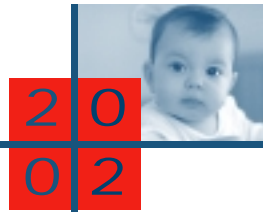


Child Protection/Alcohol and Drug Partnership Act



2020

ACTION

- Support the Child Protection/Alcohol and Drug Partnership Act (S. 484/H.R. 1909).

HISTORY

The Child Protection/Alcohol and Drug Partnership Act was reintroduced in 2001 by Senators Olympia Snowe (R-ME) and John D. Rockefeller (D-WV) and Representative Charles Rangel (D-NY).

The bill would provide \$1.9 billion over five years to state child welfare and substance abuse agencies that agree to take steps together to develop and increase treatment services, establish appropriate screening and assessment tools, or improve strategies to engage and retain parents in treatment and provide aftercare support. The activities must be directed to families with substance abuse problems who come to the attention of the child welfare system.

State child welfare and alcohol and drug agencies would have flexibility to decide how best to use these funds to enhance treatment. They could use them to develop or expand comprehensive individualized alcohol and drug abuse prevention and treatment services that include

- preventive and early intervention services for children that address their mental, emotional, and developmental needs;
- prevention and early intervention services for parents at risk for substance abuse;
- comprehensive home-based, outpatient, and residential treatment options;
- aftercare support for families in recovery that promotes child safety and family stability; and
- services and supports that promote parent-child interaction and focus on children and other family members.

Agencies could also use the funds to increase their capacity to meet these families' needs by jointly cross-training child welfare and substance abuse treatment staff, improving data to track progress in these families, and promoting evaluation. The legislation holds states accountable for demonstrating the progress they make with these funds.

Funds would be distributed to states based on the number of children age 18 and under who reside in that state, with a minimum grant for small states to ensure each state receives sufficient funding to develop useful activities. Three to 5% of the funds would be set aside for grants to tribal governments; another 2% would be reserved for grants to the U.S. territories. To encourage state investments, a state match of 15% would be required for the first two years, 20% for years three and four, and 25% for the fifth year; the match may be modified in special circumstances.

KEY FACTS

- Alcohol and other drug (AOD) problems devastate the lives of hundreds of thousands of American children and their families each year. A major factor in child abuse and neglect, substance abuse is associated with the placement of at least half of the children in the custody of child welfare.¹
- Substance abuse is a treatable public health problem with cost-effective solutions.² Good assessment, early intervention, and comprehensive treatment are the keys to determining when and if a child can safely stay at home or be reunited with his or her family.
- Substance abuse has become a particularly compelling issue since the enactment of the Adoption and Safe Families Act of 1997 (P.L. 105-89), which sets new time frames for accelerating permanency decisionmaking for children in the child welfare system.

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- Eighty-five percent of states surveyed report parental substance abuse and poverty are the top two problems in child protective caseloads.³
- States spent \$81.3 billion dealing with AOD problems in 1998, or about 13% of their budgets. Just 4% of the amount spent, or \$3 billion, went toward prevention and treatment programs.⁴
- Eighty percent of child welfare professionals surveyed say substance abuse exacerbates most cases of child abuse and neglect they face.⁵
- Approximately 67% of the parents with children in the child welfare system required substance abuse treatment services, but child welfare agencies were able to provide treatment for only 31% of them.⁶
- Children whose parents abuse drugs and alcohol are almost three times more likely to be abused and more than four times more likely to be neglected than children of parents who are not substance abusers.⁷
- Women who stayed in comprehensive substance abuse treatment longer than three months were more likely to remain alcohol and drug free (68% vs. 48%) compared with those who left within the first three months of treatment.⁸
- Seventy-five percent of those receiving comprehensive substance abuse treatment had physical custody of one or more children six months after treatment discharge.⁹
- Substance abuse causes or exacerbates 7 out of 10 cases of child abuse and neglect.¹⁰ In most cases, the parents' substance abuse is a longstanding problem of at least five years' duration.¹¹
- Partnerships between child welfare and federal, state, and local AOD agencies will help improve safety and permanence for children and appropriate prevention and treatment services for their families.

SOURCES

1. Child Welfare League of America. (1997). Alcohol and other drug survey of state child welfare agencies. Washington, DC: Author.
2. Physician Leadership on National Drug Policy. (March 1998). Major new study finds drug treatment as good as treatments for diabetes, asthma, etc., and better and cheaper than prison. Press release of a study sponsored by the Physician Leadership on National Drug Policy, Providence, RI. Available online at http://caas.caas.biomed.brown.edu/plndp/Newsroom/Press_Releases/PR2/pr2.html; Finigan, M. (1996). Societal outcomes and costs savings of drug and alcohol treatment in the state of Oregon. Salem, OR: Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources, and Governor's Council on Alcohol and Drug Abuse Program.
3. National Committee to Prevent Child Abuse. (2001). Current trends in child abuse prevention, reporting, and fatalities: NCPAC's 1999 annual fifty state survey. Washington, DC: Author.
4. The National Center on Addiction and Substance Abuse at Columbia University. (2001). Shoveling up: The impact of substance abuse on state budgets. New York: Author.
5. Reid, J.; Macchetto, P.; & Foster, S. (January 1999). No safe haven: Children of substance-abusing parents. Available online at www.casacolumbia.org/publications1456. New York: National Center on Addiction and Substance Abuse at Columbia University.
6. Child Welfare League of America. (1997). Survey of state and public child welfare agencies. Washington, DC: Author.
7. Kelleher, K.; Chaffin, M.; Hollenberg, J.; & Fischer, E. (1994). Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. American Journal of Public Health 84, 1586–1590.
8. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2001). Benefits of residential substance abuse treatment for pregnant and parenting women: Highlights from a study of 50 Center for Substance Abuse Treatment demonstration programs. Washington, DC: Author.
9. Ibid.
10. No safe haven.
11. Ibid.

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