

Introduction

Many parents coming into contact with the child welfare system are users and abusers of alcohol and other drugs (AOD), the effects of which impair their parenting skills and threaten the safety of their children. (This guidebook cites estimates of 40 to 80% of all the families in the child welfare system as AOD users/abusers.) In addition to problems with substance abuse, these parents also face difficulties due to their status in the Temporary Assistance for Needy Families (TANF) program (or welfare system), the behavior of their adolescent children, family violence, and mental health issues. As a result, a paradox is driving the future of the child welfare system: decisions and resources *outside* the child welfare system will determine how well that system can serve some of its most important clients—those who are in the caseloads of other agencies, as well as child welfare.

Drawing on the experience of several models of child welfare practice, this guidebook sets forth a policy framework that can assist child welfare agencies in responding to these overlapping problems. Throughout the guidebook, the experience of the Sacramento County Alcohol and Other Drug Treatment Initiative is used as a case study of building bridges between the child welfare and substance abuse treatment systems.

The policy framework focuses on the underlying values of these systems of services, the daily practices of workers in these systems, training, budget issues, outcomes and information systems, and service delivery methods. The guidebook describes several barriers that constrain cooperation between child welfare and AOD treatment agencies, including timing barriers that are summarized as “the four clocks”: child welfare deadlines for permanency planning, TANF time limits, the different timetable for AOD treatment and recovery (“one day at a time for the rest of your life”), and the developmental timetables that affect younger children as they bond with adults.

Within daily practice, the most important recommendation—the keystone in the bridge needed between child welfare and substance abuse treatment agencies—is the assessment used by agencies to identify the needs and monitor the treatment of these parents with multiple problems served by multiple systems. We present options for blending assessment instruments that are now administered separately by each set of agencies, resulting in “layered assessments” that make the tasks of line workers more difficult and that force clients to go through repeated, overlapping assessment of their problems. This guidebook also makes a case for screening and assessment of AOD problems in much greater depth within the child welfare system, so that resources from the AOD treatment system can be matched with the known needs of parents.

We describe several models where agencies have been able to develop effective ways of linking child welfare services and AOD treatment and set forth the pros and cons of these models with a matrix that summarizes all nine models. The text reviews innovative practices in both the child welfare and substance abuse treatment fields, including changes in approaches to families, in interviewing techniques, in community partnerships, and in using treatment outcomes to determine which programs are most effective for which clients.

The guidebook reviews evidence of the demonstrated effectiveness of treatment for parents in the child welfare system, and makes a case that treatment has a significant payoff in costs that can be avoided if only a portion of the parents are able to reunify with their children. The report discusses the differences between parents who can be treated successfully after one episode of treatment, those who return for additional treatment episodes and eventually succeed, and those who do not succeed in treatment.

Because of the co-occurrence of AOD problems with clients affected by welfare reform, juvenile justice, family violence, and mental health, the report asserts that the CWS-AOD linkage is not enough, and goes on to describe models of stronger connections between child welfare clients and these other populations.

We draw nine lessons from the models, outline innovative practices, and present our recommendations based on these lessons. Addressing values issues that underlie policy disagreements is a major recommendation, along with active involvement of line workers whose support is essential to the success of innovation at front lines of the organization. The recommendations include urging use of several policy tools that are available to communities working in collaboratives, including resource mapping, budget analysis, annual spending inventories, a collaborative values inventory, and data matching to identify overlapping clients. Recommendations also call for the development of a “theory of resources” to ensure that pilot projects can expand beyond their initial areas of operation to tap the substantial funding for AOD treatment already available to communities.

In closing, the guidebook proposes several federal responses, including upgrading data collection, supporting blended funding experiments, and capitalizing on a requirement for a report to Congress from the Department of Health and Human Services on CWS-AOD issues in the new Adoption and Safe Families Act of 1997.

Appendix A includes a questionnaire used for assessing a community or collaborative’s relative consensus on values concerning alcohol and other drugs, and Appendix B includes a dialogue among community participants, which illustrates some of the practice and policy choices discussed in the report. Appendix C lists members of the Review Panel, and Appendix D is the CWLA’s Chemical Dependency and Child Welfare Task Force.

In conclusion, the report recalls the strong recommendations of the 1992 report of the North American Commission on Chemical Dependency and Child Welfare, which called for challenging the policies and practices of national and state efforts—and called for continued efforts to keep such challenges alive, building on the lessons of the model projects described in the report.