

**PARENTAL SUBSTANCE ABUSE, CHILD PROTECTION AND ASFA:
IMPLICATIONS FOR POLICY MAKERS AND PRACTITIONERS**

Substance Abuse Policy Research Program

ID# 048783

EXECUTIVE SUMMARY

Submitted By

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December 2005

ACKNOWLEDGMENTS

The authors gratefully acknowledge the support of the Robert Wood Johnson Foundation and the Substance Abuse Policy Research Program, which enabled us to conduct this important research study.

We appreciate the numerous judges, attorneys, child welfare professionals and treatment providers who gave us the benefit of their experience and expertise in our surveys, telephone dialogues, and during the site visits. We acknowledge, in particular, authorities from the five jurisdictions who allowed us access to their program staff and agency representatives: Halifax County, North Carolina, Tarrant County, Texas, Cook County, Illinois, Allegheny County, Pennsylvania, and San Diego County, California. We appreciate the access provided to us by the clients and families involved in court hearings and conferences at the five sites.

We recognize the fine work of our Advisory Board members, including: The Honorable Nolan B. Dawkins, Alexandria Juvenile and Domestic Court, Vostina Barnes DiNovo, Assistant Director/Clinical Supervisor, New Generations, Dennis Thompson and Lorelei Schaffhausen, Case Managers, Prince George's County Dept. of Human Services, The Honorable Martin P. Welch, Circuit Court for Baltimore County, and Nancy K. Young, Director, Children and Family Futures.

We gratefully acknowledge Caroline Cooper, Research Professor and Associate Director, Justice Programs Office, School of Public Affairs, American University, and her staff associates, for her work on the mail and telephone surveys and her commitment to the project.

We thank our colleagues at the ABA Center on Children and the Law for their guidance, expertise, and support, including Anne Marie Lancour, Heidi Epstein, and Andrea Khoury, staff lawyers; Robert Horowitz, Associate Director; Shante Bullock, Administrative Staff; Claire Sandt Chiamulera, website; and Sally Small Inada, editing.

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ABSTRACT

The volume and complexity of dependency courts' caseloads has changed dramatically during the last several decades. Fueled by the explosion of parental drug use and associated child abuse and neglect, dependency cases are imposing new and expanded roles on judges and court systems. This study was designed to explore how dependency courts are making permanency decisions under the Adoption and Safe Families Act of 1997 (ASFA) for children of parental substance abusers. Research methods included a mail survey of over 300 judges presiding in dependency courts; telephone surveys with over 60 judges and community professionals; a legal analysis; and five case studies of courts who have implemented special strategies to handle dependency cases under ASFA when parents are substance abusers.

We derived four policy and practice implications and recommendations from the case studies, mail surveys, and community telephone surveys:

1. Dependency courts should recognize that most cases involve parents who are substance abusers. Instituting established "good practices" in all dependency cases can also improve the response to cases in which parents are substance abusers.
2. Dependency courts faced with a sizable caseload of parents with substance abuse issues should consider, and plan for, special approaches to these cases.
3. As dependency courts implement special approaches, they need to ensure that supports are in place, including training programs, substance abuse assessments, substance abuse treatment programs, other service programs, and initiatives to support parents throughout the dependency and treatment processes.
4. Programs should plan for, and implement, evaluations to assess the effectiveness of special approaches to dependency cases when parents are substance abusers.

IMPLICATIONS AND RECOMMENDATIONS

1. Dependency courts should recognize that most cases involve parents who are substance abusers. Instituting established “good practices” in all dependency cases can also improve the response to cases in which parents are substance abusers.

Across the country, dependency courts are challenged by parents with substance abuse issues. Adopting “good practices” for all dependency cases will impact cases involving substance-abusing parents. Many of these practices are supported by the *Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases*, which is the best practices guide for dependency courts. Published by the National Council of Juvenile and Family Court Judges in 1995, the *Resource Guidelines* have been endorsed by the American Bar Association House of Delegates and the Conference of Chief Justices. The *Guidelines* set forth the essential elements of properly conducted court hearings: timely and detailed hearings as governed by federal (ASFA) and state law; policies against continuances; reasonable efforts findings; calendaring for one-family-one judge; time-certain docketing; competent and diligent representation for parents, children and agencies; family-friendly courtrooms; key decisions and detailed findings of fact and court orders at each hearing; and appropriate use of mediation, among others.

1.1. The majority of cases in dependency court involve parents who are substance abusers.

The majority of cases in dependency court involve parents who are substance abusers. Previous research studies place the figure at a low of 40% to a high of 80%, with most studies finding that a majority of dependency cases involve substance-abusing parents. In the five study sites, professionals estimated that substance-abusing parents

comprise 60-80% of their caseload. Substance abuse may be the primary reason for dependency court action, or it may be one of the factors that led to the action.

1.2. Many judges have developed strategies to meet ASFA requirements for *all* cases, not just for those with substance-abusing parents.

During the follow-up telephone surveys with 60 judges, we found a number of courts that have developed strategies for *all* dependency cases under ASFA, not just for those with substance-abusing parents. They recognize that parents with substance abuse problems comprise a very large part of their docket, but rather than develop a separate approach for them, they have taken steps to process all dependency cases with ASFA requirements by developing strategies that make sense in all cases. These strategies include expedited case handling, frequent reviews, strict monitoring of court orders, use of multi-disciplinary teams, mediation, and family conferencing. These strategies help in cases with substance-abusing parents by providing expedited assessment, early treatment, accountability for cooperating with treatment, and helping parents address their multiple challenges.

1.3. Communities with strong CASA and GAL programs, and experienced parent's, children's, and state's attorneys, appear to be more effective in responding to dependency cases when parents are substance abusers.

Among the five study sites, several had robust CASA and GAL (Guardian Ad Litem) programs and attorneys. Dependency case processing benefited from these programs. For example, Tarrant County has a strong CASA program with 167 volunteers. Child Advocates of Tarrant County (CASA) is automatically involved in all cases several weeks before the judge hears the case. CASA has access to child protective services files and meets all parties, establishes a relationship with the caseworker, and sees the child twice a month. They also attend Permanency Planning Team meetings

held by child protective services to determine the direction of the case. The judge asks for CASA's input and recommendations, and at the final hearing they provide a written report to the judge and all parties. Their involvement helps to ensure the case is resolved in the best interests of the child.

Halifax has a very strong GAL program. All children in dependency court receive a GAL, who has access to any and all information that can help them make recommendations on safe placement for the children. They are armed with a court order, allowing them to speak to and review anyone, or any materials, they decide are relevant to the case, including health/mental health records, school records, and fathers in prison and/or their parole officers. Their focus is to help clarify what is likely to happen to the child given a particular placement. GALs are given a lot of respect by the court, and the Chief District Court Judge said their input is invaluable in making decisions in the best interest of the child.

Halifax also has a very knowledgeable state's attorney who prepares detailed orders for the judge to sign. We were told that having detailed orders helps parents, child protective service workers, and treatment providers understand their responsibilities in complying with the case plan. This accelerates the resolution of the case, whether that resolution is reunification or termination of parental rights.

The Allegheny Executive Director of the Department of Human Services believes in the importance of strong representation for children and parents. His Department contracted with Kid's Voice to pay for representation for every child in dependency court, and provides an attorney to every parent if they cannot afford to hire one.

In San Diego, the Alternate Public Defender is automatically assigned to serve as the children's attorneys. Every child has legal representation to protect their best interests and this is a valuable part of their collaborative team approach.

1.4. Courts need to consider conducting more frequent reviews than required by ASFA to monitor parents' progress in treatment, to intervene, and to offer support and impose sanctions when parents relapse.

ASFA requires a six-month permanency review. During telephone interviews with dependency judges and professionals, we found that many courts were meeting ASFA timelines in dependency cases in which parents are substance abusers by conducting more frequent reviews than required by ASFA.

In several of the five study sites, the required six-month review was moved up to three months. Professionals assert that waiting six months delayed assessment of progress and compliance with court orders. By moving the review to three months, they could make any mid-course adjustments necessary to achieve permanency within the timelines of ASFA. This is especially important when parents are substance abusers. The studied courts decided they wanted to become more involved in cases than required by law. They did not want to wait for six months to review how things were going, because they could not afford to waste months if they are to meet ASFA timelines.

2. Dependency courts faced with a sizable caseload of parents with substance abuse issues should consider, and plan for, special approaches to these cases.

Improving the practice of dependency courts for all cases is commendable, but many courts will need to do more to address the specific needs of substance-abusing parents. Realizing that traditional processing in the age of ASFA is not effective is a first step. The next steps are a needs assessment, the selection of a strong leader, careful

planning, development of a team approach, and the procurement of resources to help these parents.

2.1. Courts should consider whether the traditional way of handling dependency cases when parents are substance abusers is effective.

All five of the communities in our case studies recognized that “doing business as usual” was not working in meeting ASFA timelines. Parents were not being assessed quickly and accurately; were not assisted in obtaining early treatment; were not being supported through the treatment process; and were not given other services needed to overcome their substance addiction and other barriers inhibiting reunification with their children.

The five communities found that cases were often half-way through the dependency action before treatment was initiated (if then). As a result, cases lingered in the system and children lingered in foster care. By the time substance abuse and other services began, there was not enough time to meet ASFA timelines to achieve permanency for children.

Substance abuse recovery takes time and relapse is a part of the process; therefore, it is important to identify parents with substance abuse issues and initiate treatment early in the case. All of the five study sites realized that reunification was being thwarted because services started too late. They acknowledged that traditional processing was not working and took steps to implement strategies to change the way dependency cases were processed.

2.2. A community-wide assessment can be enormously helpful in meeting ASFA timelines and providing permanent, and safe, homes for children when parents are substance abusers. The assessment can uncover how effectively dependency cases are currently handled, determine what resources are available in these cases, and help formulate what is needed to improve the response to these cases.

Community-wide assessments may consist of written questionnaires, telephone surveys, informal feedback, meetings of stakeholders, and special task forces or interdisciplinary working groups. Assessments can be enormously helpful to determine: (a) the nature and extent of the problem; (b) available resources to address it; (c) what additional resources are needed; (d) what special approaches can be developed, if needed; (e) strategies for planning and implementing special approaches; and (f) what further assessments and evaluation should be done to document how well dependency cases with substance-abusing parents are handled within the requirements of ASFA. Assessments can help develop and sustain viable approaches.

2.3 A strong leader, or lead agency can effect changes in the way dependency cases are handled.

System change is hard. During the telephone surveys, we learned that implementing strategies to improve how dependency cases are handled is often initiated by a single individual. In each of the five communities, a strong, charismatic leader(s) made it their mission to improve the response to dependency cases when parents are substance abusers. Leadership varied among the communities. In Halifax and San Diego, the Chief Dependency Judge was the driving force. In Allegheny County, it was the Director of HHS. In Cook County, it was TASC and the Department of Family Services. In Tarrant County, it was a combined effort of the Juvenile Court and Child

Protective Services. In all five communities, bringing about change took considerable insight, time, and cooperation from key agencies, as discussed below.

2.4. Careful planning is important to achieve cooperation from key agencies.

While it often takes a special leader to spearhead a new approach to handling dependency cases when parents are substance abusers, it is wise to carefully plan the approach with a team that includes representatives of key agencies involved in these cases. All of the five communities had a planning phase and formed working groups to decide on the goals of their approach, discuss what was needed to implement it, and to resolve obstacles to implementing and maintaining the new approach.

San Diego had one of the most comprehensive plans for their new programs. Judge Milliken formed a Dependency Policy Group and a SARMS Implementation Team Group. They met weekly in the beginning to formulate definitive policies that would create uniformity in how dependency cases are resolved and to develop a plan for the SARMS program and the Dependency Drug Court. In just eight months these two new approaches were implemented. The two Groups continued to meet after implementation to resolve any problems in meeting the goals of SARMS or the Drug Dependency Court. These two Teams have fostered “buy-in” from all key agencies and have resulted in a true collaboration among agencies.

Each of the other study sites—Halifax, Cook County, Allegheny County, and Tarrant County—also developed a plan to change how dependency cases in which parents are substance abusers were handled. They all acknowledged that to bring about change requires a team approach. As discussed below, no one agency can address all of the complexities in these cases.

2.5. A team approach based on mutual trust, respect, and understanding of each others' roles is important in responding to parents with substance abuse problems. Information among agencies needs to be shared.

In each of the five study sites, a system was established to build mutual trust, respect, and understanding among agencies involved in the dependency process. It began during the planning phase with achieving cooperation from agencies and continued through implementation. Confidentiality releases signed by parents allowed agencies to share information about treatment progress. This permitted everyone to monitor that progress and intervene when necessary.

In some instances, joint training helped foster strong teams. In other instances, those opposed to a new approach had to be won over by seeing that the new approach worked and benefited their clients. In Cook County, it took over a year to convince child protective service workers and defense attorneys to accept the TASC Recovery Coach Program. Child protective service workers thought the new program was usurping their role and defense attorneys worried it would have a negative impact on their clients. Similar concerns were also expressed in San Diego and Allegheny Counties. Team meetings and considerable outreach and education helped to turn the situation around. But the primary reason that negative attitudes turned to positive ones was that the programs worked and benefited clients. It took time to earn respect and to trust the information provided by team members, but it paid off. The five study counties were able to form true collaborations among agencies as they came together to improve how they responded to dependency cases in which parents are substance abusers.

2.6. Resources are needed.

A lack of resources often inhibits the response to substance-abusing parents. During the mail survey, 80% of the dependency court judges surveyed reported that insufficient treatment resources were an obstacle to meeting ASFA timeframes when the child's parents are substance abusers.

All of the five study sites needed an influx of additional resources, or had to redistribute resources, to develop new approaches to dependency cases when parents are substance abusers. Halifax received a small grant from the state to produce a video for parents that explains the dependency process and to implement a Family Drug Court. The county also received a federal grant to train court staff on substance abuse issues. But these resources were limited, and they were largely able to implement their Child Planning Conference and the Family Drug Court by stretching the resources they had. The judge and court personnel took on additional responsibilities without compensation, because they believed they needed to change how dependency cases are handled, especially when parents are substance abusers.

In Tarrant County, the Children's Justice Act provided \$56,200 to fund the Family Group Conferencing Program as well as an additional grant to CASA. In Allegheny County, Health and Human Services changed their whole structure and philosophy to serve their clients and incorporated a Permanency Planning Conference and Family Group Decision Making Project into their case processing. The county also invested \$1.2 million with POWER, a substance abuse treatment program, to provide services to substance-abusing parents in dependency court.

San Diego County spends approximately \$4 million a year on treatment services. Cook County used Title IV money to fund their Recovery Coach Program.

None of the five study sites were able to change how they respond to substance-abusing parents in dependency court without stretching limited resources or adding substantial funding for handling these cases and providing treatment to these parents. After acknowledging that the traditional case process was not working and a charismatic leader stepped forth, resources had to be allocated to change their approach to these cases.

2.7. Alternatives to traditional case processing need to be implemented.

Improving the response to all dependency cases will help process those cases with substance-abusing parents. However, given the enormous impact substance abuse has on these parents, specific approaches for them are often necessary. Each of the five counties established different approaches to improve their response to dependency cases when parents are substance abusers.

For example, in Halifax, the Juvenile Court implemented a Child Planning Conference to expedite cases. Under the old system, it took 30-60 days until the Adjudication Hearing before everyone became aware of the issues in the case and began to seek a resolution. At the Child Planning Conference, they attempt to obtain a Memorandum of Agreement that may lead to a Stipulated Adjudication among all the parties. Following the Child Planning Conference, they proceed to the courtroom. The judge reviews the agreement, or hears contested issues, and makes a determination. The next court date is set for one week later. This is sooner than is required by ASFA rules and is intended to “fast track” the cases.

In Tarrant County, a methamphetamine specialist within child protective services was created to respond to the reality that methamphetamine was fast becoming the new drug of choice. The methamphetamine specialist is available to assist law enforcement when children are found in methamphetamine labs and helps CPS workers identify methamphetamine-making supplies in a home so that children can receive the medical treatment needed to de-contaminate them.

Tarrant County also implemented a Family Group Decision Making Program to “prevent, or shorten, the time children spend in foster care, by identifying family strengths and resources to shape and support the family and child plan and to form an alliance between the family, community and CPS.”

In Allegheny County, three programs illustrate how the county changed their approach to dependency cases. For substance-abusing parents, they initiated the POWER program. Mentors from POWER work with clients to help them meet their service goals and support parents throughout the dependency process. Mentors report weekly on their client’s process to their POWER supervisor and to child protective services (a Confidentiality Waiver allows this). A tribute to the success of the POWER program is that children are returned to their parents within 12.5 months on average, compared with 22 months for clients not in the POWER program. Clients interviewed about their experiences with POWER mentors had high praise for their mentors.

Allegheny County also uses Family Group Decision Making (FGDM). The FGDM meeting empowers a family to participate in the decision making process rather than leaving the decision making to the legal authorities and service providers. It is a real paradigm shift in how child protective services handles its cases. Rather than imposing a

plan on families as child protective services typically do, the parents and her supporters draw upon their resources to develop a safety plan. Engaging families in the process is seen as a better way to help families keep children safe and structure functioning families rather than imposing the state's plan on the family.

A third strategy adopted in Allegheny County is the Permanency Planning Conference. The Permanency Planning Conference engages parents in the dependency process by providing an informal setting that encourages parents to participate in the child protective services plan to reunify them with their children.

In Cook County, Recovery Coaches provide intensive alcohol and other drug abuse treatment services, outreach, and case management services to families. The primary goals for the Recovery Coach program are to actively assist parents address their substance abuse issues and move towards reunification as safely and quickly as possible. Recovery Coaches work to ensure the parents attend and cooperate with treatment, coordinate staffing and family meetings, conduct home visits to provide on-going support and education to the family, ensure random urinalysis testing, and submit monthly progress reports to the child welfare worker and courts as needed. The Recovery Coaches work in close partnership with the child welfare worker assigned to the case and remain engaged with the family even after the parent's substance abuse treatment has been completed.

In San Diego County, the Substance Abuse Recovery Management System (SARMS) is an extensive case management system for substance-abusing parents in dependency court. The program was a reaction to the realization that 80% of the parents with children in dependency court have substance abuse issues that impair reunification

and may result in termination of parental rights. SARMS was formed and Mental Health Systems, Inc., was selected to provide immediate alcohol and drug assessments for parents with a substance abuse problem. Mental Health Services, Inc., is responsible for developing a treatment plan and monitoring the parent's progress. Prior to SARMS, parents were sent to various places to be assessed days after their appearance in court and they did not go to the assessment. Also treatment before SARMS often happened six months "down the line" and that was too late to meet ASFA, or engage parents to obtain treatment when they are most motivated, right after their children are removed. SARMS enabled them to meet ASFA timelines.

SARMS participants who are not meeting treatment goals may be eligible to participate in the Dependency Drug Court. The Dependency Drug Court encourages the substance-abusing parent to more fully cooperate with the program by heightening the supervision of the court and incorporating peer support among the court's participants. Parents receive praise for complying with the Dependency Drug Court rules and are given tokens for the number of days of sobriety. Parents who violate court orders, including testing positive for drugs, are sanctioned, including sentencing them to 3-5 days in jail. Professionals interviewed in San Diego had favorable opinions about the impact the Dependency Drug Court is having in achieving recovery for parents and reunification with their children.

3. As dependency courts implement special approaches, they need to ensure that supports are in place, including training programs, substance abuse assessments, substance abuse treatment programs, other service programs, and initiatives to support parents throughout the dependency and treatment processes.

3.1. Training is Needed.

During the mail survey, 84% of the dependency judges reported that they would benefit from additional training on substance abuse and 82% said they would benefit from additional training on ASFA. Due to limitations associated with the brief mail survey, we were not able to probe the judges about the type or content of training they would like to receive. But we were able to learn about training in the five counties.

Each of the five counties instituted internal training for staff in agencies involved in dependency cases. For example, the TASC Recovery Coaches in Cook County, the SARMS Recovery Specialists in San Diego, and the Allegheny POWER mentors all received internal training for their jobs.

Cross-agency trainings also were common in the five sites. For example, in Cook County there was considerable resistance to the TASC Recovery Coach Program. Some case workers were “very reluctant” because they thought Recovery Coaches were intruding on their job responsibilities. Public defenders were also initially against the Program. They feared that the Recovery Coach Program would increase the state’s involvement in their clients’ lives and result in their clients giving up legal rights, such as agreeing to random drug testing and waiving their rights to confidentiality. It took 1.5 years to achieve the buy-in of some case workers, defense attorneys, and treatment providers in Cook County. After a year-and-one-half, and intensive training, education and outreach work, the attitude changed. The relationship became one of mutual respect and appreciation for what can be accomplished together.

A few of the counties also participated in state-wide or national trainings. For example, Halifax County Family Court received a Bureau of Justice Assistance Grant to participate in implementation training for a Family Drug Treatment Court. Nearly a dozen professionals from Halifax attended the intensive training. The training fostered a team approach and helped Halifax Court participants understand the substantial amount of time needed to accomplish treatment and the expected relapses along the way. This changed how they processed cases with substance-abusing parents.

The San Diego Dependency Drug Court team participated with five other states in a national training on family drug courts. It was useful to hear what other courts were doing and it resulted in a stronger team approach within San Diego County and positively impacted their case processing.

3.2 Thorough and quick substance abuse assessments are important.

Among the five study sites, there was a common recognition that parents were not being thoroughly and quickly assessed for substance abuse issues. Parents are most motivated to accept substance abuse services shortly after their children are removed and they are confronted with court action. But the study sites found that assessments were haphazard, delayed until late in the case, and hindered by making parents responsible for arranging for the assessments.

In all of the sites, that was changed. Assessments by trained substance abuse specialists were incorporated into the process. Usually at the first hearing, parents were sent to an easily accessible assessment specialist (located either in the court building or within a short walking distance). Standardized substance abuse assessment instruments and interviews with parents determined the need for substance abuse treatment. In most

cases, the assessor made the appointment for the parent with the appropriate treatment provider for a day or two later. Parents, who are often in crisis after their children are removed, were not left to navigate their way through the assessment process or through initiating contact with the treatment provider. Rather, parents were supported by trained experts to ensure those who needed services are identified and supported during the initiation of services.

For example, in Cook County the Juvenile Court Assessment Project (JCAP) is located in the court building and parents are sent there after their first court hearing for an immediate assessment. The assessment takes 45-60 minutes and includes self-reported behavior by clients and the DSM-IV assessment instrument.

In Allegheny County, POWER assessors conduct the assessment in the client's home (this gives the chance to directly observe the home environment), usually within 24 hours of the referral. The assessment takes about 2.5 hours and consists of self-reports, standardized substance abuse screening instruments, and urine screens. Every client is also screened for mental health issues.

In Halifax, parents are sent to the assessment agency located within walking distance of the court immediately after their first hearing to be assessed for substance abuse. Standardized assessment tools and self-reports are used.

In San Diego, referred parents meet with the SARMS Recovery Specialist, usually the same day the referral is made, or at least within a week of the referral. The SARMS office is within walking distance of the court to make it easy for parents to be assessed. The Recovery Specialist conducts an assessment using the Addiction Severity Index and interviews the parent. The assessment takes about 2-3 hours.

3.3 A wide variety of substance abuse treatment options that can be accessed quickly is vital.

Once a parent is identified as having a substance abuse disorder, it is critical that they quickly receive appropriate services. During the mail survey of dependency judges, 80% reported that they had insufficient treatment resources in their jurisdiction for substance-abusing parents. Each of the five study sites made great strides to ensure a full range of services were available with minimum waiting lists.

For example, San Diego County has a wide array of substance abuse treatment programs available and waiting lists are generally short. There are residential programs for women who can live with their children under the age of five. There are intensive out-patient services; some are all-day programs while others are three-hour programs. Culturally relevant programs are available, including programs for Hispanic, African American, and gay and lesbian clients. Recovery Specialists from Mental Health Services, Inc., match the needs of a substance-abusing parent with the best treatment program for each individual.

In Tarrant County, there are numerous treatment options available for substance-abusing parents. Pine Street provides a detox center. Nexis in Dallas, which is close to Fort Worth, takes mothers and up to three of her children for three-to-four months of treatment. Lighthouse, Volunteers of America, Kirkpatrick, Homeward Bound, and Beaumont also provide treatment. Community Addiction Treatment Services offer an inpatient 30-day program (no children allowed) and an outpatient program that meets four times a week for as long as appropriate, depending on the client's needs. First Choice takes mothers and two-three children for 9-12 months.

Allegheny County has a multitude of treatment choices. There is a Bureau of Alcohol and Drug Services in Behavioral Health under CYF to coordinate services and make sure that there are adequate, quality services in the county. The county contracts with 35 drug and alcohol providers. During interviews with judges, we were told they are “spoiled” by all of the services they have.

In Cook County, immediate or quick access to treatment providers is usually not a problem. There are a wide variety of different types of treatment available. Treatment services are paid for by the state’s interagency agreement for parents who cannot afford services. As a result, providers receiving funds through the state initiative give child protective services clients priority. Obtaining a treatment bed or out-patient services within 24 hours is commonplace in Cook County.

3.4 Besides substance abuse treatment, parents who are substance abusers often need access to other services.

Many substance abusers need other services to make the transformation into productive, functioning adults and parents. Years of substance abuse often co-mingle with low self-esteem, medical and mental health problems, poor social skills, anger control issues, lack of educational and job skills, poor parenting, ingrained guilt and shame about the substance use, alienation and lack of support from family and friends, financial problems, inadequate housing, and other challenges. Recovery from substance abuse is unlikely if these other issues are not dealt with. All of the five study communities realized that fact and provided a plethora of services to support parents in their substance abuse recovery.

3.5. The parent has to be supported throughout the process.

By the time children are removed from their parents and the case appears in dependency court, parents have usually been living very dysfunctional lives. It is unlikely they can navigate the dependency and treatment systems alone. Several of our counties had comprehensive support systems to help. For example, Allegheny County has the POWER Program, Cook County has the Recovery Coach Program, and San Diego County has Recovery Specialists within the Mental Health Services, Inc. Program to provide support throughout the process. All of these programs hire trained recovering addicts to provide mentoring services based on the belief that these mentors can serve as role models and understand what their clients face in becoming clean and sober.

4. Programs should plan for, and implement, evaluations to assess the effectiveness of special approaches to dependency cases when parents are substance abusers.

During our site visits, we interviewed many professionals, parents, and CASA volunteers about their approaches and strategies to respond to substance-abusing parents in dependency court. We obtained their opinions about how their approach was working. Overwhelmingly, we heard favorable comments, but there was little data to support their perspectives. Program evaluation can help determine the strengths and weaknesses of a program, guide programmatic changes, policies, and laws, and be used to apply for more resources to continue or expand the program. Two of the study sites had some evaluation data to document their successes.

Tarrant County is part of a state-wide initiative to establish Family Group Conferencing. The initiative is in place in 37 counties. Statewide evaluators have

prepared findings from the first two years of the statewide Texas initiative. Findings include:

- 993 families were offered Family Group Conferences (FGC). 594 conferences were held (60%), most (63%) within 30-45 days following a child removal.
- Most of the family's placement recommendations were to place the child with a relative; child protective services accepted the recommendation 95% of the time.
- Of the 373 families who participated in the FGC, prior to the FGC 54% of the children were in foster care, 24% in relative care, and 3% were returned home. Following the FGC, 45% were in foster care, 39% in relative care, and 10% returned home.
- On factors of satisfaction, family support, and caregiver and child well-being, parents and relatives give higher marks to FGCs than to Permanency Planning Team meetings (PPTs). They score higher on feeling empowered, on understanding expectations, and identifying key issues in the Family Plan, than they do at PPTs.

Cook County's Recovery Coach Program is being evaluated via a quasi-experimental design over a five-year period. The goal is to serve 1,500 parents: 1,000 in the demonstration group, and 500 in the control group, within the five-year demonstration project. Parents are randomly assigned to either a control or demonstration group. Families in the control group receive an initial substance abuse assessment, a level of care determination, and an intake appointment at a treatment provider within 24 hours of the assessment. Families in the demonstration group receive these services plus the enhanced services of the Recovery Coach program that coordinates their substance abuse services and provides intensive home-based outreach services.

The evaluation is being done by the Child and Family Research Center at the University of Illinois, located in Cook County. Some of the evaluation questions are:

(1) are parents in the demonstration group more likely to access treatment than parents in the control group?; (2) will parents in the demonstration group access treatment quicker than parents in the control group?; (3) will parents in the demonstration group stay in treatment and be more successful in treatment than parents in the control group?; (4) will more families in the demonstration group achieve reunification, or other permanencies, and will children spend fewer days in care than families in the control group?; (5) will there be fewer subsequent maltreatment reports in the demonstration group than of parents in the control group?; and (6) is the project cost neutral, i.e. will what it costs to run the program off-set the money saved by returning children to their homes sooner?

As of April 2005, statistically significant findings included:

- 73% of the demonstration group parents accessed substance abuse treatment as compared with 50% of the control group parents.
- 50% of the demonstration group parents accessed treatment within 40 days of the JCAP assessment whereas it took 100 days for 50% of the control group parents to access treatment.
- 13% of the children in the demonstration group were returned home compared with 11% in the control group.
- Children in the demonstration group averaged 182 fewer days in foster care before returning home than children in the control group.
- Children in the demonstration groups averaged 43 fewer days before adoption.
- 20% of parents in the demonstration group had a subsequent maltreatment report compared with 29% in the control group.
- The project remained cost neutral through September 2004; indeed, the project actually produced a cost savings of over \$3.9 million, primarily due to the savings generated by children spending fewer days in foster care.

San Diego County is currently the subject of an intensive, longitudinal study on the impact of SARMS and the Dependency Drug Court. The evaluation will examine the

short-and long-term impacts of SARMS and the Dependency Drug Court. It will provide much needed data to determine how well these programs are working.