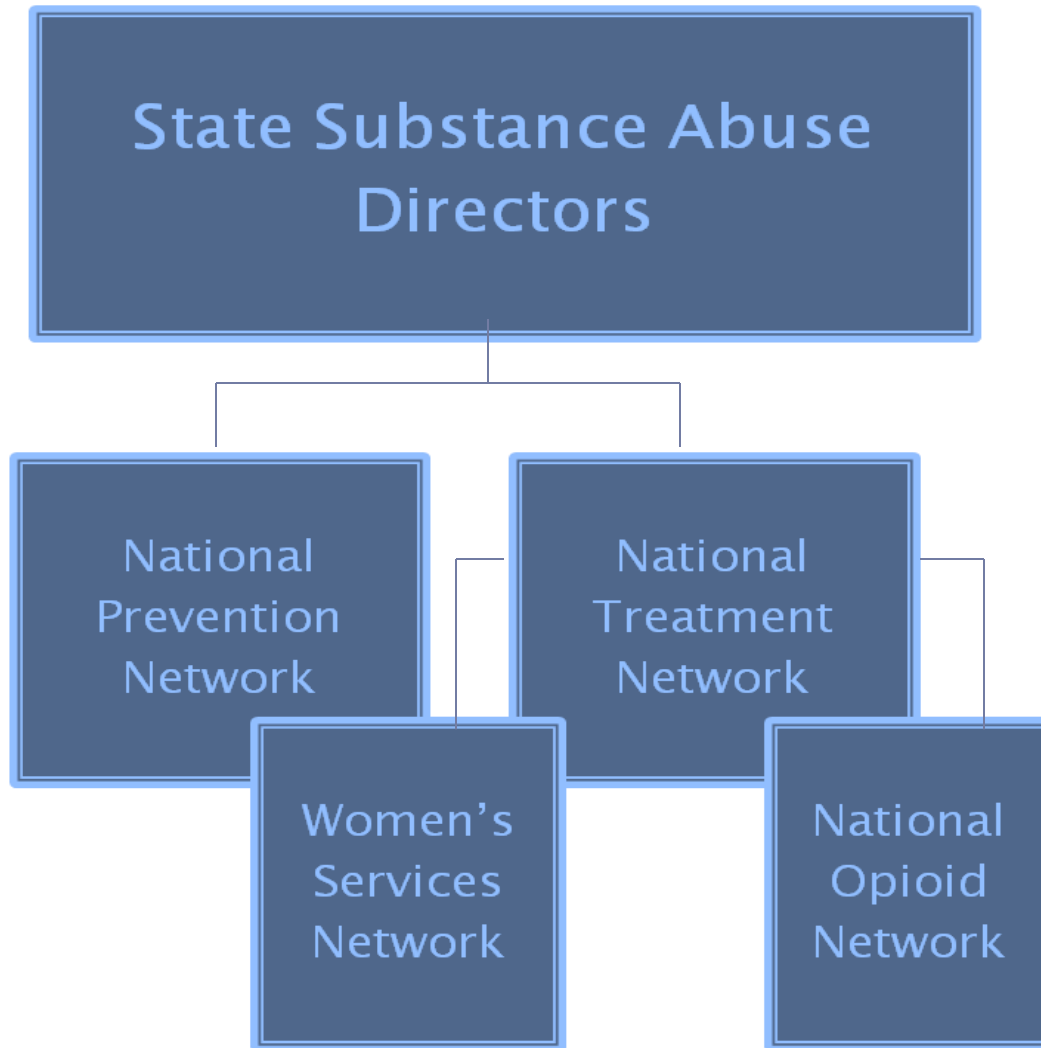




Substance Abuse Treatment and Child Welfare

Robert Morrison, Executive Director of the National Association of
State Alcohol and Drug Abuse Directors (NASADAD)

NASADAD Members



- Every state and territory has a State Substance Abuse Director or SSA. The SSA oversees the State's substance abuse prevention, treatment and recovery system to ensure a coordinated system of care comprised of state and federal funds.
- State Substance Abuse Agencies ensure accountability through data reporting, evaluations, and technical assistance. Members also insure quality by utilizing standards of care, patient placement criteria, licensure, and certification.
- Within NASADAD, there are component groups that represent certain aspects of the substance abuse system – prevention, treatment, women's services, and opioid treatment.

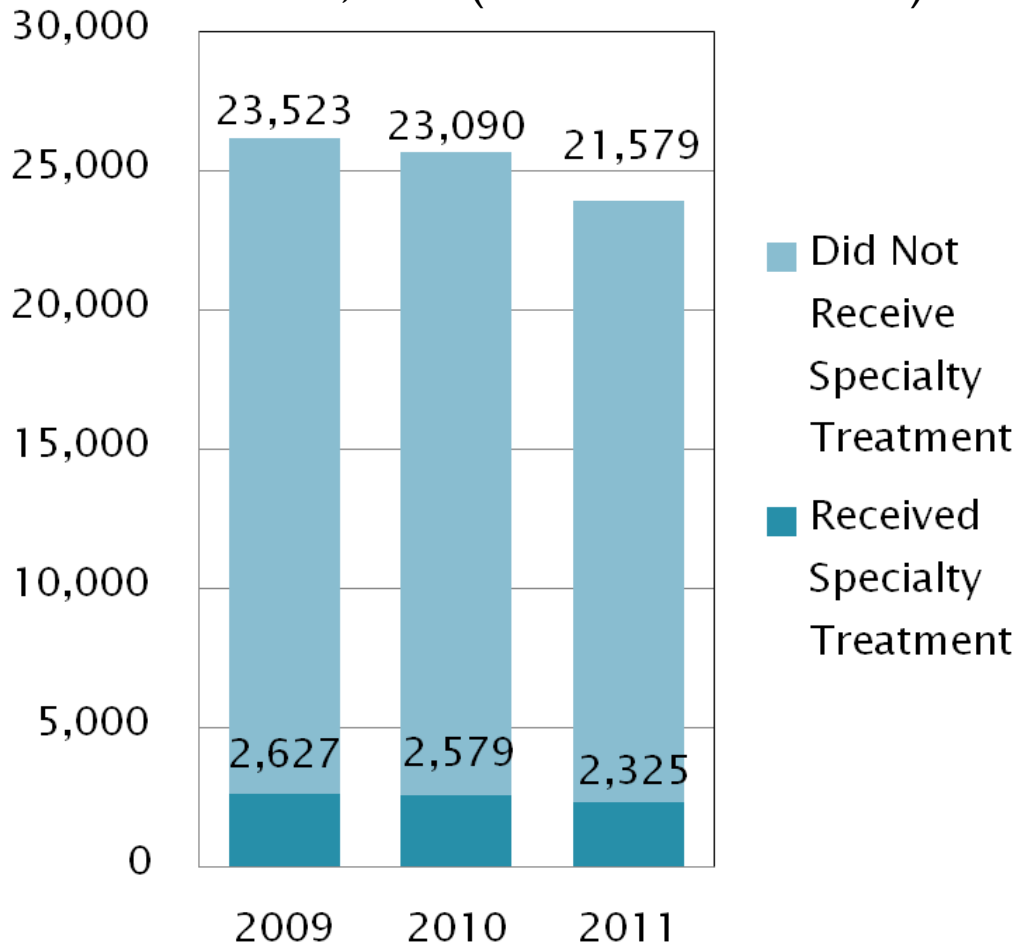
The Women's Services Network (WSN)

- ▶ A NASADAD component network that focuses on women's substance abuse prevention, treatment, and recovery issues.
- ▶ Membership is made up of the women's service coordinators from across the country appointed by their respective State Substance Abuse Director to guide the delivery of treatment, prevention, and recovery support services.
- ▶ Four subcommittees include criminal justice, data outcomes, pregnant and parenting women, and the Recovery Oriented Systems of Care (ROSC) for women.
 - ▶ WSNs also have a work group on Trauma-Informed Care
- ▶ Primary roles of the women's service coordinators:
 - ▶ Ensure that the unique treatment and prevention needs and concerns of women and their families are addressed.
 - ▶ Work to expand and improve the publicly-funded treatment, prevention, and recovery systems and services.
 - ▶ Facilitate collaboration with other public and privately funded service agencies that serve women and their families.
 - ▶ Work with the Center for Substance Abuse Treatment (CSAT) and other stakeholders to support and promote shared interests including expansion of effective and efficient treatment for substance use disorders that is comprehensive as well as culturally and gender appropriate.



Substance Abuse Treatment Gap

Those Needing Treatment for Illicit Drugs or Alcohol Compared to Number Receiving Treatment, 2011 (numbers in thousands)



•According to the NSDUH report, **21.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem, and only 2.3 million (10.8 percent) received treatment** at a specialty facility.

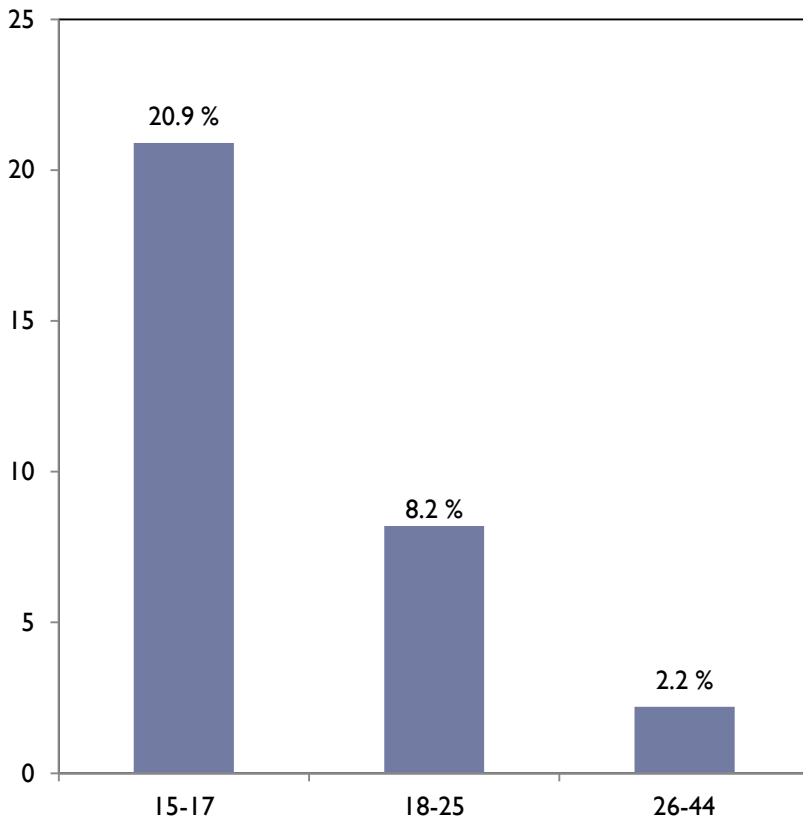
•The **common reasons for not receiving treatment** were: (a) Not ready to stop using-39.2% (b) no health coverage -37.3% (c) possible negative effect on job -13.9% (d) concerned about neighbors/communities negative opinion – 12.3% (e) not knowing where to go for treatment – 9.9%

•**Substance abuse expenditures represented 1.3 percent of all healthcare expenditures in 2003** (\$21 billion for substance abuse vs. \$1.6 trillion for all health expenditures).

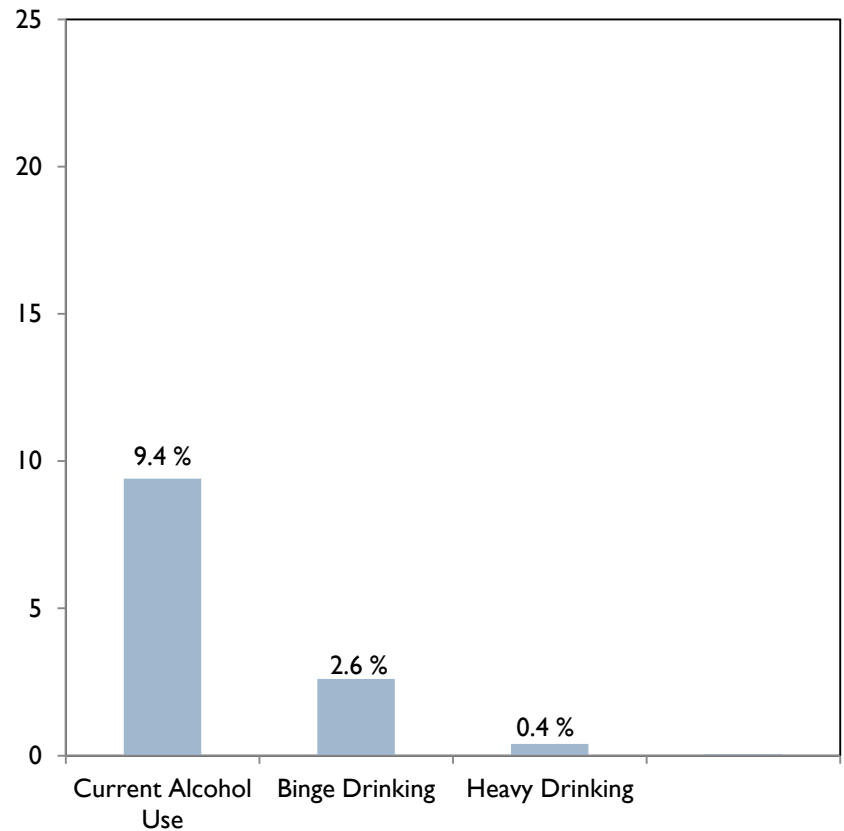
•The 2010 U.S. Drug Control Strategy cites that **untreated addiction costs society over \$400 billion annually with \$120 billion** of that in wasted or inappropriate health care procedures.

The Impact of Substance Abuse on Children and Families

Current Illicit Drug Use Among Pregnant Women (%)



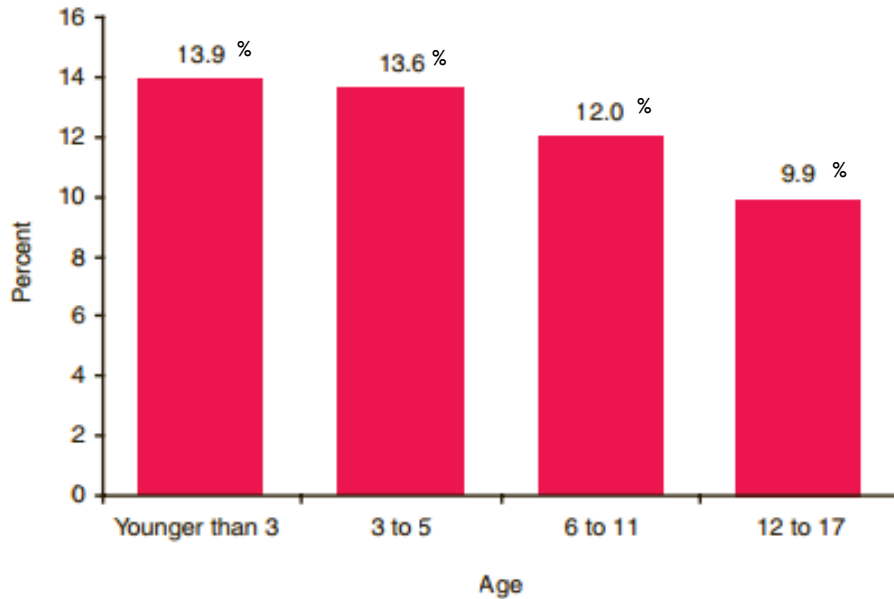
Current Alcohol Use Among Pregnant Women (%)



Source: Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Cont. The Impact of Substance Abuse on Children and Families

Figure 2. Percentages of Children* under 18 Years of Age Living with One or More Parents with Past Year Substance Dependence or Abuse, by Child's Age: 2002 to 2007

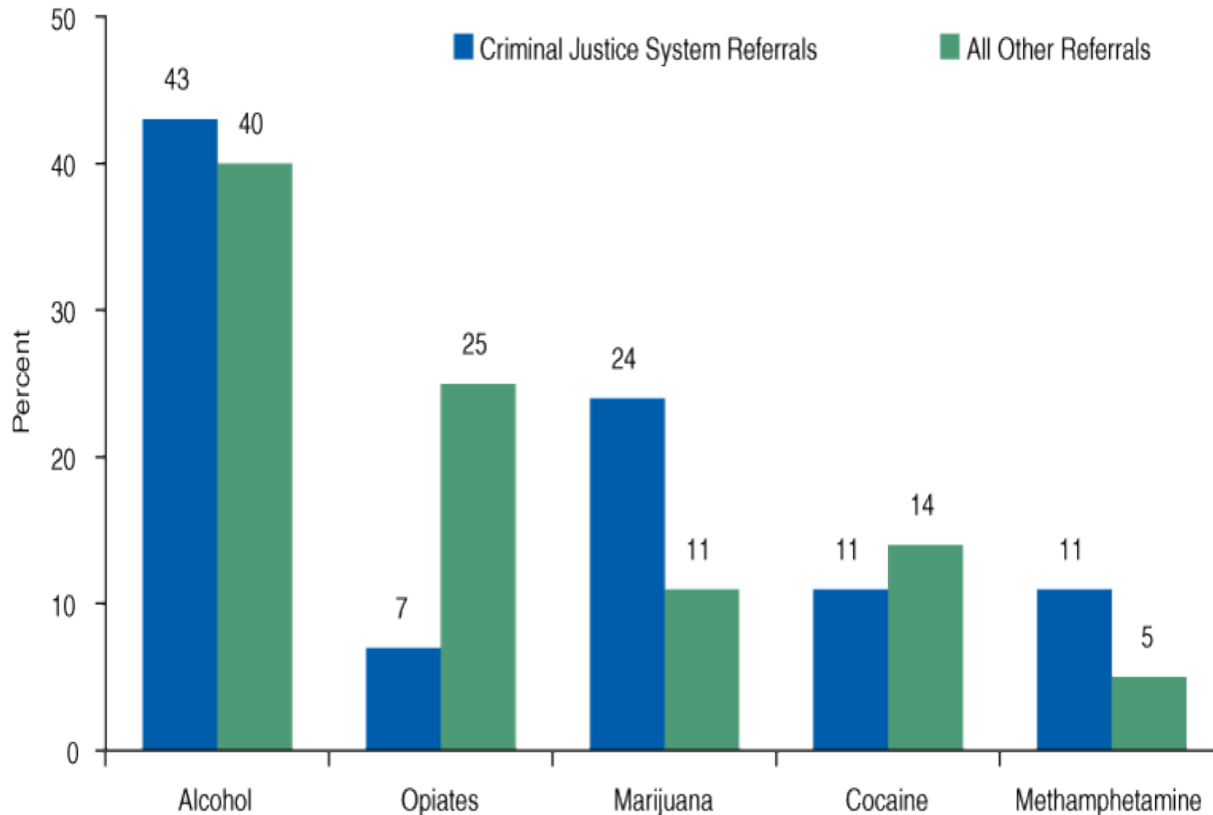


* Includes biological, step-, adoptive, or foster children. Children under 18 years of age who were not living with one or more parents were excluded from this analysis. Approximately 4.0 percent of children under age 18 were not living with one or more parents.

Source: 2002 to 2007 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

- Children born of mothers abusing drugs/alcohol are at high risk of medical complications and costs such as Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorders and spend on average 24 days in Neonatal Intensive Care Units (NICU) at birth.

Source of Referrals to Treatment



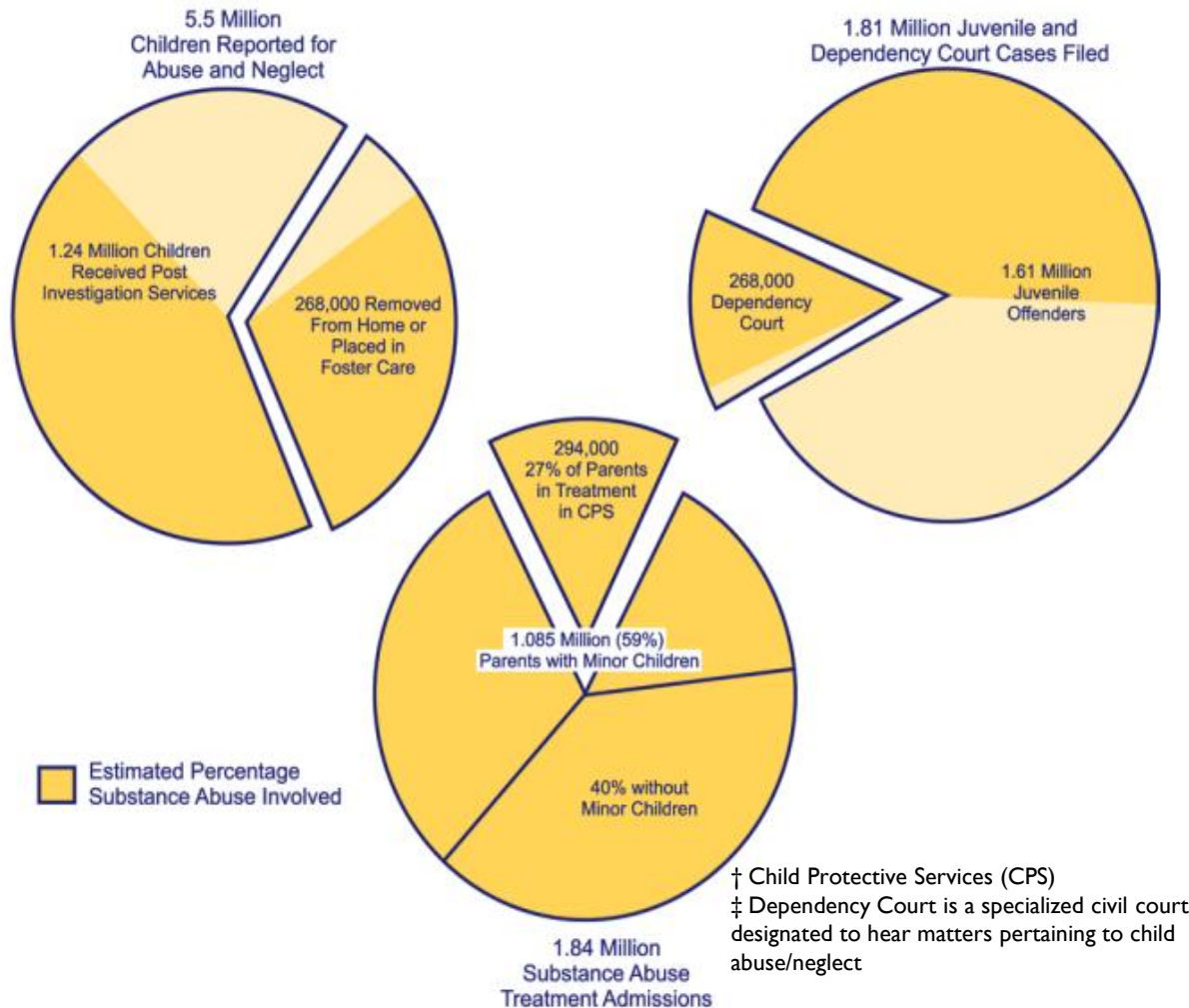
- On average, 40 percent of people in publicly funded treatment programs are referred by the criminal justice system – but percentages vary depending on the State (NASADAD, 2009).

- In 10 States, between 51 percent and 60 percent of referrals come from CJ system (NASADAD, 2009).

- In 3 States, between 61 percent and 70 percent of referrals come from CJ system (NASADAD, 2009).

Cont. Source of Referrals to Treatment

Children and Parents in Three Systems



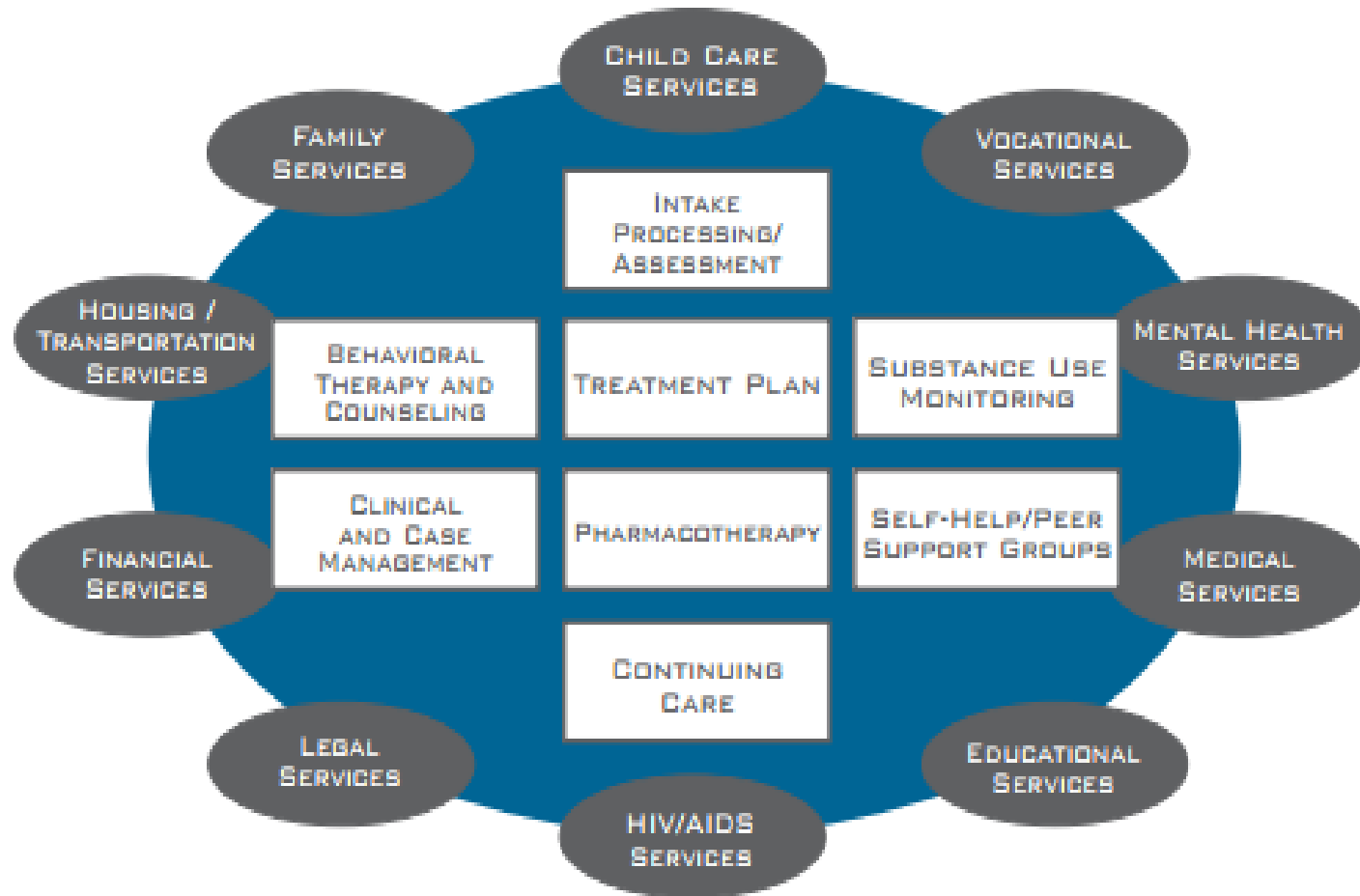
•Studies conducted using case review procedures specifically looking for notations of substance use problems among parents of children placed in protective custody have found rates from 43% (Murphy et al., 1991) to 79% (Besinger et al., 1999).

•One-third to two-thirds of families in child welfare services are affected by substance use disorders (DHHS, 1999).

•In a study of children served in their home, an estimated 11% of children had a caretaker who met diagnostic criteria of substance dependence (Gibbons, Barth, & Martin, in press).

Source: National Center on Substance Abuse and Child Welfare (NCSACW)/Substance Abuse and Mental Health Services Administration (SAMHSA). Fact Sheet on The Extent of People's Involvement With Alcohol and Drug Services, Child Welfare Services, and the Dependency Court Across Systems. Data is from 2004 for Drug and Alcohol Treatment and Child Welfare Services, and from 2002 for Dependency Courts.

Components of Comprehensive Substance Use Disorder Treatment (Principles of Effective Treatment, National Institute on Drug Abuse)



Outcomes for Families When Child Services are Included in Substance Abuse Treatment

- ▶ Programs that offer services to children (both childcare and therapeutic services) have been shown to increase parents' retention in care and to improve outcomes for women (Uziel, Miller, & Lyons, 2001).
 - ▶ When children's therapeutic services are provided in conjunction with family residential substance abuse treatment, women have been found to have longer stays in treatment and higher treatment completion rates (Clark, 2001; Conners et al., 2006; Metsch et al., 2001; McComish et al., 2003; Porowski, Burgdorf, & Herrell, 2004).
 - ▶ Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010). Substance abuse treatment services that include children in treatment can lead to improved outcomes for the parent, which can also improve outcomes for the child.
 - ▶ *Grella, Hser & Yang (2006) found that women who participated in programs that included a "high" level of family and children's services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a "low" level of these services.*
 - ▶ *Higher reunification rates for families involved in the child welfare system because of substance abuse are another benefit to providing services to children affected by parental substance abuse, with direct impact on expenditures for out-of-home care.*
- ▶ A CSAT grant in 2008-2011 providing treatment to pregnant women resulted in healthy babies being born at an estimated **cost savings of \$2,380,000** due to reduced need for NICU stays.
 - ▶ This grant project found cost savings are estimated to save \$140,000 for every healthy child born because their mother received treatment.

NASADAD/WSN and Child Welfare Services

- ▶ **How SSAs/WSNs Collaborate with Providers and Other State Agencies:**
 - ▶ Define therapeutic services to children/direct providers to screen children for physical, developmental, social-emotional and behavioral concerns and to deliver a variety of prevention/early intervention services to children whose parents enroll in SUD treatment.
 - ▶ Encourage providers to create and maintain formal and informal linkages with a comprehensive resource network, including, but not limited to, Child Welfare Agencies, child care providers, and pediatricians and other primary care providers.
 - ▶ Coordinate with other agencies and providers to expand the range of therapeutic services available to children and families beyond those funded by the SAPT Block Grant. These coordination efforts have increased treatment providers' ability to provide services either on site by program or partner agency staff or through referrals to community services.
 - ▶ Support family treatment—meaning treatment that treats the whole family as a unit and responds to an assessment of the whole family's needs.

- ▶ **NASADAD/WSN Products/Resources:**
 - ▶ *Therapeutic Services for Children Whose Parents Receive Substance Use Disorder (SUD) Treatment* (Mandell Carmona, 2011)
 - ▶ *Guidance to States: Treatment Standards for Women With Substance Use Disorders* (Mandell & Werner, 2008).

Example of SSA Child Welfare Services (New Jersey)

- ▶ **Joint Collaboration with Department of Children and Families, Division of Youth and Family Services**
 - ▶ SA Assessments, referrals, and linkages by Certified Alcohol and Drug Counselor (CADC) in Child Welfare Offices
 - ▶ Monthly SA Consortia Meetings and Case Conferencing between Treatment Providers and Child Welfare

- ▶ **Specialized Substance Abuse Treatment Services for:**
 - ▶ All levels of care
 - ▶ Pregnant women and women with dependent children

- ▶ **Specialty Treatment Includes**
 - ▶ Gender Specific Substance Abuse Treatment
 - ▶ Family Centered Treatment
 - ▶ Trauma Informed-Trauma Specific
 - ▶ Collaboration to address substance exposed children
 - ▶ Referrals

Substance Abuse Prevention and Treatment (SAPT) Block Grant

- ▶ The Substance Abuse Prevention and Treatment (SAPT) Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) is distributed to all States and jurisdictions by a formula that is in statute.
 - ▶ The Substance Abuse Prevention and Treatment (SAPT) Block Grant, accounts for approximately 40 percent of substance abuse expenditures by State substance abuse agencies across the country.
 - ▶ The SAPT Block Grant 20 percent set-aside, required by statute, represents on average 64 percent of a State substance abuse agency's prevention expenditures. In six States, it is 100 percent.
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How is the SAPT Block Grant Used?

- ▶ The SAPT Block Grant is flexible to meet state needs, by law:
 - ▶ 20 percent is required to be used for primary prevention
 - ▶ Treatment for individuals with intravenous substance abuse
 - ▶ Requirements for the prevention of tuberculosis
 - ▶ Requirements for early intervention services for HIV
 - ▶ **The State must spend a certain amount on pregnant women and women with dependent children**
 - ▶ *SAPT Block Grant Interim Final Rule requires that States “maintain expenditures for services for pregnant women and women with dependent children at a level that is not less than the FY 1994 expenditures” fund services for pregnant women and women with dependent children. These services must include “therapeutic interventions for children in custody of women in treatment which may among other things address their developmental needs and their issues of sexual abuse, physical abuse, and neglect.”*
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SAPT Block Grant Requirements for Pregnant Women and Women with Dependent Children

- ▶ Subpart L, Section 96.124 of the SAPT Block Grant mandates that States must ensure that programs that receive funds set aside for pregnant women and women with dependent children provide or arrange for:
 - ▶ Primary medical care, including prenatal care;
 - ▶ Primary pediatric care for the women's children, including immunizations;
 - ▶ **Gender-specific substance abuse treatment;**
 - ▶ Other therapeutic interventions for women addressing issues such as relationships, sexual and physical abuse, and parenting;
 - ▶ **Therapeutic interventions for children in custody of women in treatment** to address, among other things, developmental needs, sexual abuse, physical abuse, and neglect;
 - ▶ Child care while the women are receiving services; and
 - ▶ Sufficient case management and transportation to ensure that the women and their children have access to the above services.
 - ▶ States do not require, but are strongly encouraged to require, programs that receive these set-aside funds to provide or arrange for the following additional services:
 - ▶ Case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments;
 - ▶ Employment and training programs;
 - ▶ Education and special education programs;
 - ▶ **Drug-free housing for women and their children;** and
 - ▶ Therapeutic day care, Head Start, and other early childhood programs for children.
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SAMHSA's Residential Treatment for Pregnant and Postpartum Women (PPW) Grant Program

- ▶ The PPW program supports evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context that aim to:
 - ▶ Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women;
 - ▶ Increase safe and healthy pregnancies; improve birth outcomes; and reduce perinatal and environmentally related effects of maternal and/or paternal drug abuse on infants and children;
 - ▶ Improve parenting skills, family functioning, economic stability, and quality of life; and
 - ▶ Decrease involvement in and exposure to crime; violence; neglect; and physical, emotional and sexual abuse for all family members.
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Questions?

Rmorrison@nasadad.org or (202) 293-0090