

How Does Your System Respond to Parental Substance Use Disorders in the Child Welfare Caseload?

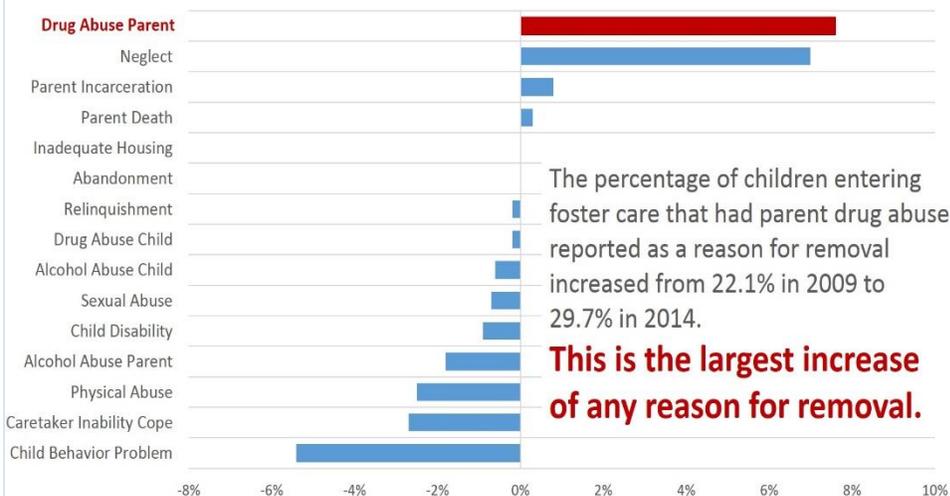
Most children involved in child welfare systems, and the **overwhelming majority of children** placed in out-of-home care, have a parent with an alcohol or other substance use disorder.

The child welfare system has sought to respond to the **growing number** of children, parents and families affected by substance use disorders in the child welfare caseload since the passage of the Adoption and Safe Families Act in 1997.



Recent federal legislation provides opportunities to build and strengthen new and existing collaborative connections among child welfare, substance use disorder treatment agencies, and the courts. The evidence of **what works** argues powerfully for sustained, strategic planning and implementation efforts across the systems of child welfare, substance use disorder treatment, and the courts. The timing of current legislation (i.e., Family First Act) is ideal to support efforts to continue building upon recent collaborative projects and create strong, successful collaborative systems.

Percent Change in Reasons for Removal in the United States, 2009 to 2014



What Works to Improve Outcomes for Families Affected by Parental Substance Use Disorders and Child Abuse/Neglect

Children and Family Futures' **twenty** years of experience in providing technical assistance and evaluation services to hundreds of state, local, and private agencies yields **three key lessons** of what works:



1

Collaborative practice among child welfare, substance use disorder treatment agencies, and the courts which produces better outcomes for children, parents and families, and saves money

2

A **multi-dimensional approach** including reforms in practice such as:

- uniform screening and assessment
- two-generation family-focused treatment models
- peer supports and recovery mentors

3

Practice and policy changes including family treatment courts, improved information sharing protocols and practices, collaborative governance, cross-training of staff, and the inclusion of services from other child- and family-serving agencies such as child development, maternal and child health, hospitals, parent-child therapy, and home visiting

Strengthening Partnerships, Improving Family Outcomes

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Collaborative Practice and Policy Improves Outcomes for Families

Recent collaborative projects among child welfare, substance use disorder treatment, dependency courts, and other service systems have achieved **substantially better family outcomes** than systems lacking successful collaborative structures—at times achieving outcomes that are two to three times better than those in standard operations.^{1,2}



KEY INGREDIENTS of improved practice and policy leading to better family outcomes:

- **System of identifying families**
- **Earlier access to assessment and treatment services**
- **Increased management of recovery services and compliance**
- **Improved family-centered services and parent-child relationships**
- **Increased judicial or administrative oversight**
- **Systemic response for participants—contingency management**
- **Collaborative non-adversarial approach across service systems and courts**

Recovery

Remain at Home

Reunification

Re-occurrence

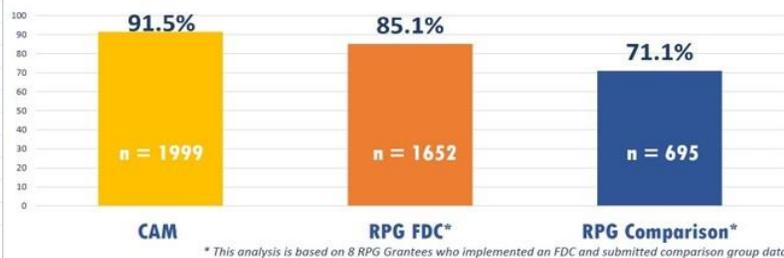
Re-entry

Recovery— Access to Treatment



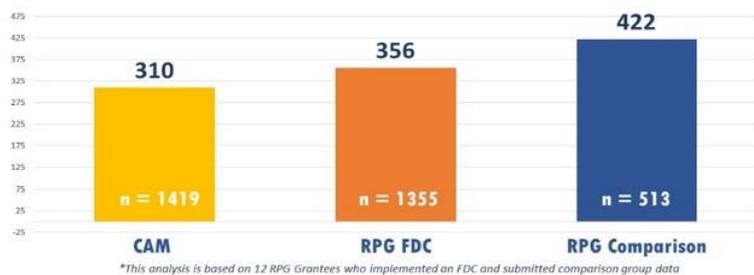
Remain at Home

Percentage of children who remained at home throughout program participation



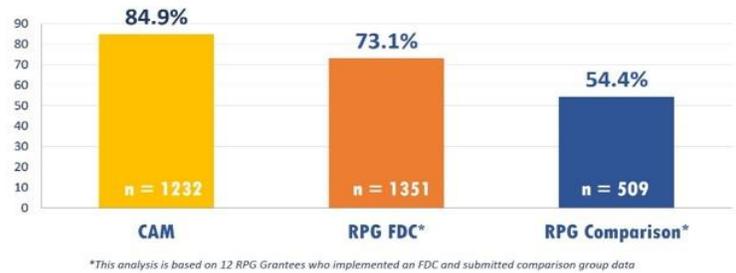
Reunification Rates

Median length of stay (days) in out-of-home care



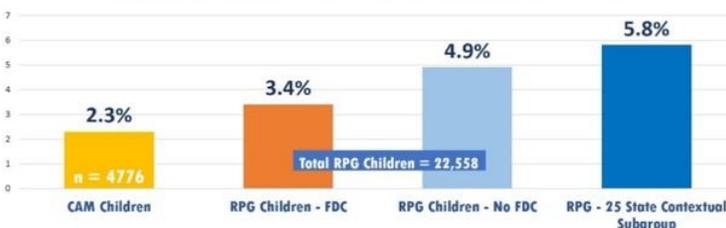
Reunification Rates

Percentage of reunification within 12 months



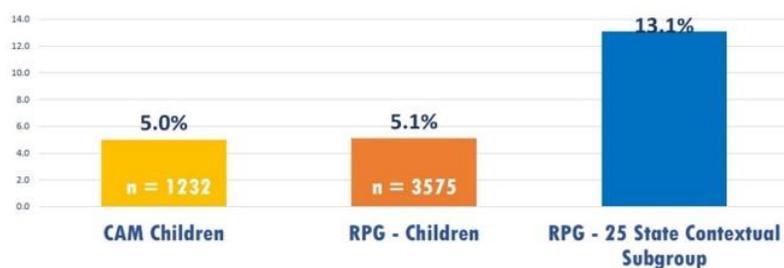
Re-occurrence of Child Maltreatment

Percentage of children who had substantiated/indicated maltreatment within 6 months of program entry



Re-entries into Out-of-Home Care

Percentage of Children Reunified Who Re-entered Foster Care Within 12 Months



¹ From 2010-2014, the Children Affected by Methamphetamine (CAM) grant program included 12 Family Treatment Drug Courts supported by the Substance Abuse and Mental Health Services Administration to expand and/or enhance services to children and improve parent-child relationships.

² From 2007-2012, the Regional Partnership Grant Program (RPG) Round I, administered by the Children's Bureau, funded 53 grantees. These analyses represent a subset of six to twelve RPG grantees who implemented a Family Drug Court and submitted comparison group data.