Technical Assistance Brief

CHILD WELFARE TIMELINE FOR SUBSTANCE USE DISORDER TREATMENT AND OTHER PARTNERS

REGIONAL PARTNERSHIP GRANTS

Families involved with the child welfare system need timely support to overcome co-occurring challenges that may include substance use disorders (SUDs), mental health disorders, poverty, unstable housing, domestic violence, trauma exposure, and social isolation, which can all contribute to adverse childhood experiences (ACEs). ACEs can affect child social and emotional development, attachment, and behavior, and without appropriate intervention can have lasting, negative effects on health, well-being, education, and employment opportunities, therefore the stakes of inaction are high.[1] Child welfare agencies and their partners can put concrete strategies in place to prevent or reduce ACEs experienced by children and families, thereby diminishing their effects. These services and supports can meet the needs of children, parents, and families while addressing parental stress, behavioral health, and family resilience to build upon and develop strengths and protective factors. The relatively short time span to determine a child's level of risk and safety, as stated in the federal mandate of the 1997 Adoption and Safe Families Act (ASFA),[2] poses a challenge for parents with co-occurring substance use and mental health disorders when a child has been removed from the home and the parent is working toward reunification. ASFA requires child welfare to focus on timely permanency for children that emphasizes child safety, creating a specific timeline that takes the developmental needs of children into consideration. The opportunity for professionals working together to serve families with co-occurring substance use and mental health disorders is great, and it requires comprehensive support for parental recovery while responding to the developmental needs of children and prioritizing child safety.

Collaboration is Key: Insufficient collaboration between child welfare, SUD and mental health disorder treatment, and court systems has historically been an obstacle to supporting families. Parents thus have experienced poor outcomes and a reduced likelihood for successful reunification with their children compared to families without a SUD or co-occurring mental health disorder. Children whose parent has a SUD or co-occurring mental health disorder also tend to stay in foster care longer than those without. A parent's rapid entry into SUD treatment and related services correlates with increased time in treatment, increased likelihood of completing treatment, and increased likelihood of family reunification.[3,4,5,6,7,8] Coordination and collaboration between the three systems thus is vital to mitigate challenges.

URGENCY FOR SAFE AND PERMANENT PLACEMENTS FOR CHILDREN AND SUPPORT OF REUNIFICATION

ASFA requires regularly scheduled permanency hearings to determine a long-term plan for a child. States must file a Termination of Parental Rights petition after a child has been in foster care for 15 of 22 months. ASFA and the "reasonable efforts requirements" to provide services to help families remedy unfavorable conditions are vital to expediting permanency for children.[9] The timelines for action do not fully consider the literature on the needs of parent-child relationships; effects of trauma; the variability of treatment and recovery timeframes; and the availability and access to quality services.[10] Adhering to the ASFA timeframe is the child welfare system's greatest challenge due to difficulties associated with accessing SUD and mental health disorder treatment in a timely manner and the fact it can take parents longer than anticipated to achieve sufficient stability to care for their children. Reasonable efforts to support reunification for families affected by SUDs and mental health disorders also requires ongoing recovery support to help mitigate the effect that SUDs and mental health disorders can have on parenting capacity, family dynamics, and the parent-child relationship.

CONFLICTING TIMETABLES

CHILD WELFARE

- 12-month Timetable for Permanency Hearing
- Referral
- Investigation
- Jurisdictional and Dispositional Hearings
- Review Hearings
- Reunification
- Permanency

PARENT CHILD RELATIONSHIP

- Attachment
- Parent Trauma
- Child Trauma
- Child Development

TREATMENT AND RECOVERY

- Ongoing Process
- Substance Use Disorder Identification
- Access to Quality Treatment
- Possible Relapse/Return to Use

COLLABORATION AND COORDINATION AMONG CHILD WELFARE AND PARTNERS

Parents often need support from collaborating professionals to be engaged and retained in treatment, allowing them to transition to sustained recovery. Systems professionals can amplify their efforts to identify, screen, and assess families early in the life of a child welfare case; facilitate access to quality treatment and services; and provide support for long-term recovery.

KEY STRATEGY #1: IDENTIFY, SCREEN, AND ASSESS PROACTIVELY

This first step primes partners to meet the complex needs of the children, parents, and families served. Practitioners should employ a validated screening tool; clinical assessment tools to diagnose SUDs and any other mental health disorders; and valid, reliable, and developmentally appropriate screening and assessment tools for children.[11] Coordination, communication, and consultation between child welfare, SUD, mental health disorder treatment providers, and other service delivery partners is crucial to assessing safety and family needs, developing comprehensive case plans, and supporting families throughout their child welfare involvement. This advanced level of collaboration leads to effective and informed decision-making by all partners. The National Center on Substance Abuse and Child Welfare (NCSACW) has information and related resources on screening process, validated screening tools, and collaborative capacity.

KEY STRATEGY #2: RAPID ACCESS TO QUALITY TREATMENT AND SERVICES

Quality programs are accredited, use evidence-based practices, involve family members, and offer other supports. Services should be family-centered, which requires working with families and across service systems to enhance the various systems' capacity to care for and protect children while meeting parents' and family members' needs. Effective collaboration allows child welfare and other partners to gather and share information, and coordinate and adjust services and supports over time. Collaboration between SUD and mental health disorder treatment providers and child welfare increases understanding of child safety concerns throughout treatment to determine whether a parent's SUD places a child at risk. Each system's use of evidence-based practices and ongoing assessments supports the integration of information to understand the needs of families, minimize risk, and protect children. NCSACW has more information and related resources on parent engagement.

KEY STRATEGY #3: SUPPORT LONG-TERM RECOVERY

Treatment teaches parents critical skills for long-term recovery, and helps parents develop a relapse prevention plan that includes child safety. Recovery support services help parents enter and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Treatment and service providers collaborate with child welfare and other system partners to integrate protective factors for the family, including social connections, promote nurturing and attachment, parental resilience, and social-emotional competence of children, and provide concrete supports for families. Together, these efforts increase knowledge of parenting and child development.

BETTER TOGETHER

Federal investments over two decades have generated a body of knowledge and a set of best practices proven to achieve improved outcomes. With evidence-based and evidence-informed information, the NCSACW applies best practices to improve outcomes for families who are affected by parental SUDs. Regional Partnership Grants are an example of these strategies in action.

Resources:
National Center on Substance Abuse and Child Welfare
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RPG Regional Partnership Grants

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END NOTES

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