# COMPREHENSIVE FRAMEWORK TO IMPROVE OUTCOMES FOR FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS AND CHILD WELFARE INVOLVEMENT

**CHILDREN AND FAMILY FUTURES**
Strengthening Partnerships, Improving Family Outcomes

Children and Family Futures (CFF) is a not-for-profit organization that strives to prevent child abuse and neglect while improving safety, permanency, well-being, and recovery outcomes with equity for all children, parents, and families affected by trauma, substance use and mental disorders. CFF provides a range of technical assistance, strategic planning, and evaluation services for systems that serve these families. Contact CFF to learn more.

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## COMPREHENSIVE FRAMEWORK

Families affected by substance use disorders (SUDs) and involved with child welfare services often face a host of challenges and barriers related to family well-being. Parents with SUDs may have difficulty providing a stable, nurturing home environment; they have a lower likelihood of successful reunification with their children if removed. These children tend to stay longer in the foster care system than children of parents without SUDs.[1,2,3] Child welfare services and the family courts that oversee these cases must abide by the Adoption and Safe Families Act (ASFA) permanency timelines, which may be at odds with a parent's lengthier SUD recovery timeline.

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Child welfare cases operate on a relatively short time span: permanency hearings must be conducted 12 months after a child's placement. Thus, it is critical that parents obtain timely access to services so they can meet their treatment, recovery, and permanency goals.

Child welfare workers, courts, SUD treatment providers, and community partners must collaborate to manage parents' SUDs to prevent child removal and offer services to support child permanency with their families. No single agency can tackle this issue on its own; it requires a coordinated response that draws on the talents and resources of many agencies. A systems-change approach that considers both systems-level policy efforts as well as practice-level strategies is needed to improve family recovery, safety, stability, and well-being outcomes.

Children and Family Futures (CFF) developed the *Comprehensive Framework* to offer a set of proven strategies for communities to improve outcomes with equity for all children, parents, and families affected by trauma, substance use and mental disorders. CFF developed this framework over several decades of experience working with hundreds of collaborative partnerships serving these families, supported through key federal and privately funded initiatives. The following graphic provides a visual display of the framework. The elements are described in subsequent pages. CFF provides extensive training and technical assistance to communities to implement the framework and has several policy and practice resources related to each strategy. Email CFF at contact@cffutures.org to learn more about these technical assistance opportunities.

## SYSTEMS-LEVEL POLICY EFFORTS THAT SUPPORT PRACTICE INNOVATIONS

- Commitment to Shared Mission, Vision, and Goals
- Efficient Cross-Systems Communication
- Ongoing Cross-Training and Staff Development
- Sustainability and Institutionalization of Practices
- Measuring and Monitoring Outcomes

## PRACTICE STRATEGIES AND INNOVATIONS

- Early Identification of Families in Need of SUD Treatment
- Equitable and Timely Access to Assessment and Treatment Services
- Recovery Support Services
- Family-Centered Treatment Services
- Frequent Monitoring and Responses to Behaviors

## KEY SHARED OUTCOMES FOR FAMILIES

Implementing these systems-level policy efforts and evidence-informed practice strategies promotes equitable outcomes for all families.

**RECOVERY**
Parents access treatment more quickly, stay in treatment longer, and decrease substance use

**REMAIN AT HOME**
More children remain at home throughout program participation

**REUNIFICATION**
Children stay fewer days in foster care and reunify within 12 months at a higher rate

**REPEAT MALTREATMENT**
Fewer children experience subsequent maltreatment

**RE-ENTRY**
Fewer children re-enter foster case after reunification

***All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information.***

## SYSTEMS-LEVEL POLICY EFFORTS THAT SUPPORT PRACTICE INNOVATIONS

These five systems-level policy efforts help build a strong, multiagency collaborative team required to implement and sustain innovative practice strategies on behalf of families affected by SUDs and involved with child welfare services.


Building a strong partnership requires agency partners to agree on the mission, vision, and outcomes they want to accomplish together. Agencies need to quickly understand the diverging opinions and values related to mission, priorities, and practices, as well as perspectives on how parents with SUDs are viewed. Differing beliefs and values can create tension in the partnership. Partners should discuss current operating procedures, clarify any misunderstandings, develop a shared common language, and identify opportunities for improvements. Agreeing upon a clearly defined mission statement with concrete goals can improve organizational performance and innovation.[4,5,6]


Collaborations require effective communication and timely information sharing to gauge the progress made toward achieving their mission. Efficient communication among the child welfare agency, the SUD treatment agency, and the courts is needed to ensure safety for children and parents by sharing information about their service needs, utilization, and outcomes. Information-sharing agreements and communication protocols need to be implemented among partners to ensure communication is timely, accurate, and complies with confidentiality requirements. By linking administrative data sets, cross-systems partners can match parents in treatment with children involved with child welfare services, allowing them to jointly monitor families' progress and collaborative outcomes.

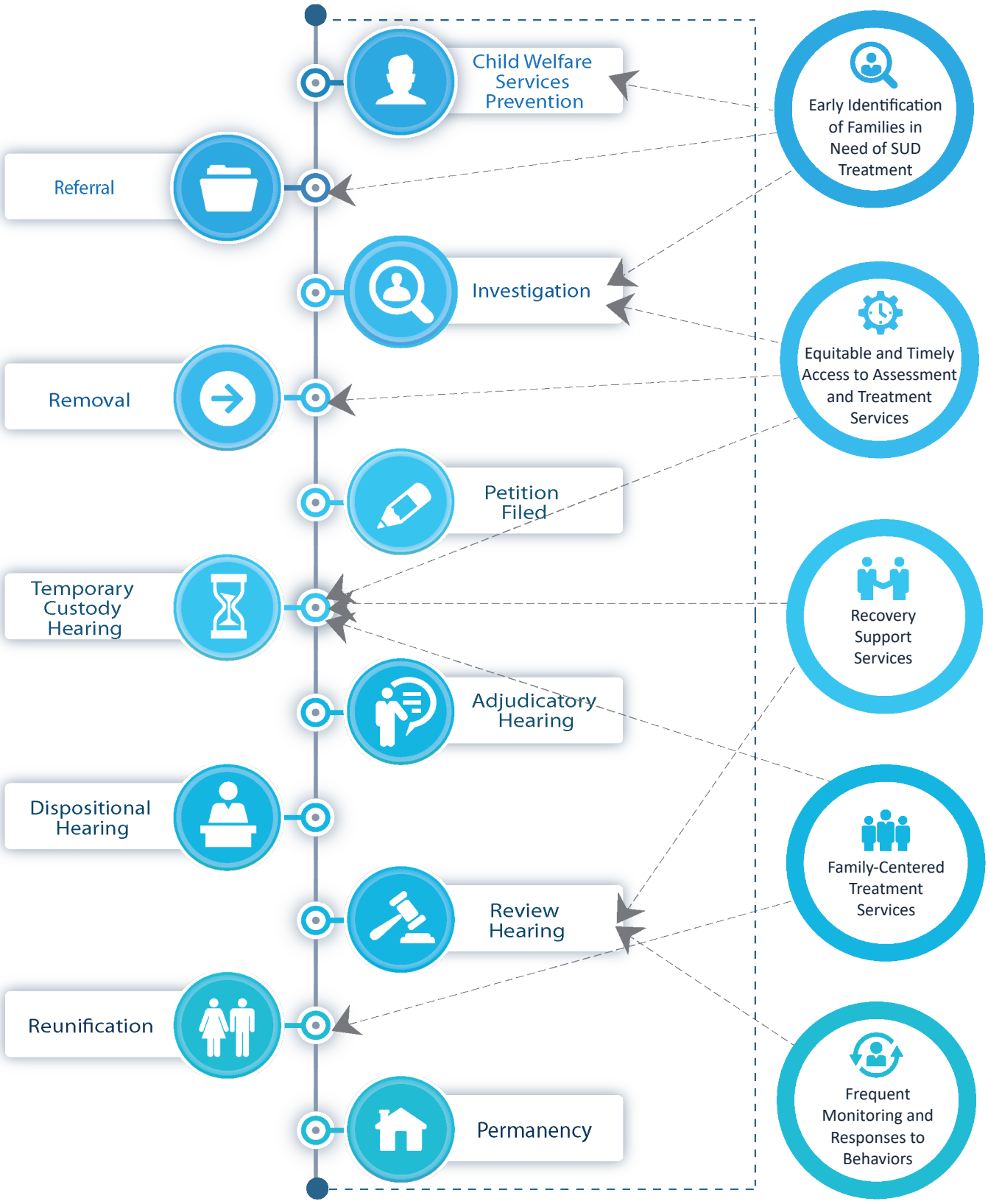

Training and staff development across systems and at all levels (administrative, management, and frontline staff) are crucial for developing, implementing, and sustaining cross-system initiatives. Child welfare, court, and other social services professionals must acknowledge parental trauma, substance use and mental disorders—and their effect on families—as well as effective treatment approaches.[7,8] SUD treatment and healthcare professionals must understand the child welfare system including tribal, state, and federal mandates such as ASFA; and the unique treatment needs of families involved with child welfare and the courts.[9]


The ability to sustain improved practices over time does not simply depend on having steady funding streams. It requires institutionalizing new ways of practice into the very fabric of the process. Early in the life of a collaborative initiative, cross-systems partners should decide how the innovative practice strategies will permanently become the way of doing business. Communities must find ways to access the full range of existing funding resources from multiple systems. Conveying to potential funders the collaborative's effectiveness through concrete results drives more resources to sustain what works and expands the collaborative approach to serve more families in need of the services.


Maintaining effective information systems that accurately measure agreed-upon goals and outcomes is crucial to establishing joint accountability and supporting improved practices. Collaborative partners must agree upon a set of performance measures to monitor comprehensive family outcomes, such as safety, permanency, and well-being for children; along with SUD treatment completion and recovery for parents. Data must be examined by race, ethnicity, gender, and other key demographic information. Partners must first identify baseline data and then create a method to link their individual data systems to effectively track joint cases and collect data on the performance measures. Partners can establish a regular review of data via a data dashboard or report card to share progress and identify any needed program and practice modifications to ensure positive outcomes.

## PRACTICE STRATEGIES AND INNOVATIONS AT KEY POINTS IN THE CHILD WELFARE TIMELINE

These five innovative practice strategies lead to improved outcomes for families affected by SUDs and child welfare involvement. While they have a meaningful impact throughout the timeline of working with families, the strategies are especially important during key intervention points, as shown in the graphic below.



## PRACTICE STRATEGIES AND INNOVATIONS

The graphic below describes the five practice strategies and innovations that improve outcomes for children and families affected by SUDs and involvement with child welfare services.

### Early Identification of Families in Need of SUD Treatment

Substance use and its effects on child and family safety are not always evident from the initial report of maltreatment. Therefore, child welfare professionals must use an array of tools to identify substance use, including a validated screening tool, environmental observations of signs and symptoms of use, review of corroborating reports, and drug testing. Parents are more likely to receive a prompt SUD assessment and referral to treatment if the child welfare agency engages in universal screening using a validated SUD screening tool, and if there is a memorandum of understanding between child welfare and local SUD treatment providers to guarantee priority access to assessment and treatment.[10] Universal screening may help to reduce racial biases and discrimination that might otherwise cause Black, Indigenous, or Persons of Color (BIPOC) to be screened at a disproportionate rate. A 2007 study found that Black postpartum women and their newborns were 1.5 times more likely to be tested for illicit drugs than non-Black women despite no significant difference in positivity rates among the women.[11] Implementing universal screening requires agencies to: 1) select an appropriate screening tool that meets the needs of the community, 2) provide ongoing training and staff development, and 3) make changes to intake and data collection procedures. Coordination with local SUD treatment agencies is key to effective practice.

### Equitable and Timely Access to Assessment and Treatment Services

Equitable and timely access to SUD assessment is the next vital step once families have been identified through screening. A clinical professional must use a standardized, culturally, and linguistically appropriate assessment tool to ensure that parents are correctly diagnosed and matched to the right level of care and services. A parent's successful treatment, engagement, retention, completion, transition to recovery, and ongoing disease management are all essential to positive child welfare and court outcomes. Research shows that prompt entry into SUD treatment significantly increases the length of time parents spend in treatment and increases the likelihood of parents' treatment completion and reunification with children.[12,13,14,15] A strong relationship between child welfare services and local SUD treatment providers is essential to encourage quick access to treatment.

### Recovery Support Services

Engagement and retention in SUD treatment for a minimum of 90 days is recommended for achieving positive treatment outcomes, with a minimum of 12 months medication-assisted treatment for opioid use disorders.[16] Parents with SUDs and child welfare involvement often face many obstacles accessing and remaining in treatment. BIPOC families may experience further barriers and reduced access to appropriate treatment. Recovery support services—either through peers with lived experience of SUDs and child welfare involvement, or by professionally trained recovery specialists—can help mitigate some of these barriers, encourage parents to remain engaged in the treatment and recovery process, and meet the court requirements they face. The use of peers and recovery specialists in the context of child welfare is designed to support the parent and family, coordinate services to achieve cross-agency goals of fostering adult recovery and parental capacity, strengthen adult and child bonding, and promote child safety and permanency in their caregiving relationships.[17] Recovery support is an important strategy to help parents engage in treatment at the beginning of the child welfare case and remain committed to treatment and recovery.

## Family-Centered Treatment Services

A family-centered approach to SUD treatment provides a comprehensive array of clinical treatment and related support services that meet the needs of the children and each member in the family, not only the parent with the SUD. Family-centered interventions seek to build parental capacity, enhance family relationships, and improve family functioning.[18] Ideally, families receive two-generation programs and parenting curricula tailored for parents in recovery. Mothers who participated in residential treatment programs with their children achieved positive parent and child outcomes, such as enhanced parent-child bonding, improved interactive and reciprocal communication, and maternal sensitivity to the child's needs.[19,20,21,22,23,24,25,26] Parenting women with SUDs who participated in residential treatment with their infants stayed in treatment longer and had higher completion rates than women who did not have their children with them.[27] Family-centered treatment must also be trauma informed; culturally responsive; and tailored to the individual's race, gender, cultural identity, and sexual orientation.

## Frequent Monitoring and Responses to Behaviors

Parents with SUDs in early recovery require much more frequent contact and oversight than typically provided through routine child welfare court cases. Some communities have implemented family treatment courts to provide judicial oversight and responses to behaviors. Other communities increase the number of administrative case reviews or family team meetings. Consistent oversight ensures that if the parent needs an adjustment to their treatment plan, the entire team will be aware and make timely, appropriate changes to ensure continued recovery for the parent and permanency for the children. Oversight also includes setting clear expectations and providing therapeutic, motivational responses to parents' behaviors. Incentives and sanctions can increase participant engagement in case plans, substance use and mental disorder treatment, and positive parenting.[28] Using a motivational enhancement approach—such as Motivational Interviewing—during administrative case reviews, team meetings, and court hearings can enhance parents' motivation to change and encourage engagement and retention in treatment.[29]

## KEY SHARED OUTCOMES FOR FAMILIES

Several multisite evaluations of innovative programs serving families affected by SUDs and involved with child welfare have demonstrated consistent results over the past decade. CFF developed the *Five Rs* to summarize these key shared outcomes for families. The major multisite evaluations and their corresponding outcomes are listed below.

### REGIONAL PARTNERSHIP GRANTS PROGRAM (RPG)

The Administration for Children, Youth and Families, Children's Bureau, operates the RPG Program to improve the well-being of children and families affected by parental SUDs. An evaluation of the first round of RPG (2007–2012) studied 53 sites with a total of 15,031 families—including 25,541 children and 17,820 adults. Outcomes include:

- **RECOVERY** – RPG adults accessed SUD treatment within an average of 13 days of entering the RPG program, and 36.4% entered treatment within three days. Adults remained in SUD treatment an average of 4.8 months, and 65.2% stayed in treatment longer than 90 days.
- **REMAIN AT HOME** – More than 90% of children remained at home while their parent/caregiver participated in the RPG program.
- **REUNIFICATION** – Nearly two-thirds (63.6%) of children were reunited within 12 months; of these children, 17.9% reunited in less than three months.
- **REPEAT MALTREATMENT** – The majority (95.8%) of participating children did not experience initial or repeat maltreatment within the first six months following program enrollment.
- **RE-ENTRY** – After reunification with their parent(s), only 7.3% of children re-entered foster care within 24 months.
- **EQUITY** – Black, AI/AN, and Latino/a children experienced similar lengths of stay in foster care and reunification with a parent within 12 months compared to White children.[30,31]

### CHILDREN AFFECTED BY METHAMPHETAMINE (CAM) FAMILY TREATMENT COURT PROGRAM

The Substance Abuse and Mental Health Services Administration (SAMHSA) administered the CAM Program—focusing on expanding or enhancing services to children and their families affected by methamphetamine use. SAMHSA funded 12 Family Treatment Courts from 2010–2014. The 12 grant programs served a total of 2,479 families, which included 3,244 adults and 5,131 children. Outcomes include:

- **RECOVERY** – Adults stayed in SUD treatment an average of six months, and nearly half successfully completed treatment.
- **REMAIN AT HOME** – Nearly all (91.5%) of the children who were in-home at the time of CAM enrollment remained in their home with their parent/caregiver throughout their family's participation in CAM services.
- **REUNIFICATION** – The majority (84.9%) of children exiting out-of-home care were discharged to reunification.
- **REPEAT MALTREATMENT** – Only 2.3% of children experienced repeat maltreatment within six months of program enrollment.
- **RE-ENTRY** – Only 6.6% of children in the program who reunited re-entered out-of-home care within 24 months.[32]

## SOBRIETY TREATMENT AND RECOVERY TEAMS (START) MODEL

The START Model is an evidence-based, integrated program between child welfare services and SUD treatment. This intervention aims to help parents with SUDs achieve recovery, improve parental capacity, and keep children in the home when safe and possible. Outcomes include:

- **RECOVERY** – Mothers in START have higher rates of sobriety and early recovery than non-START child welfare-involved counterparts (66% versus 36%).
- **REMAIN AT HOME** – Children in START are 50% less likely to enter out-of-home placement than children from a matched comparison group.
- **REUNIFICATION** – At case closure, more than 75% of children in START remained with or were reunified with their parent.
- **REPEAT MALTREATMENT** – START prevented repeat child abuse or neglect within six months for 96.8% of children served, 2.1 percentage points higher than the federal standard.
- **EQUITY** – Black children served by START (n=232) were more than three times as likely as Black children served in usual child welfare services (n=232) to be free from both placement in foster care and subsequent maltreatment 12 months post-intervention.[33,34,35,36,37]

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