Collaborative Practices for Children and Families Impacted by Substance Abuse

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July 24, 2014
Why we do this work
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

Source: AFCARS Data, 2012

National Average: 30.5%
Parental AOD as Reason for Removal in the United States and Indiana, 1998-2012

Source: AFCARS Data Files
Percent and Number of Children with Terminated Parental Rights by Reason for Removal – 2012

- **Neglect** (n=76,374) - 66%
- **Parent Alcohol or Drug Abuse** (n=42,085) - 36%
- **Parent Unable to Cope** (n=25,417) - 22%
- **Physical Abuse** (n=19,659) - 17%
- **Inadequate Housing** (n=17,713) - 15%
- **Parent Incarceration** (n=8,273) - 8%
- **Abandonment** (n=7,434) - 6%
- **Child Behavior** (n=7,387) - 6%
- **Sexual Abuse** (n=6,150) - 5%
- **Child Alcohol or Drug Abuse** (n=3,237) - 3%
- **Child Disability** (n=5,237) - 3%
- **Relinquishment** (n=1,974) - 2%
- **Parent Death** (n=1,187) - 1%

Source: AFCARS 2012
Children in Foster Care, Indiana, 2002-2012

Source: AFCARS Data Files
Drugs of Choice at Admission
State of Indiana, 2013

Total Indiana admissions = 25,591

Retrieved 09/05/13 from http://wwwdasis.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

- Adoption and Safe Families Act (ASFA)
- National Center on Substance Abuse and Child Welfare
- Regional Partnership Grants
- Children Affected by Methamphetamine Grants
- Blending Perspectives and Building Common Ground Congressional Report
- Substance Exposed Newborn Grants
- Family Drug Court Grants
- Fostering Connections Grants

Source: Children and Family Futures RPG2 RPG3
Report to Congress

Five National Goals Established

1999
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
We Know More About

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.
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
Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

- Drug Addiction: 40-60%
- Type 1 Diabetes: 30-50%
- Hypertension: 50-70%
- Asthma: 50-70%
“Addiction is a Developmental Disorder of Adolescence”

Dr. Nora Volkow
Director, National Institute on Drug Abuse

It starts early

First Marijuana Use (Percent of Initiates)

- <12: 1.5%
- 12-17: 67%
- 18-25: 26%
- >25: 5.5%
The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.
Effective Substance Abuse Treatment

We know more about:

- 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)*

To view our webinar on this topic, please visit [www.familydrugcourts.blogspot.com](http://www.familydrugcourts.blogspot.com)
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, particularly for alcohol and opiate-related substance use disorders.
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*

http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment
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
Addiction affects the whole family

- Developmental impact
- Generational impact
- Impact on Parenting
- Psycho-social Impact
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-Centered Parent-Child Quality Visitation Assessment Tools Team Meetings Family Recovery Well-being Family-focused Functioning Time
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
• 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
• 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
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

- **Pre-pregnancy**
  - Promote awareness

- **Prenatal**
  - Screening and referrals for services

- **Birth**
  - Testing for substance exposure
  - CAPTA, 2010

- **Neo-natal**
  - Immediate postnatal services for newborn and families

- **Childhood, Adolescence**
  - Ongoing services for children and families
Cross-System Collaboration

Policy & Practice

What do we know about what’s working?
What is Collaborative Practice?
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
RPG Program Purpose

- Establish or enhance a collaborative infrastructure to build the region's capacity
- Improve the safety, permanency, and well-being of children affected by substance abuse in child welfare
- Address common systemic and practice challenges

Addressing common systemic and practice challenges, improving the safety, permanency, and well-being of children affected by substance abuse in child welfare, and establishing or enhancing a collaborative infrastructure to build the region's capacity are the primary goals of the RPG Program.
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**.
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.
### Safety and Permanency Outcomes (Median Performance)

<table>
<thead>
<tr>
<th>Safety and Permanency Outcomes</th>
<th>Children in RPG Program</th>
<th>State Contextual Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Children who had Substantiated Maltreatment within Six Months after RPG Program Enrollment (N=22,558)</td>
<td>4.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Discharge to Reunification – Median Length of Stay in Foster Care (N=3,340)</td>
<td>9.5 months</td>
<td>7.5 months</td>
</tr>
<tr>
<td>Percentage of Children Reunified in Less than 12 Months (N=3,627)</td>
<td>63.6%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Percentage of Children Reunified who Re-entered Foster Care in Less than 12 Months (N=3,575)</td>
<td>5.1%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Discharge to Finalized Adoption – Median Length of Stay in Foster Care (N=418)</td>
<td>24.2 months</td>
<td>29.3 months</td>
</tr>
</tbody>
</table>
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
• Engages parents
• Facilitates access to treatment by addressing barriers and identify local resources
• Monitors participant progress and compliance

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

- No Parent Support Strategy: 102 days
- Intensive Case Management Only: 130 days
- Intensive Case Management and Peer/Parent Mentors: 151 days
- Intensive Case Management and Recovery Coaches: 200 days

Median in Days
Substance Abuse Treatment Completion Rate by Parent Support Strategies

- No Parent Support Strategy: 46%
- Intensive Case Management Only: 46%
- Intensive Case Management and Peer/Parent Mentors: 56%
- Intensive Case Management and Recovery Coaches: 63%
Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts
Considerations for Program Designers and Evaluators

TO OBTAIN A COPY, SEE:
HTTP://WWW.NCSACW.SAMHSA.GOV/FILES/SUBSTANCEABUSESPECIALISTS.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
Cost Offsets Per Family

$ 5,022  Baltimore, MD  Burrus, et al, 2011
$ 5,593  Jackson County, OR  Carey, et al, 2010
$ 13,104  Marion County, OR  Carey, et al, 2010
Common Ingredients of FDCs

- 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.”
Addiction

Once an addict, always an addict
They don’t want to change
They must love their drug more than their child

Treatment

Treatment won’t work for most parents
Treatment is voluntary and we can’t force parents to enroll

Think differently
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

Information Exchange  Joint Projects  Changing the Rules  Changing the System

External $$ here

Existing $$ here

Data Universal Screening Shared Case Plans

Better Outcomes for Children and Families
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

15,029 cases referred for assessment

11,469 received assessment (24% drop off = 3,560)

Number referred to treatment = 7,022

Number made it to treatment = 2,744 (61% drop off)

844 successfully completed tx*

* Some clients still in tx & may yet successfully complete
Collaborative Practice Implications

How will you ensure priority access for parents and children in the child welfare system?

How will you ensure effective and quality treatment?

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

Collaborative Practice Implications

Do referral, assessment, and treatment timelines work with or against permanency planning?
Collaborative Practice Implications

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?
Why we do this work
NCSACW Online Tutorials

Please visit: www.ncsacw.samhsa.gov


3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov

GUIDANCE TO STATES: Recommendations for Developing Family Drug Court Guidelines

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Children and Family Futures

Original Printing: April 2015
Publication A (if applicable)

The project is supported by grant no. 2015-DC-BX-0011 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice.
Family Drug Court Learning Academy Webinar Series 2014

For more information, please visit the FDC Learning Academy Webinar Library

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