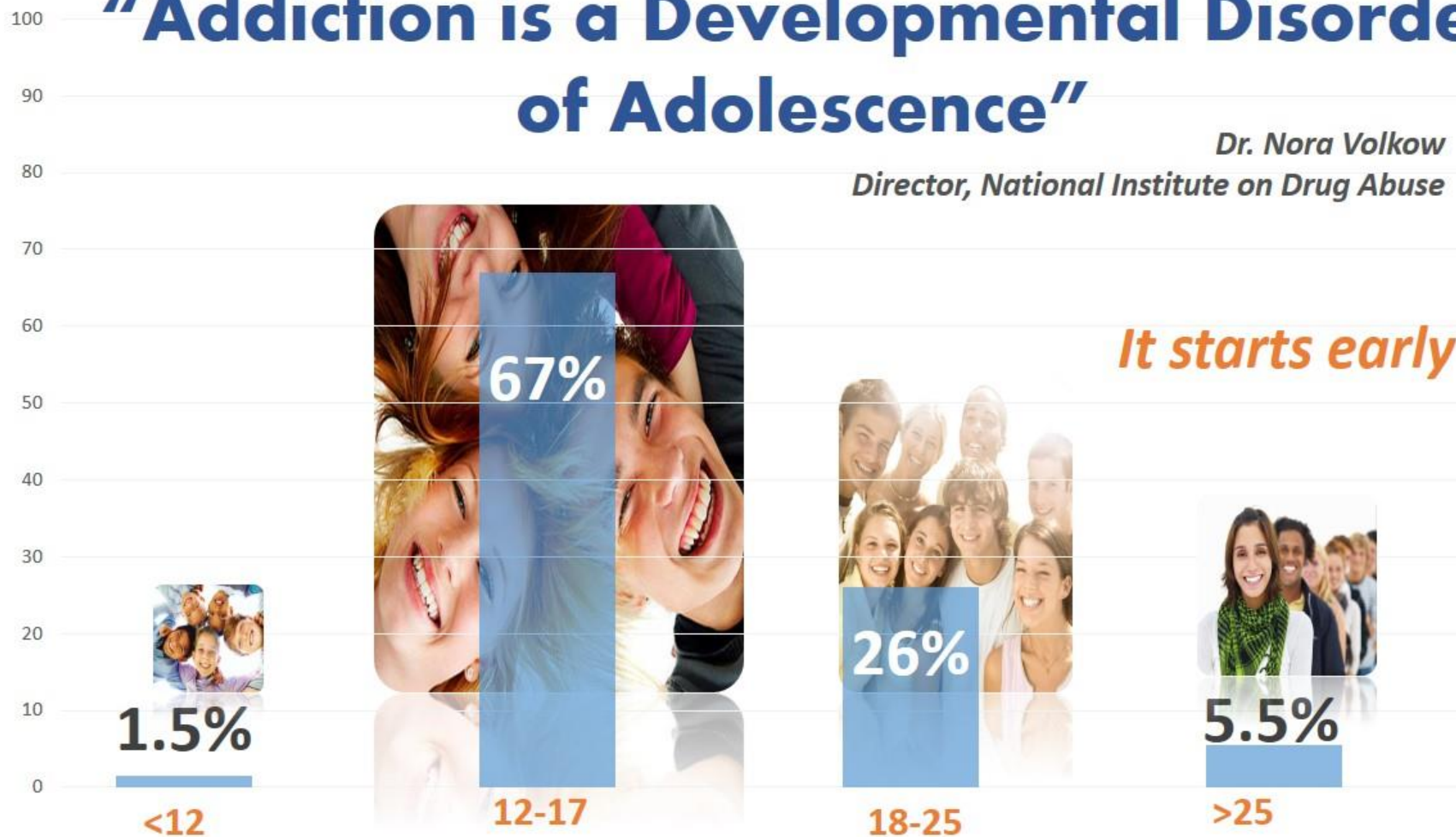
These images of the dopamine transporter show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.⁹

"Addiction is a Developmental Disorder of Adolescence"

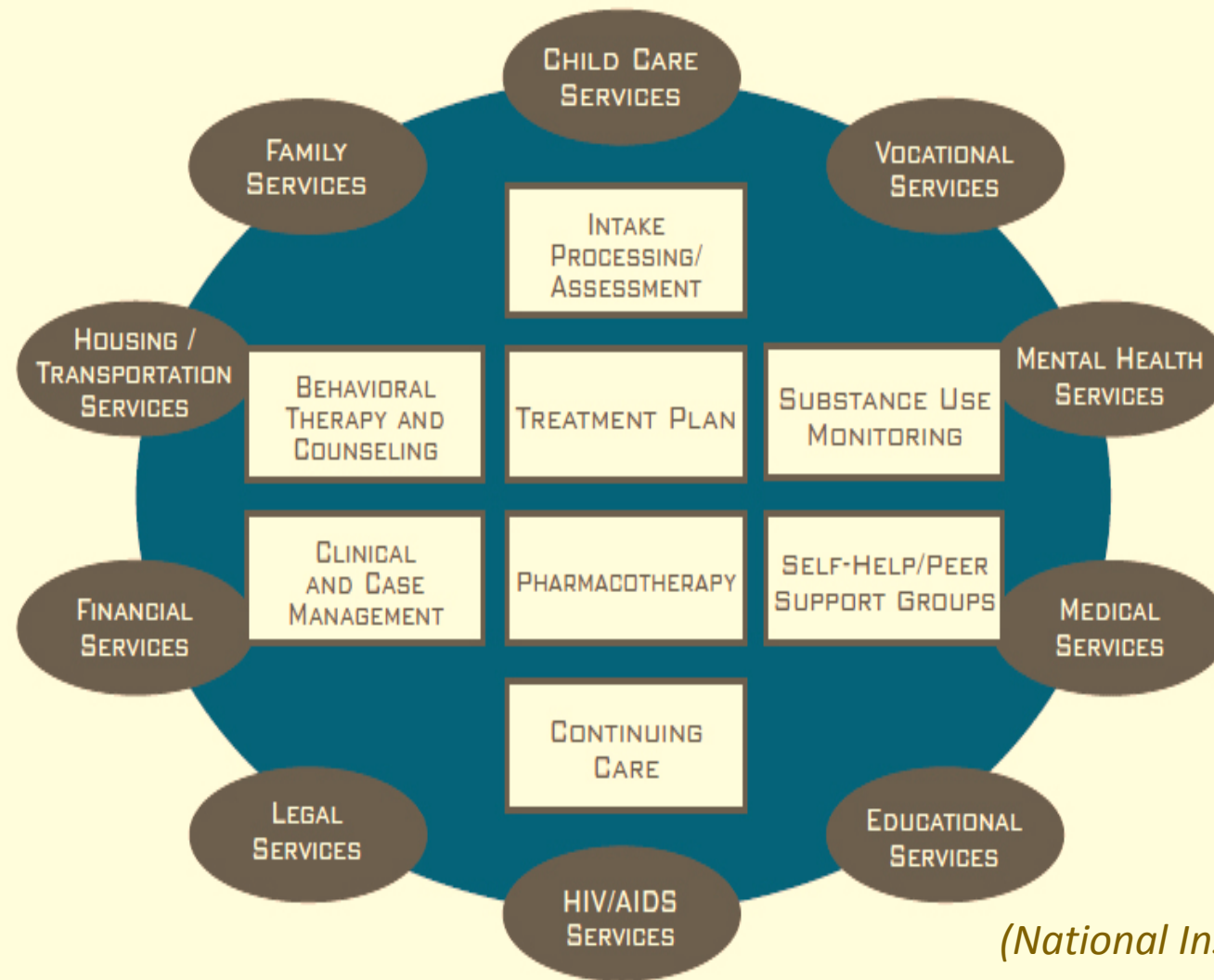
Dr. Nora Volkow

Director, National Institute on Drug Abuse

First Marijuana Use (Percent of Initiates)



Components of Comprehensive Drug Abuse Treatment



(National Institute on Drug Abuse, 2012)

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

We know more about

Effective Substance Abuse Treatment

**To view our webinar on this
topic, please visit
www.familydrugcourts.blogspot.com**

- Readily available
- Attends to multiple needs of the individual (vs. just the drug abuse)
- 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)



Addressing Co-Occurring Disorders

- Trauma
- Mental Health Disorders
- Psychiatric Care



What is Medication-Assisted Treatment (MAT)?

- MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders (SAMHSA)
- MAT is clinically driven with a focus on individualized patient care.
- Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful.

Medications & Substance Abuse Treatment

- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies
 - National Institute on Drug Abuse, Principles of Drug Addiction Treatment
- Recent review by American Society of Addiction Medicine and National Institute on Drug Abuse
 - Advancing Access to Addiction Medications: Implications for Opioid Addiction Treatment*
- Birth outcomes for women on MAT show positive trends including fewer pre-term births, fewer low birth weight babies, and less maternal drug use.



Why are the Doors Closed on Mat?

Stigma – Four Factors

1. Misconception as a moral weakness or willful choice
2. Separation from rest of health care
3. Language mirrors and perpetuates stigma
4. Failure by criminal justice system to defer to medical judgment in treatment

Source – Olsen and Shafstein, JAMA, 2014

Developmental
impact

Generational
Impact

Addiction affects the whole family

Psycho-social
Impact

Impact on
Parenting



Addiction as a Family Disease

- The impact on child development is well-known: addiction weakens relationships – which are critical to healthy development
- **Child-well-being** – is more than just development, safety and permanency – it's about relationships that ensure family well-being
- Impact of substance use combined with added trauma of separation due to out-home custody = severe family disruption



Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.





We are learning more about

Serving Families

Serving Children

Family-Centered Approach



Recognizes that addiction is **a family disease** and that recovery and well-being occurs **in the context of family relationships**

FAMILY Recovery
FAMILY Well-being

Parent-
Child

RE-THINKING

FAMILY-
focused

Team
Meetings

FAMILY-
Centered

Quality
Visitation

FAMILY
Time

Assessment
Tools

FAMILY
Functioning

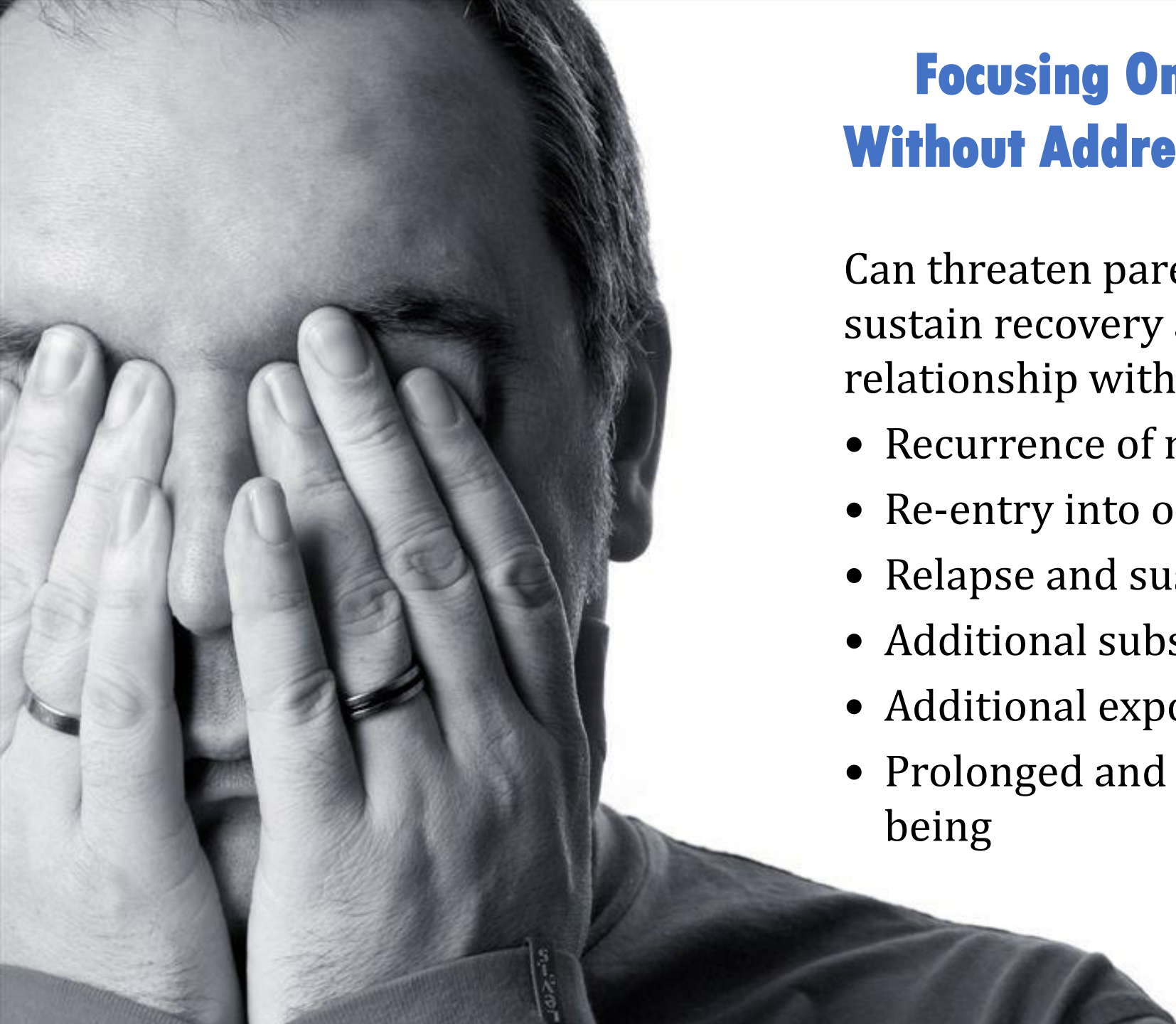
Parent Recovery

Focusing on parent's recovery and parenting are essential for reunification and stabilizing families

Child Well-Being

Focusing on safety, permanency, and social-emotional development are essential for child well-being

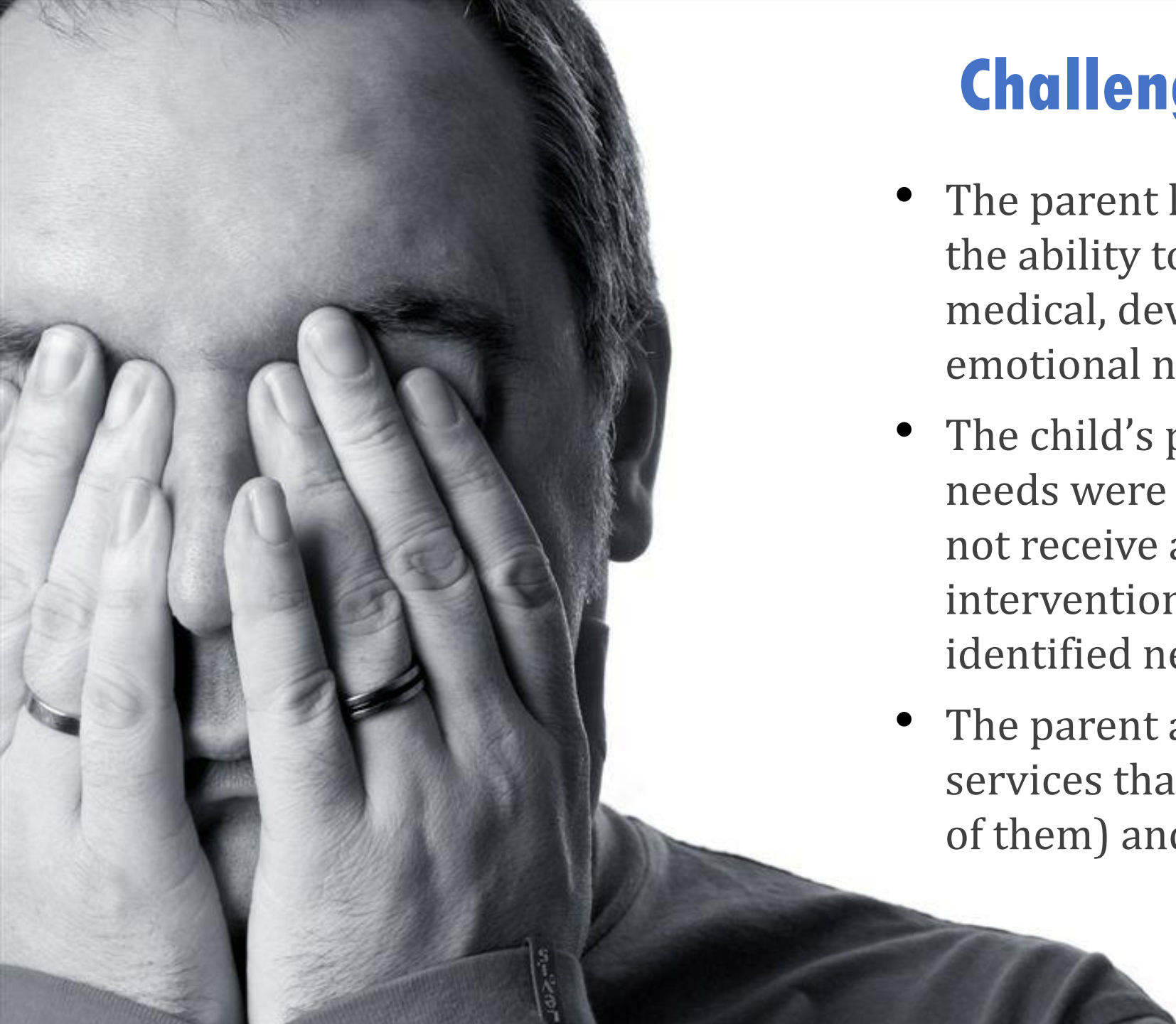




Focusing Only on Parent's Recovery Without Addressing Needs of Children

Can threaten parent's ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being



Challenges for the Parents


- The parent lacks understanding of and the ability to cope with the child's medical, developmental, behavioral and emotional needs
- The child's physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues

Safe vs Perfect



Family Recovery





What is the relationship
between children's issues
and parent's recovery?

Treatment Retention and Completion

- Women who participated in programs that included a “high” level of family and children’s services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services. - Grella, Hser & Yang (2006)
- Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents. - Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010
- Substance abuse treatment services that include children in treatment can lead to improved outcomes for the parent, which can also improve outcomes for the child



Parenting and Parent-Child Relationship

- Bonding and attachment
- Parent Education
- Quality Visitation

Selection of an Evidence-Based Parenting Program

To view our webinar on this topic, please visit
www.familydrugcourts.blogspot.com



- Review publicly available information (NREPP, CEBC)
- Need to have a structure for comparing programs
- Pairing the curriculum to the families' needs and realities
- Understand the outcomes you'd like to see, and be able to articulate them and link them to the program of choice

Considerations in Selecting a Parenting Program



- Understand needs of consumers - what do these families look like? Are there unique struggles?
- Have realistic expectations of their ability to participate - especially in early recovery
- Parenting program should include parent-child interactive time, but this should not be considered visitation
- Child development information needs to be shared with the parent and the parenting facilitator in advance



Support Strategy - Reunification Group

- Beginning during unsupervised/overnight visitations through 3 months post-reunification
- Staffed by an outside treatment provider and recovery support specialist (or other mentor role)
- Focus on supporting parents through reunification process
- Group process provides guidance and encouragement; opportunity to express concerns about parenting without repercussion



Aftercare and Ongoing Support

Ensure aftercare and recovery success beyond FDC and CWS participation:

- Personal Recovery Plan – relapse prevention, relapse, safety plan
- Peer-to-peer support – alumni groups, recovery groups
- Other relationships – family, friends, caregivers, significant others
- Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
- Self-sufficiency – employment, educational and training opportunities



Each year, an estimated 400,000 – 440,000 infants (10–11 percent of all births) are affected by prenatal alcohol or illicit drug exposure.

Prenatal substance exposure should be viewed from a comprehensive, family-based perspective that extends beyond the birth event to include the wider issues of pre-pregnancy prevention, prenatal, and postnatal intervention, and support for affected children throughout childhood and adolescence.

Multiple, Cross-System Intervention Points

For the child:

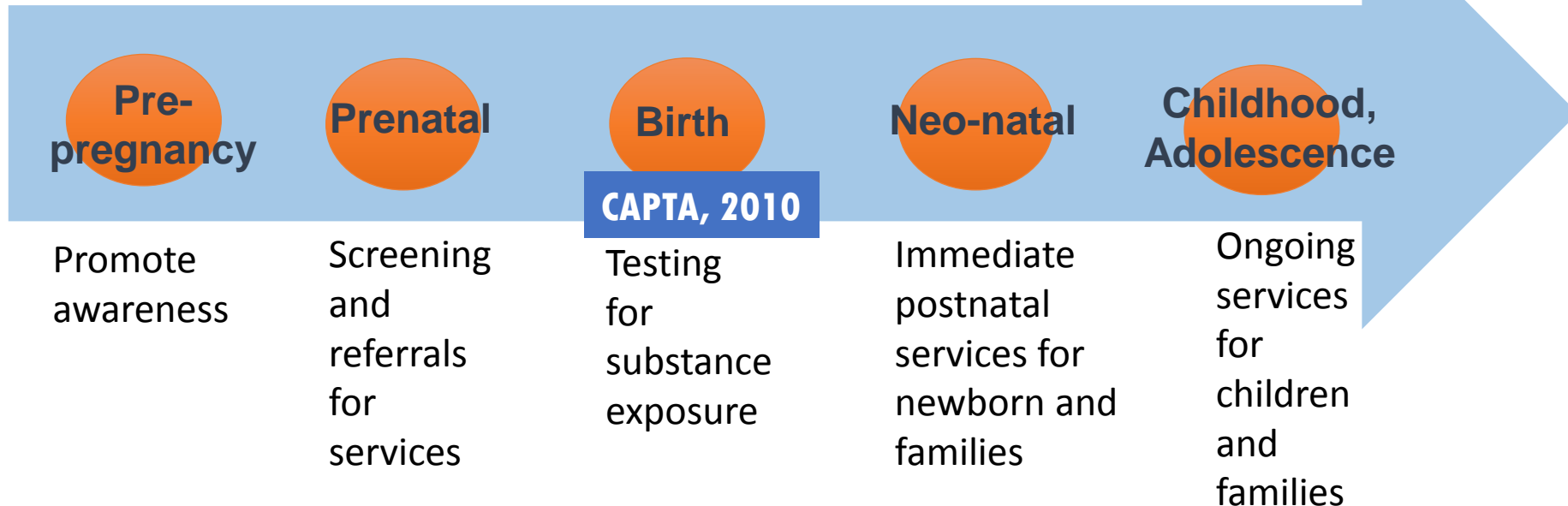
A five-point framework that addresses screening, assessment, referral and engagement across all stages of development

For the mother:

The whole perinatal picture - before, during, after pregnancy

For the System:

Cross system collaboration to address medical, substance abuse, mental health and developmental needs of the family



Cross-System Collaboration

POLICY &
PRACTICE



WHAT DO
WE KNOW
ABOUT WHAT'S
WORKING?

A baby with dark hair and a white shirt with colorful polka dots is sitting in a white high chair. The baby is holding two alphabet blocks, one orange and one blue, in their hands. A green alphabet block is on the high chair tray in front of the baby. The background is a plain, light-colored wall.

Common Vision Extraordinary Effort

Court
SAMH Treatment
Child Welfare

3 Systems with multiple:

- Mandates
- Training
- Values
- Timing
- Methods

How Collaborative Policy and Practice Impacts

5Rs

Recovery

Remain at home

Reunification

Recidivism

Re-entry

Regional Partnership Grants (RPGs)

- Authorized by the Child and Family Services Improvement Act of 2006 (P.L. 109-288)
 - 53 RPGs were awarded by the Children's Bureau in September, 2007: \$145 million over 5 years
- The Child and Family Services Improvement and Innovation Act (Pub. L. 112-34) signed into law Sept. 30, 2011
 - 17 RPGs were awarded in September 2012
 - Also awarded 2-year extension grants to eight of the original regional partnership grantees
- *Reports to Congress:*
 - **The First Report-** www.acf.hhs.gov/sites/default/files/cb/targeted_grants.pdf
 - **The Second Report-** www.cffutures.org/files/RPG%20Program_Second%20Report%20to%20Congress.pdf

RPG Program Purpose





53 Grant Programs

17,820 adults

25,541 children

15,031 families

(through September 30, 2012)

Children kept safe

Regional Partnership Grants



- **92.0%** of children who were in the custody of their parent or caregiver at the time of RPG program enrollment **remained at home** through RPG program case closure.
- The percentage of children who **remained at home significantly increased** through program implementation from 85.1% in Year 1 to 96.4% in Year 5.
- Within the first six months following RPG Program enrollment, **95.8%** of children experienced **no maltreatment**.

HOUSEHOLDS WERE STABLE

- 4,078 children were discharged from foster care – 83.0% to **reunification**.
- Median length of stay for reunified children: 9.5 months.
- Percentage reunified within 12 months: 63.6%.
 - 17.9% were reunified in less than 3 months
- Timely **reunification** increased significantly from 55.4% in Year 1 to 72.9% in Year 4.
- Infants and young children (< 1 year) had significantly higher rates of reunification within 12 months (72.7%) than children of all other ages (61.5%).
- Only 7.3% of children **re-entered** foster care at any point within 24 months following reunification.

Children return home and remain at home

Safety and Permanency Outcomes (Median Performance)	Children in RPG Program	State Contextual Data
Percentage of Children who had Substantiated Maltreatment within Six Months after RPG Program Enrollment (N=22,558)	4.2%	5.8%
Discharge to Reunification – Median Length of Stay in Foster Care (N=3,340)	9.5 months	7.5 months
Percentage of Children Reunified in Less than 12 Months (N=3,627)	63.6%	69.4%
Percentage of Children Reunified who Re-entered Foster Care in Less than 12 Months (N=3,575)	5.1%	13.1%
Discharge to Finalized Adoption – Median Length of Stay in Foster Care (N=418)	24.2 months	29.3 months

Focus on parent recovery, engagement and completion of treatment



Grantees stressed the importance of key supportive services to help parents achieve sustained recovery and to reunify with their children.

Regional Partnership Grant Programs

- RPG adults accessed treatment quickly:
 - Within 13 days of entering the RPG program, on average
 - 36.4% entered treatment within 3 days
- Remained in treatment a median of 4.8 months
- 65.2% stayed in treatment more than 90 days
- 45.0% completed treatment

Recovery Support Specialist



LIAISON

- Links participants to ancillary supports; identifies service gaps

TREATMENT BROKER

- Facilitates access to treatment by addressing barriers and identify local resources
- Monitors participant progress and compliance
- Enters case data

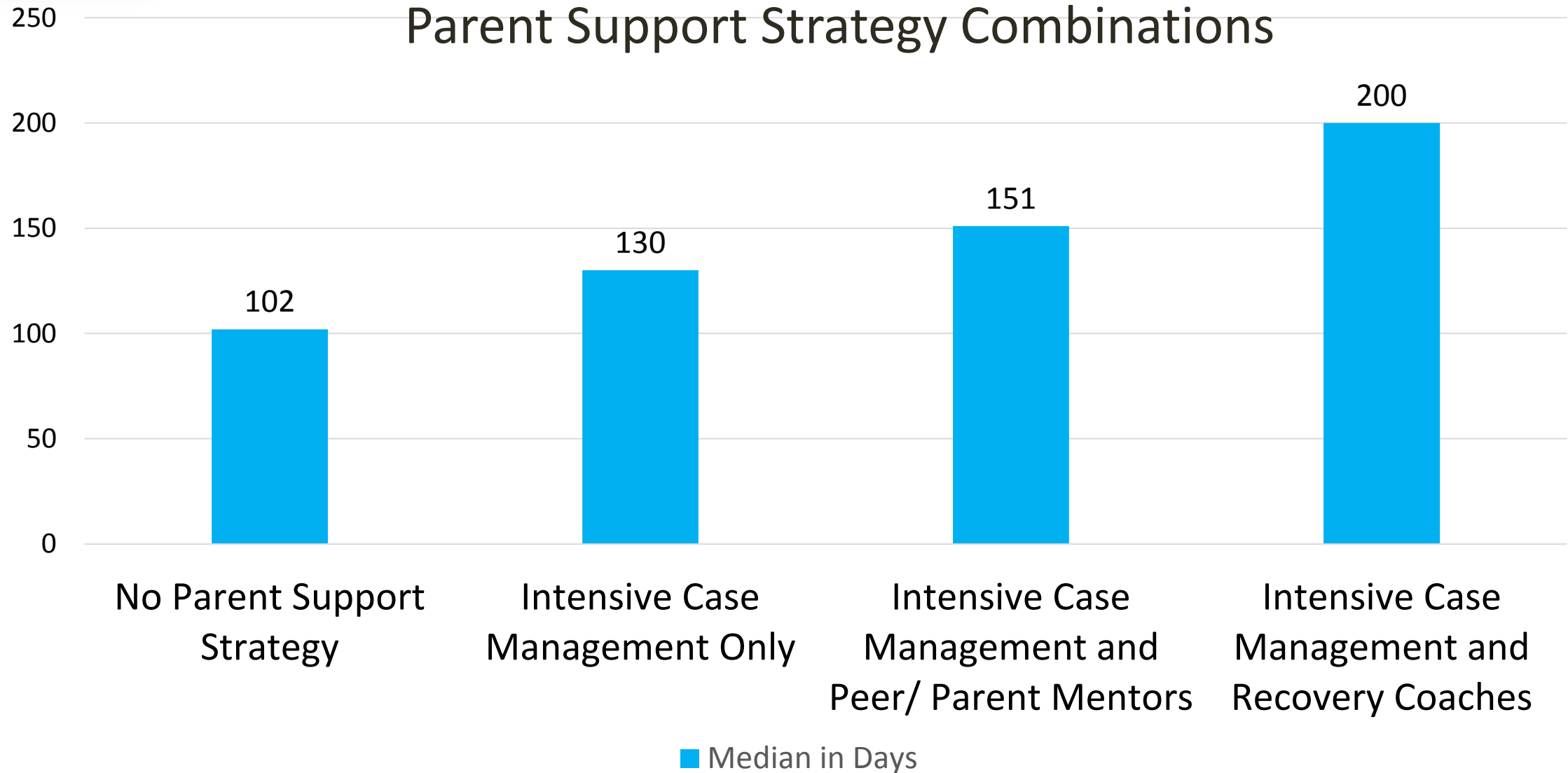
ADVISOR

- Educates community; garners local support
- Communicates with FDC team, staff and service providers



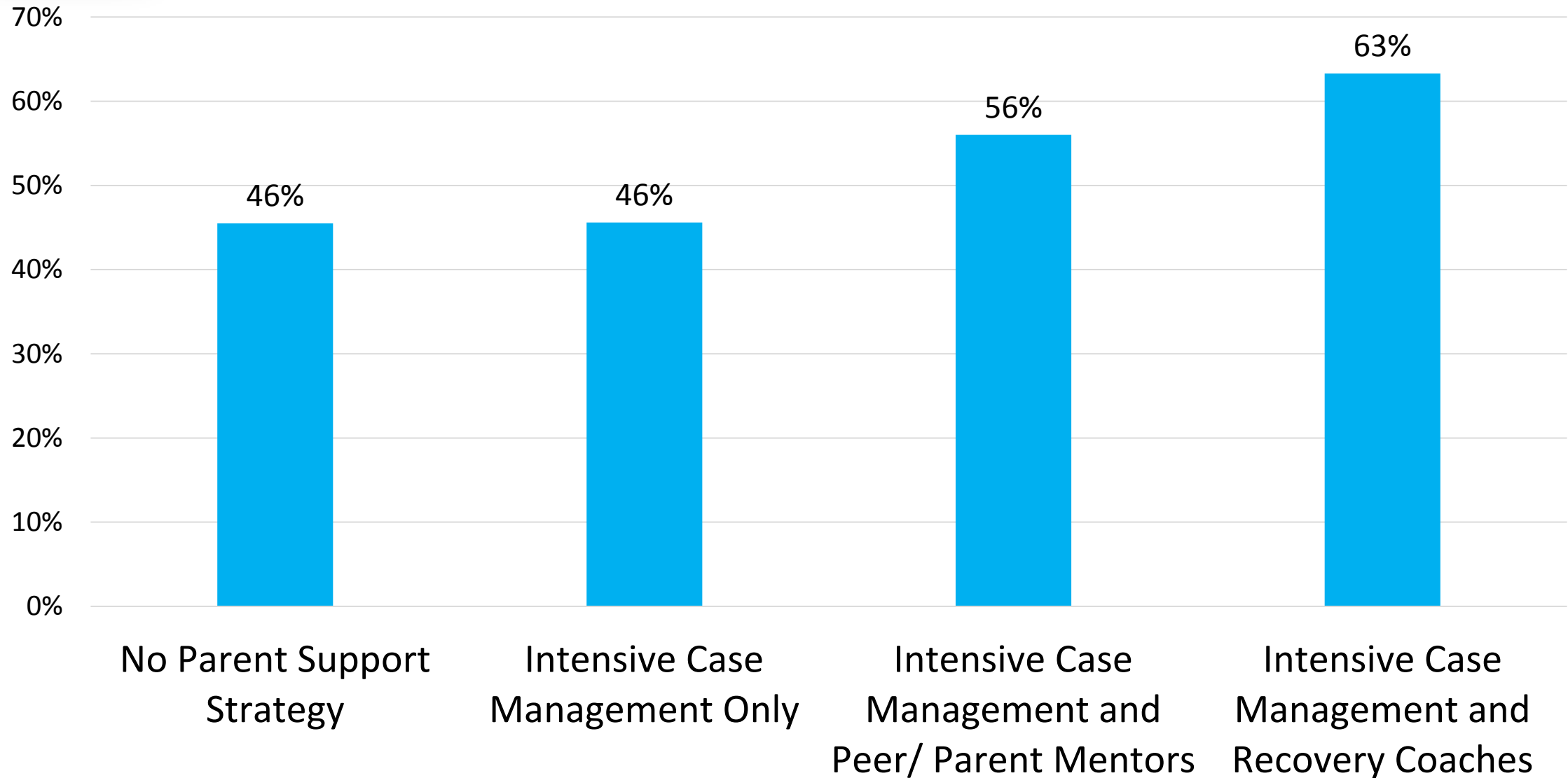


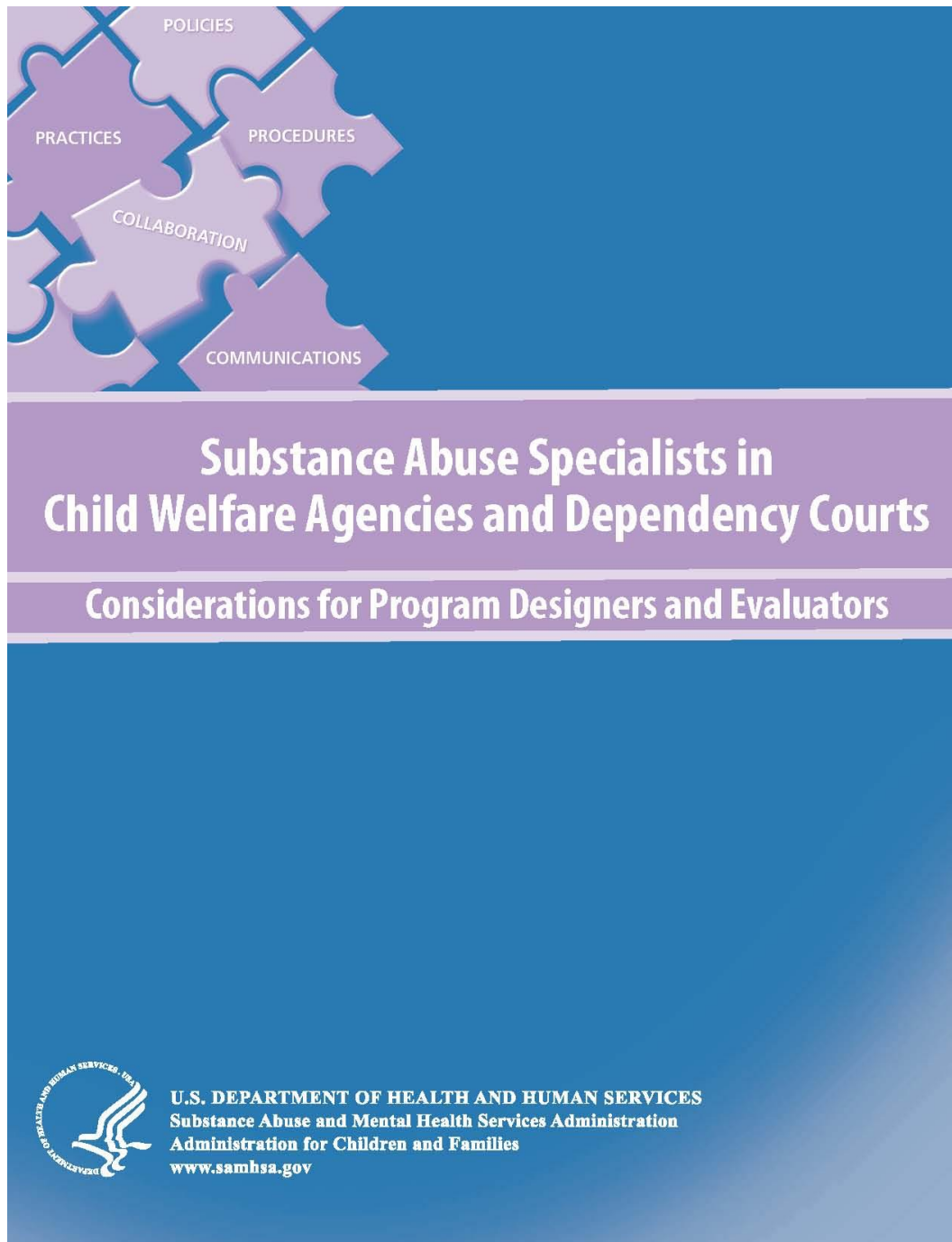
Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





Substance Abuse Treatment Completion Rate by Parent Support Strategies





TO OBTAIN A COPY, SEE:
[HTTP://WWW.NCSACW.SA
MHSA.GOV/FILES/SUBSTA
NCEABUSESPECIALISTS.P
DF](http://www.ncsacw.samhsa.gov/files/substance_abuse_specialists.pdf)

FDC Outcomes



HIGHER TREATMENT
COMPLETION RATES

SHORTER TIME
IN FOSTER CARE

HIGHER FAMILY
REUNIFICATION RATES

LOWER TERMINATION
OF PARENTAL RIGHTS

FEWER NEW CPS PETITIONS
AFTER REUNIFICATION

COST SAVINGS PER FAMILY

Common Ingredients of FDCs

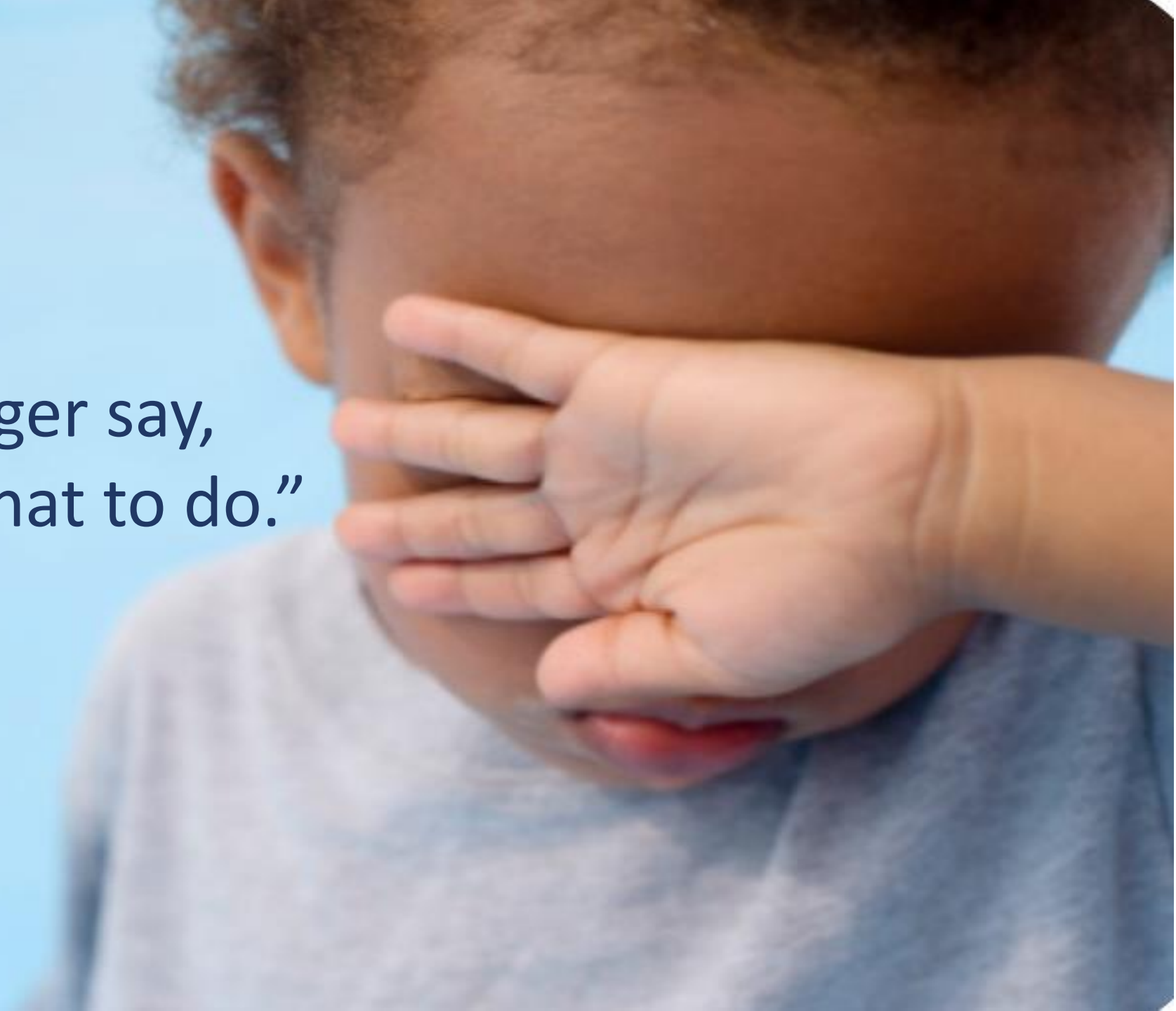
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- System of identifying families
- Earlier access to assessment and treatment services
- Increased judicial oversight
- Increased management of recovery services and compliance
- Responses to participant behaviors (sanctions & incentives)
- Collaborative approach across service systems and Court

2002 Process Evaluation

2014

We can no longer say,
“We don’t know what to do.”





Think differently

Addiction

Once an addict, always an addict

They don't want to change

Treatment

Treatment won't work for most parents

They must love their drug more than their child

Treatment is voluntary and we can't force parents to enroll



Thinking differently

Systems Response and Accountability

Avoid blaming the parent

The treatment system is not responsive to CWS clients

We can't be held accountable for systems that we don't control

The slots aren't there

Treatment quality for parents is weak

This is just "one more thing."

Holding Each Other Accountable

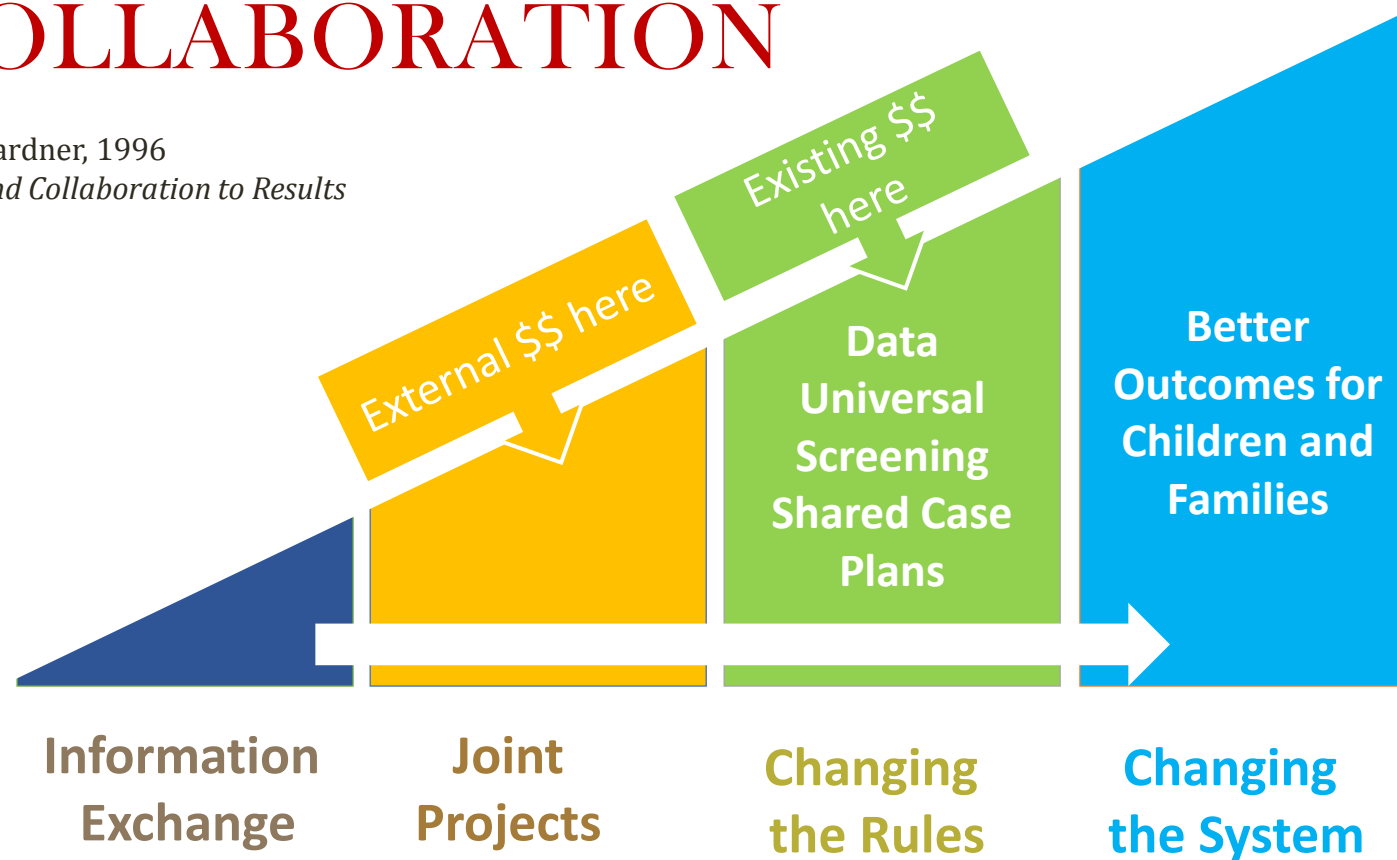
- Our systems hold parents responsible for their recovery and their parenting
- Our systems must also hold each other accountable to improve the outcomes for families affected by substance use and mental disorders



Getting Better at Getting Along

FOUR STAGES OF COLLABORATION

Sid Gardner, 1996
Beyond Collaboration to Results

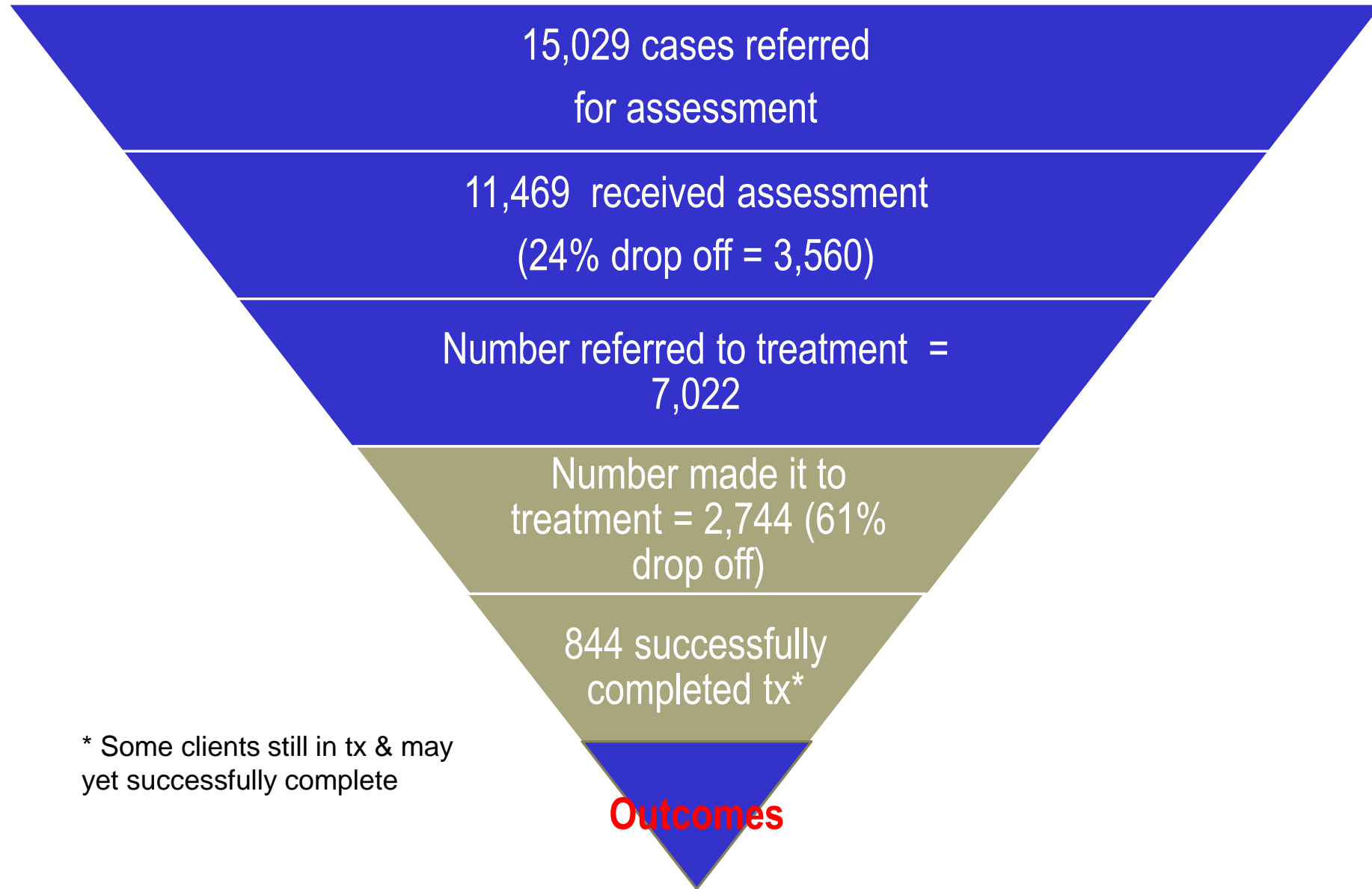


Do We Care Enough to Count



- What is Indiana's prevalence of families with substance use and mental disorders in child welfare?
- How many parents and children access treatment?
- Do you know the treatment gap and penetration rate?
- Can we track outcomes across these systems(Substance abuse, mental health, child welfare) for these families?

DROP OFF POINTS



* Some clients still in tx & may yet successfully complete

Outcomes

Collaborative Practice Implications

Are relapse and recovery viewed as long-term disease management issues or as acute care episodes?

How do treatment/recovery timelines work with or against permanency planning?

How is screening addressed in each system?

What criteria are used to determine the substance abuse treatment modality the parent is referred to or engaged in?

What practices are being used by the collaborative to deliver effective treatment while minimizing wait times?

What written agreements exist to address issues of confidentiality?

Have agreements and protocols been developed for sharing clinical and case information?

How will you ensure priority access?



**How will you ensure
effective and quality
treatment?**

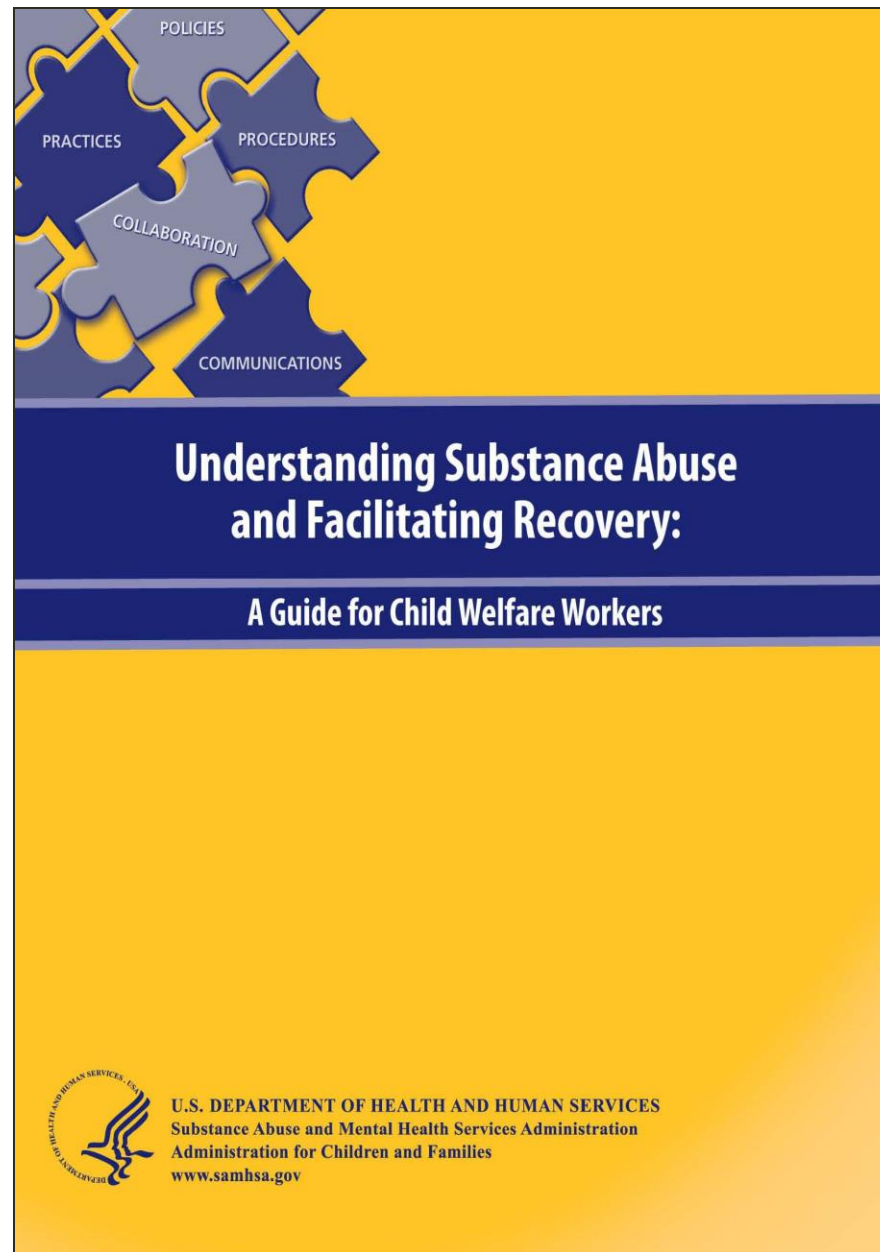


NCSACW Online Tutorials



Please visit: www.ncsacw.samhsa.gov/

1. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals



<http://www.ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf>

GUIDANCE TO STATES:

Recommendations for Developing Family Drug Court Guidelines



Guidance to States:

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Family Drug Court Learning Academy Webinar Series

2014

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www.cffutures.org/presentations/webinars/category/fdc-series



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