



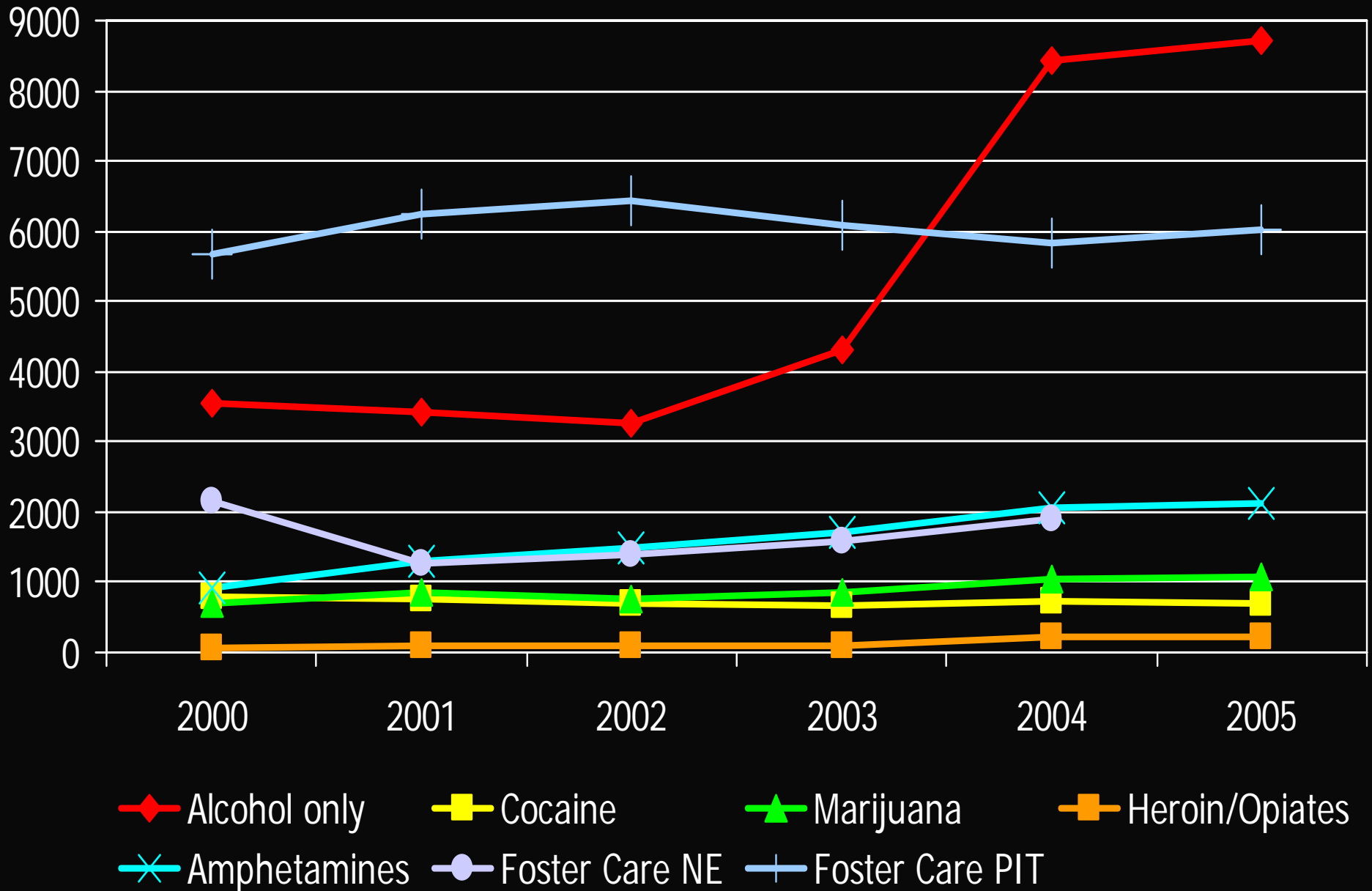
Foster Care, Methamphetamine and Child Welfare

Nebraska Family Impact Seminar
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Nebraska Admissions by Primary Substance and Foster Care Point-in-Time



What Is the Relationship?

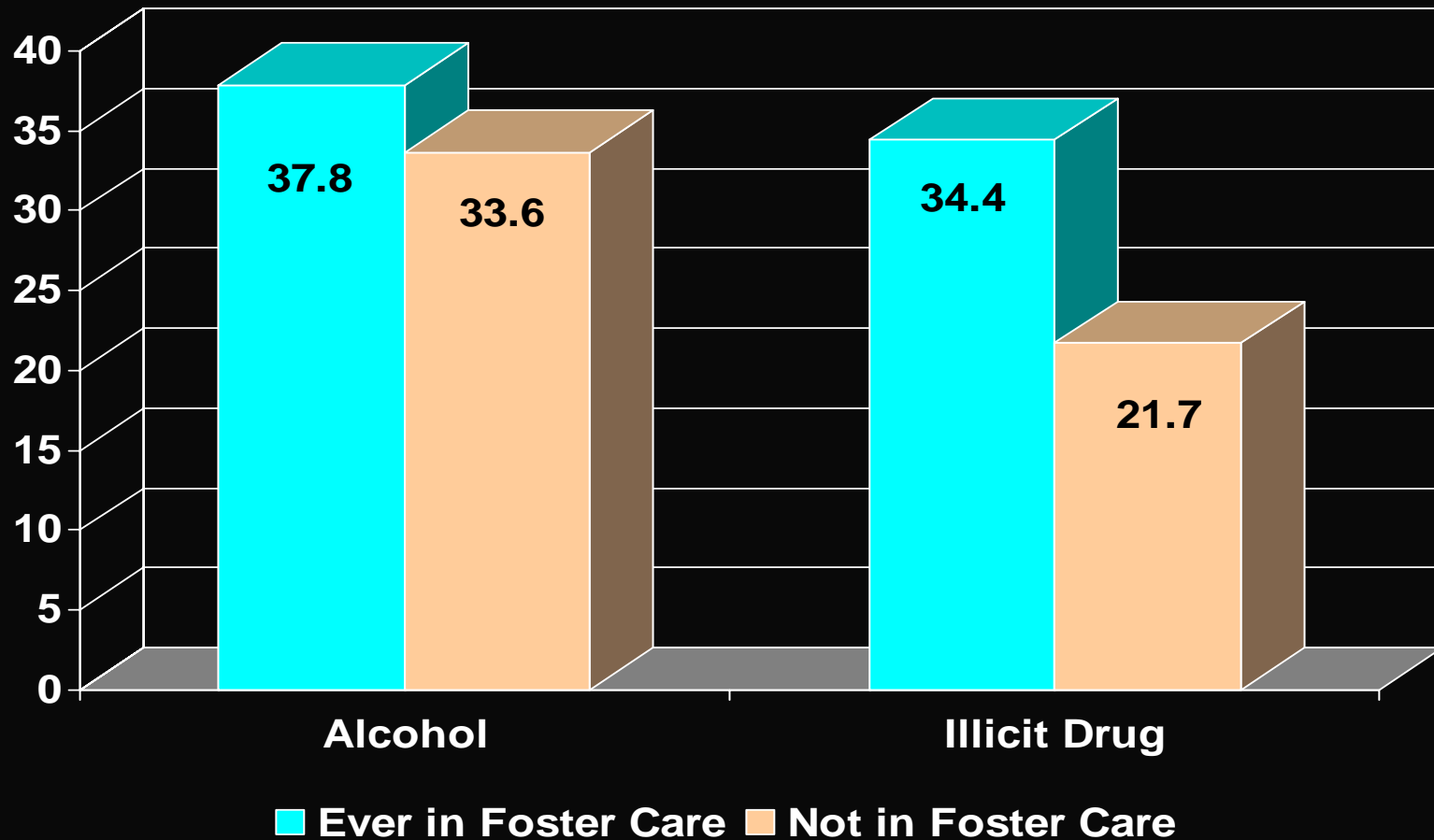
- It is not solely the use of a specific substance that affects the child welfare system; it is a complex relationship between
 - The substance use pattern
 - Variations across States and local jurisdictions regarding policies and practices
 - Knowledge and skills of workers
 - Access to appropriate health and social supports for families

Key Questions

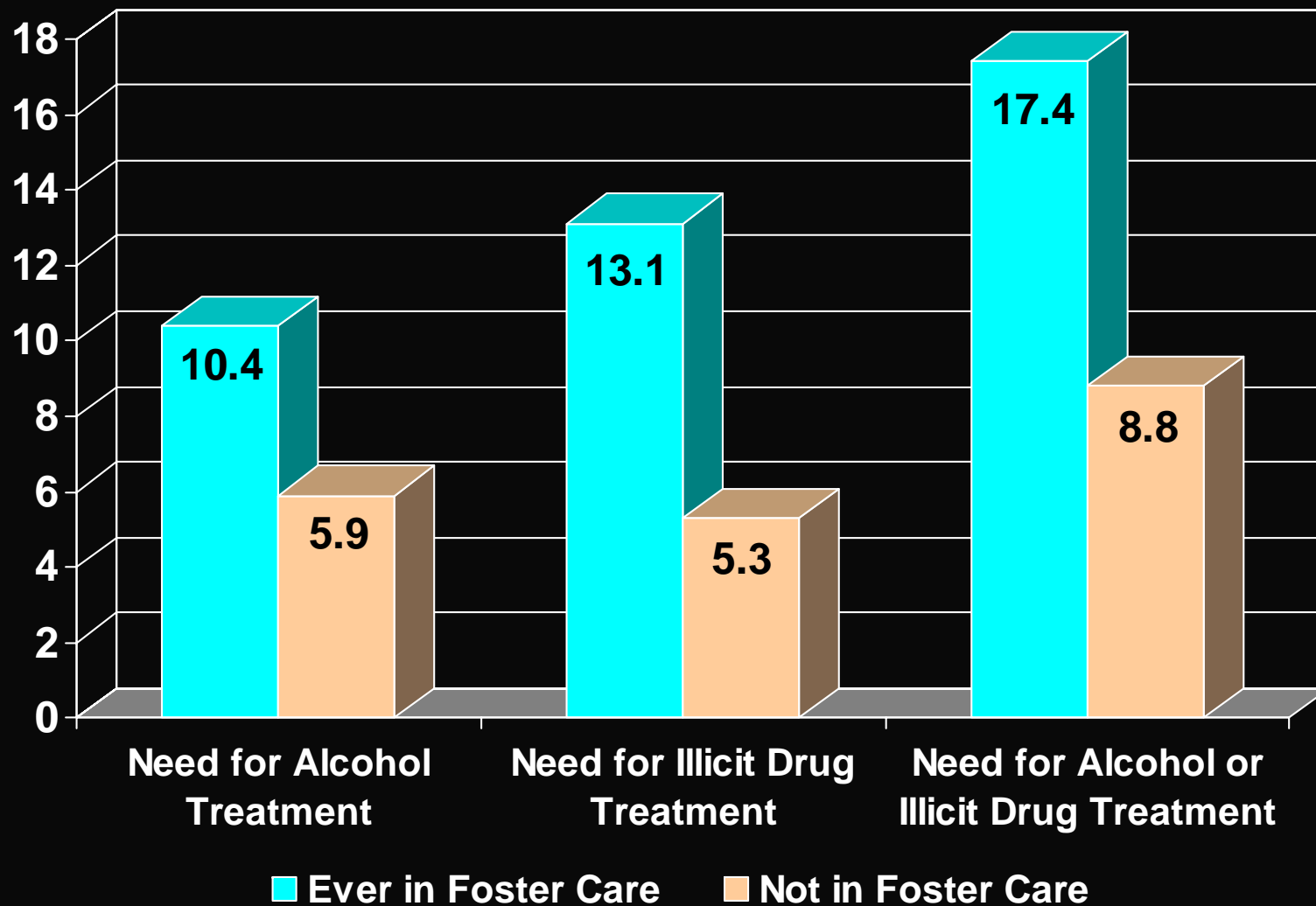
- **How many child welfare cases involve a caregiver with a substance use disorder? (40-80%)**
- **How many parents in treatment have children? (59%)**
 - **How many had a child removed? (22%)**
 - **How many had a child removed and lost parental rights? (10%)**
 - **How many have open cases?**
 - **How many are “at risk” for child abuse or neglect?**

Past Year Substance Use by Youth Age 12 to 17

Compared to African-American Youth, Caucasians were more likely to use alcohol (41.4% versus 29.8%) and illicit drugs (36.2% versus 26.7%)

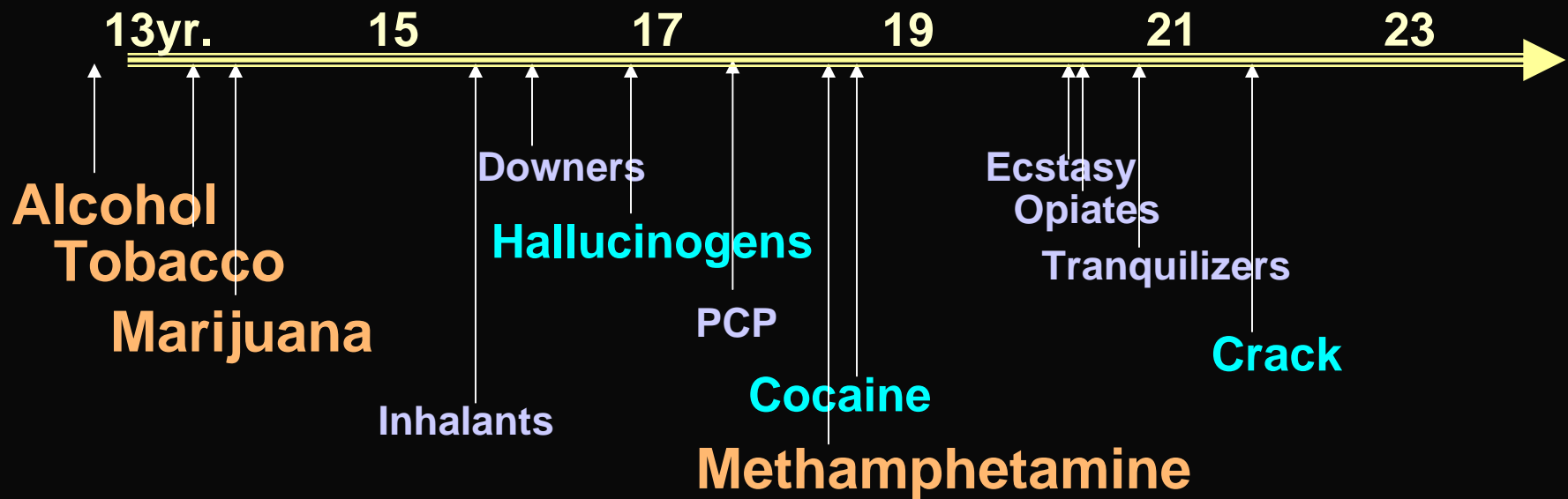


Percent of Youth Ages 12 to 17 Needing Substance Abuse Treatment by Foster Care Status



Methamphetamine

Average Age First Use of Substance



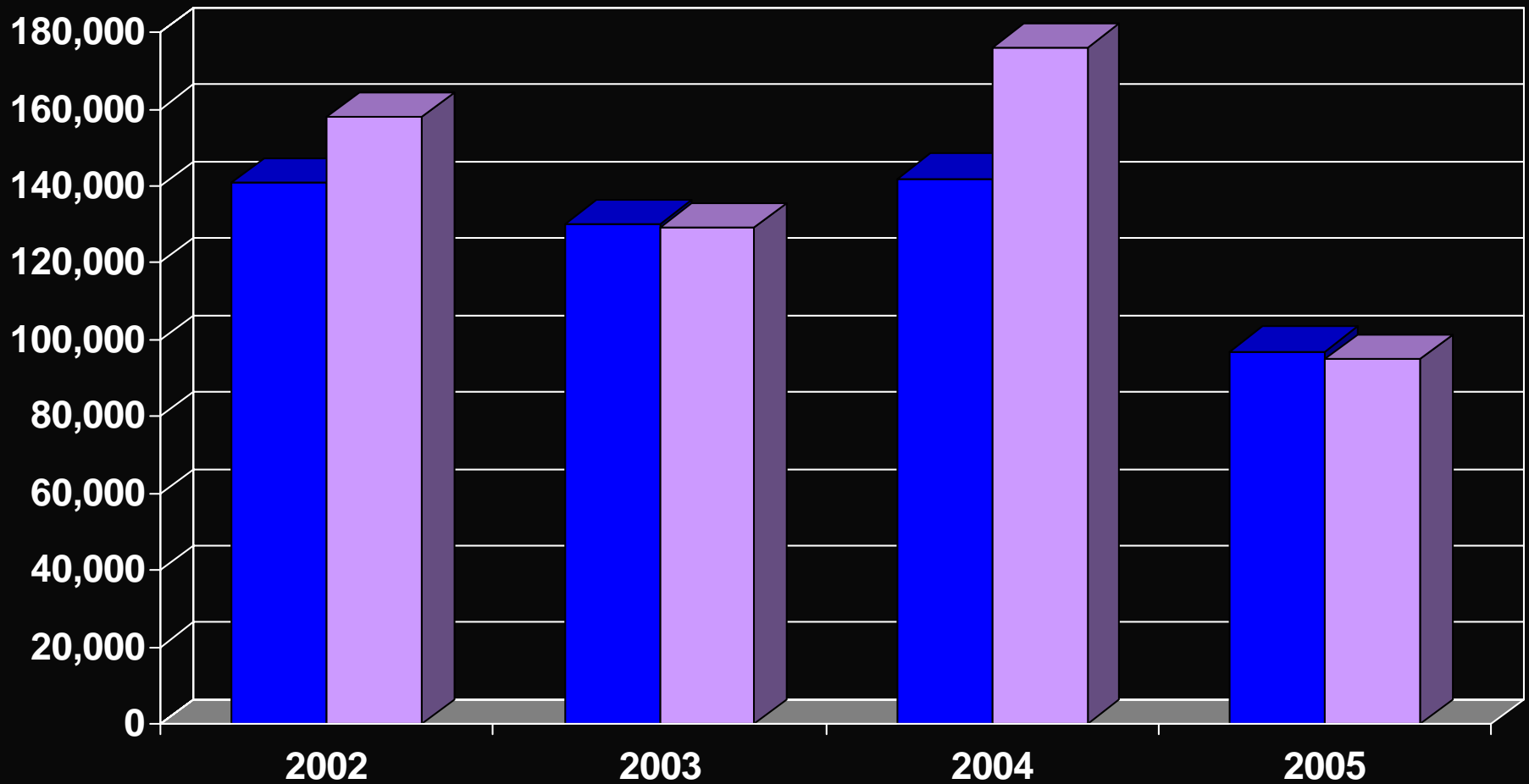
97-100% have used
Over 50% have used
Less than 50% have used

Trends in Past Year Initiation of Methamphetamine Use

Among Persons Aged 12 or Older, by Gender: 2002-2005

■ Male

■ Female



Source: SAMHSA, OAS (2007)

Risks to Children When Parents Use Methamphetamine

- Parent uses or abuses methamphetamine
- Parent is dependent on methamphetamine
- Parent “cooks” small quantities of meth
- Parent involved in trafficking
- Parent involved in super lab
- Mother uses meth while pregnant

Histories of Violence among Clients Treated for Methamphetamine

- Persons in treatment for methamphetamine reported high rates of violence
 - 85% women vs. 69% men
- The most common source of violence:
 - For women, was a partner (80%)
 - For men, was strangers (43%)
- History of sexual abuse and violence:
 - 57% women vs. 16% men

Prevalence of Co-Occurring Problems, and Violence and Trauma

- Women in treatment 2 times more likely to have history of sexual and physical abuse than general population
- Women who are dependent on meth usually have more severe problems than their male counterparts in many areas of their life
- Speaks to the need for comprehensive, and trauma-related services

Gender Differences and Implications for Treatment

- Co-occurring mental health issues complicate treatment and require longer duration for treatment
- Violence linked to meth use is related to trauma and safety needs which must be addressed in treatment
- Body image and nutrition need to be addressed

CSAT's Methamphetamine Treatment Project

- Largest randomized clinical trial of treatment for meth dependence
- Compared the MATRIX manualized treatment model developed at UCLA to treatment as usual
- 8 study sites; site in HI was all women

Matrix Model

- Intensive outpatient setting
- Three to five visits per week of comprehensive counseling for at least the first three months
- Cognitive behavioral approach
- Contingency management

Urinalysis Results

Results of UA tests at discharge, 6 months and 12 months post admission *

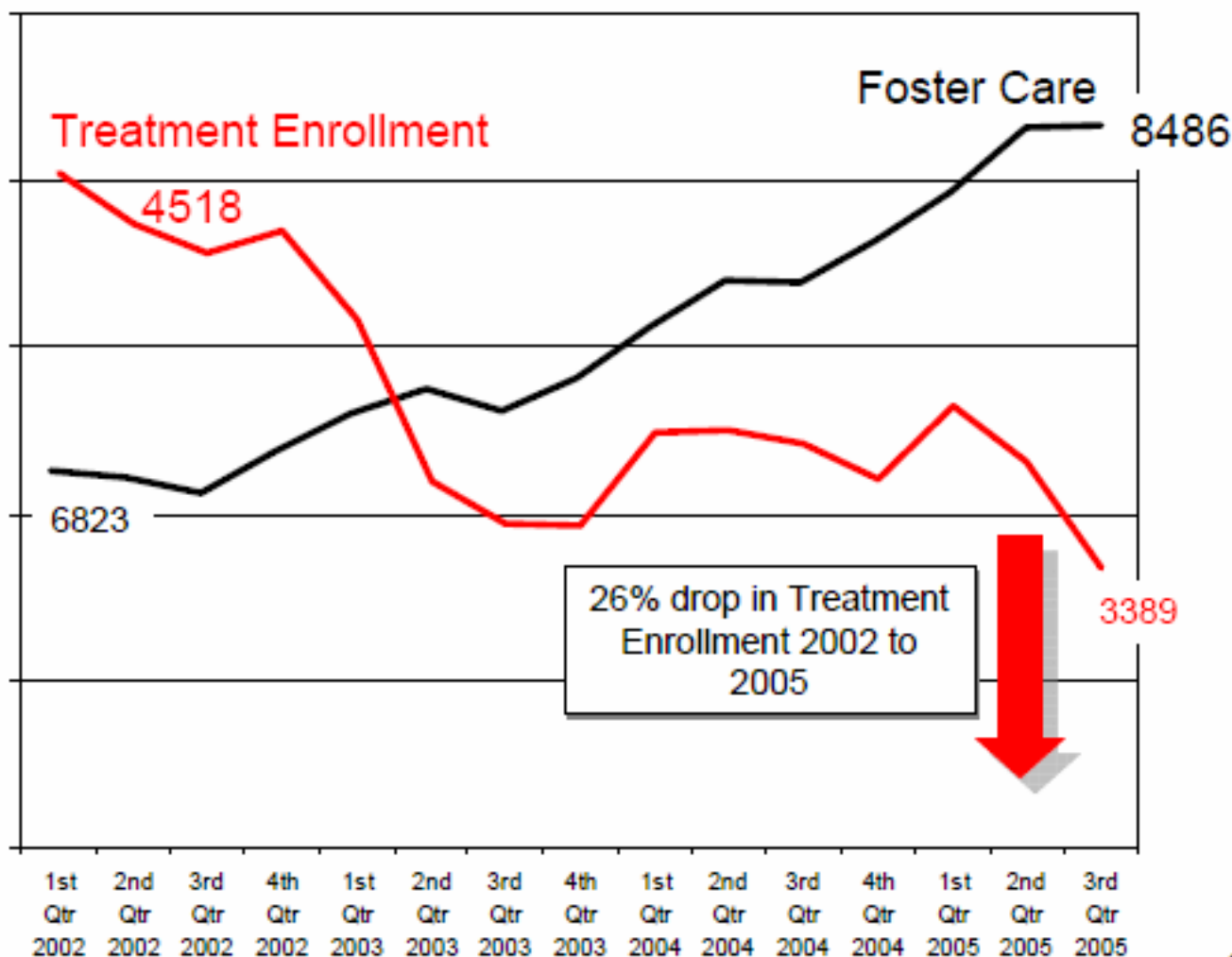
	<u>Matrix Group</u>	<u>TAU Group</u>
D/C:	66% MA-free	65% MA-free
6 mo:	69% MA-free	67% MA-free
12 mo:	59% MA-free	55% MA-free

*Over 80% follow-up rate in both groups at all points

Similar Outcomes

- Treatment outcomes do not differ from other drugs of abuse
- Treatment outcomes have more to do with the quantity and quality of treatment than type of drug abused

Oregon Average Monthly Treatment Enrollment and Average Daily Foster Care by Quarterly Averages 2002-2005



As publicly-funded Treatment access has declined the volume of out-of-home placements has increased.

In 2000, Child Welfare was spending \$7,000 per month on U.A.'s. In 2005 Child Welfare is now spending \$80,000 a month on U.A.'s. Most child welfare cases aren't sexual abuse, rather most cases are substance abuse & neglect.

Elements of System Linkages

Navigating the Pathways

(TAP 27) published by CSAT

- A framework for defining elements of collaboration
 - To define linkage points across systems
 - To describe the components of the initiative
- Methods to assess effectiveness of collaborative work
 - To assess the progress in implementation
 - To assist sites in measuring their implementation

Framework and Policy Tools for Systems Change

- **10 Element Framework**
- **Matrix of Progress in Linkages**
- **Collaborative Values Inventory**
- **Collaborative Capacity Instrument**
- **Screening and Assessment for Family Engagement, Retention and Recovery -- SAFERR**

10 Element Framework

- Underlying values
- Daily practice – screening and assessment
- Daily practice – client engagement and retention in care
- Daily practice – AOD services to children
- Joint accountability and shared outcome
- Information systems
- Training and staff development
- Budgeting and program sustainability
- Working with related agencies
- Building community supports

In-Depth Technical Assistance

■ Round 1

- Colorado
- Florida
- Michigan
- Virginia

■ Round 2

- Arkansas
- Massachusetts
- Minnesota
- Squaxin Island Tribe

■ Round 3

- New York – Texas – Maine (partial)

In-Depth Technical Assistance

- State products
 - Interagency agreements
 - Communication protocols
 - Screening and assessment protocols
 - Statements of shared values
 - Joint outcome measures
 - Strategic plans
 - Training initiatives
 - Tribal community resources

Framework and Policy Tools for Systems Change

- **10 Element Framework**
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- **Collaborative Capacity Instrument**
- **Screening and Assessment for Family Engagement, Retention and Recovery -- SAFERR**

SAFERR is based on the premise that when parents misuse substances and maltreat their children, the only way to make sound decisions is to draw from the talents and resources of at least three systems: child welfare, alcohol and drugs, and the courts.

Principles

- The problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.
- Success is possible and feasible. Staff in child welfare, substance abuse, and court systems have the desire and potential to change individual lives and create responsible public policies.
- Family members are active partners and participants in addressing these urgent problems.

Premises

1. The team is the tool, and people, not tools, make decisions
2. The family is the focus of concern
3. Problems don't come in discrete packages; they are jumbled together
4. Assessment is not a one-person responsibility

Premises

5. Information is limited, and there is no research-based answer
6. There is no time to lose
7. ICWA creates specific guidelines for working with American Indian populations
8. Developing and sustaining effective collaborations is hard work

Family Drug Treatment Courts

Recent Evaluation by NPC Research

- **Length of time** – time to FTDC entry and time to treatment entry meant increased likelihood of FTDC graduation, longer treatment stays and treatment completion
- **Completion** – FTDC graduation, longer stays in treatment, and treatment completion meant more likely to reunify and less likely to TPR
- **Implications** – engagement and retention of parents in FTDC and treatment is critical

Sacramento County's Comprehensive Reform

Five Components of Reform

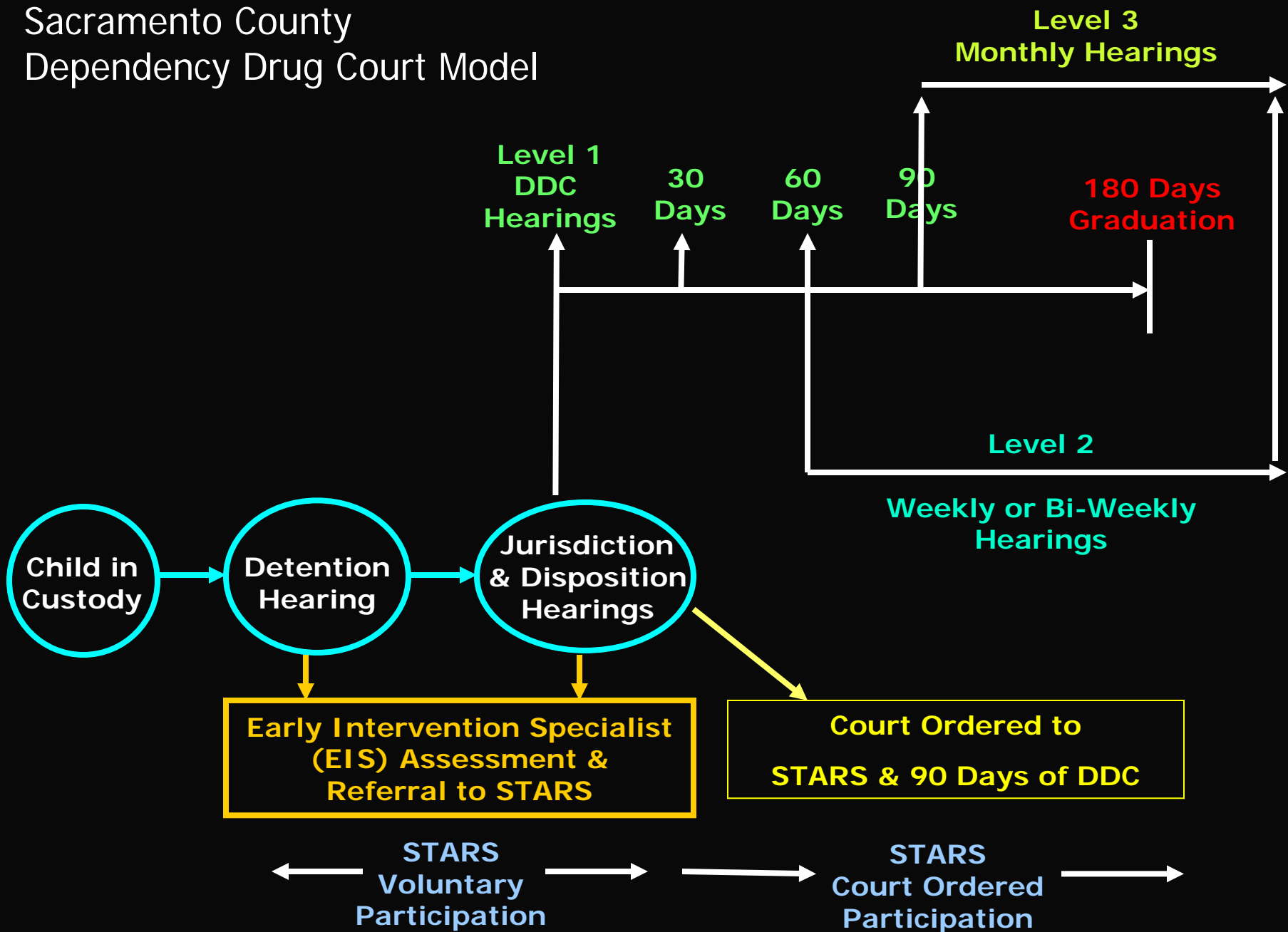
1. Comprehensive cross-system joint training
2. Substance Abuse Treatment System of Care
3. Early Intervention Specialists
4. Recovery Management Specialists (STARS)
5. Dependency Drug Court

Reforms have been implemented over the past eleven
years

Models of Family Drug Treatment Courts

- Integrated (e.g., Santa Clara, Reno, Suffolk)
 - Both dependency matters and recovery management conducted in the same court with the same judicial officer
- Dual Track (e.g., San Diego)
 - Dependency matters and recovery management conducted in same court with same judicial officer during initial phase
 - If parent is noncompliant with court orders, parent may be offered DDC participation and case may be transferred to a specialized judicial officer who increases monitoring of compliance and manages only the recovery aspects of the case
- Parallel (e.g., Sacramento)
 - Dependency matters are heard on a regular family court docket
 - Specialized court services offered before noncompliance occurs
 - Compliance reviews and recovery management heard by a specialized court officer

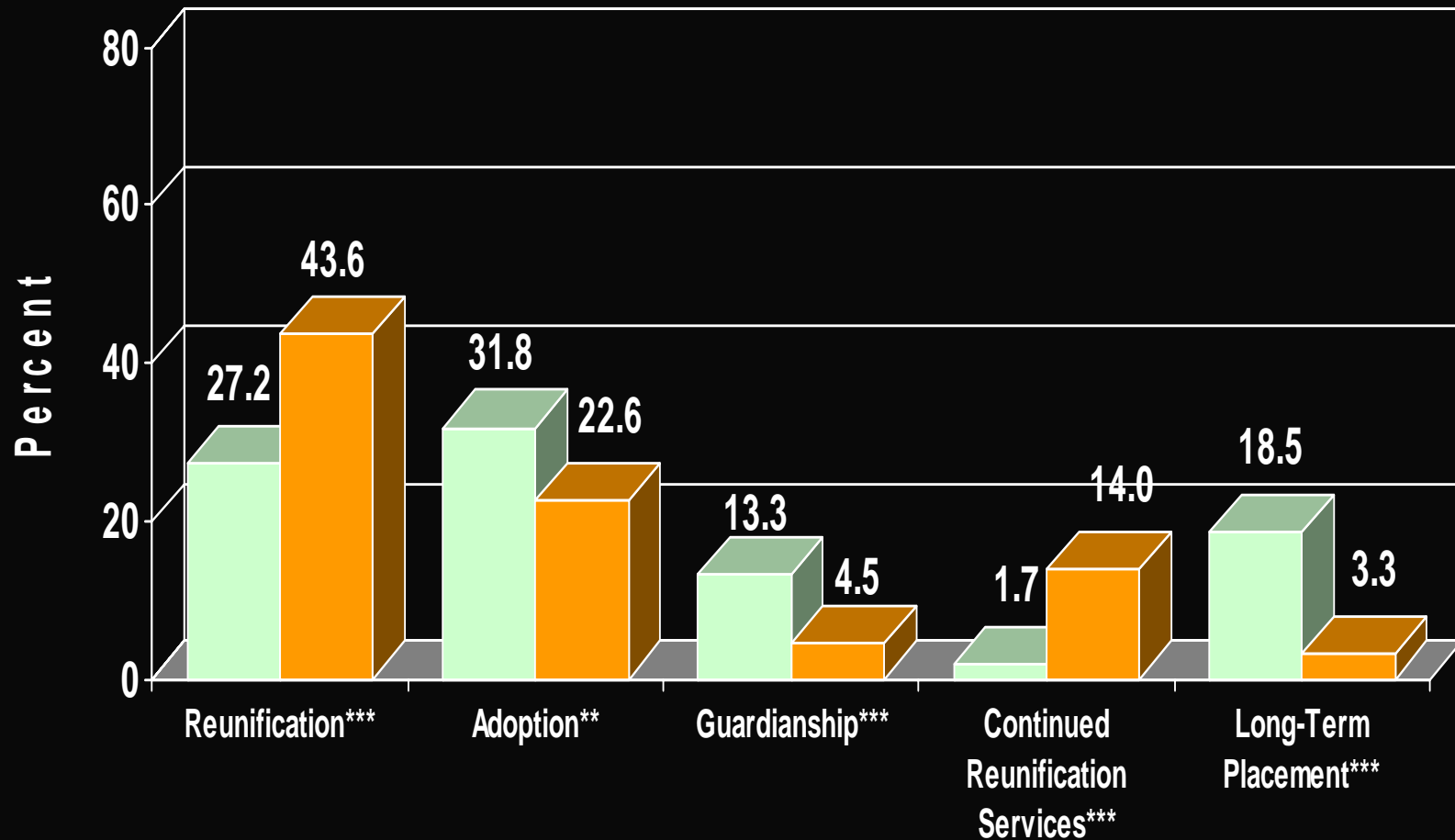
Sacramento County Dependency Drug Court Model



Sacramento County Prior to Dependency Drug Court

- 18.5% reunification rate
- Parents unable to access AOD treatment
- Social workers, attorneys, courts often uninformed on parent progress
- Drug testing not uniform and results often delayed

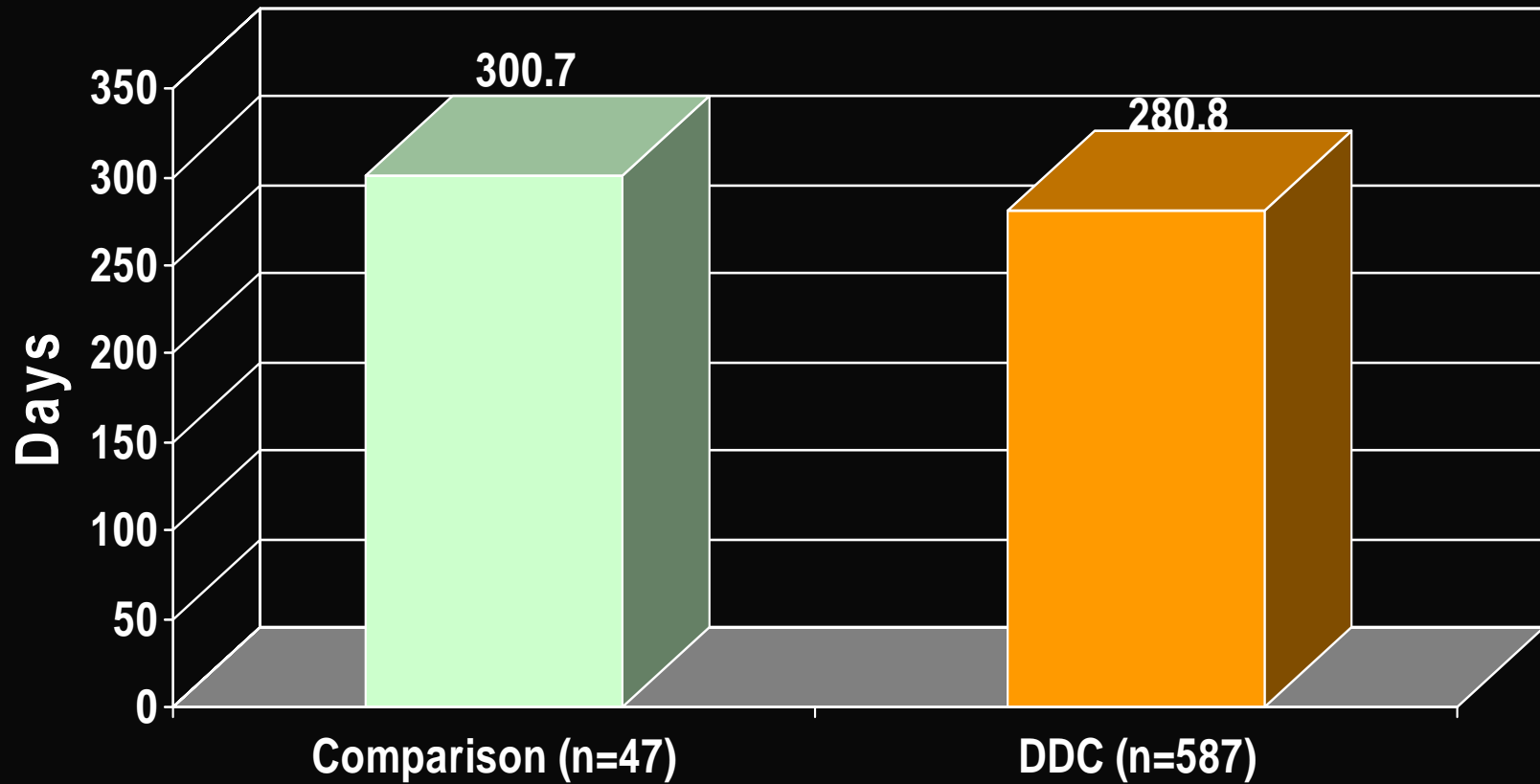
24-Month Child Placement Outcomes



p<.01; *p<.001

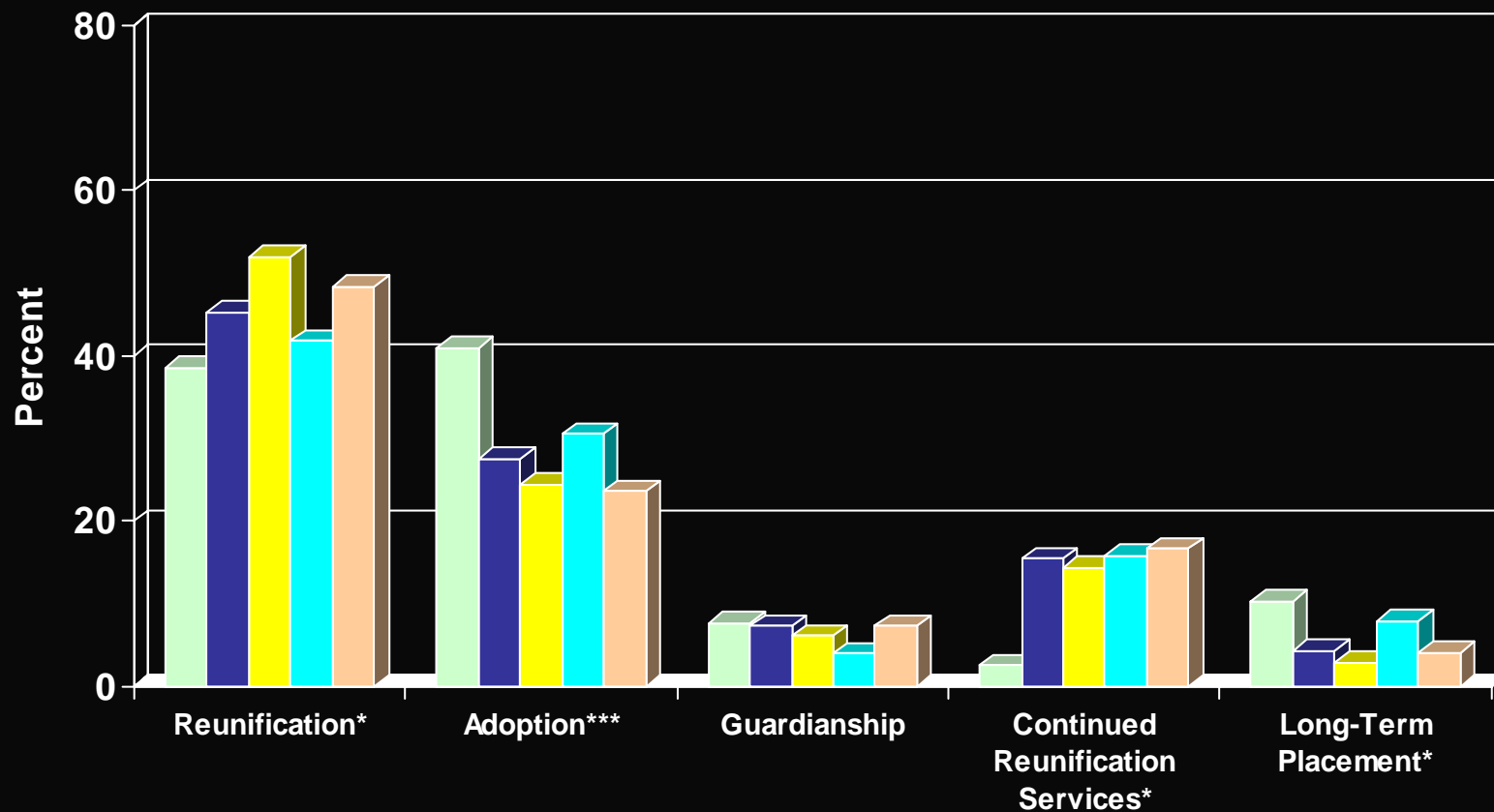
■ Comparison (n=173) ■ DDC (n=1346)

Time to Reunification at 24 Months



n.s.

24-Month Child Placement Outcomes by Parent Primary Drug Problem



■ Heroin (n=39)

■ Alcohol (n=232)

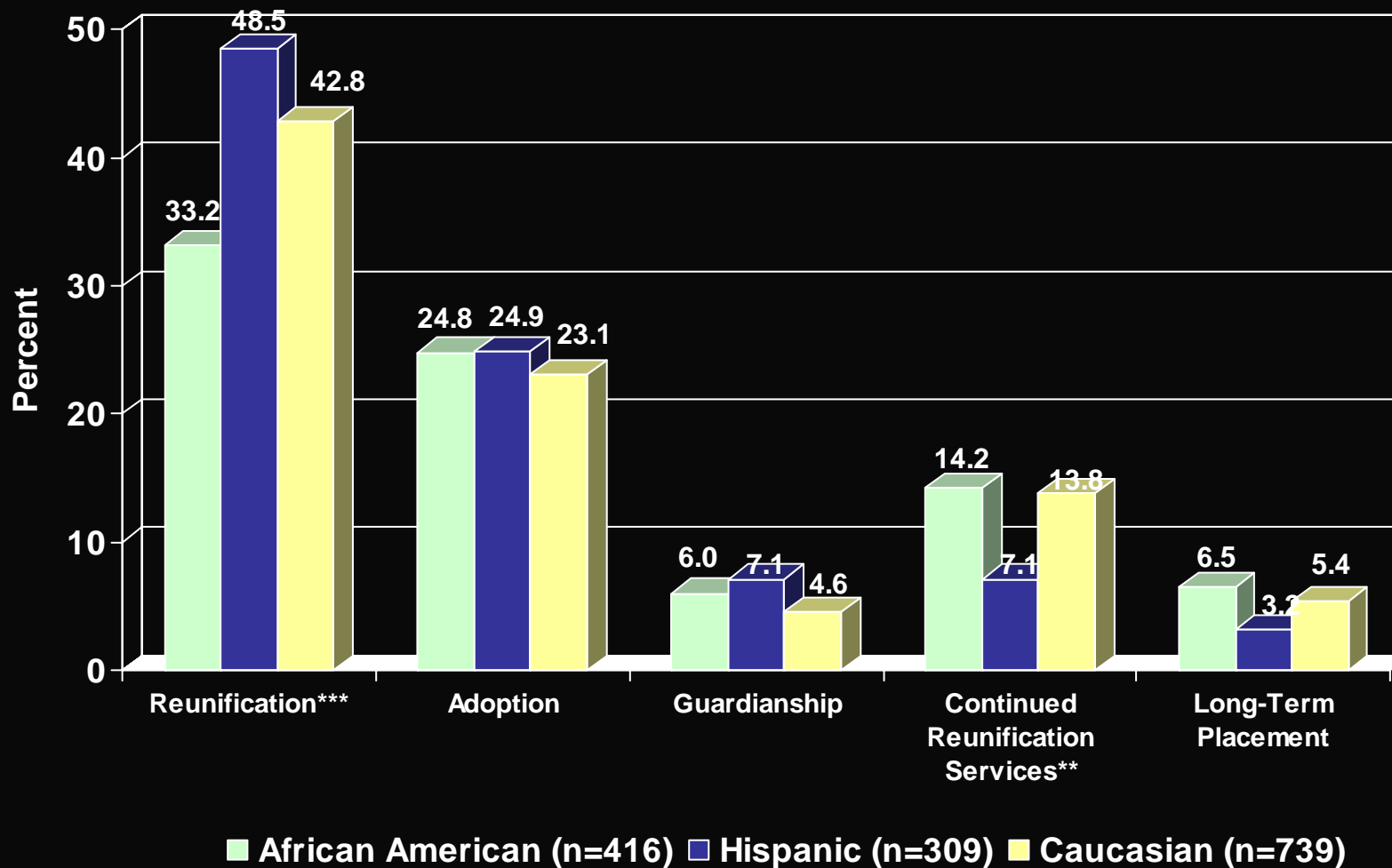
■ Methamphetamine (n=763)

■ Cocaine/crack (n=177)

■ Marijuana (n=246)

*p<.05 ***p<.001

24-Month Child Placement Outcomes by Race/Ethnicity of the Child



p<.01; *p<.001

24-Month Cost Savings Due to Increased Reunification Rates

Preliminary Findings – January 2007

- Takes into account the reunification rates, time of out-of-home care, time to reunification, and cost per month
- 27.2% - Reunification rate for comparison group children
- 43.6% - Reunification rate for court-ordered DDC group children
- 221 Additional DDC children reunified
- 33.1 - Average months in out-of-home care for comparison group children
- 9.4 - Average months to reunification for court-ordered DDC children
- 23.7 month differential
- **\$10,049,036 Estimated Savings in Out-of-Home care costs**

The Three Questions

1. Where are the data that tells the story?
 - Monitor the population and resources in all three systems – CWS, ADS, Court
2. Who are the partners?
 - How real are the relationships and what tools could they use to improve their collaboration
3. How do programs demonstrate effectiveness?
 - Implement best practices in screening, assessment, engagement and retention