

California Child Welfare Prevention
TOOLKIT

SUBSTANCE USE DISORDER RECOMMENDATIONS

CALIFORNIA
CHILD WELFARE
COUNCIL



Prevention & Early Intervention
Citizen Review Panel



Issue Specific Recommendations in Alignment with Core Elements

The PEI Committee developed the Child Welfare Prevention Toolkit to assist the field with the implementation of the Call to Action that includes a Prevention Framework and Resource Guide. In order to build upon this work, the Committee has developed a series of Issue Specific Core Element Recommendations that focus on areas that serve as critical barriers for families that come to the attention of the child welfare system. These issues include: Substance Use Disorders, Mental Health, Domestic Violence and Homelessness. Each of these barriers and their impact on the child welfare system are reviewed below, followed by recommendations to address the barrier in alignment with the Core Elements of the Prevention Framework. The Resource Guide has been enhanced to incorporate key articles, documents and tools that serve to inform the field in relation to these specific barriers and assist with the implementation of the recommendations. Further, with the implementation of the new federal standards under the Child Abuse Prevention and Treatment Act and the passage of the Families First Act, it is hoped that these tools will assist California with the development and achievement of outcomes that assist with both strengthening our families and keeping children safe.

Call to Action

The call to action from the Child Welfare Council to all California counties, along with our program, policy and system partners, is to embrace shared responsibility to promote and support the prevention of child abuse and neglect, as well as the overall and long-term health and well-being of all children, families and communities.

SUBSTANCE USE DISORDERS (SUDs)

Substance Use Disorders are a primary issue impacting families involved with the child welfare system throughout the country, with estimates of over 70% of families referred to or involved with the system having substance misuse or an SUD as a factor. In California alone, prenatal substance exposure has been estimated to affect more than 75,000 births each year. Although substance abuse in and of itself is not an indicator of child abuse, there is a clear correlation between the use of substances and child abuse and neglect. Unfortunately, once these families enter the child welfare system, there has been no consistent policies or practices in place to respond to the barriers to child safety and family stability that substance abuse creates.

For example, in California there is no uniform system within child welfare for identifying, screening, or tracking families impacted by substance abuse. Even if there were, the current prevention and/or treatment resources available for families are extremely limited. Programs that accept children along with their mothers have regulations that restrict the number of children that can enroll, as well as the age of the children who can attend; often causing a mother to choose between her children or treatment. Programs for fathers and their children are extremely rare and do not exist in most jurisdictions.

With the implementation of new Child Abuse Prevention and Treatment ACT (CAPTA) requirements in 2018 and the passage of the Families First Act (2019 implementation), we have the opportunity to address concerns identified

above and put policies and services in place that will provide more consistent identification of and response to families impacted by substance abuse.

The CAPTA requirements include Plans of Safe Care for substance-affected infants, developed on an interagency basis, as well as timely access to family treatment and improved prenatal and perinatal screening as prevention targets. This will require development and implementation of policies and procedures for screening and referral of substance exposed births. Additionally, it will require that California upgrade their data system to include the collection of baseline data and progress made in responding to the issue of substance abuse and its impact on families in the child welfare system.

Statewide implementation of the Families First Act will expand the resources available for prevention and place an emphasis on keeping families together. The Act requires the development of integrated, family centered mental health and substance abuse prevention and treatment services (to treat the major reasons children come into foster care today), and home visiting programs (including parenting skills training, parent education, and individual and family counseling) that will assist with prevention of substance abuse as well as support on-going recovery. If implemented effectively, it will eliminate referrals to services that separate parents and children by funding programs that serve entire families and serve as the most effective form of prevention of later substance use disorders in children and youth.

California's preparation for implementing these requirements should be part of a transparent, inclusive process involving stakeholders with lived experience, as well as agencies and organizations throughout the state who are familiar with the causes and effects of substance abuse. As disproportionality remains a major issue in the child welfare system, it is critical that any policies and resources developed are equitably implemented and applied in order to offer treatment versus punishment to those suffering from the disease of addiction. If implemented appropriately, this could alter how SUDs are addressed in our child welfare system by:

- 1. Addressing substance use issues early in order to mitigate need for child abuse and neglect referral.**
- 2. Ensuring effective, integrated substance abuse services and supports are in place that promote long term recovery and sustained safety of children for those families that do enter the system, in order to:**
 - a. Reduce the need for removal of children while under child welfare supervision**
 - b. Reduce reentry of families into the child welfare system**
- 3. Investing in data improvements to track substance use disorders as the cause of removals, the outcomes of parents referred to treatment agencies by child welfare and the courts as part of reunification efforts, and monitoring annual rates of change in prenatal substance exposure and treatment outcomes for parents and infants enrolled in the child welfare system under Plans of Safe Care.**

Ultimately, it is hoped that a full array of services will be offered through an interagency effort that prioritizes infants and other children affected by prenatal and parental substance use that includes services well beyond substance use disorder and mental health treatment, including: enrollment in state-funded home visiting, early childhood education and development programs, and family oriented housing that supports aftercare and recovery.

Specific recommendations for Substance Use Disorders by Core Elements of the Prevention Framework are identified, as follows:

Core Elements: Substance Use Disorders

Family Centeredness

- Increase the availability of Family Centered Treatment programs (outpatient and residential) that serve the entire family.
- Implement programming for special populations such as single fathers, TAY and teen parents.
- Enhance availability of evidence based SUD prevention and early intervention programming , such as Celebrating Families, that focuses on the well-being of all family members.
- Enhance the availability of specialized programming that has demonstrated effectiveness, such as family drug courts.

Strengths Focus

- Include families in the development of Safe Care Plans for infants identified with prenatal substance exposure.
- Incorporate the identification of family strengths in any substance abuse screening or assessment tool utilized.
- Implement policies and procedures that address SUDs as a disease and do not criminalize persons in treatment/recovery.
- Ensure that programming implemented recognizes the importance of intergenerational service delivery.

Participant Voice

- Include the family in all aspects of case planning and services.
- Ensure that special populations are incorporated into the design and delivery of services, inclusive of fathers, TAY and minors with children.
- Increase the use of programs, such as Parent Partners, that support the use of individuals with lived experience to advocate for families impacted by SUDs.

Cultural and Linguistic Competency

- SUD prevention and treatment services are designed and implemented in a culturally and linguistically responsive and sensitive manner.
- Screening and Identification of SUDs are consistently implemented across all communities.
- Equal access to services are provided within the community.
- Staff composition reflects the ethnic, linguistic and cultural aspects of the community and incorporates individuals with lived experience.

Program monitoring, integrity & CQI

- Upgrade the existing child welfare data base to incorporate the mandatory collection of data on SUDs, including screening and identification; access to services; and tracking of progress.
- Ensure that data regarding substance use disorders and child welfare involvement is collected across service systems, inclusive of the health care system.
- Address confidentiality barriers to sharing data using models of informed consent (e.g. Legal Action Center).
- Develop and implement perinatal screening and assessment tools for SUDs.
- Prioritize funding to ensure an adequate response to SUDs is provided across systems.
- Evaluate the system to determine if adequate resources are available to support positive outcomes for families affected by SUDs..

Integration & Collaboration

- Prioritize funding and the collaboration of services across systems to ensure families affected by SUDs receive the resources necessary to support recovery.
- Ensure health practitioners are included in the collaboration, particularly OB/GYNs.
- Ensure that behavioral health services prioritize the provision of SUD services to families referred from the child welfare system.
- Ensures that data regarding SUDs is shared across systems.