

**Nebraska's Response to Substance Abusing Parents in Child Welfare:**

**Data and Implications from a Court File Review**

*Pamela Petersen-Baston, MPA*

Through the Eyes of the Child Initiative  
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4940 Irvine Blvd, Suite 202  
Irvine, CA 92620  
1-866-493-2758  
<http://www.ncsacw.samhsa.gov/>

National Center on Substance Abuse and Child Welfare  
Bringing Systems Together for Family Recovery, Safety, and Stability



National Center on Substance Abuse and Child Welfare

A Program of the

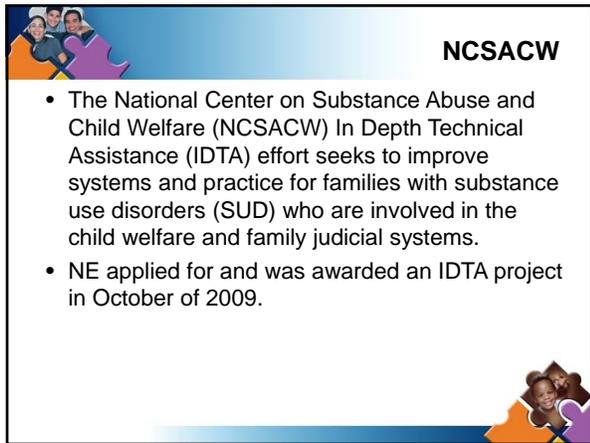
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families  
Children's Bureau  
Office on Child Abuse and Neglect



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
[www.samhsa.gov](http://www.samhsa.gov)



**NCSACW**

- The National Center on Substance Abuse and Child Welfare (NCSACW) In Depth Technical Assistance (IDTA) effort seeks to improve systems and practice for families with substance use disorders (SUD) who are involved in the child welfare and family judicial systems.
- NE applied for and was awarded an IDTA project in October of 2009.

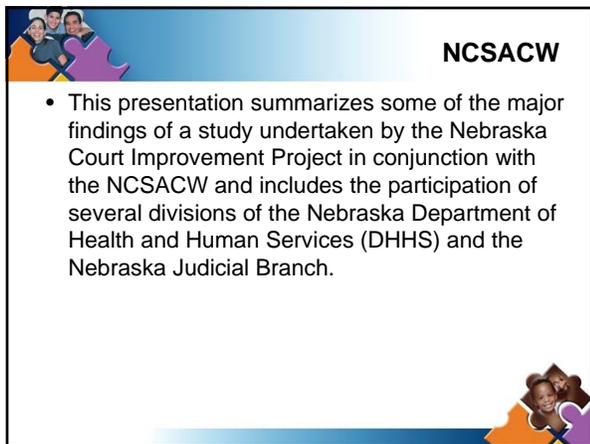


*A Review of Cases that Opened in 2009:*

**Review of some of the major findings of a NE Court Improvement Project study in conjunction with NCSACW**

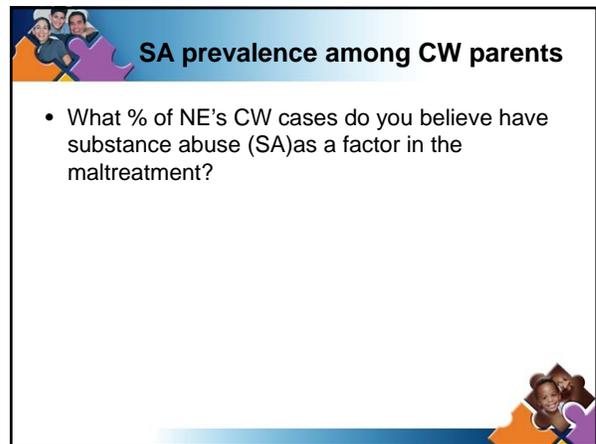


National Center on Substance Abuse and Child Welfare  
Bringing Systems Together for Family Recovery, Safety, and Stability



**NCSACW**

- This presentation summarizes some of the major findings of a study undertaken by the Nebraska Court Improvement Project in conjunction with the NCSACW and includes the participation of several divisions of the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Judicial Branch.



**SA prevalence among CW parents**

- What % of NE's CW cases do you believe have substance abuse (SA) as a factor in the maltreatment?



### SA prevalence among CW parents

- 56% of CW cases had substance abuse (SA) identified as a problem in the case record. Child welfare agencies from other states and localities estimate that up to 80 percent of the families on their caseloads have substance abuse problems.<sup>1</sup>
- Alcohol and drug use is often under-recognized as a factor in CW cases, however, a large body of research documents that substance abuse is a treatable public health problem with a wide range of cost-effective treatment solutions.



### NE's Prevalence

- NE's % is in line with data from national studies that report a range of 33%-66%.<sup>2</sup> The finding of 56% is also in range, albeit on the low side, of the results from a survey of NE judges in June of 2010 that reflected estimates that 50-85% of NE's child welfare cases that come before their courts have parental substance abuse as a factor in the maltreatment



### NE's Prevalence

- NE's finding of 56% is also lower than an informal survey of Nebraska representatives from child welfare, the substance abuse treatment system and the courts that estimated prevalence of:
- 51-75% - (45% of respondents)
- 76% or greater (33% of respondents)



### NE's Prevalence

- Knowing NE's true incidence and prevalence of SUD among parents in its child welfare system is important. Even if NE's current system of identification is missing only 10% of cases with SUD, that translates to 400 families each year that will then be at greater risk of repeat maltreatment, longer out of home placements, delayed reunifications and greater termination of parental rights and the associated human and fiscal costs.



### Removals

- Children were removed from their parents in 84% of the SA cases. This percentage is a bit higher than the national estimates of 66%-70% of out of home placements with substance use as a factor. <sup>3</sup> Importantly, this represents an important area of potential practice change and cost savings for Nebraska if less costly and more innovative solutions are explored.



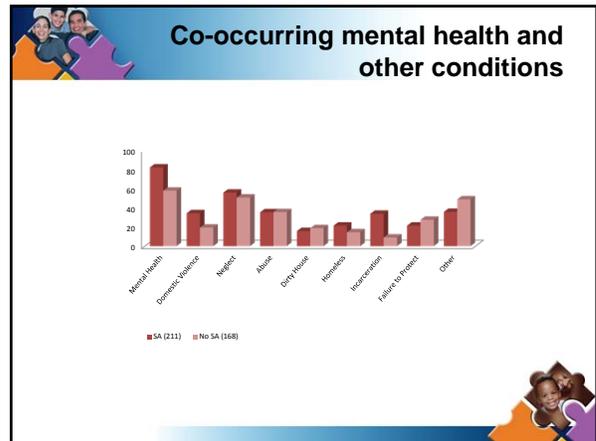
### Innovative Housing Models

- Many other states have experienced success and realized cost savings by using more in-home therapeutic service models as well as innovative housing models for substance affected families that provide intensive family services at rates lower than out of home placement or traditional residential treatment.



### Innovative Housing Models

- A Tennessee family-based drug treatment program has saved taxpayers more than \$2.5 million over 12 years by keeping children with their mothers and out of foster care and an additional \$2 million by keeping addicted mothers out of jail.<sup>4</sup> Other states, such as Georgia, have saved far more using similar models.



### Co-occurring mental health and other conditions

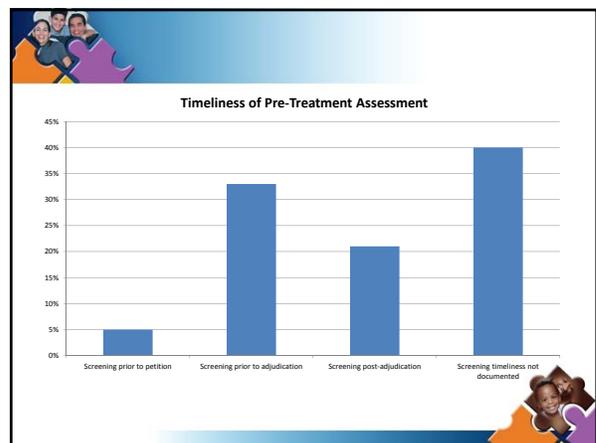
- 85% of parents with SA identified as a factor also had a mental health problem identified. Substance abuse and child maltreatment often co-occur with other problems, including mental illness, domestic violence, poverty, health problems, and prior child maltreatment.<sup>5</sup>

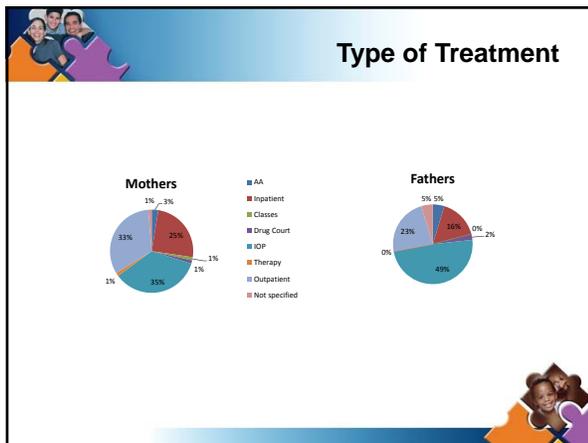
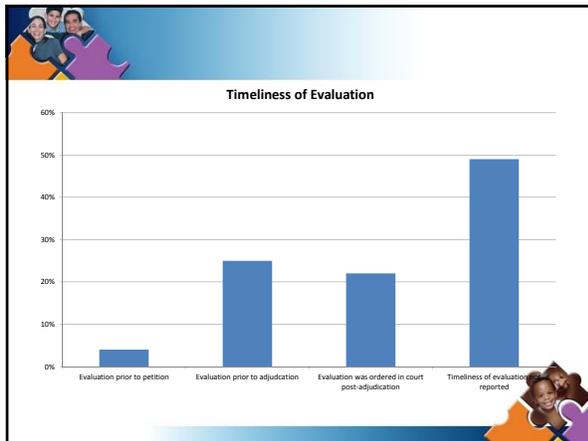
### Co-occurring mental health and other conditions

- These co-occurring problems produce extremely complex situations that can be difficult to resolve without timely and effective treatment. Nebraska's integrated system of behavioral health sets the stage for the delivery of effective treatment as long as these families are identified early and referred to treatment that is evidence-based and delivered by sufficiently qualified and trained professionals.

### Domestic Violence

- 40% of parents with SA identified also had domestic violence identified as an issue in the case. This finding is not surprising and appears to be lower than national averages. The US Department of Justice found that 61% of domestic violence offenders also have substance abuse problems.<sup>6</sup>





### Level of care and dosage?

- It will be important to take a closer look at the actual dosage of treatment that is being provided in the non-intensive level of outpatient treatment to ensure that it is sufficient to address the extent of treatment need that is typically associated with someone whose substance use has risen to the level of contributing to the maltreatment of their own children.

### Sample State Fact Pattern Case History

- Single head of household mother
- Mother's age: 28 yrs old and 7 mos pregnant (and no prenatal care)
- 3 kids (ages 2, 4, and 8)
- Mother's drug use history: (12 year drug-history: heroin, cocaine, alcohol and marijuana)
- Co-occurring MH problems
- Criminal history: (drugs, panhandling, DV)
- Education history: 10<sup>th</sup> grade education no GED
- Employment history and current status: No stable employment- sanctions for no work

### Sample State Fact Pattern Case History cont.

- 2 prior involvements with CW system
- Type of family support available if any: 2 fathers, 1 in jail. Currently no child support. Mother on multiple economic assistance programs
- Living situation: Public housing (may now lose for drug charges)
- Other family challenges: One child has sickle cell anemia
- Family strengths: Unknown at this time

"A core concept that has been evolving with scientific advances over the past decade is that drug addiction is a brain disease that develops over time as a result of the initially voluntary behavior of using drugs. The consequence is virtually uncontrollable compulsive drug craving, seeking and use that interferes with, if not destroys, an individual's functioning in the family and in society. This medical condition demands formal treatment."

Issues In Science and Technology, Spring 2001

## Brains

have been  
*Re-Wired*  
by *Drug Use*

### Addiction affects the brain

**BRAIN RECOVERY WITH PROLONGED ABSTINENCE**

Subject	Abstinence Duration
Healthy Person	-
METH Abuser	1 month abstinence
METH Abuser	14 months abstinence

### Addiction and other Chronic Conditions

**COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES**

Condition	Percent of Patients Who Relapse
Drug Addiction	40 to 60%
Type I Diabetes	50 to 50%
Hypertension	50 to 70%
Asthma	50 to 70%

### Treatment Placement

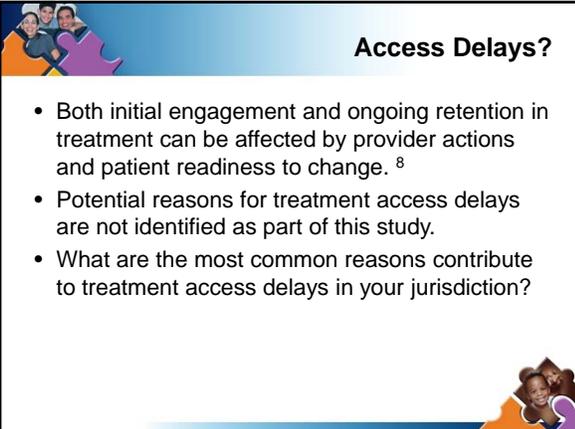
- Matching needs with services:
  - Level 0.5—Early Intervention
  - Level I—Outpatient
  - Level II—Intensive Outpatient/Partial Hospitalization
  - Level III—Residential/Inpatient
  - Level IV—Medically Managed Intensive Inpatient
- Opioid Maintenance Therapy

### Access Delays?

- Study findings suggest that NE's CW parents with identified SA problems may be facing some long delays in accessing treatment. The reasons behind the delays (whether the client was in jail, uncooperative or if the delay was due to a system lag) are unknown.
- What does access time to treatment look like in your jurisdiction?

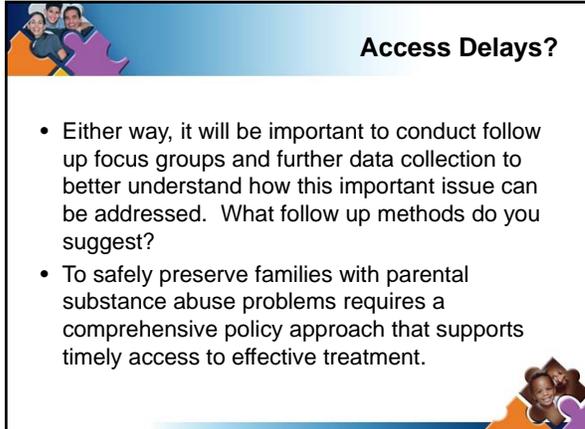
### Access Delays?

- Both initial engagement and ongoing retention in treatment can be affected by provider actions and patient readiness to change. <sup>8</sup>
- Potential reasons for treatment access delays are not identified as part of this study.
- What are the most common reasons contribute to treatment access delays in your jurisdiction?



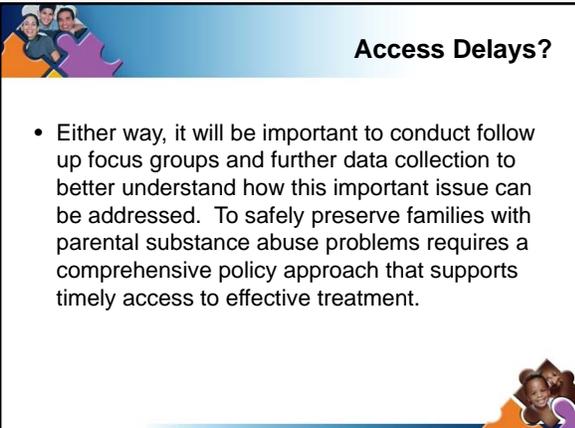
### Access Delays?

- Either way, it will be important to conduct follow up focus groups and further data collection to better understand how this important issue can be addressed. What follow up methods do you suggest?
- To safely preserve families with parental substance abuse problems requires a comprehensive policy approach that supports timely access to effective treatment.



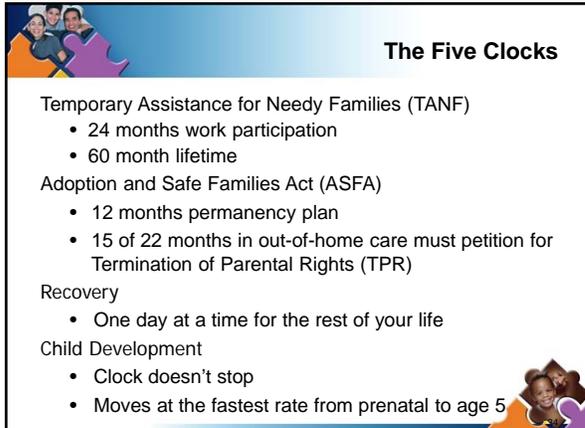
### Access Delays?

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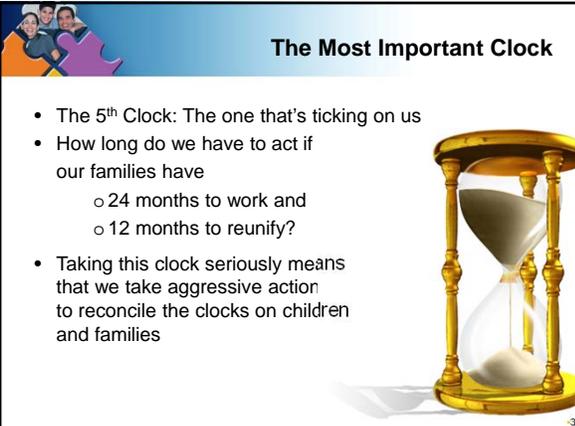
### The Five Clocks

- Temporary Assistance for Needy Families (TANF)
  - 24 months work participation
  - 60 month lifetime
- Adoption and Safe Families Act (ASFA)
  - 12 months permanency plan
  - 15 of 22 months in out-of-home care must petition for Termination of Parental Rights (TPR)
- Recovery
  - One day at a time for the rest of your life
- Child Development
  - Clock doesn't stop
  - Moves at the fastest rate from prenatal to age 5



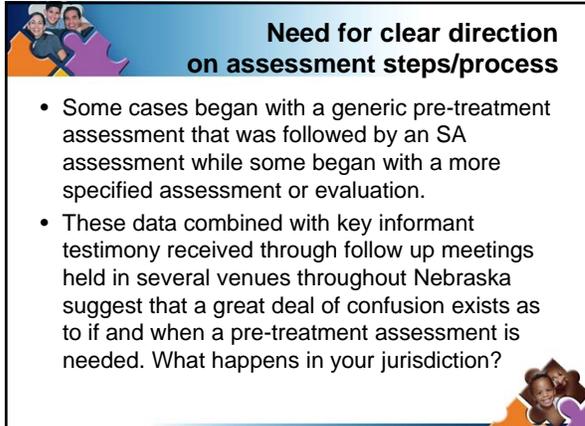
### The Most Important Clock

- The 5<sup>th</sup> Clock: The one that's ticking on us
- How long do we have to act if our families have
  - 24 months to work and
  - 12 months to reunify?
- Taking this clock seriously means that we take aggressive action to reconcile the clocks on children and families

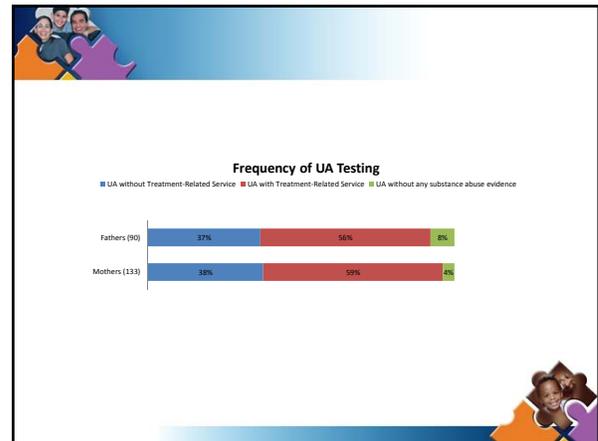
### Need for clear direction on assessment steps/process

- Some cases began with a generic pre-treatment assessment that was followed by an SA assessment while some began with a more specified assessment or evaluation.
- These data combined with key informant testimony received through follow up meetings held in several venues throughout Nebraska suggest that a great deal of confusion exists as to if and when a pre-treatment assessment is needed. What happens in your jurisdiction?



### Expedited process

- It may make sense for parents that volunteer or request treatment to bypass a screening process and go straight to assessment so that entry to needed treatment can be expedited.
- Policy and practice clarification may be needed to address this potential barrier, particularly in rural areas where screening appointments were reported to take several weeks to effectuate.

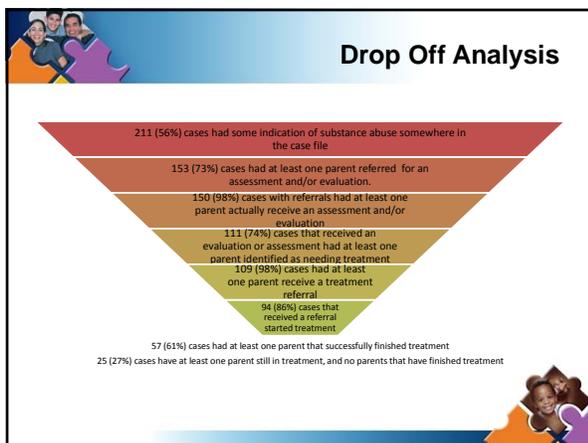


### Drug Testing

- Drug testing is an important tool to assist in the identification of SUDs and simply identifies the level of alcohol and/or drugs in a parent's system at a single point in time.
- Drug testing alone does not provide enough information to determine the need for treatment, the level of safe parenting or the level and type of services needed by the affected family.

### Drug Testing

- Nor does drug testing equate with treatment. More study is needed on this issue to understand the implications of these data and to identify and implement possible solutions.



### Drop Off

- While "drop-off" is expected in any system, a more in-depth follow up is needed to better understand the reasons behind the drop off so that relevant solutions can be planned and implemented.
- One thing is certain, parents with substance use disorders may drop off the path to treatment but their substance use problems and the associated impacts on parenting do not drop off along with them.

## Where should NE go from here to continue its performance improvement efforts?



Helping Systems Support the Family, Recovery, Safety, and Stability

### Pre-Treatment Steps

- To meet generally acceptable “reasonable clinical efforts” standards, screening and assessment should be timely and capitalize on the individual’s motivation and readiness factors.
- If this is an issue in NE, what can be done?
- NIATx rapid access processes? Policy clarification? Development of a clear policy, practice and process protocol?

### Important Treatment Considerations for Reasonable Clinical Efforts

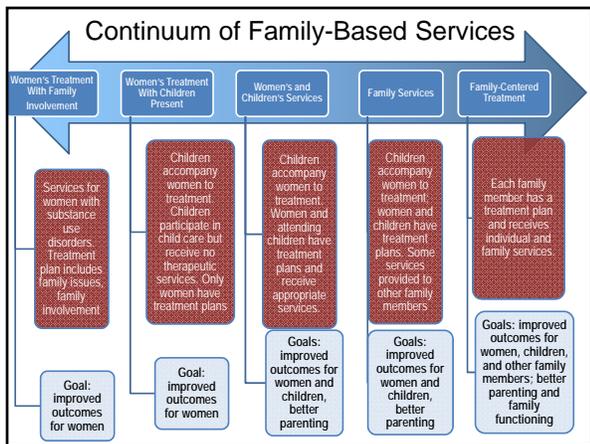
- The right level of care should be made available (service aligns with the level of need) or a back up plan (including recovery support) should be put in place if the right LOC is not immediately available. The treatment should also be:
  - Evidence-based.
  - Individualized and family focused.
  - Gender specific.
  - Trauma-informed or trauma-specific.
- What would this mean for NE?



### Family-Centered Treatment for Women With Substance Use Disorders: History, Key Elements and Challenges



[http://womenandchildren.treatment.org/documents/Family\\_Treatment\\_Paper508V.pdf](http://womenandchildren.treatment.org/documents/Family_Treatment_Paper508V.pdf)



### Treatment Effectiveness: National Treatment Improvement Evaluation Study (NTIES)

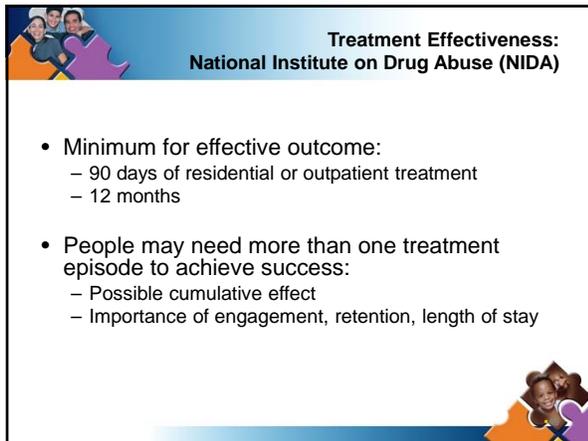
**Results:**

- Reduced alcohol and other drug use.
- Lasting benefits

**After 1 year of treatment:**

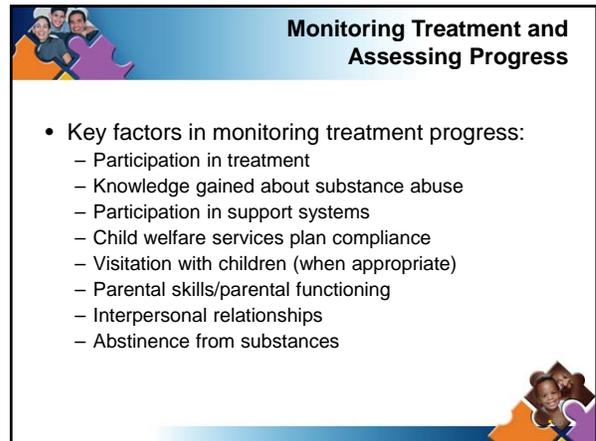
- Increases in employment and income,
- Improvements in mental and physical health,
- Decreases in criminal activity, homelessness, and behaviors that put them at risk for HIV infection

New studies are looking at Medicaid claims data to quantify cost offsets that follow successful SA treatment. NE is well-poised for this.



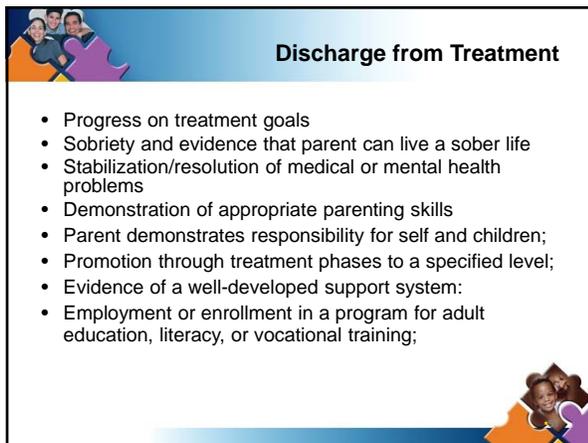
### Treatment Effectiveness: National Institute on Drug Abuse (NIDA)

- Minimum for effective outcome:
  - 90 days of residential or outpatient treatment
  - 12 months
- People may need more than one treatment episode to achieve success:
  - Possible cumulative effect
  - Importance of engagement, retention, length of stay



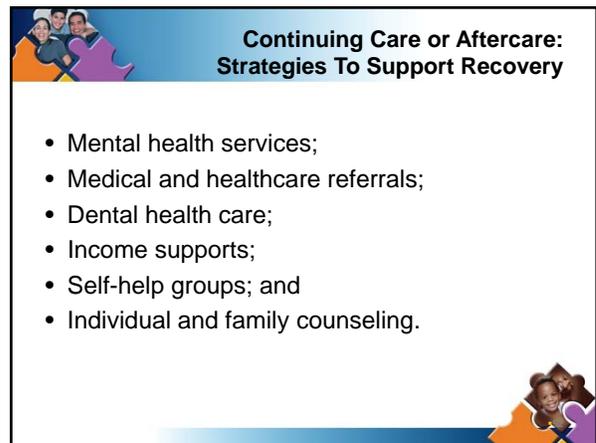
### Monitoring Treatment and Assessing Progress

- Key factors in monitoring treatment progress:
  - Participation in treatment
  - Knowledge gained about substance abuse
  - Participation in support systems
  - Child welfare services plan compliance
  - Visitation with children (when appropriate)
  - Parental skills/parental functioning
  - Interpersonal relationships
  - Abstinence from substances



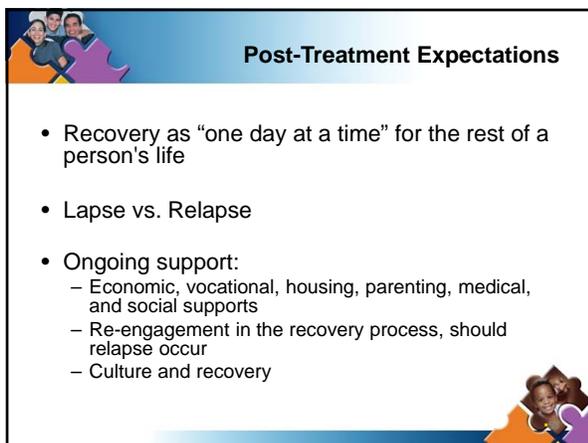
### Discharge from Treatment

- Progress on treatment goals
- Sobriety and evidence that parent can live a sober life
- Stabilization/resolution of medical or mental health problems
- Demonstration of appropriate parenting skills
- Parent demonstrates responsibility for self and children;
- Promotion through treatment phases to a specified level;
- Evidence of a well-developed support system;
- Employment or enrollment in a program for adult education, literacy, or vocational training;



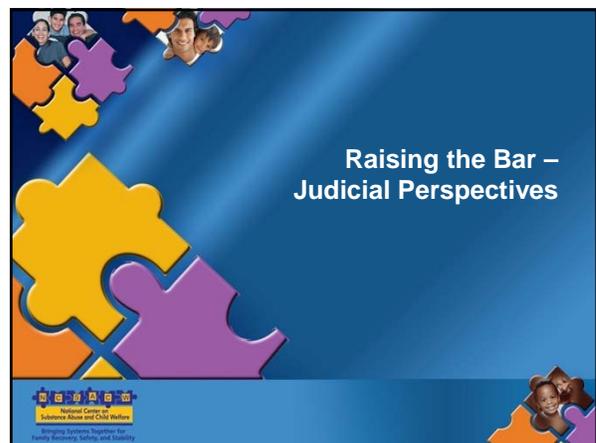
### Continuing Care or Aftercare: Strategies To Support Recovery

- Mental health services;
- Medical and healthcare referrals;
- Dental health care;
- Income supports;
- Self-help groups; and
- Individual and family counseling.



### Post-Treatment Expectations

- Recovery as “one day at a time” for the rest of a person’s life
- Lapse vs. Relapse
- Ongoing support:
  - Economic, vocational, housing, parenting, medical, and social supports
  - Re-engagement in the recovery process, should relapse occur
  - Culture and recovery



### Raising the Bar – Judicial Perspectives

National Center for  
Substance Abuse and Child Welfare  
Bringing Systems Together for  
Family Recovery, Safety, and Stability

## Judicial Leadership



A new metaphor for judicial leadership

### Judge as orchestra conductor.

All the professional voices work together, coordinated by the judge, to create an integrated chorus with one message -

*Heal the family.*

## Child-Centered Court: Resources



Helping Babies from the Bench: Using the Science of Early Childhood Development in Court - DVD



Child-Centered Practices for the Courtroom & Community

By Lynn F. Katz, Cindy S. Lederman, and Joy D. Ososky (2011)

To request a copy of this DVD, visit: [www.zerotothree.org](http://www.zerotothree.org)

Available at: [www.Amazon.com](http://www.Amazon.com)

## Resources



National Center on Substance Abuse and Child Welfare  
Bringing Systems Together for Family Recovery, Safety and Stability

## Training and Staff Development

NCSACW online tutorials

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*

SCREENING AND ASSESSMENT FOR FAMILY ENGAGEMENT, RETENTION, AND RECOVERY (SAFERRI)



Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts



<http://www.ncsacw.samhsa.gov/resources/default.aspx>

Drug Testing in Child Welfare: Practice and Policy Considerations



Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts  
Considerations for Program Designers and Evaluators



<http://www.ncsacw.samhsa.gov/resources/default.aspx>



## Contact Information

Pamela Petersen-Baston, MPA, CAP,  
CPP  
828 894 6424

For National Center on Substance Abuse and Child Welfare Resources:  
1-866-493-2758  
<http://ncsacw.samhsa.gov>



## Questions and Discussion



## Citations

1. <http://www.policyforresults.org/en/Topics/Policy-Areas/Children-Safe-Supportive-Successful-Families/Increase-Exits-from-Foster-Care-to-REUNIFICATION/Exits-to-REUNIFICATION/What-Works/Strategies/Increase-Timely-Access-to-Substance-Abuse-Treatment.aspx>
2. Young, Gardner, & Dennis, 1998; Semidei, Radel, & Nolan, 2001.
3. Jaudes, P. K., Ekwo, E., & Van Voorhis, J. (1995). Association of drug abuse and child abuse. *Child Abuse and Neglect*, 19(9), 1065-1075
4. [http://www.renewalhouse.org/our\\_impact](http://www.renewalhouse.org/our_impact)
5. U.S. Department of Health and Human Services. (1999).
6. Collins, James J. and Donna L. Spencer. (2002) "Linkage of Domestic Violence and Substance Abuse Services, Research in Brief, Executive Summary." U.S. Department of Justice.

