

THE ELEPHANT IN THE ROOM
Access to Substance Abuse Treatment:
A Core Component of Child Welfare Reform
Thursday, December 3, 2015
2:30-4:00pm
SVC 201-00

AGENDA

Welcome and Overview of Issue

Nancy K. Young
Executive Director
Children and Family Futures

Personal Story

Ta’Kijah Randolph
Staff Assistant, Rep. Karen Bass (CA-37)
Former Foster Youth

Family Drug Courts

Carson Fox
Chief Executive Officer
National Association of Drug Court Professionals
(NADCP)

Orman Hall
Manager of Specialized Docket Section
Supreme Court of Ohio

Collaborative Approach Across Systems

Pamela Rodriguez
President and CEO
Treatment Alternatives for Safe Communities
(TASC), Chicago, IL

What Works and Policy Implications

Christine Calpin
Managing Director of Public Policy
Casey Family Programs

Wrap-Up and Questions

Nancy K. Young
Executive Director
Children and Family Futures

Speaker Bios

Christine Calpin

Christine Calpin is the managing director of Public Policy at Casey Family Programs in Washington, D.C. In that role, she heads the foundation's efforts to inform and educate federal policymakers about the need for comprehensive child welfare finance reform and leads efforts to improve child welfare policy in states across the country. Previously, she worked at the Administration for Children and Families, U.S. Department of Health and Human Services, as associate director of the Child Care Bureau, and as associate commissioner for Children's Bureau. She also served as lead congressional staffer for the Income Security and Family Support Subcommittee of the House Ways and Means Committee, where she worked with members of Congress and others on passing legislation affecting programs including child welfare, child care and the Temporary Assistance to Needy Families program.

Carson Fox

Carson Fox is the Chief Executive Officer of the National Association of Drug Court Professionals (NADCP). Fox has served the Drug Court field for nearly twenty years, the last nine as Chief Counsel and Chief Operating Officer of NADCP. His passion and career follow his conviction that the justice system can be a place of healing for the addicted and mentally ill. In 1996, he helped establish the first Drug Court in South Carolina and served as its prosecutor and administrator for more than five years. Fox joined the faculty of the National Drug Court Institute in 1997, leading the first Drug Court Coordinator Training and the Drug Court Planning Initiative. During his career at NADCP, Fox has developed curricula and policy for Adult, Family and Juvenile Drug Courts, DWI Courts, Tribal Healing to Wellness Courts, Veterans Treatment Courts, and, most recently, the Justice for Vets National Mentor Corps Boot Camp. He has helped lead the expansion of Drug Courts at the local, state, national, and international level.

Orman Hall

Orman Hall is the Manager of the Specialized Docket Section at the Supreme Court of Ohio. In this role, he oversees the certification of drug courts, family dependency courts and other specialized dockets. From 2011 through 2013, Hall served as the Director of the Ohio Department of Alcohol and Drug Addiction Services, a cabinet level state agency with an annual budget of \$195 million that funded public addiction services throughout Ohio. From 2013 through November 2015, Hall served as Director of Governor Kasich's Opiate Cabinet. During his tenure in the Kasich administration his top priority was to resolve Ohio's opiate and heroin epidemic. Previously, Hall served for two decades as director of the Fairfield County Alcohol, Drug Addiction and Mental Health Services Board. During his tenure in Fairfield County, Hall was an early adopter of and advocate for medication assisted treatment (MAT) for opiate addicted clients. Hall's experience with the executive branch, community treatment and the judiciary provides him with a unique and balanced perspective about the child welfare, addiction and criminal justice challenges facing Ohio.

Ta’Kijah Randolph

Ta’Kijah Randolph is a recent graduate of Long Beach State University, where she majored in Communication Studies and minored in Africana Studies. Randolph is also a foster care alumna. She spent close to 9 years in the foster care system and eventually aged out at age 18. Through the Congressional Coalition on Adoption Institute’s Foster Youth Internship Program, she had the opportunity to work with numerous advocates and political leaders about her time and care and share her story to help improve the child welfare system. Currently, she is the Staff Assistant in Representative Karen Bass’s Washington, D.C. office. In that role, she manages the Congresswoman’s work on the Congressional Caucus on Foster Youth. Randolph hopes to use her story to inspire and motivate people to move and act on a system that needs drastic changes.

Pamela F. Rodriguez

Pamela Rodriguez is the President and Chief Executive Officer of Treatment Alternatives for Safe Communities (TASC) in Chicago, IL, a position she has held since 2009. TASC is a statewide, nonprofit organization in Illinois that serves nearly 30,000 people annually in justice, health and child welfare systems. Rodriguez also directs TASC’s Center for Health and Justice, which offers public policy and consulting services nationally and internationally. Rodriguez was honored by the White House Office of National Drug Control Policy in 2014 for her leadership in advancing system-wide justice interventions for people with substance use disorders. She was appointed in 2007 to serve as a practitioner member of the Coordinating Council on Juvenile Justice and Delinquency Prevention, an independent organization in the U.S. executive branch that coordinates all federal juvenile justice delinquency prevention and detention programs, and also serves as an advisor to Texas Christian University on the JJ-TRIALS with the Texas Juvenile Justice Department.

Nancy K. Young

Dr. Young is the Director of Children and Family Futures, a California-based research and policy institute whose mission is to improve outcomes for children and families, particularly those affected by alcohol and other drugs. Young also serves as Director of the federally-funded National Center on Substance Abuse and Child Welfare, which is now in its twelfth year. Since 2010, she has served as the Director of the Office of Juvenile Justice and Delinquency Prevention’s technical assistance program for Family Drug Courts, and the Administration on Children and Family’s technical assistance program for the Regional Partnership Grants Program for the past six years. Through these programs, she has been involved in numerous projects related to program evaluation, strategic planning and public policy analysis on alcohol and other drug issues in the welfare and child welfare systems. Prior to co-founding Children and Family Futures in 1996, Young served as research consultant to the Directorate of the State of California Department of Alcohol and Drug Programs where she led a consensus effort to develop a statewide outcomes monitoring system in California. Her work and that of CFF has been recognized by the Outstanding Contractor of the Year award in 2006 from the Administration on Children and Families and by a resolution issued in 2008 by the Orange County Board of Supervisors. She was also awarded the Directors’ Robert E. Anderson Service Award by the National Association of State Alcohol and Drug Abuse Directors.



The Elephant in the Room

Family Access to Substance Use Disorder Treatment is *THE* Cornerstone of Effective Child Welfare Reform

How does parental substance use impact children in the **UNITED STATES?**



In 2013, there were:

74,399,940
children in the US
under the age of 18



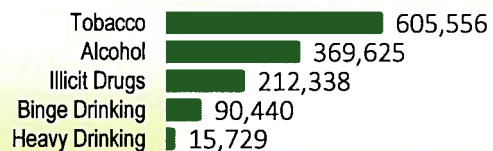
Just over **1 in 10** children (8,300,000) have parents who need treatment for a substance use disorder.



3,932,181
births in the US



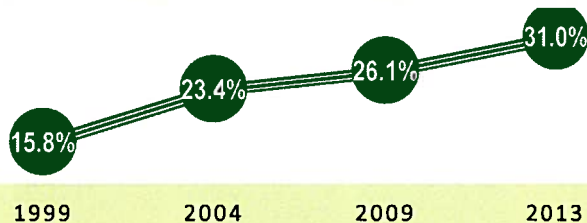
Annual number of babies born with prenatal substance exposure:



254,887
children placed in
Foster Care in the US



Besides neglect, alcohol or other drug use was the **number one** reason for removal. Percent of cases in which alcohol or other drug use was a reason for removal:



23,349,410
people in the US who
needed **treatment** for
a substance use
disorder



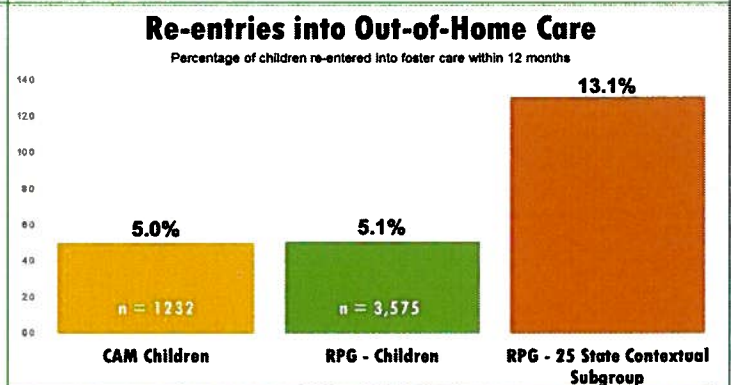
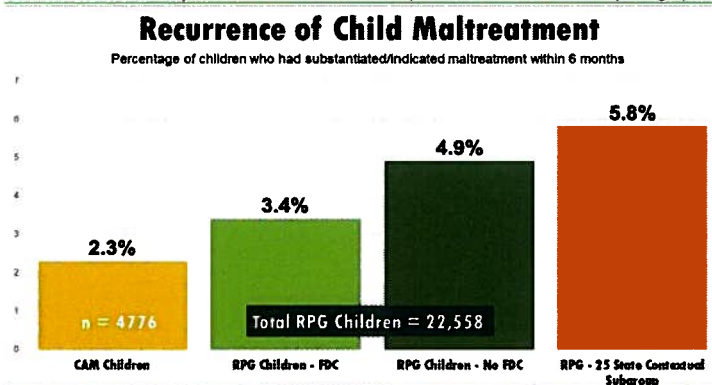
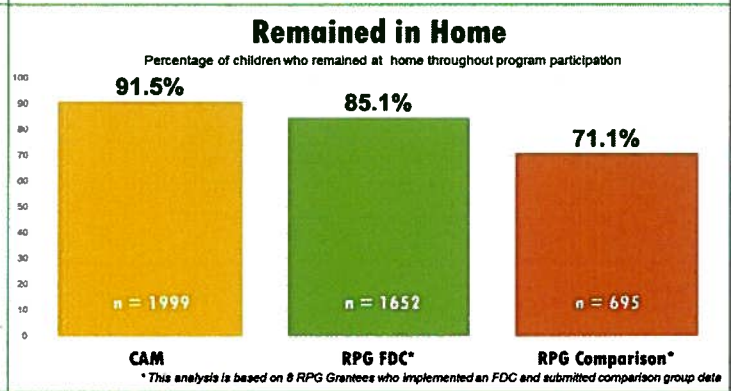
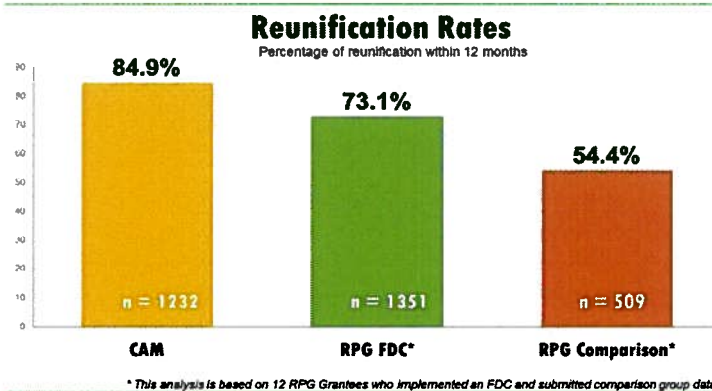
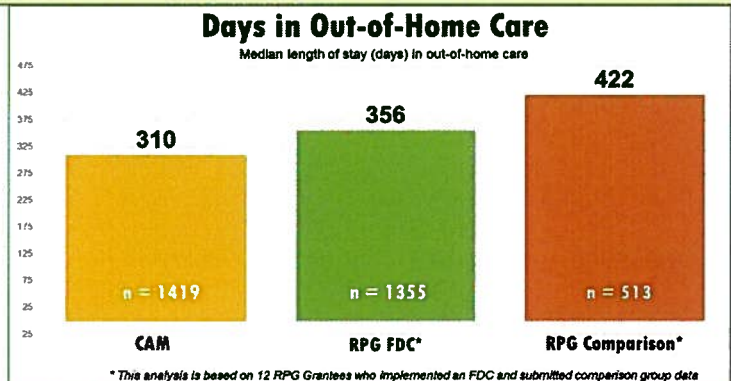
90% of those who needed treatment services for a substance use disorder **did not** receive them.

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

SEVEN 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
- Increased judicial oversight
- Responses to participant behavior—contingency management
- Collaborative approach across service systems and courts
- Improved family-centered services and repair of parent-child relationships

Recent collaborative practice among the dependency court, child welfare, substance use treatment, and other service systems has achieved increased resources and better results. Evidence shows these collaborative policies and practices positively influence the following **five important outcomes*** for families:



*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.
 **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 eight to twelve RPG grantees who implemented a Family Drug Court and submitted comparison group data.

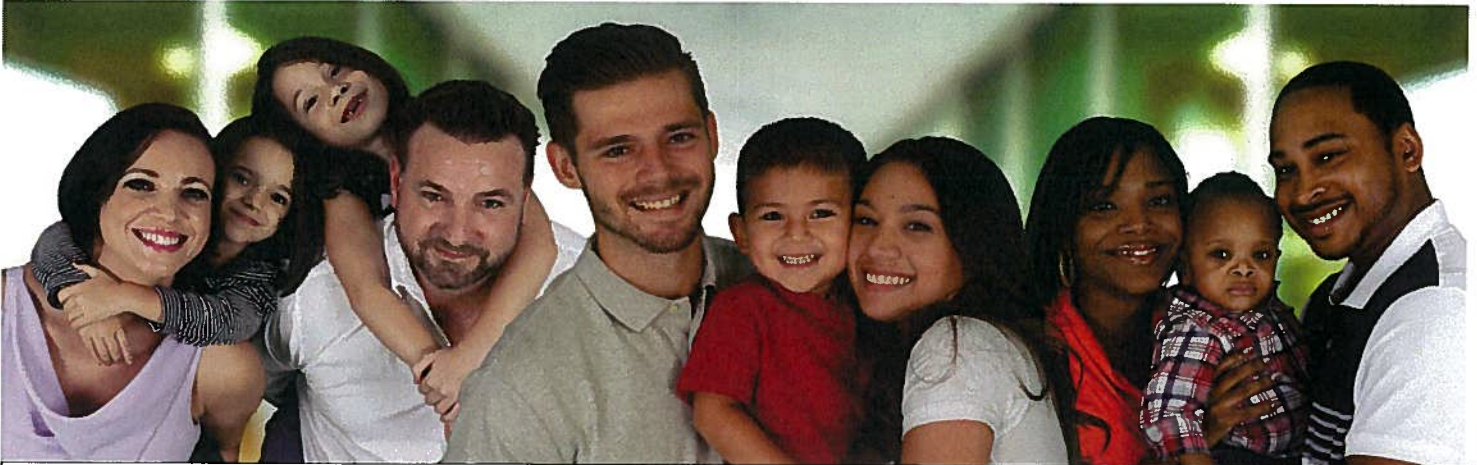
We Know What Works—Let's Work for Change!



25371 Commercentre Drive, Suite 140 ♦ Lake Forest, CA 92630 ♦ 714.505.3525 ♦ Fax: 714.505.3626
Strengthening Partnerships, Improving Family Outcomes

*Prepared by Center for Children and Family Futures; data sources and references are available at www.cffutures.org

**Announcing 2 Volumes of the
Child Welfare Journal Special Issue:
Effectively Addressing the Needs of Child Welfare Involved
Families Affected by Substance Abuse**



ARTICLE TOPICS INCLUDE:

- Prevalence and impact of substance use disorders on families
- Collaborative practice models that respond to the needs of parents and children affected by substance abuse
- Findings from the Regional Partnership Grantees and Children Affected by Methamphetamine Programs
- Trauma-informed engagement and retention of families affected by substance abuse
- Family drug court models and outcomes
- Outcomes of effective engagement models, such as recovery support specialists, in substance abuse treatment
- Prenatal substance exposure
- Mental health disorders among children affected by parental substance use disorders
- Infusing protective factors into substance abuse treatment

**SPECIAL ISSUE
EDITORS:**

*Julie Collins, LCSW,
and Nancy K. Young,
Ph.D.*

Sponsored by CWLA, the *Child Welfare* special issue volumes highlight state of the art models that serve families affected by substance use and co-occurring mental disorders, and child abuse and neglect.



For more information on ordering CWLA's *Child Welfare* journal special issues, visit <https://netforum.avectra.com/eweb/Shopping/Shopping.aspx?Site=CWLA&WebCode=Shopping>

**The special issue
volumes were
released in the
Fall of 2015**

Substance Abuse Prevention and Treatment (SAPT) Block Grant

SAPT Block Grant Funding

- FY 2016*: \$1.820 billion (requested by the President)
- FY 2015: \$1.820 billion
- FY 2014: \$1.820 billion
- FY 2013: \$1.710 billion (after 5% sequestration cut)
- FY 2012: \$1.779 billion (Congress appropriated \$1.8 billion, but HHS redirected \$21.5 million to other programs)
- FY 2011: \$1.783 billion
- FY 2010: \$1.799 billion
- FY 2009: \$1.779 billion

Overview

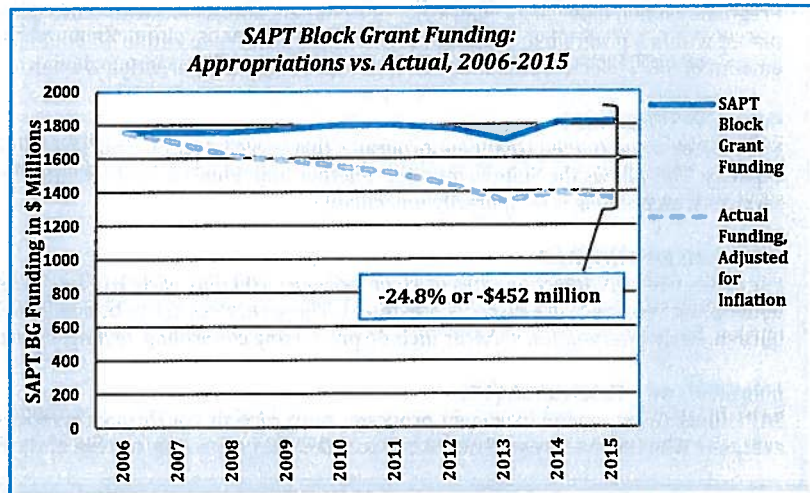
The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed by formula to all States and Territories. **It is the cornerstone of States' substance abuse prevention, treatment, and recovery systems.** The SAPT Block Grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS).

SAPT Block Grant Outcomes

In FY 2014 the SAPT Block Grant funds provided treatment services for 1.6 million Americans. During the same year, of clients discharged from treatment, 92.9% had stable housing, 93.9% had no arrests, 81.5% were abstinent from alcohol, and 72.1% were abstinent from illicit drugs.

Funding Decreasing over Time

The SAPT Block Grant is a critical safety net program. **Over the last 10 years, SAPT Block Grant funding has not kept up with health care inflation, resulting in a staggering 25% decrease in actual funding by FY 2015.** As inflation increases, the actual purchasing power of the same funding decreases. In order to restore the SAPT Block Grant's 2006 purchasing power, Congress would need to allocate an additional \$450 million for FY 2016. As States work to maintain their systems with fewer resources, the demand for services continues to rise. According to the National Survey on Drug Use and Health (NSDUH), past month use of illicit drugs has been on the rise, increasing from 8.3% of individuals aged 12 or older in 2006 to 9.4% in 2013, a 13% increase.



Financial Burden of Substance Use Disorders

According to NSDUH the, 21.6 million people aged 12 or older needed treatment for an alcohol or illicit drug use problem in 2013 (met criteria for abuse or dependence). During the same year, more than 4 million received treatment for such a problem at a specialty facility. As a result, 17.6 million Americans needed but did not receive services for a substance use problem in 2013. The economic impact of substance use disorders is staggering. **The National Institute on Drug Abuse (NIDA) estimates that illegal drugs, alcohol, and tobacco cost society roughly \$559 billion every year** or \$181 billion for illegal drugs, \$185 billion for alcohol, and \$193 billion for tobacco (Surgeon General 2004, ONDCP 2004, Harwood 2000).

Substance Use Disorders Represent Tiny Fraction of Overall Health Expenditures

According to SAMHSA's 2013 report, *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2009*, **expenditures for substance use disorder services represented only 1% of all health expenditures in 2009.** That translates to approximately \$24 billion for substance use disorders vs. \$2.3 trillion for all health expenditures. In contrast, an estimated 14% of Americans had a substance use problem in 2013. Spending for substance use disorder services also grew at a slower rate than general health spending from 1986-2009. Using inflation adjusted terms, the growth rate for health spending was 7.5%, while the rate for substance use disorder spending during the same period was 4.4%.

Investments in Substance Abuse Save Money

In 2006, the National Institute on Drug Abuse (NIDA) noted that for every dollar spent on substance use disorder treatment programs, there is an estimated \$4 to \$7 reduction in the cost of drug related crimes. With outpatient programs, total savings can exceed costs by 12 to 1. Substance abuse prevention is also a cost-effective way to reduce the financial burden of substance abuse and substance use disorders. According to cost benefit analyses conducted by SAMHSA and other researchers, every \$1 spent on effective school-based prevention programs saves roughly \$18.

SAPT Block Grant Produces Results

An independent study of the SAPT Block Grant, released in June 2009, found that the program was effective in:

- 1) Producing positive outcomes as measured by increased abstinence from alcohol and other drugs, increased employment, decreased criminal justice involvement, and other indicators;
- 2) Improving States' infrastructure and capacity;
- 3) Fostering the development and maintenance of State agency collaboration; and
- 4) Promoting effective planning, monitoring, and oversight.

Prevention Matters: SAPT Block Grant Prevention Set-Aside

Federal statute requires States to direct at least 20% of SAPT Block Grant funds toward primary prevention of substance abuse. This "prevention set-aside" is managed by the Center for Substance Abuse Prevention (CSAP) in SAMHSA, and is a core component of each State's prevention system. On average, **SAPT Block Grant funds make up 68% of primary prevention funding in States and Territories.** In 21 States the prevention set-aside represents 75% or more of the State agency's substance abuse prevention budget. In 6 of those States, the prevention set-aside represents 100% of the State's primary prevention funding.

SAPT Block Grant and Vulnerable Populations

States using SAPT Block Grant funds must provide additional protections and/or funding for certain vulnerable populations that are identified in statute. Priority populations include: pregnant and parenting women, injection drug users, individuals with HIV/AIDS, and individuals with tuberculosis (TB).

Pregnant and Parenting Women

Pregnant women must be given priority in treatment admissions, and those that are referred to the State for treatment must be placed within a program or have interim arrangements made within 48 hours. Further, States are required to allocate a dedicated amount of SAPT Block Grant funds to support pregnant and parenting women.

Intravenous Drug Users

SAPT Block Grant funded treatment programs that serve injection drug users must keep the State informed about their admissions capacity. This allows the State to monitor whether individuals are placed into treatment in a timely manner or provided with interim services if an opening is temporarily unavailable.

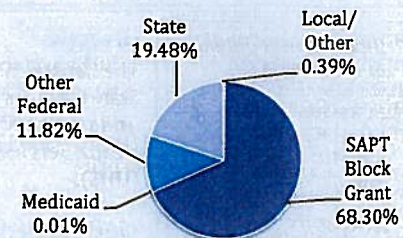
Individuals with HIV/AIDS

For States with HIV infection rates of 10 or more per 100,000, early HIV intervention services must be provided to individuals undergoing substance use disorder treatment. These services are to be available in the areas of the State with the highest disease burden. Early intervention services include pre-testing counseling, testing, post-testing counseling, and appropriate treatment.

Individuals with Tuberculosis (TB)

SAPT Block Grant funded treatment programs must directly (or through arrangements) make tuberculosis services available to everyone who receives treatment. TB services include counseling, testing, and clinically appropriate treatment.

Total State Substance Abuse Prevention Expenditures, \$536 million, State FY '14



SAPT Block Grant Funds Treatment Services: Prescription Drug and Heroin Use on the Rise (TEDS, 2012)

As cited below, more than one-quarter (26%) of individuals admitted to treatment in the publicly funded system cited heroin or prescription opioids as their primary substance of use. Admissions for prescription opioid pain relievers alone increased by 500% from 2000-2012. According to NASADAD data, from 2012-2014, 37 States reported an increase in treatment admissions for heroin. In addition to the troubling increase in treatment admissions, opioid overdose deaths have also been on the rise—in 2013, almost 17,000 Americans lost their lives to a prescription opioid overdose and more than 8,000 to a heroin overdose.

Primary Substance	% (estimate)	Age at Admission	% (estimate)	Race/Ethnicity	% (estimate)
Alcohol	21.5% (386,646)	12-17	6.9% (124,248)	White	66.5% (1,197,468)
Marijuana	17.5% (315,606)	18-25	21.4% (385,350)	Black/Afr American	19.9% (358,340)
Heroin	16.3% (292,934)	26-30	15.7% (282,710)	Am Ind/AK Native	2.5% (45,018)
Other Opiates	9.8% (176,907)	31-35	12.8% (230,490)	Asian/Pac Islander	1.1% (19,808)
Amphetamines	7.0% (125,988)	36-40	9.5% (171,067)	Hispanic	14.1% (253,899)
Cocaine (smoked)	4.7% (85,498)	41-45	10.2% (183,672)	Other	7.7% (138,654)
Cocaine (other route)	2.2% (39,273)	46-50	10.2% (183,672)		
PCP	0.3% (5,745)	51-55	7.4% (133,252)		
Hallucinogens	0.1% (2,136)	56-60	3.7% (66,626)		
Inhalants	0.1% (1,137)	61 and older	2.0% (36,014)		

Role of State Substance Abuse Agencies

NASADAD represents State substance abuse agency directors from the fifty states, the District of Columbia, and the five U.S. Territories. States work with counties and local communities to ensure that public dollars are dedicated to effective programs using tools such as: performance data management and reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance to community coalitions. State substance abuse agencies work with providers to use evidence-based prevention practices.

NASADAD represents the Nation's State substance abuse agencies, also known as Single State Authorities (SSAs). NASADAD's mission is to promote effective and efficient State substance abuse service systems. The association has component organizations including: the National Prevention Network (NPN), National Treatment Network (NTN), Women's Services Network (WSN), and Opioid Treatment Network (OTN).

Contact: Robert Morrison, Executive Director, (202) 293-0090, rmorrison@nasadad.org.

Shalini Wickramatilake-Templeman, Public Policy Associate, (202) 293-0090, swickramatilake@nasadad.org.

Family drug courts with parenting programs yield better reunification rates, researchers say

19 November 2015, by Mike Krings

Families who had children removed from the home due to parental substance abuse were more than twice as likely to be reunified when they took part in a family drug court that incorporated two innovative evidence-based parenting programs, when compared with those who took part in regular child welfare courts, a University of Kansas study has found. The success of the program has led KU researchers to partner with the state of Oklahoma in securing a new, \$1.2 million grant to take the program to a new location, all with the goal of safely reunifying families involved in foster care.

Jody Brook and Becci Akin, assistant professors of social welfare, and Margaret Lloyd and Yueqi Yan, doctoral students, all at KU, authored an evaluation of a [family](#) drug court in Tulsa County, Oklahoma. Their study was published in the *Juvenile and Family Court Journal*. Estimates have suggested that 50 to 79 percent of cases in which a child is removed from the home are characterized by parental alcohol or other drug abuse. Further, research has also shown that children placed in foster care for these reasons stay there longer, encounter worse outcomes than their peers in [foster care](#) for other reasons, are less likely to reunify with their primary caregivers and are more likely to re-enter care even when they do return home.

"Finding effective ways to work with families characterized by [parental substance abuse](#) is a critical issue in [child welfare](#) service delivery. Despite the fact that substance abuse is a widely known precursor to child welfare system involvement, evidence-supported interventions are still lacking," Brook said. "In an environment of scarce resources, we need to know what works so that families can be safely reunified or children can be freed up for other permanency arrangements as quickly as possible."

The KU researchers evaluated the Tulsa County family drug court to gauge its effectiveness. The court is unique in that it features two parenting skills programs built on evidence-supported interventions. Parents in the court took part in the Strengthening Families Program and Celebrating Families! program in a sequential format. The study team compared the reunification rates of families in the program to those of families receiving regular child welfare services from January 2011 to September 2013.

For the first 200 days of the program, reunification rates were relatively similar for the two programs. But at the 400th day from removal from the home, the family drug court featuring evidence-based practices began showing marked improvement. At that mark, 17 percent of the former group achieved reunification, compared with 9 percent of the comparison group. By the 600-day mark, the family drug court group achieved a 46 percent reunification rate, while the comparison group was at 17 percent. By the 1,000th day, the family drug court group was at more than 56 percent, while the comparison group only reached 24 percent.

"Family Drug Courts are still a relatively new intervention, and family drug courts with parenting services are fewer still," Brook said. "These specialty dockets are a direct response to failed efforts in mainstream child welfare to successfully reunify families. The courts provide structure, strong case oversight, enhanced collaboration among service team members and case management that connects families to services that they need, including access to [substance abuse treatment](#). By adding a parenting component, the entire family works on communication, skill building, child developmental education and attachment."

The study is among the first comprehensive looks

at family drug courts, which are growing in use throughout the United States. The pronounced difference in reunification rates shows that programs with evidence-based parenting skills programs warrant more use and further analysis.

"The difference between the two programs is quite striking," Brook said. "The program gets kids back in their homes quicker and saves the state a great deal of money."

Brook and Lloyd recently assisted Oklahoma in securing grant funding to implement an identical family drug court with evidence-based parenting programs in Okmulgee County, Oklahoma. They will be evaluating that program to analyze and compare successful family reunification rates to the Tulsa program and other drug courts nationwide over the next three years.

In addition to shedding light on more effective ways to reunite families affected by substance abuse, Brook said the program has been an invaluable experience for graduate students such as Lloyd. Not only was she able to gain experience conducting research and analyzing family reunification rates, it laid the basis for her to advance scholarship around a relatively new area of intervention research.

The new grant will continue to provide learning opportunities for graduate students as well, who will eventually go on to serve some of society's most vulnerable populations. That service and scholarship benefits a wide range of society.

"The families receiving these services are arguably the most challenging to serve within judicial and other human service delivery systems, and they face multiple complex intrapersonal, interpersonal and systematic barriers to successful outcomes," the authors wrote. "When families are served in a way that yields better permanency outcomes, it benefits the court, child welfare, substance abuse treatment and most importantly, the child and family, to continue implementing and studying the service strategy."

Provided by University of Kansas

APA citation: Family drug courts with parenting programs yield better reunification rates, researchers say (2015, November 19) retrieved 1 December 2015 from <http://phys.org/news/2015-11-family-drug-courts-parenting-yield.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.

