IRP focus

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Child welfare

Ken DeCerchio gave the presentation summarized below.

TAKEAWAYS

Rates of drug overdose deaths and drug-related hospitalizations are associated with higher child maltreatment reports and foster care placements.

Barriers to accessing substance use treatment within the child welfare system include a shortage of family-centered treatment options and a lack of understanding among caseworkers, court officials, and other providers about how medication assisted treatment works.

Coordinated service delivery between child welfare and substance use treatment providers would likely improve outcomes.

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Interactions between human services programs and the opioid crisis

The September 2019 Annual Poverty Research and Policy Forum, "Human Services Programs and the Opioid Crisis," was convened by the Institute for Research on Poverty at the University of Wisconsin–Madison, in partnership with the Office of Human Services Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. The forum focused on how the opioid crisis has affected the delivery of human services, and what role those services can play in ameliorating the negative effects of opioid misuse on individuals, families, and communities. This article comprises four brief summaries of breakout sessions about how human services programs can address the effect of the opioid crisis on their objectives.

Forum participants met in one of four breakout sessions to discuss how human services programs can address the effects of the opioid crisis on their objectives. The four sessions covered:

- Child welfare;
- Self-sufficiency supports;
- Early childhood care; and
- Adolescents and young adults.

In each session, there was a presentation and group discussion. The following summaries present, for each session, a description of the issue; summary of the presentation; and research and policy implications.

Description of issue

In the United States, counties that have increases in overdose deaths and drug hospitalization rates tend to also have increases in rates of child maltreatment reports, rates of substantiated reports, and foster care placements.[1]

Parents who misuse substances tend to experience multiple issues, including domestic violence, mental illness, and histories of trauma. Treating substance misuse without also addressing these other issues is unlikely to result in families staying together. Having services to support both the parent's recovery and the child's safety and well-being are associated with successful family reunification after an out-of-home placement.[2]

Conversely, for substance use disorder treatment to be successful, caseworkers must also address family issues and parenting; this type of treatment is often referred to as "family centered." Family-centered treatment services may include family therapy, parenting classes, childcare, and developmental services. A residential treatment program is considered family centered if children are permitted to

reside with their parent while the parent receives treatment (for most programs that allow this, the option is available only for younger children). In general, child welfare agencies have little access to family-centered treatment services or programming, particularly for outpatient programming.[3]

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Medication assisted treatment or MAT, combining medication with counseling and behavioral therapies, has proven a particularly effective treatment for opioid use disorder.[4] However, this type of treatment is not always understood or accepted by child welfare staff and judges, or even by some in the substance use disorder treatment field. This could lead to medications being tapered off prematurely or not being accompanied by necessary support services. Families may also receive mixed messages about appropriate treatments, which could make it more challenging to engage them in the recovery process.

Summary of presentation

The presentation highlighted opportunities to strengthen cross-system collaboration for infants and families affected by substance abuse, and examples of innovative policies and practices in states and communities.

There are several federal laws and policies that provide possible mechanisms to improve outcomes for families affected by opioid use disorder:

- The **Child Abuse Prevention and Treatment Act** (CAPTA) addresses child abuse and neglect. In 2016, CAPTA was amended by the Comprehensive Addiction and Recovery Act to clarify that the population covered by the legislation included infants affected by *all* substance use, not just illegal substance use, as had been previously required; specify which data states must report; require "Plans of Safe Care" to include the needs of both the infant and the family; and specify additional monitoring and oversight by states to ensure that Plans of Safe Care are implemented and that families have access to appropriate services.
    - **Plans of Safe Care** can be customized to meet the needs of different communities, settings and families. A plan could include, for example:
        - Primary, obstetric and gynecological care;
        - Substance use and mental health disorder prevention and treatment;
        - Parenting and family support;
        - Infant health and safety; and
        - Infant and child development.
- The **Family First Prevention Services Act of 2018** (FFPSA) allows foster care maintenance payments to continue for up to 12 months for an eligible child placed with a parent in a licensed residential family-based substance abuse treatment facility.[5] Facility services must be trauma-informed and include parent skills training, parent

education, and individual and family counseling. The FFPSA also provides optional funding for one year of prevention services for mental health and substance abuse, and in-home skill-based programs for parents, families, and the children who are candidates for foster care.

- In 2018, CAPTA was amended again by **the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment** (SUPPORT) for Patients and Communities Act to authorize grants to states to improve and coordinate their response to ensure the safety, permanency, and well-being of infants affected by parental substance use. The grants provide support to states to collaborate and improve Plans of Safe Care between child welfare agencies, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies. Funds may also be used to develop and update monitoring systems to more effectively implement Plans of Safe Care.

There are also innovations in child welfare, substance use disorder treatment, and courts to strengthen collaboration and improve outcomes for children and families:

- **Sobriety Treatment and Recovery Teams** (START) provide child welfare intervention for families with children up to age 5 and child protective services involvement. The teams offer a family-centered approach that provides coordinated service delivery between child welfare agencies and substance use disorder and mental health treatment providers. The goal is to help parents achieve recovery, and to keep children in the home when that is safe and possible. One study found that participation in START was associated with a higher sobriety rate (66 percent for women in START compared to 37 percent for their non-START counterparts), and with a lower rate of removal to foster care for children in the program (21 percent compared to 42 percent).[6]
- **In-Depth Technical Assistance** (IDTA) for infants with prenatal substance exposure seeks to expand the capacity of states, tribes, and their community partner agencies to improve the safety, health, permanency, well-being, and recovery outcomes for families affected by substance use disorders. This 18- to 24-month program offered by the National Center on Substance Abuse and Child Welfare strengthens the collaboration among child welfare and substance use disorder treatment systems, the courts, maternal and infant health care providers, and other family-serving agencies.
- The **National Quality Improvement Center for Collaborative Community Court Teams**, funded by the Children's Bureau, (QIC-CCCT) addresses the needs of infants and families affected by substance use disorders and prenatal substance exposure. The QIC-CCCT provides training and technical assistance to 15 demonstration sites to:
    - Implement the provisions of the Comprehensive Addiction and Recovery Act amendments to the Child Abuse and Prevention Treatment Act;
    - Expand court teams' capacity to address the needs of infants, young children, and their families affected by substance use disorders and prenatal substance exposure;
    - Sustain effective collaborative partnerships; and
    - Disseminate lessons to other providers.
- The recent release of **Family Treatment Court Best Practice Standards** provides family treatment courts and their collaborative partners with action-oriented benchmarks for implementing best practices to improve outcomes for children,

parents, and families affected by substance use and co-occurring disorders who are involved in the child welfare system.

Research and policy implications

Increases in opioid misuse are associated with increased child welfare involvement. While evidence of this relationship is suggestive, it does not establish causality. It is possible that other factors—for example, a high rate of depression within a community—account for both higher substance use and child maltreatment. However, qualitative interviews and data on child removals related to parental alcohol or other drug use do support the close connection between substance use and child welfare involvement. Child welfare agencies are struggling to respond to the rising caseloads. While these agencies have addressed parental drug misuse in the past, the opioid crisis introduces new challenges. For example, because opioid misuse often affects multiple generations in a single family, family placement options are often limited for children involved in opioid-related child welfare cases. This has led to shortages of foster home openings in many areas. Opioid-related child welfare cases may also be particularly complex for several reasons. For example: opioid overdose is more common than overdose from other drugs, and more likely to result in death; lack of access to family-centered services can challenge parents' ability to succeed in recovery while safely caring for their children; and a lack of understanding among child welfare staff and judges about the established effectiveness of medication assisted treatment could undermine recovery.

Increased levels of substance abuse, including opioids, have affected many American families and the child welfare system. In response, federal law and policy updates are providing more flexible funding and new tools. In addition, child welfare staff and other service professionals are actively seeking better family-centered treatment options for parents. ■

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[1]R. Ghertner, M. Baldwin, G. Crouse, L. Radel, and A. Waters, "The Relationship between Substance Use Indicators and Child Welfare Caseloads," ASPE Research Brief, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, March 9, 2018.

[2]See, for example, B. A. Akin, J. Brook, M. H. Lloyd, and T. P McDonald, "Effect of a Parenting Intervention on Foster Care Reentry After Reunification Among Substance-Affected Families: A Quasi-Experimental Study," *Child Maltreatment* 22, No. 3 (2017): 194–204.

[3]L. Radel, M. Baldwin, G. Crouse, R. Ghertner, and A. Waters "Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study," ASPE Research Brief, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, March 7, 2018.

[4]*Medication-Assisted Treatment for Opioid Use Disorder: Proceedings of a Workshop–in Brief* National Academies Press, 2018. https://www.ncbi.nlm.nih.gov/books/NBK534504/

[5]The Family First Prevention Services Act (FFPSA) reforms federal child welfare IV-E funding streams to allow states to provide families at risk of entering the child welfare system with up to 12 months of mental health services, substance abuse treatment, or in-home parenting training.

[6]R. A. Huebner, T. Willauer, and L. Posze, "The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes," *Families in Society* 93, No. 3 (2012): 196–203.