



SHARED OUTCOMES FOR STATE CHILD WELFARE AND SUBSTANCE USE DISORDER SYSTEMS



BACKGROUND & PURPOSE

Background

The involvement of the child welfare system with families impacted by substance use disorder (SUD) is clearly documented. In 2019, 40% of children who were removed from their homes and placed in out-of-home care had parental alcohol or other drug misuse as an identified condition for removal.¹ In some states, more than 60% of child removal cases have alcohol or other drug misuse identified as a condition for removal, with the highest state average being 69%.¹ Children of parents with an SUD tend to spend more time in the child welfare system than children of parents without an SUD, delaying permanency and further compounding trauma.^{2,3,4} When SUDs are targeted and treated, children spend less time in the child welfare system and are more likely to reunite with their parents permanently.⁵

Intentional planning and coordination between alcohol and drug and child welfare agencies are essential to prevent the negative consequences that substance use disorder can have on children both in and out of the child welfare system. To ensure proper referral to SUD treatment, coordination between the child welfare and alcohol and drug fields is critically important – beginning with widely available screening to identify individuals' needs.

Although many states have a strong foundation of coordination between the two systems, there are varying levels of collaboration occurring throughout the country. To strengthen collaboration, greater joint accountability is required through shared outcomes between the child welfare and alcohol and drug systems.

Purpose

A workgroup of state child welfare and alcohol and drug leaders from the American Public Human Services Association (APHSA) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) developed this brief to assist state alcohol and drug and child welfare agencies in improving systems-level outcomes to improve the lives and experiences of families impacted by SUD who are involved with the child welfare system. The outcomes identified in this document are meant to serve as guidance to alcohol and other drug agencies and child welfare agencies to assess and improve their systems. Certain measures may be monitored by one agency or the other, but regardless of which agency is collecting the data, both agencies should jointly review the outcomes to improve care for child welfare-involved families impacted by SUD.

Outcomes

Below is a matrix describing each outcome, the party responsible for collecting the data related to the outcome, objectives for the outcome, and the baseline measurement for the outcome. Child welfare and SUD agencies can utilize this matrix to collaborate on collecting and assessing data to improve their systems' care for SUD-impacted families involved in the child welfare system.

Outcome	Party(ies) Responsible for Data Collection	Objective(s)	Baseline(s)
Improved access to SUD treatment and recovery services	<ul style="list-style-type: none"> SUD system 	<ul style="list-style-type: none"> Decreased length of time it takes to access SUD treatment and recovery services for SUD-impacted families involved in the child welfare system 	<ul style="list-style-type: none"> Average length of time to access initial SUD treatment services Average length of time to access recovery services after treatment
Early identification	<ul style="list-style-type: none"> SUD system Child welfare system 	<ul style="list-style-type: none"> Increased percentage of child welfare-involved families provided SUD screening (e.g., mothers, fathers, caregivers, youth) 	<ul style="list-style-type: none"> Percentage of child welfare-involved families provided SUD screening
Improved treatment initiation and engagement	<ul style="list-style-type: none"> SUD system 	<ul style="list-style-type: none"> Improved rates of referrals to treatment and engagement with those referrals 	<ul style="list-style-type: none"> Percentage of SUD-impacted and child welfare-involved individuals who receive a positive screen and are referred for a clinical assessment Percentage of SUD-impacted and child welfare-involved individuals with a SUD diagnosis that receive an initial service and additional service within 14 days Percentage of child welfare-involved individuals with a SUD diagnosis that engage, as defined by receiving five additional substance use service events with 30 days after initiation

Outcomes

Outcome	Party(ies) Responsible for Data Collection	Objective(s)	Baseline(s)
Improved governance	<ul style="list-style-type: none"> • SUD system • Child welfare system 	<ul style="list-style-type: none"> • Shared accountability through formal joint governance structures (using mechanisms such as MOUs) that plan and implement services for SUD-impacted families involved in the child welfare system with a shared vision • Improved communication mechanisms and processes between SUD and child welfare systems (general education, communicating protocols and policies, data sharing, joint decision-making, problem-solving, etc.) 	<ul style="list-style-type: none"> • Number of joint decisions to improve services or address system-level problems • Amount of CW agency funding and SUD agency funding dedicated to improving SU-related outcomes for families
Improved staff knowledge and skills	<ul style="list-style-type: none"> • SUD system • Child welfare system 	<ul style="list-style-type: none"> • Increased frequency of training based on child welfare and SUD provider need 	<ul style="list-style-type: none"> • Number of trainings provided • Number and types of CW and SU staff reached • Number of training topics delivered based on training plan or other identified need
Improved access to child welfare services	<ul style="list-style-type: none"> • Child welfare system 	<ul style="list-style-type: none"> • Decreased length of time it takes to access child welfare services for SUD-impacted families involved in the child welfare system 	<ul style="list-style-type: none"> • Average length of time to access child welfare services

Outcomes

Outcome	Party(ies) Responsible for Data Collection	Objective(s)	Baseline(s)
Reduced maltreatment	<ul style="list-style-type: none"> Child welfare system 	<ul style="list-style-type: none"> Fewer children experience subsequent physical and emotional maltreatment, (e.g., no indications of physical, sexual, or emotional abuse or neglect)^{6,7} 	<ul style="list-style-type: none"> Percentage of children experiencing maltreatment (physical, sexual, or emotional abuse or neglect) after returning home
Remain at home	<ul style="list-style-type: none"> Child welfare system SUD system 	<ul style="list-style-type: none"> Fewer children enter foster care⁸ 	<ul style="list-style-type: none"> Number of children entering foster care Percentage of families involved in the child welfare system who access wraparound services (housing, employment, transportation, etc.)
Reunification	<ul style="list-style-type: none"> Child welfare system 	<ul style="list-style-type: none"> Children stay fewer days in foster care and reunify with birth parents⁸ Fewer children re-enter foster care after reunification⁸ 	<ul style="list-style-type: none"> Average number of days children stay in foster care Number of children who re-enter foster care after reunification

KEY TERMS

- **Child maltreatment:** Behavior toward a child that causes physical or emotional harm. Four generally recognized types of maltreatment are physical abuse, sexual abuse, emotional abuse, and neglect.
- **Permanency:** Legal membership in a safe, stable, nurturing family with relationships that are intended to last for a lifetime.
- **Recovery:** A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.
- **Reunification:** The process of returning children in foster care with their birth parents.
- **Safe environment:** Freedom to pursue daily activities without fear of violence, harm, or negligence.
- **Safety plan:** A prioritized written list of coping strategies and sources of support for family members, created in consultation with case managers and treatment providers.
- **Substance misuse:** The use of any substance in a manner, situation, amount, or frequency that can cause harm to a person using the substance or to those around them.
- **Substance use disorder:** A medical illness caused by the repeated misuse of a substance(s) as diagnosed by The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).



WORKS CITED

1. AFCARS Data, 2000-2019
2. Kaplan, C., Schene, P., De Panfilis, D., & Gilmore, D. (2009). Shining light on chronic neglect. *Protecting Children*, 24, 17.
3. Gregoire, K.A., & Schultz, D. J. (2001). Substance abusing and child welfare parents: Treatment and child placement outcomes. *Child Welfare*, 80, 433-452.
4. Brook, J., & McDonald, T. (2010). The impact of parental substance abuse on the stability of family reunifications from foster care. *Child and Youth Services Review*, 31, 193-198. <https://doi.org/10.1016/j.childyouth.2008.07.010>
5. Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29(4), 460-473. <https://doi.org/10.1016/j.childyouth.2006.08.006>
6. Eisenberg & Resnick (2006). Family Connectedness Scale. <https://elcentro.sonhs.miami.edu/research/measures-library/fcs/index.html>
7. Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., et al. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. *Journal of Adolescent Health*, 40(4). <https://doi.org/10.1016/j.jadohealth.2006.10.013>
8. Lawrence, C., Carlson, E., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology*, 18(1), 57-76. [doi:10.1017/S0954579406060044](https://doi.org/10.1017/S0954579406060044)