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Ready ... or Not? A Look at Progress to Date and Challenges to Come

Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare and the Courts – September 15, 2011

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In the Last 24 Hours about . . .

- 6,240 parents were arrested for drug-related charges
- 1,640 babies were born with prenatal substance exposure
- 1,200 children were the victims of substantiated abuse/neglect associated with substance abuse
 - 3 of them died
- 205 child maltreatment victims were removed from their homes associated with parental substance abuse
- 75 parents with a substance use disorder had their parental rights terminated

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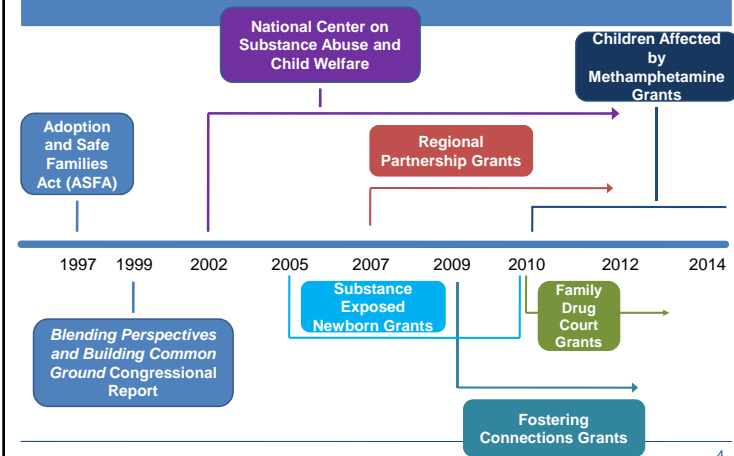
Blending Perspectives and Building Common Ground - 1999

Set Forth Five Broad National Goals for Serving Families in Child Welfare who are Affected by Substance Abuse

1. Build Collaborative Working Relationships
2. Assure Timely Access to Comprehensive Substance Abuse Treatment Services
3. Improve Ability to Engage and Retain Clients in Care and to Support Ongoing Recovery
4. Enhance Children's Services
5. Fill Information Gaps (about interrelationships among substance abuse, child maltreatment and related problems)

3

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



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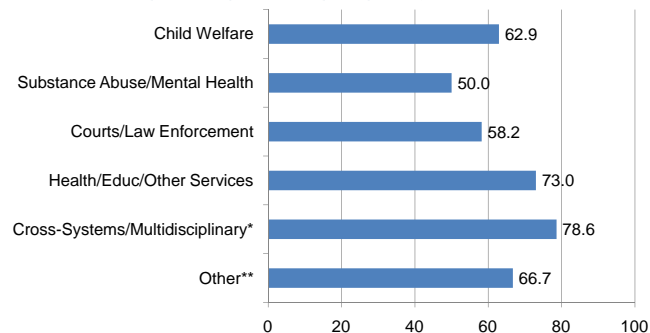
Reasons for Optimism: A Foundation Has been Built

- Cross-Systems Collaboration has been strengthened
- Outcomes and Cost Savings Have Been Achieved
- Tools are available to assess our progress and help children and families
- Evidence-based programs are increasingly in use

6

Q. The effects of parental substance use disorders on children in the child welfare system are given less attention than needed

Percentage that Agree/Strongly Agree by Discipline Area



* Includes those who are employed by multiple systems (e.g., child welfare and a family drug court)
 ** Other includes researchers, evaluators and others not providing direct services.

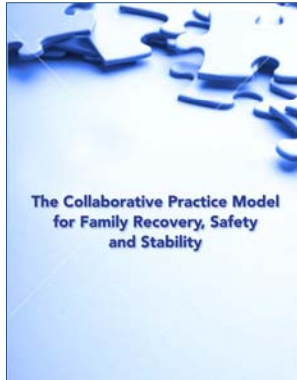
7



What Have We Learned About What Works?

8

The Collaborative Practice Model for Family Recovery, Safety, and Stability



The collaborative practice model is drawn from the experiences of communities who have implemented practice and policy changes to improve child and family outcomes.

9

Ten Element Framework Elements of System Linkages

Focus on Your Mission

Underlying Values
and Priorities

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Underlying Values
and Priorities

Provide Specialized Services

Screening and Assessment
Engagement and Retention
Services for Children
Community and Family Support

Ten Element Framework Elements of System Linkages

Focus on Your Mission

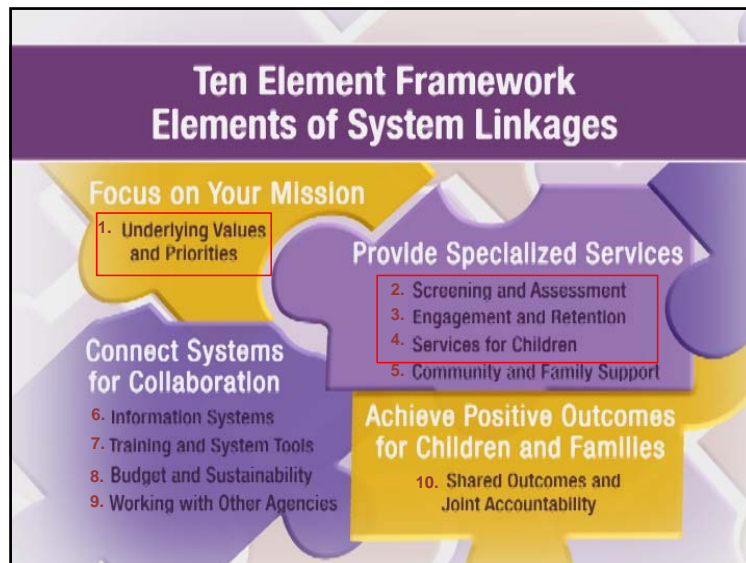
Underlying Values
and Priorities

Provide Specialized Services

Screening and Assessment
Engagement and Retention
Services for Children
Community and Family Support

Connect Systems for Collaboration

Information Systems
Training and System Tools
Budget and Sustainability
Working with Other Agencies



Progress on Mission and Values

- Established Interagency Collaboratives and the Infrastructure to make them accountable
- Effective Joint Mission Statements
- Formal Cross-Systems Policies and Procedures
 - Policies that designate child welfare families as priority population for treatment

Addressing cross-systems values is the cornerstone of a collaborative relationship, along with a mission statement that specifies the partnership's goals and reflects its shared values and principles of collaboration.

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Call me Tuesday

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Progress on Screening, Assessment and Timely Access to Treatment

- Progress toward Universal Screening of Parents in Child Welfare for Substance Use Disorders
- Screening for Co-occurring Disorders
- Wider Use of Co-located or Out-stationed Staff

Child welfare knows more about treatment needs and treatment agencies know more about children's needs

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Progress on Engagement, Retention and Recovery Support

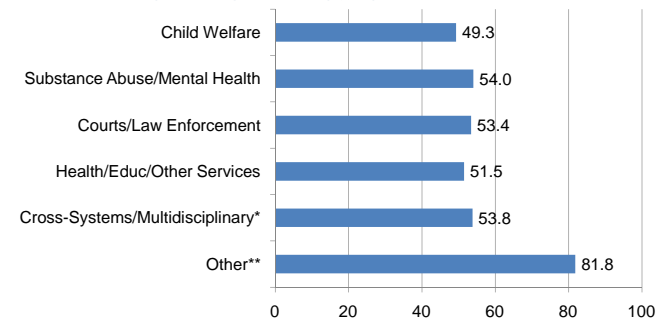
- Specialized outreach and motivational approaches for effective recovery and aftercare
 - Parent/peer mentors; Substance abuse specialists
- Effective joint monitoring of family progress
- Trauma-informed and trauma-specific services
- Effective community and family supports
- Provision of critical/essential support services

Enhanced engagement and retention efforts have positive impacts on family member treatment outcomes.

17

Q. Our community does a good job in responding to the needs of parents with substance use disorders in the child welfare system who have experienced **trauma**

Percentage that Agree/Strongly Agree, by Discipline Area



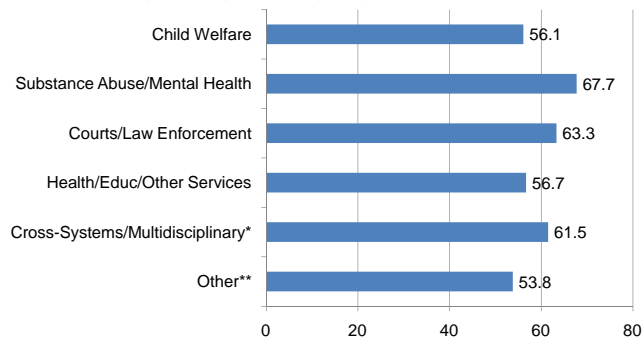
* Includes those who are employed by multiple systems (e.g., child welfare and a family drug court)

** Other includes researchers, evaluators and others not providing direct services.

18

Q. Substance abuse treatment agencies do a good job recognizing and responding to parents' trauma histories

Percentage that Agree/Strongly Agree, by Discipline Area



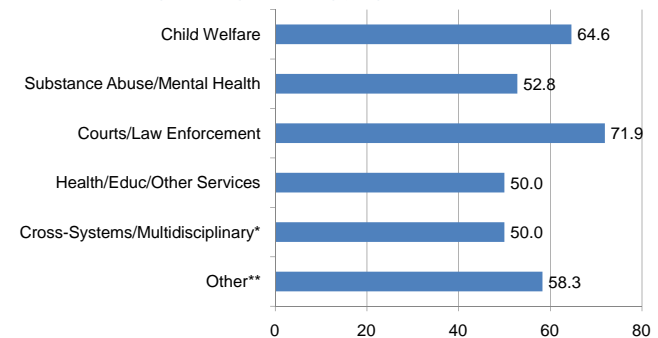
* Includes those who are employed by multiple systems (e.g., child welfare and a family drug court)

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19

Q. Child welfare does a good job in minimizing trauma during removals and/or investigations

Percentage that Agree/Strongly Agree, by Discipline Area



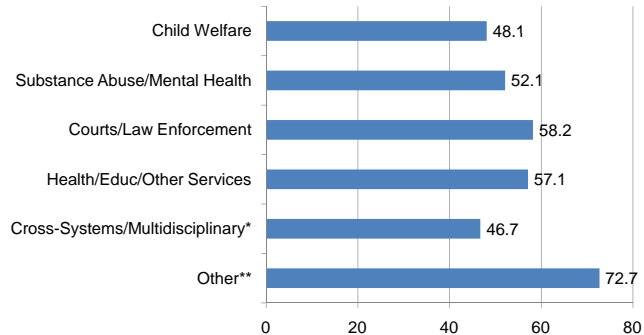
* Includes those who are employed by multiple systems (e.g., child welfare and a family drug court)

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20

Q. Law enforcement does a good job of minimizing trauma to children during search and/or arrest procedures

Percentage that Agree/Strongly Agree, by Discipline Area



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Progress on Services to Children

- Early Screening and Intervention
- Comprehensive Developmental Services
- Effective Therapeutic Interventions
- Evidence-based Parenting and Family Strengthening Programs
- Family Drug Courts that target substance-exposed infants and children under age of three

In addition to being multidisciplinary, services must target the full spectrum of children's developmental stages.

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Progress on Efficient Communication Systems

- Shared information at client, program and systems levels
- Formalized cross-systems policies and procedures to improve communication, identification, referrals and service delivery
- Common identifiers across multiple databases
- Improvements in cross-systems data analysis on common outcomes
- Joint approaches to budgeting and resources for cross-system programs
- Cross-systems workforce training and development

It is critical to provide both a structure and sufficient staff time for communication across systems.

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**The Bottom Line:
Outcomes and Cost Savings**

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Background and Context

- Results reflect the RPG children, adults and families served as of June 11, 2011
- Performance is presented in comparison to:
 - RPG control/comparison group data
 - National data from AFCARS, NOMs and TEDS (where appropriate)

	RPG Participant Group (N)	RPG Control/ Comparison Group (N)
Children	19,262	8,949
Adults	13,235	6,847
Families	11,338	5,433

RPG Highlights in Brief – Selected Child Outcomes

RPG children had significantly better outcomes than RPG comparison children in several areas. RPG children were:

- More likely to remain in the custody of their parent 93.4% vs. 88.5%

* As measured by median length of stay in foster care; discharges to reunification

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RPG Highlights in Brief – Selected Child Outcomes

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- Less likely to experience child maltreatment:
 - within 6 months after RPG enrollment 3.2% vs. 5.0%
 - at any point after RPG enrollment 6.3% vs. 10.2%

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- Reunify more quickly* 8.1 months vs. 10.6 months

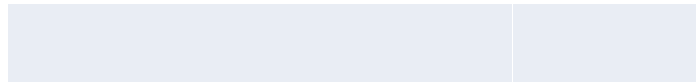
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RPG Highlights in Brief – Selected Child Outcomes

RPG children had significantly better outcomes than RPG comparison children in several areas. RPG children were:

- More likely to be reunified in less than 12 months 66.4% vs. 55.8%



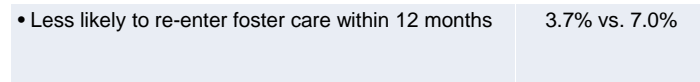
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RPG Highlights in Brief – Selected Child Outcomes (continued)

RPG performance also surpassed or was on par with the national child welfare median performance* for the 29 States in which the RPGs are operating on:



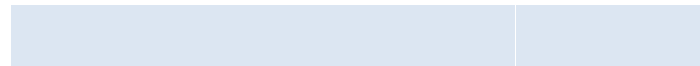
* Comparative State Data is 2009 NCANDS/AFCARS median results for the 29 States in which the RPG programs are operating.

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RPG Highlights in Brief – Selected Child Outcomes (continued)

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- Absence of child maltreatment recurrence 96.8% vs. 94.1%



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RPG Highlights in Brief – Selected Child Outcomes (continued)

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|--|-----------------|
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| • Re-entries to foster care within 12 months | 3.7% vs. 13.2% |

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| • Re-entries to foster care within 12 months | 3.7% vs. 13.2% |
| • Discharge to finalized adoption within 24 months | 61.1% vs. 33.8% |

* Comparative State Data is 2009 NCANDS/AFCARS median results for the 29 States in which the RPG programs are operating.

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Positive Outcomes – Great! But What Does it Cost?

- Growing emphasis on cost data has strengthened innovative projects' ability to tell their story
- Growing emphasis on evidence-based practices forces consideration of cost savings
 - Affordable Care Act
 - Maternal, Infant and Early Childhood Home Visiting allocations
 - Parity Legislation and Third Party Insurance Coverage

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Positive Outcomes – Great! But What Does it Cost?

- Important to document both kinds of savings:
 - Short-run
 - Fewer days in foster care
 - Longer-term
 - Special education, mental health, delinquency
- As well as both kinds of cost offsets:
 - Direct
 - Foster care
 - Indirect
 - Criminal behavior

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Family Drug Court Examples

- Drug courts have proven savings relative to conventional treatment and court monitoring
- The Baltimore City FDC reported cost savings, after subtracting the investment of FDC program costs, at \$5,478 per family
 - Total savings for 200 families served are \$1,095,598*
- Mendocino RPG Preliminary FDC Findings
 - Expedited reunification = \$38,850 per child saved
 - Total savings for 26 FDC children reunified within 12 months = \$1,010,118

*NPC Research, Portland, Oregon

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Costs and Offsets to Child Welfare System

- Kentucky Department of Community-Based Services RPG Program – Cost avoidance
 - K-START program associated with avoidance of \$3.51 million to \$6.75 million in out-of-home care costs
 - For every \$1 spent on K-START, the State avoids up to \$2.52 on the cost of out-of-home care

¹Child Welfare Information Gateway (2009). Parental Substance Use and the Child Welfare System.

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Prenatal Substance Exposure: A Problem We Can't Afford Not to Address

- Estimated lifetime cost of \$2 million for each person with FAS¹
 - Estimated rate of 0.5 to 2 FAS babies per 1,000 live births. Babies born with FAE, ARBD and ARND represent 5 times as many cases
- Existing studies don't account for failed foster care placements or adoptions
 - May be as high as 25% for special needs children, including those prenatally exposed to drugs or alcohol.²

¹2002 costs; includes medical treatment, special education, residential care and productivity losses. Lupton, C. (2003). *The Financial impact of Fetal Alcohol Syndrome*. SAMHSA FASD Center for Excellence. ²Child Welfare information Gateway (2004). Adoption Disruption and Dissolution.

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Ready ... OR NOT?

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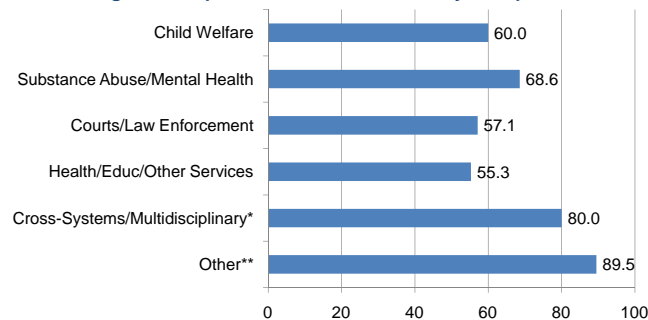
The Risks are Great

- The risk that excellent projects will not *survive* budget cuts
- The risk that these projects will not move beyond projects to policy—going to *scale*, using new treatment resources and new information systems
- The risk that we will not tell the *story* powerfully enough for key decision makers to understand the substantial progress that has been made and the task ahead

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Q. Substance abuse treatment, child welfare, law enforcement and courts work together effectively to produce positive outcomes for children and parents *nearly all of the time, some of the time, infrequently or never*

Percentage that responded Some of the Time, by Discipline Area



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Challenge Area: *Survival*

- Since 2008, at least 46 States plus Washington, D.C. have enacted budget cuts affecting services for children and families
- Joint Select Committee on Deficit Reduction charged with \$1.5 Trillion over 10 years – unknown impact on States' fiscal issues
- 47 of the 53 RPGs (88.7%) reported that State and local budget cuts and staff layoffs have had a negative impact on their regional partnerships and services for families*

* At some point during the period September 30, 2008 to March 31, 2011, based on a review of grantees' semi-annual progress reports

Sources: Leachman, M., Williams, E. & Johnson, N. (June 28, 2011). *New Fiscal Year Brings Further Budget Cuts to Most States, Slowing Economic Recovery*. Washington, DC: Center on Budget and Policy Priorities; Johnson, N., Oliff, P. and Williams, E. (February 9, 2011). *An Update on State Budget Cuts*. Washington, DC: Center on Budget and Policy Priorities.

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Challenge Area: *Survival*

- Sustaining effective interventions in the current fiscal climate
 - The paradox of cuts and potential expansions in treatment funding—The good news and the other news
- Health care reform and new funding streams and regulations
 - Home Visiting, Parity, Medicaid Coverage

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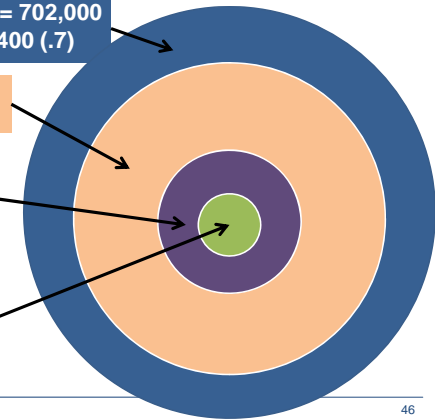
Challenge Area: Going to *Scale*

Total Child Victims 2009 = 702,000
Estimated Parents = 491,400 (.7)

294,840 Potential Parents
in need of treatment (60%)

Estimated Child Welfare
referred and admitted
into treatment*

20,880 Served by special
initiatives
• 17,180 served by FDCs
• 3,700 served by RPGs



*Unknown

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“We have a program, but you don’t qualify” – December 2010

- “It doesn’t matter to me if she goes to treatment right away”
 - Child’s attorney
- “She can’t go to drug court, she’s charged with child endangerment”
 - Public Defender
- “She won’t qualify for family drug court because she is was in jail”
 - CWS Program Manager

“We have a program, but you don’t qualify” – December 2010

- “She can’t go to family drug court if she goes to residential”
 - CWS Program Manager
- “She can’t go to the residential women and children’s program that is funded for CWS families because her child will be 6 years old next October and it’s a year program for mothers with children 5 and under”
 - Residential Treatment Program Director

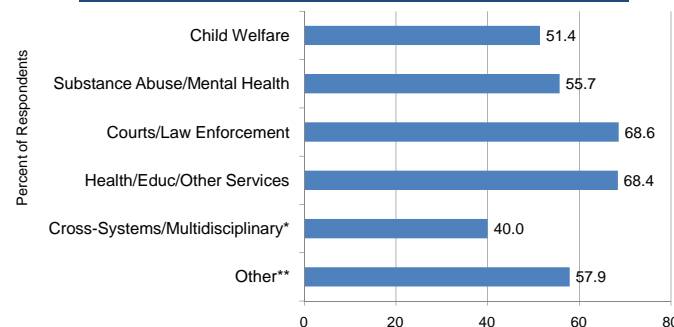
Challenge Area: Telling the *Story*

- The two bottom lines:
 - Prevalence of Substance Abuse in Child Welfare: improving the data to tell an accurate story about the problem
 - Working Upstream: Prevalence of Substance-Exposed Births—we miss most of them

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Q. Approximate percentage of parents reported for child abuse/neglect who have substance abuse problems serious enough to require treatment

Percentage that say 70% – 100% of Parents by Discipline Area

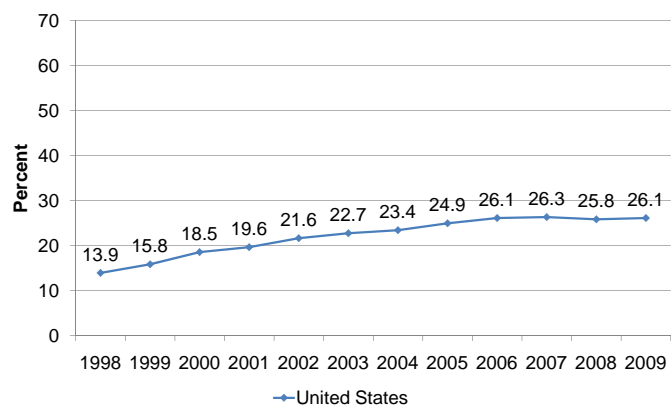


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Parental AOD as Reason for Removal in the United States 1998-2009

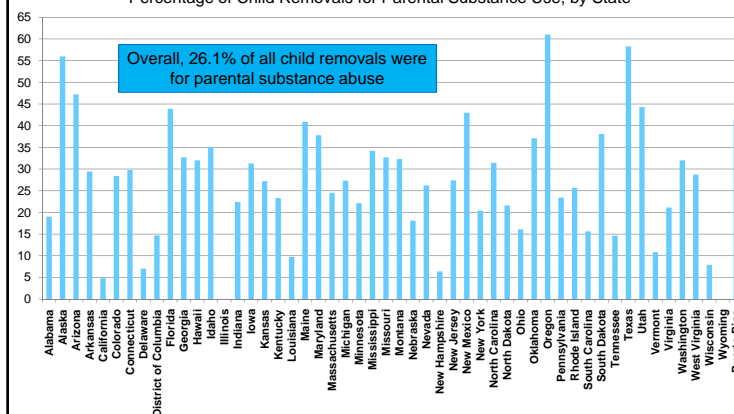


Source: AFCARS Data Files

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14 States reported that the percentage of children removed due to parental alcohol/drug use was less than 15%

Percentage of Child Removals for Parental Substance Use, by State



Source: AFCARS data, 2009

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Prevalence of Substance-Exposed Newborns

Current Substance Use Among Pregnant Women Aged 15-44, 2008-2009 Annual Average*

Past Month Substance Use	1 st Trimester	2 nd Trimester	3 rd Trimester
Any Illicit Drug	8.5%	3.2%	2.2%
Alcohol Use	20.4%	6.5%	3.5%
Binge Alcohol Use	11.9%	0.9%	0.8%
Cigarettes	22.4%	12.6%	11.6%

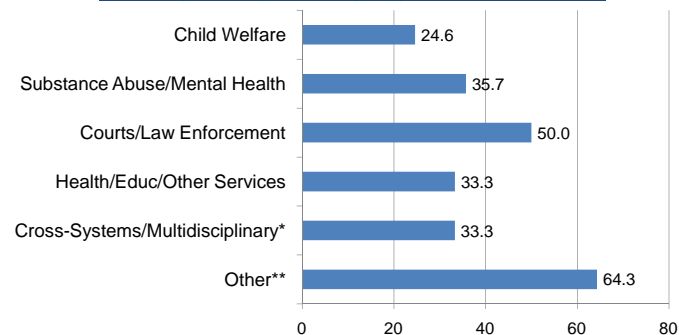
Number of Live Births in 2009: ~4.13 million
600,000 babies prenatally exposed

*National Survey on Drug Use and Health 2009 Detailed Tables

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Q. Child welfare agencies do a good job of linking children to substance abuse prevention services

Percentage that Agree/Strongly Agree, by Discipline Area



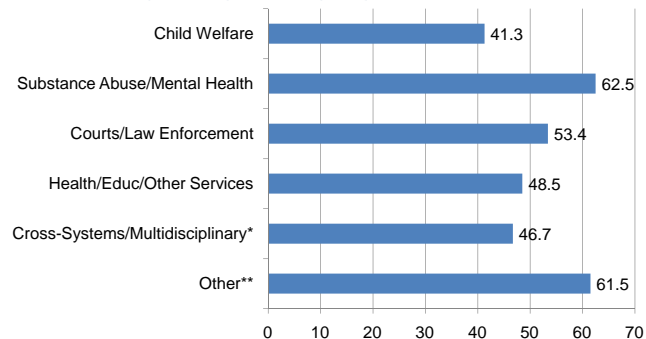
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54

Q. Substance abuse treatment agencies do a good job of responding to the needs of the children of the parents they serve

Percentage that Agree/Strongly Agree, by Discipline Area



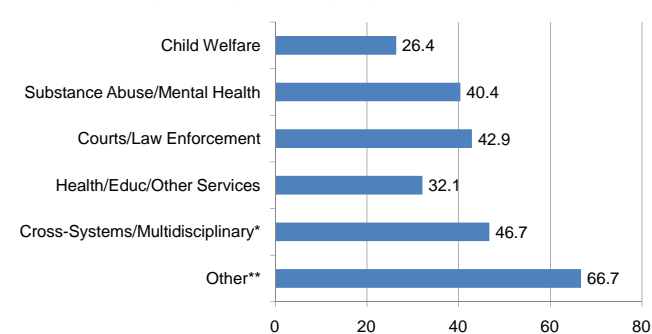
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55

Q. Law enforcement does a good job of linking children and families affected by substance abuse to needed services

Percentage that Agree/Strongly Agree, by Discipline Area



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In the Next 24 Hours, about. . .

- 168,000 children with special needs, including the effects of prenatal substance exposure, will attend high-quality early childhood education programs
- 3,000 parents will enter substance abuse treatment
- 478 children will exit foster care to safe and stable permanent placements
- 340 children will be reunified
- 33 parents/caregivers will graduate from Family Drug Court

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The Challenge of Sustainability in the Current Fiscal Climate

- Today's challenge: Getting data to make the case
 - Need evidence of impact, not head counts
- Tomorrow's challenge: A lot of the innovation in this area is a result of grant funding
- Have we progressed far enough to make the case for sustainability and moving beyond "*project-itis*"
- Looking ahead:
 - Effective interventions die off without continued/renewed support
 - "Project-itis" – staying small, token and marginal

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How we Get Ready . . . Now

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