

**SUBSTANCE ABUSE AND FAMILY SAFETY:  
DEVELOPING AN INTEGRATED SYSTEM OF CARE  
FOR CHILDREN AND FAMILIES**

Policy Paper

Department of Children and Families

Substance Abuse Program Office

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**ISSUE**

Professionals in the fields of substance abuse and child protection have become increasingly aware that parental substance abuse is a major contributing factor in cases of child abuse and neglect, and is one of the key barriers to family reunification. Although it is difficult to establish an exact causal relationship between parental chemical dependency and child maltreatment, experts agree that there is a significant correlation between the two. In addition, children and adolescents who have been abused or neglected are among the highest at risk for becoming substance abusers; they also develop these problems at a younger age than other groups. Permanency planning in situations involving parental substance abuse is especially difficult due to the long-term recovery process and the chronic and relapsing nature of addiction. Alcohol and drug abuse and addiction dangerously compromise the ability of parents to provide a safe and nurturing home for their children. Interventions in situations of concurrent substance abuse and child abuse and/or neglect in families must not only effectively treat the substance abuser, but also promote safety and permanency for the children involved.

**BACKGROUND AND PURPOSE**

In response to the heightened awareness that effective substance abuse interventions are critical factors in the safety and permanency of children in the child protection system, the Florida Department of Children and Families' Substance Abuse and Family Safety Programs developed a statewide initiative to address this issue. A workgroup comprised of individuals with expertise in both program areas worked together over a one-year period to outline issues and develop policy recommendations.

The workgroup identified the need for a Florida Department of Children and Families policy framework establishing an integrated and coordinated response to address parental alcohol and drug abuse in child abuse and neglect cases. This paper outlines joint program issues, system goals and outcomes, and workgroup recommendations critical to the effective integration and improvement of substance abuse services to members of families involved in the child protection system.

## CURRENT SITUATION

### **The National Perspective**

Recent national attention has been directed to studying and making changes in the law related to this issue of substance abuse interventions and child protection.

- ✓ The 1998 Congress passed the Adoption and Safe Families Act (ASFA, P.L. 105-89), including provisions to reduce the amount of time a child should remain in foster care to 12 months. The law mandated that a report be provided to Congress about the relationship of parental substance abuse to child protection.
- ✓ In January 1999, the National Center on Addiction and Substance Abuse at Columbia University (CASA) highlighted the magnitude of this problem in a special study. This study reported that over the past 10 years, fueled by alcohol and illegal drugs, the number of abused and neglected children has more than doubled, increasing from \$1.4 million children in 1986 to more than \$3 million in 1997. This growth is more than eight times greater than the increase in the overall children's population (114.2 % compared to 13.9 %). The concluded that substance abuse causes or exacerbates seven out of ten cases of child abuse or neglect.
- ✓ In April 1999, the Department of Health and Human Services report to Congress stated that 11% of children in the United States live with at least one parent who is either, alcoholic or in need of treatment for the abuse of illicit drugs. The report cited studies that indicated:

“Between one-third and two-thirds of substantiated child abuse and neglect reports involve substance abuse. Substance abuse is more likely to be a factor in (child abuse) reports regarding younger children, particularly infants, than older children. In addition, substance abuse is more likely to be a factor in child neglect than in child abuse. Children in substance abusing households: (1) were much more likely than others to be served in foster care (54% in foster care vs. 23% in non-substance abuse cases); (2) spent longer periods of time in foster care than other children (median 11 months versus 5 months for others in foster care); and (3) were less likely to have left foster care within a year (55% versus 70%).”

### **The State Perspective**

Florida has placed an increased priority on safety and expedient permanence for children in the child protection system, focusing on needed services for parents putting their children at risk of abuse and neglect, and for members of families currently or previously involved in the child protection system. Chapter 39, Florida Statutes, was revised in 1998 to reflect the requirements of the federal Adoption and Safe Families Act. It focused on ensuring permanency for children involved in the child protection system, and reduced the maximum length of time a child should remain in foster care from 18 to 12 months.

- ✓ The 1998 Florida Appropriations Act established the following performance outcome measure for adults: *Number and percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.* In February of 1999, the Family Safety Program Office conducted a statewide random survey of active protective supervision cases to report the benchmark for this measure. The data revealed

that 52% of the total cases had substance abuse treatment as a requirement of the case plan. Of the individuals identified in the case plan as needing treatment, less than half (47.6%) were actually admitted and received treatment. Forty-one percent (41%) of those admitted successfully completed substance abuse treatment. The denial of a substance abuse problem, refusal of treatment, and incarceration were the most common reasons cited in the survey for an individual's non-completion of substance abuse treatment.

- ✓ From 1997 to present, the Substance Abuse Program Office provided on-site technical assistance to three districts and sponsored an annual "Women and Substance Abuse" Conference emphasizing family safety related issues. Other forums, such as a Fall 1999 Policy Think Tank event in Jacksonville, have been conducted to develop effective strategies in response to this issue.
- ✓ In 1999, a statewide Florida workgroup was established to identify and review commonalities between substance abuse and family safety issues and the make policy recommendations.
- ✓ The 1999 Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant increase of \$27 million provided an opportunity to significantly increase funding for substance abuse services for members of families involved with Florida's child protection system. Of the increase, \$17.8 million was directed to adults, prioritizing families at risk of, or currently involved with Florida's child protection system.
- ✓ The 1999 Florida Legislature passed landmark legislation requiring that all child protection services be contracted with community-based agencies over a three-year period. These services include in-home programs; foster care systems, and adoption services currently being provided for by DCF. This evolution of responsibility will also enhance the opportunity for improved collaboration, integration, and outcomes for families in need of substance abuse services.
- ✓ In October 1999, eligibility for Temporary Assistance for Needy Families (TANF) funding alcohol and drug treatment was expanded to include individuals at risk of involvement with TANF, significantly expanding services for Family Safety Program clients. Fifteen million dollars (non-recurring funds) were allocated fund substance abuse treatment services for mothers and babies, substance abuse prevention services, children's mental health services, and residential treatment for substance abuse clients, with priority for family safety clients.
- ✓ The 2000-2001 Legislative Session approved the Department of Children and Families' Legislative Budget Request for \$ 2.5 million to expand substance abuse and family intervention case management and support services. This expenditure will fund 35 Family Intervention Specialists positions statewide and provide services to an estimated 1,218 additional families per year. Establishment of services provided through Family Intervention Specialists will also increase the number of individuals referred by Family Safety who receive and complete substance abuse treatment.

#### **Florida's System Goals**

Agreement on joint system goals and outcomes is essential to the establishment of an effective framework for collaboration and integration. Conflicting program objectives and differing philosophies about "who is the client" often impede optimal coordination between substance abuse and child protection providers. Substance abuse providers typically focus on the

individual who is abusing alcohol or other drugs, while the goal of child protection staff is child safety. Services should be aimed at preventing the risk of abuse and neglect while promoting nurturing families, assisting families at risk of having a child removed from their home, promoting the timely return of a child to his/her home, and if returning the child to the home is not an option, placement in a permanent setting with services which support the family. Nonetheless, both systems must strive for success in accomplishing the following goals:

1. To ensure the safety of children.
2. To prevent and remediate the consequences of substance abuse on families involved in protective supervision or at risk of being involved in protective supervision by reducing alcohol and drug use.
3. To expedite permanency for children and reunify healthy intact families, when appropriate.
4. To support families in recovery.

Florida's Substance Abuse and Family Safety Programs have outcomes unique to their respective systems that complement each other and contribute to the accomplishment of these joint system goals. The table below illustrates Substance Abuse Program outcomes that support the achievement of Family Safety goals and the outcome measure that both systems share.

#### **JOINT OUTCOMES AND SYSTEM GOALS FOR SUBSTANCE ABUSE AND FAMILY SAFETY**

<b>SUBSTANCE ABUSE OUTCOME MEASURE</b>	<b>FAMILY SAFETY OUTCOME MEASURE</b>	<b>MUTUAL GOAL</b>
Percent of pregnant women receiving substance abuse treatment who give birth to substance free newborns.	Percent of children safe from re-abuse or neglect for one year following protective service.	#1. To protect and ensure the safety of children.
<i>(Joint outcome for both systems).</i> Number and percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.	<i>(Joint outcome for both systems).</i> Number and percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.	#2. To prevent and remediate the consequences of substance abuse in families involved with protective supervision or at risk of being involved by reducing alcohol and drug use.
Percent of adults and children who complete substance abuse treatment successfully.	Percent of children who exit foster care within 12 months.	#3. To plan for permanency and reunify healthy, intact families.
Percent of adults and children who are substance free twelve months following completion of substance abuse treatment.	Percent of children who do not re-enter foster care within 12 months.	#4. To support families in recovery.

## policy recommendations

### **Issues and Domains**

*Thirteen* critical issues for improving outcomes for Florida's child victims of abuse and neglect through increased coordination and integration of Substance Abuse and Family Safety services are organized below under *seven* domains. These domains represent key elements essential for implementation of a systems approach to serving families involved with child protection.

#### **1. Policy Issues**

- A joint policy framework should be established to move forward.
- Confidentiality barriers must be addressed.
- Case coordination for substance exposed newborns is mandated.

#### **2. Interagency Collaboration/Service Integration**

- A coordinated and integrated service delivery system is needed.

#### **3. Enhancing Substance Abuse Screening, Risk Assessment and Referral Capacity**

- Child protection staff must have an improved ability to identify substance abuse issues in families.
- Substance abuse staff requires an improved ability to recognize signs of child abuse and/or neglect in clients.
- Multiple assessments may be duplicative and are not family friendly.
- An effective referral and follow-up mechanism for substance abusing parents is needed.

#### **4. Improving the Availability, Access, and Effectiveness of Substance Abuse Treatment**

- Appropriate substance abuse treatment must be accessible on demand.
- Aftercare is a critical component of an effective service delivery system.

#### **5. Prevention and Early Intervention for Children**

- Substance abuse treatment and prevention services for children of substance abusers are critically needed.

#### **6. Strengthening Training and Identification Skills**

- Cross training of substance abuse and child protection professionals must be provided on an on-going basis.

#### **7. Accountability and Evaluation**

- Collaborative outcomes, evaluation and modification are essential to long-term success.

## **Issues, Domains, and Related Recommendations**

### **doMAIN 1: Policy Issues**

#### **Issue 1: Establishing a Joint Policy Framework**

A joint policy framework is needed for a system's approach to guide practitioners and managers in helping families in the child protection system achieve recovery and keep children safe. In order to achieve permanency for children within 12 months, policies are needed to establish and facilitate achievement of desired system outcomes and provide for the efficient use of existing and additional resources to achieve these goals. Additionally, policy should be informed and shaped by the realities of daily practice. Policies that are developed should systematize best practices, ensure they are sustained, and provide the resources to assess effectiveness. Joint cooperative agreements and operating procedures are needed at the local level to identify respective roles and responsibilities of both systems, as well as the families who are receiving services from both systems.

#### **Recommendation 1a:**

Major plans, policies, outcome measures and fund allocations affiliated with family safety and substance abuse state funded programs should continue to reflect mutual goals, placing a priority related to substance involved family safety clients. Current priorities in the Department's strategic plan and outcomes in General Appropriations Act related to joint performance on behalf of this population should be maintained or improved. The Florida Substance Abuse State Plan, District Substance Abuse Plans, and Family Safety Plans should specifically address how the needs of this population are being met.

#### **Tasks and Target Dates:**

- Ongoing interprogrammatic meetings.

#### **Recommendation 1b:**

The central substance abuse and family safety program offices will produce a model for a memorandum of agreement that communities will use to develop a local cooperative agreement. It will address mutual goals, service integration, and working relationships among key partners related to substance involved family safety clients. The agreement will not only include the family safety and substance abuse services provided by or under contract with the Department, but will also embrace other departmental programs, public health, the court systems, families, and other critical partners and community stakeholders. The district Family Safety and Substance Abuse program offices will jointly draft a cooperative agreement with the participation of local stakeholders. This cooperative agreement will also include strategies for ensuring that substance abuse services are part of the transition to community-based care.

#### **Tasks and Target Dates:**

- Within 120 days of the release of this paper, Substance Abuse central program office will complete model.
- Negotiate with Family Safety release date for model.
- Within 120 days of the release of the model, districts will develop local cooperative agreements.

**Recommendation 1c:**

Guidelines should be developed to assist practitioners in the substance abuse and child protection systems. They may address roles, responsibilities, procedures and tools for: screening and risk assessment; referrals and joint case planning; case management; case coordination for substance-exposed newborns; access to services; innovative program models; expectations for family participation and completion of treatment; prevention strategies; confidentiality; and communication with the courts. Some of the specific areas of concern are presented in issues and recommendations of this paper. Contracts, operating procedures, decision tools, and training materials will be considered. Where possible, the co-location of Family Safety staff and a substance abuse professional would ensure the linkage and communication between the two systems and make the gathering of collateral information easier. Face-to-face contact with the parent would allow the point of referral to substance abuse treatment to be made in a timely manner.

**Tasks and Target Dates:**

- A workgroup comprised of Substance Abuse and Family Safety staff will be established to accomplish these tasks.
- Within 120 days of the release of this paper, workgroup will develop outline of priorities and recommended action plan.

**Issue 2: Addressing Confidentiality Barriers**

Different and stringent confidentiality regulations apply to child protection and substance abuse treatment programs. Legitimate professional actions to protect client confidentiality can create barriers to effective collaboration and communication between systems. This is of foremost concern when information withheld is pertinent to Family Safety decisions about child safety and permanency planning. Yet, this barrier is usually unnecessary. Effective case coordination can occur if workers from both systems have a clear understanding of the confidentiality laws and implement simple practices to secure client consent.

**Recommendation 2a:**

Both Substance Abuse and Family Safety Program Offices should develop complimentary operating procedures to address confidentiality issues between their respective program areas. Procedures should include a requirement to obtain a client's consent at the time of referral for the sharing of treatment information between Family Safety, Substance Abuse, and the dependency court staff. This will ensure that relevant information from the family safety assessment can be considered in the initial substance abuse assessment; improve joint case planning; and enable the substance abuse provider to expeditiously provide Family Safety with results of the substance abuse assessment and treatment progress. The Substance Abuse Program must take the lead to ensure on-going communication and the sharing of information throughout the duration of the client's substance abuse treatment.

**Tasks and Target Dates:**

- Review current operating procedures.
- Develop workgroup to address confidentiality issues and model cooperative agreement under operating procedures and guidelines of Recommendation 1b.

**Recommendation 2b:**

The Professional Development Centers should incorporate in its core curriculum cross training about Substance Abuse and Family Safety confidentiality regulations. Curricula should include guidance about best practices for referrals, joint case planning, and how information can be

shared while complying with the confidentiality requirements. This should be offered to both family safety workers and substance abuse treatment providers who specialize in working with families referred from child protection, and appropriate staff representing the legal and judiciary systems.

**Tasks and Target Dates:**

- Curriculum will be developed for all pertinent operating procedures within 6 months after completion of operating procedure.

**Issue 3: Substance Exposed Newborn Rule**

Immediate and effective case coordination and service integration among public health-Healthy Start programs, substance abuse providers, and the Family Safety Program is required when a substance exposed newborn is identified. The roles, responsibilities, and expectations for case coordination among each of these three partners were delineated in 10D-115, Florida Administrative Code (FAC), "Physically Drug Dependent Newborns, Substance Exposed Children, Children Adversely Affected by Alcohol and The Families." The rule required development of district operating procedures to implement this rule. In 1998, 10D-115 was replaced by a state health rule, 64F-4, FAC, defining only the public health role. The cooperative agreement between Florida's Department of Health and Department of Children and Families continues to require maintenance of the substance exposed, drug-dependent newborn protocols or operating procedures currently in place. However, no routine monitoring has occurred to determine if these district protocols and procedures are being maintained.

**Recommendation 3a:**

Central Office Substance Abuse Program will develop and implement a survey of current district offices to determine the status and effectiveness of district operating procedures.

**Tasks and Target Dates:**

- Survey districts by November 29, 2000.
- Based on findings, develop recommendations for action needed.

**Recommendation 3b:**

Develop a best practices interagency paper, which specifies each agency's requirements and resources for service provision to substance abusing pregnant women and substance exposed newborns. Includes roles of substance abuse treatment providers and the women's intervention specialist, public health and the Healthy Start Program, and the Family Safety Program.

**Tasks and Target Dates:**

- The Florida Department of Health, Maternal and Child Services Office will coordinate with Substance Abuse and Family Safety offices to develop a draft interagency paper, with completion by January 30, 2001.

## Domain 2: Interagency Integration

### Issue 4: Need for a Coordinated Service Delivery System

The Substance Abuse system must assure timely access to comprehensive treatment services. Interagency integration is essential to increase the practice of joint case planning and integrate the goals of the family safety case plan in the client's substance abuse treatment process. Substance abuse treatment works best when it is backed up by a well-coordinated service delivery system designed to address the variety of family needs. Research has clearly documented that among clients who are "harder to serve," those who receive more support services in addition to drug treatment are more likely to be abstinent at one-year post follow-up. Collaborative relationships need to be established to: (1) enable service providers to meet a broader range of family needs; (2) allow agencies to better coordinate their efforts and ensure that they neither overwhelm families with requirements nor impose conflicting demands; and (3) enable a more efficient use of limited resources and prevent inefficient parallel program development.

#### Recommendation 4:

A joint set of shared expectations regarding interagency collaboration, defined mutual goals and objectives, and clearly defined roles for each respective system and clients should be established, in order to integrate and align services to the client.

#### Tasks and Target Dates:

- Address under Recommendation 1c.

## Domain 3: Enhance SUBSTANCE ABUSE Screening, Risk Assessment, and Referral CAPACITY

### Issue 5: Improving Identification of Alcohol and Other Drug Addiction by Child Protection Staff

#### ISSUE 6: Substance Abuse Provider Identification of Potential Child Abuse and Neglect

Substance Abuse and Family Safety accomplish screening for different purposes. Consequently, they do not have common definitions and screening tools. Protective service staff may find it hard to interpret the signs of alcohol or other drug abuse or addiction, and even if potential substance abuse problems are identified, may not follow-up to request further assessment. Likewise, substance abuse treatment providers frequently are not attuned to child maltreatment that may be occurring in their cases. If these problems are not accurately identified, it is unlikely that they will be adequately assessed or treated.

#### Recommendation 5a/6a:

Once referred, substance abuse providers may conduct a more in-depth screening, incorporating collateral contact information and drug testing, when appropriate. Likewise, signs of potential child abuse and neglect should be a standard part of the substance abuse family assessment. A standardized substance abuse risk assessment tool should be developed and offered for use by Family Safety providers statewide.

**Tasks and Target Dates:**

- Substance Abuse Program to develop standardized tool and implementation plan.
- Implement by June 30, 2001.

**Recommendation 5b/6b:**

Encourage the co-location of substance screening and initial assessment services in the offices of Family Safety staff conducting initial child protection investigations. Screening is not the same as a comprehensive assessment. An immediate consultation and referral for a substance abuse assessment could then be made by child protection staff to determine the severity of substance use, its impact on the family, and to assist with referral and linkage to the most appropriate substance abuse treatment provider, when indicated.

**Tasks and Target Dates:**

- On going, based on feasibility in each district. Several districts have already begun co-location efforts.
- The implementing guidelines for the 35 Substance Abuse Family Intervention Specialists, funded in 2000-2001, will require co-location with child protective investigators.

**Recommendation 5c/6c:**

Appropriate training forums should be identified for: a) substance abuse treatment providers, regarding awareness and assessment for potential child abuse or neglect in families receiving substance abuse treatment; and b) child protection workers, regarding substance abuse risk assessment and intervention.

**Tasks and Target Dates:**

- On-going. A forum was provided through the May 2000 Women and Substance Abuse Conference.

**Issue 7: Eliminating Multiple Assessments**

As a rule, assessments are performed independently by each system, requiring the clients to go through repeated overlapping assessments. Presently each issue is treated separately and assessed categorically. The result is an overburdened family safety system that addresses clients' needs in a fragmented manner, and a substance abuse system which does not have the benefit of information obtained through the family safety assessment. If substance abuse problems are detected, a family assessment should be conducted by a substance abuse professional to determine how drug and alcohol factors are affecting the family across all domains, including health, employment history, legal problems, and parenting abilities. The assessment should indicate the severity of the substance use, and services needed and an initial treatment plan.

**Recommendation 7:**

Information from substance abuse bio-psychosocial assessments should be made available to family service counselors/child protection caseworkers to be integrated with child protection risk assessments, family plans, and legal sanctions. Similarly, it is critical that Family Safety staff give this information to the substance abuse provider (after the parent signs an appropriate consent-to-release-information form), so that it may be included in the assessment. In order to make appropriate decisions about substance abuse treatment, child safety, reunification, and termination of parental rights, the assessment process must also focus on the entire family's needs and information must be shared across disciplines. Joint case planning and

multidisciplinary staffing is essential to providing comprehensive services that address not only the parent's addiction, but also the fundamental needs and safety of the children.

**Tasks and Target Dates:**

- In 2000, implement Substance Abuse Family Intervention Specialist function to improve linkage and information exchange.

**Issue 8: Need For An Effective Referral and Follow-up Mechanism**

When substance abuse is detected, referral to a substance abuse treatment program is often not successfully executed. Florida's 1999 statewide survey of protective supervision cases revealed that 52% percent of the individuals identified as needing treatment in the case plans were never admitted into treatment. Although, approximately 88% of these individual's cases were under court ordered supervision, there was no referral made at all for 9%; 40% were referred, but not admitted; and 56% of those referred but not admitted refused treatment services entirely. 18.75% cited lack of childcare as the reason for refusal of treatment. Lack of availability of treatment resources was cited as the problem in 6% of these cases. These data suggest that investigators have not been consistently using effective motivational strategies or the leverage that is available to ensure that substance abusing individuals link with the most appropriate treatment provider and commit to treatment. Additionally, anecdotal reports indicate that many child protection case managers do not personally connect clients to an appropriate treatment program or share information from risk and family assessments with the treatment program. There appears to be a lack of consistency in follow-up to determine whether an individual actually made contact with a substance abuse provider.

**Recommendation 8a:**

Stronger communication throughout the concurrent Substance Abuse and Family Safety assessment and referral processes will help ensure that treatment is available to parents with the motivation and support to succeed. Local operating procedures and responsibilities should explicitly define the processes for referral, follow-up, and on-going case management. The Substance Abuse Program Family Intervention Specialist, funded in the Appropriations Bill, will allow for specialized case management and referral for parents needing substance abuse treatment when substance abuse is suspected by child protective investigators.

**Tasks and Target Dates:**

- In 1999, this issue was included as a priority in the department's 2000-2001 legislative budget request. In 2000-2001, 36 Substance Abuse Family Intervention Specialist positions were funded to implement this recommendation. This recommendation should also be addressed under Recommendation 1c.
- Consider a 2001-2002 legislative budget request to meet 100 percent of need for Family Intervention Specialist.

**Recommendation 8b:**

Conduct a further assessment of the childcare barrier and develop strategies for corrective action, as indicated.

**Tasks and Target Dates:**

- The Substance Abuse Program will work with the Family Safety Program and will assess this issue and make recommendations during 2001.

**DOMAIN 4: IMPROVE AVAILABILITY, ACCESS, AND SUBSTANCE ABUSE TREATMENT EFFECTIVENESS****Issue 9: Appropriate Treatment Services On Demand**

Family Safety timelines for permanency require immediate access to intensive services for substance abuse parents and caretakers. The Substance Abuse and Family Safety programs must improve their ability to engage and retain individuals in treatment and support ongoing recovery. The Substance Abuse system must increase the availability, access and effectiveness of treatment. The length of the treatment process and the types of modalities offered vary significantly from one program to another. A full continuum of services designed specifically for Family Safety clients should include the capacity to serve both the parent and the child.

**Recommendation 9a:**

The Substance Abuse Program Office, in collaboration with the Family Safety Program Office and key service providers, should develop a 'Model Continuum' of services for this population with recommendations to identify strategies to maximize motivational engagement, retention, and treatment of this population. There exist current opportunities to expand and enhance substance abuse treatment for child welfare clients/families through newly available funding such as block grant, Medicaid, and TANF dollars. The 2000-2001 Florida Appropriations Bill included an increase of \$9 million for substance abuse treatment services to close the public treatment gap. A portion of these funds should be directed towards closing treatment gaps in serving this population.

**Tasks and Target Dates:**

- Districts identify 2000-2001 funding increases that can be directed to their population.
- Identify pilot programs that offer comprehensive treatment services.
- Develop model continuum of services by July 1, 2001.

**Recommendation 9b:**

The retention in substance abuse treatment of parents involved in the Family Safety system is problematic, according to Florida's 1999 statewide survey of protective supervision cases. As stated previously, 88% were under court-ordered supervision, yet less than half actually completed substance abuse treatment. Sanctions must be clearly defined and enforced by the courts to reduce and eliminate the non-compliance rate of a parent's non-completion and refusal of treatment. The Substance Abuse system can make treatment available, but only the courts can enforce compliance and completion. The application of mandating treatment and closely monitoring compliance and outcomes through Family Dependency Drug Courts links the court system, Family Safety, and the substance abuse provider with both the addiction/recovery issues of the parent and the safety of the child. Through Therapeutic Jurisprudence, the Judge can provide a legal initiative in mobilizing resources for families coming before them and monitoring agencies' activities and families' progress to assure the best possible outcomes for both the parents and their children.

**Tasks and Target Dates:**

- Identify workgroup including Family Safety and Substance Abuse staff to develop a strategy to replicate dependency drug court models throughout Florida.
- Develop implementation plan by August 31, 2001.

**Issue 10: Aftercare**

Upon discharge from a substance abuse program, many parents are ill-equipped at re-entering society, maintaining sobriety, or caring for their children. The stress of leaving treatment and becoming re-unified with children can sometimes trigger relapse. The chronic, progressive order of addiction is often characterized by relapse, and recovery can be a lifelong process. The need for follow-up and continuing care is paramount to ensure abstinence and the safety of children. Currently, there exist few formalized aftercare programs which address relapse prevention, individual and family therapy, life skills training, safe and drug-free housing, and job training. These services must also be culturally sensitive, competent, convenient, accessible, and affordable.

**Recommendation 10:**

Continued case management is essential to successful outcomes with this population. Reunification plans must address the issue of relapse prevention and intervention. Both Family Safety and Substance Abuse must develop protocols to work closely with the family and monitor progress, even after the case is closed and the parent is discharged from treatment. Interagency collaboration is necessary to provide support and services during the transition from completion of treatment to self-sufficiency. Counseling and support referrals should be provided to parents who feel that they cannot cope with parenting or who feel that their children would be better off in the care of someone else. Community-based aftercare and in-home support services must be provided to these families to keep children safe and enable families to become healthy, safe, and self-sufficient.

**Tasks and Target Dates:**

- Address under recommendations 1c. and 9a., regarding development of guidelines and model programs.

**Domain 5: Prevention and Early Intervention FOR CHILDREN****Issue 11: Prevention and Treatment Services for Children of Substance Abusers**

Substance Abuse and the Family Safety programs must expand and enhance substance abuse prevention and treatment services for children in the child protection system. Increased attention must be paid to the healthy emotional, social, and cognitive development of children, considering the higher than average risk of substance abuse and other problematic behaviors in this group. An emphasis on prevention services is critical to long-term system success. Reducing the emotional trauma experienced by children in foster care or who are living in abusive or neglectful families and/or with substance abusing caretakers is a significant approach to preventing substance abuse among these children as they grow up. In addition, parents, relative caregivers, foster parents, and other caregivers who "parent" children in the Family Safety system, are often ill-equipped to address the risk factors that may ultimately lead to alcohol and other drug use by these children.

**Recommendation 11:**

Provide therapeutic services for children, in the context of a parent's substance abuse treatment program, to prevent future substance abuse and/or maladaptive behaviors in these children. A prevention/early intervention program is needed for children in foster care, who come from families with a history of substance abuse. Interventions need to be directed at clearly defined target populations such as this one, and must address the specific risk and protective factors associated with substance abuse. Domestic/family violence issues and the lack of appropriate and safe parenting skills for parents should also be provided in a comprehensive package which is family-centered and holistic.

Both prevention and early intervention services should be a priority directed towards this high-risk population of children. Training for caregivers is needed to help them recognize symptoms and behaviors to prevent future substance abuse and other problems in the children in their care. Services for infants and children should be designed to foster healthy development, linking primary health care, prenatal, hospital inpatient and postnatal care, and mental health and social services. Activities and services may be provided for the children either on-site or through linkages with other appropriate and qualified community service providers.

**Tasks and Target Dates:**

- Develop policy guidelines for providing therapeutic services for children whose parents are receiving substance abuse treatment, or whose parents are substance abusers, by July 1, 2001.
- Developing proposed 2001-2002 LBR for substance abuse program for children of substance abusers.

**Domain 6: Strengthen Training and IDENTIFICATION SKILLS****Issue 12: Need for Cross-Training**

Substance Abuse and Family Safety must fill information gaps and satisfy the need for knowledge across both systems. Drug treatment staff are typically ill prepared to identify and respond to families where child maltreatment is the predominant problem. A key factor in assuring that both substance abuse and child protection issues are addressed is making sure that workers are trained to look for and identify both problems in families served. Staff must know what resources exist in their community and how to refer for the appropriate service. Training is needed for both substance abuse and child protection administrators and line staff to ensure positive outcomes for dual-system involved children and families. Additionally, staff from both systems must receive core training to understand how both systems function. The Professional Development Centers should play a key role in providing on-going, competency-based training to Substance Abuse and Family Safety staff.

**Recommendation 12**

Specific cross training should be developed and provided throughout Florida. Examples of training topics include:

- (a) Screening tools that include the presence of drug and alcohol problems and the differentiation (DSM IV definition) between use, abuse and dependence;
- (b) How to identify and intervene w/ substance use and addiction;
- (c) Treatment modalities and effectiveness, what providers do and their capacity, and what local resources exist and how they differ;
- (d) Addiction as a family disease, the dynamics of substance abusing families, and impact on parenting;
- (e) An awareness of the phases of recovery as measures of parents' readiness for child custody;
- (f) Effective parenting, family support, and family skills training models;
- (g) Confidentiality laws and regulations;
- (h) Core training in the family safety and substance abuse systems;
- (i) Joint case planning.

**Tasks and Target Dates:**

- A cross-programmatic workgroup will develop a cross-training/in-service implementation plan by April 1, 2001.

**Domain 7: IMPROVE Accountability and Evaluation****Issue 13: Collaborative Evaluation and Outcomes**

Currently, both the offices of Substance Abuse and Family Safety share a joint performance measure:

*Number and percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.*

However, the programs do not track the same data elements or interpret the findings in exactly the same way. Currently, the substance abuse data system cannot identify all of the family safety clients it serves. The Family Safety data system cannot identify its families that are being served through the substance abuse program.

Outcomes for substance abuse treatment are closely linked to the completion of treatment, and outcomes for Family Safety focus on length of stay and the prevention of child re-abuse and re-neglect. Additionally, a manual statewide survey must be conducted in order to report this performance measure. This annual data collection inhibits problem identification and corrective action throughout the course of the year.

**Recommendation 13:**

Each data system needs to be able to measure respective outcomes for the families in each system. Tracking the percent of family safety clients who complete substance abuse treatment successfully, along with their re-abuse rates, would enable both systems to identify target areas and implement strategies to improve outcomes for this population. Through accountability and

collaborative evaluation, each system will be better able to merge data systems and integrate the results.

**Tasks and Target Dates:**

- Determine the feasibility of automating this measure by linking the State Integrated Substance Abuse Reporting System (SISAR) with the Statewide Automated Child Welfare Information System (SACWIS).
- Conduct another Substance Abuse/Family Safety Integration Survey in Fiscal Year 2000-2001.
- Explore the option of an “on-time” manual reporting system until the data can be automated.

### Conclusion

Through the removal of barriers and the development of common methods to support a collaborative system’s approach to serving substance-abusing parents involved in the Family Safety system, both systems will see improved outcomes for the clients they serve. A commitment to success by Department leadership will make it possible to align these two systems at both the local and central office levels. The accomplishment of the recommendations outlined in this paper is critical to ensure safety and permanency for Florida’s children. The statewide Substance and Family Safety Workgroup will continue to convene to review the implementation of this policy paper and to provide recommendations for further system improvement.