



# Indiana Council CMHCs Dept. of Child Services Conference 2014

July 24, 2014

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Children and Family Futures*



Bringing Systems Together for  
Family Recovery, Safety, and Stability

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**A Program of the**

**Substance Abuse and Mental Health Services Administration**  
**Center for Substance Abuse Treatment**

**and the**

**Administration on Children, Youth and Families**  
**Children's Bureau**  
**Office on Child Abuse and Neglect**



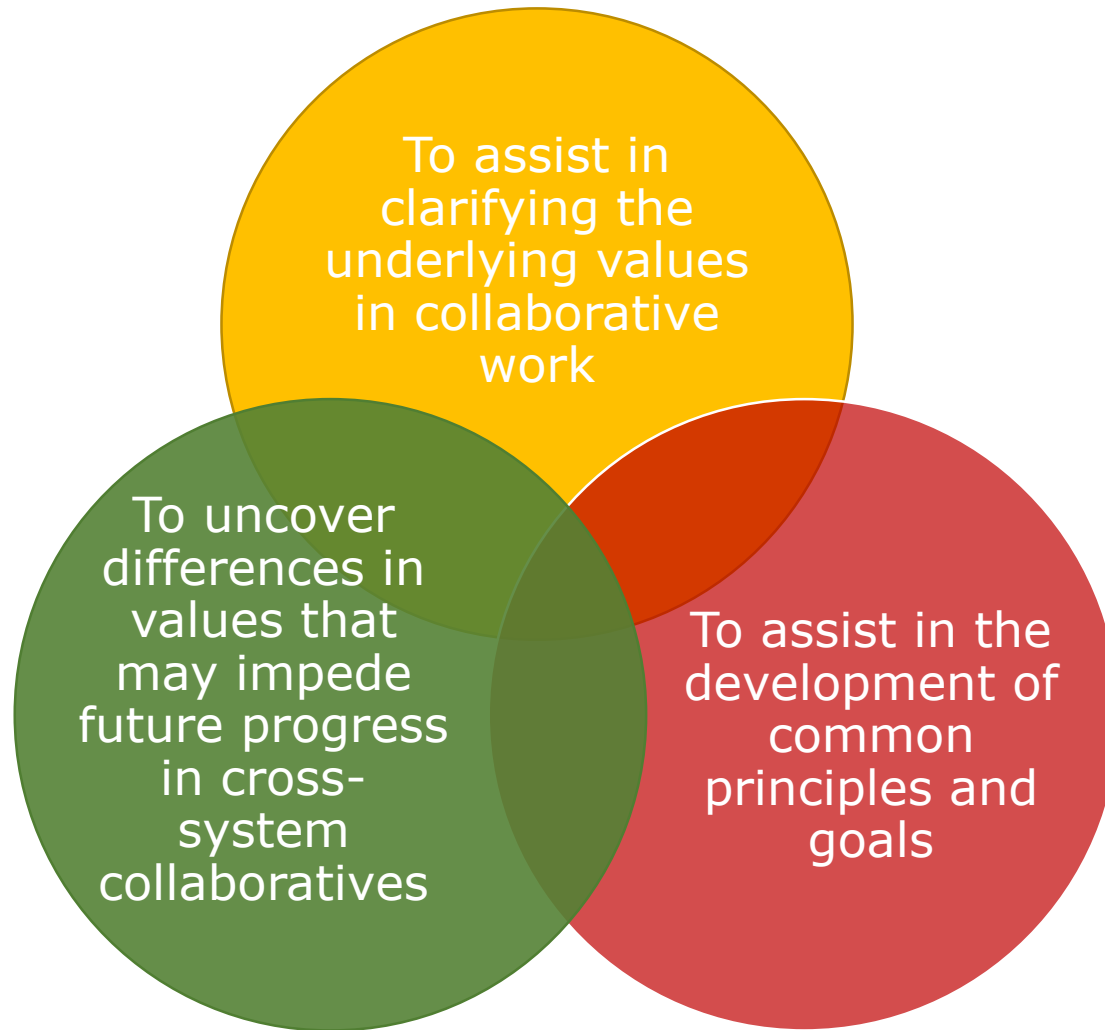
**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Substance Abuse and Mental Health Services Administration**  
**Administration for Children and Families**  
[www.samhsa.gov](http://www.samhsa.gov)

# **Indiana Council of Community Mental Health Centers, Inc.**



**Collaborative Values Inventory**  
**July 2014**

# Purpose of Collaborative Values Inventory



Partners can use the results from the CVI to assess and set priorities for their collaborative work.

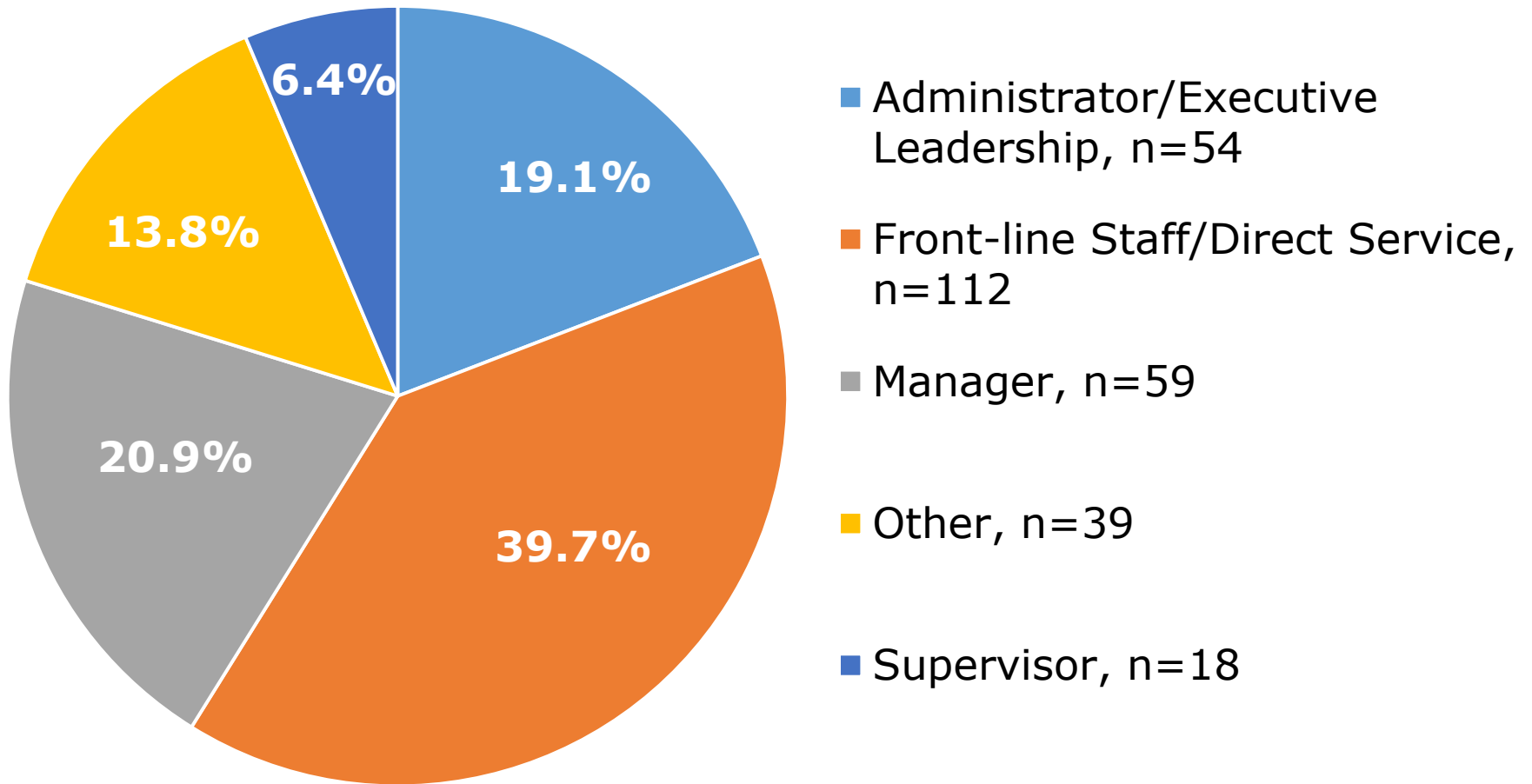
Results assist collaboratives to understand areas where strong agreement among respondents occurs, as well as areas or values where further partner discussions are needed.



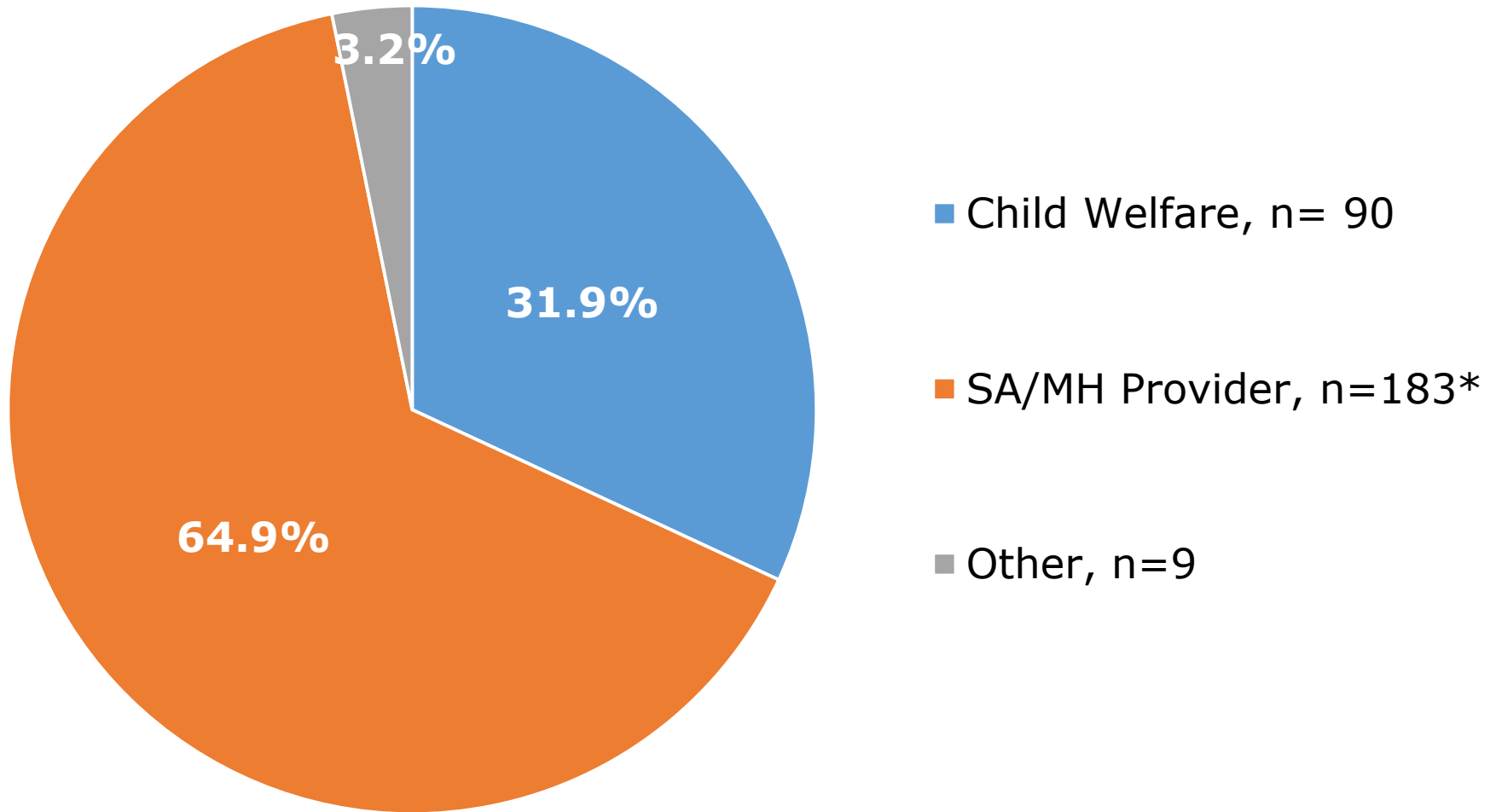
# Collaborative Values Inventory Results



# Staff Role(N=282)



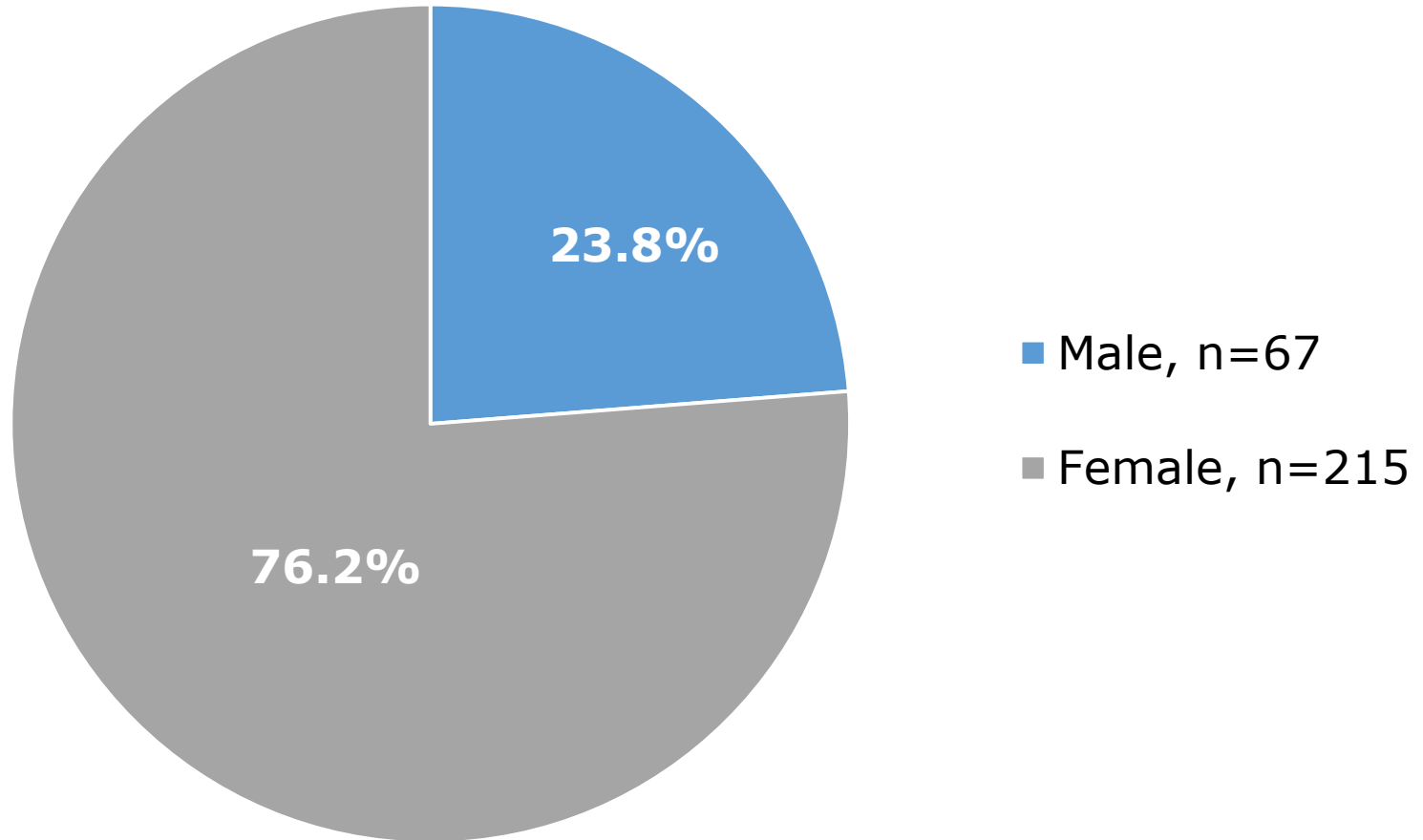
# Area of Primary Responsibility (N=282)



\* Includes both Substance Abuse and Mental Health treatment providers.

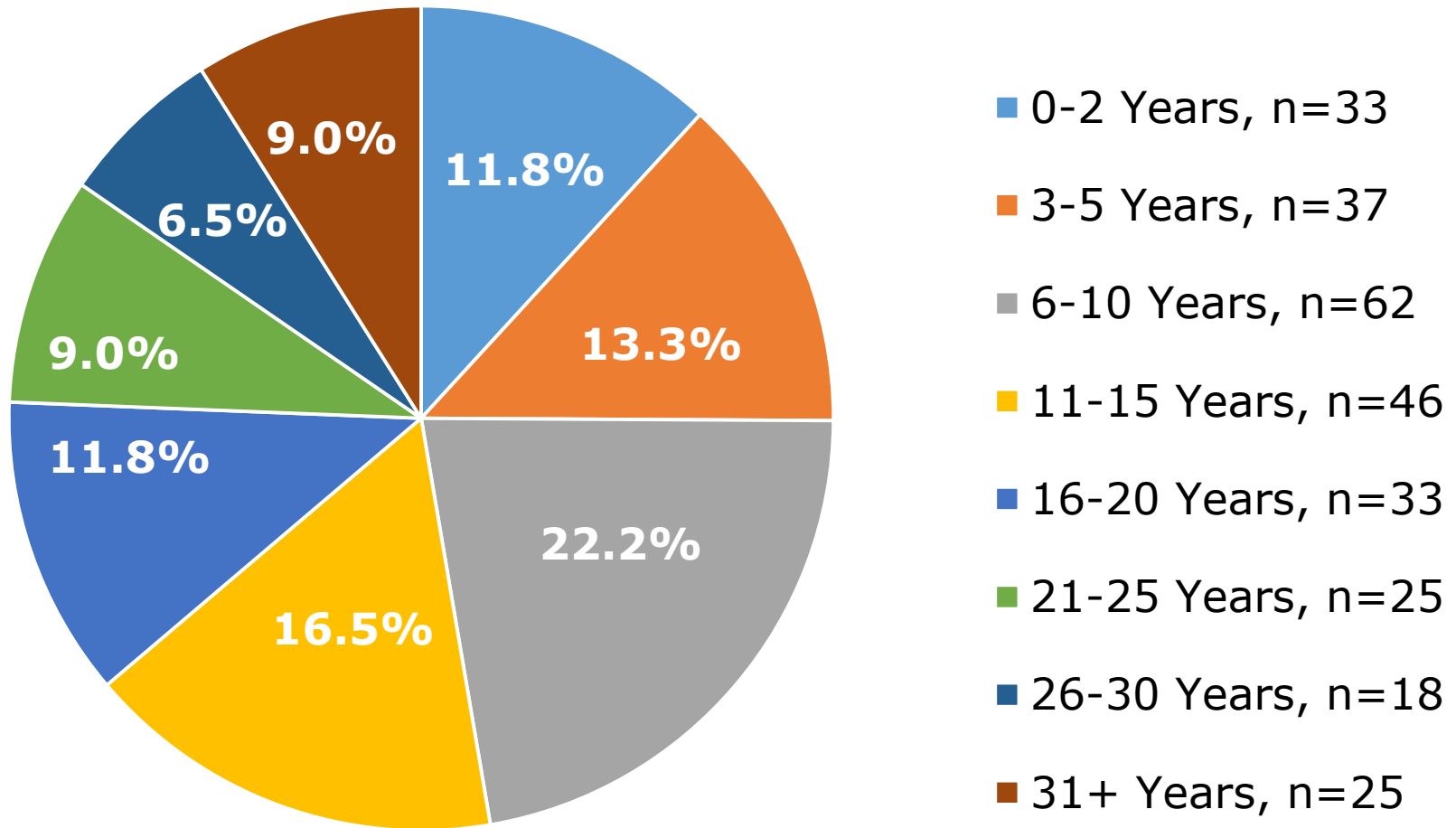


# Staff Gender, N=282



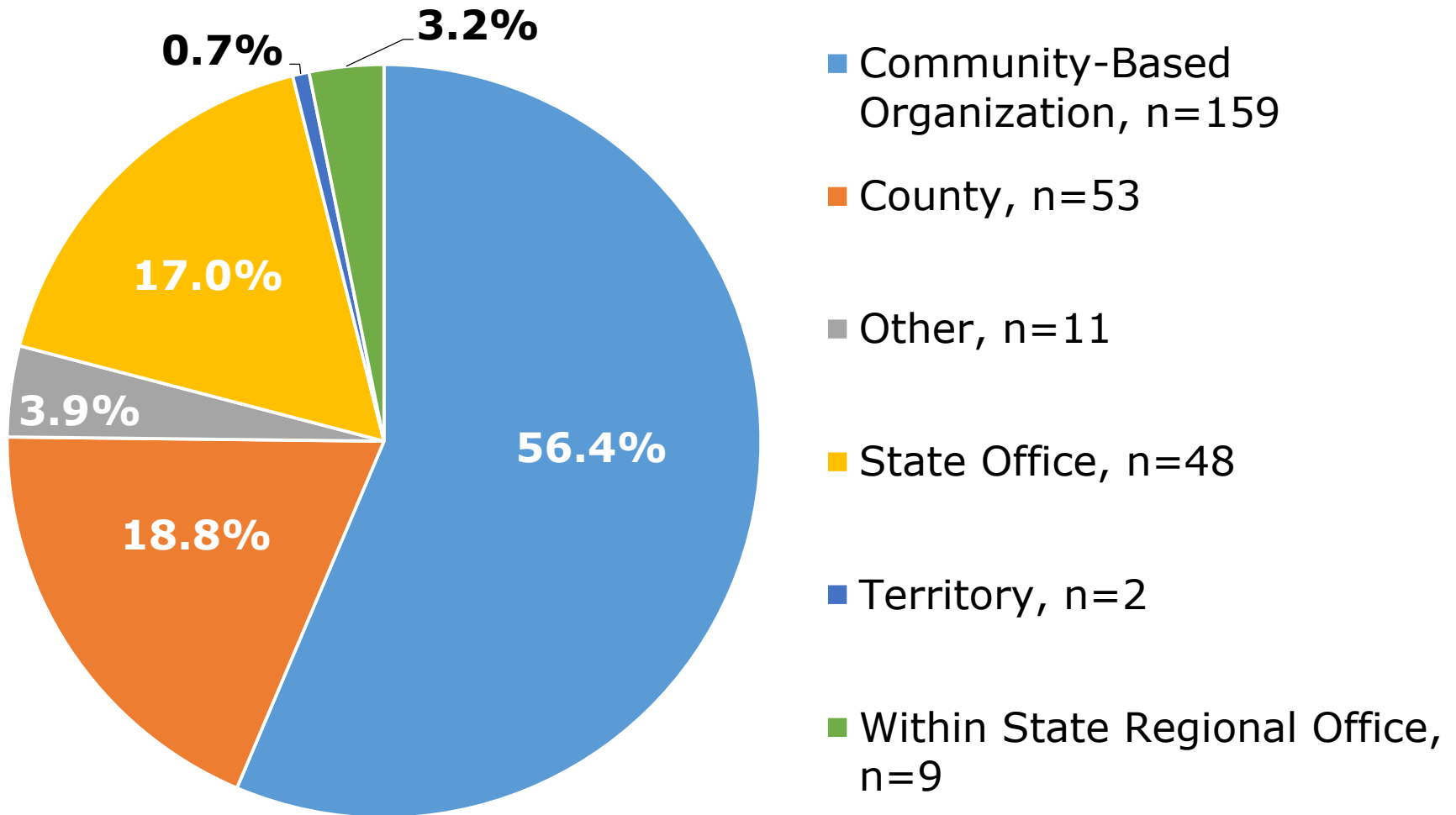
The average age is 43.6 years old.

# Years of Experience, n=279



The average number of years of responsibility is 14 years (n=279).

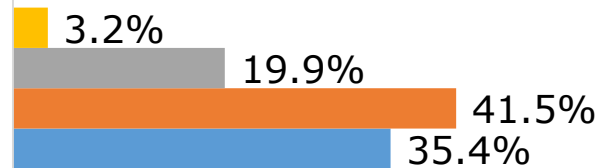
# Jurisdiction, N=282



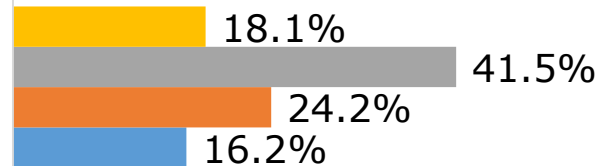
Respondents represented approximately 70 counties in Indiana.

# Parents with Substance Use Disorders

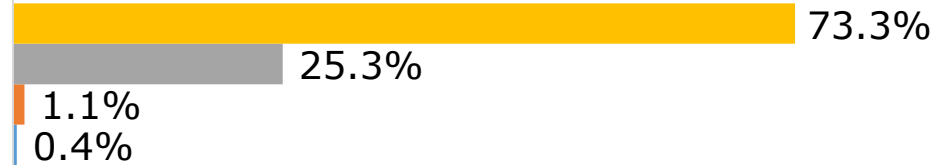
People who have alcohol use disorders cannot be effective parents (n=277).



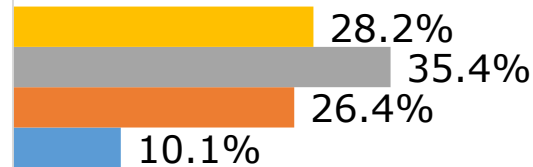
Some parents with problems with alcohol and other drugs will never succeed in treatment (n=277).



People with substance use disorders have a disease for which they need treatment (n=277).



The standard for deciding when to remove or reunify children with their parents who have a substance use disorder should be whether the parents are fully abstaining from alcohol or other drugs (n=277).

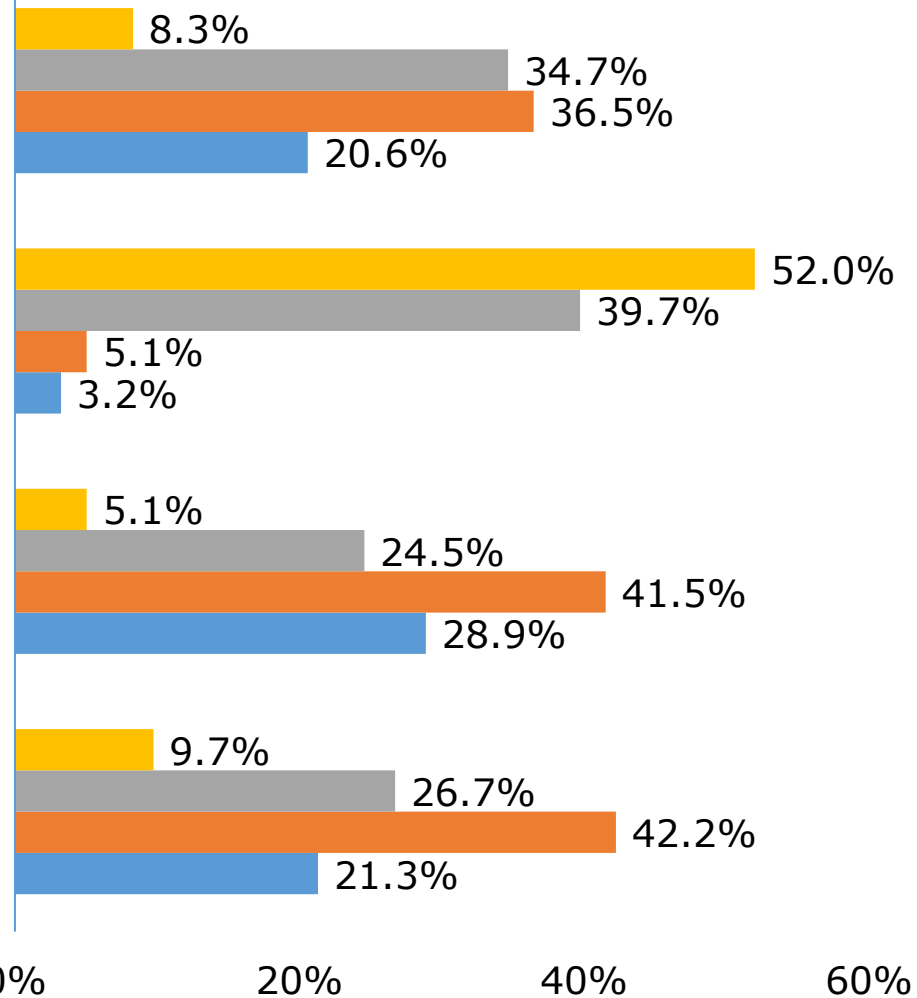


0% 20% 40% 60% 80%

■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree

# Parents with Substance Use Disorders

For parents with substance use disorders, drug testing results are the single best indicator of whether they have successfully addressed their substance use disorder (n=277).



Strongly Agree

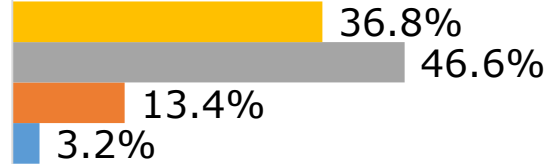
Somewhat Agree

Somewhat Disagree

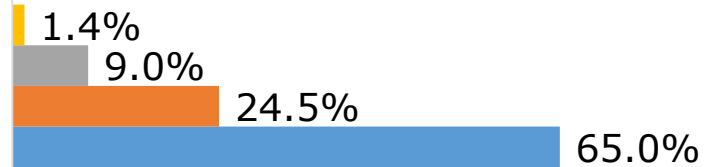
Strongly Disagree

# Parents with Substance Use Disorders

The majority of persons with substance use disorders have experienced traumatic events in their life (n=277).



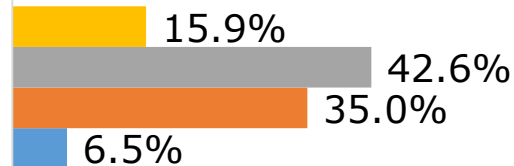
Parents who truly love their children would just stop using drugs (n=277).



Parents with substance use disorders who participate in a withdrawal management (detox) program do not need further treatment for their substance use disorder (n=277).



Abstinence is the best way to determine if someone is successful in their substance abuse recovery efforts (n=277).



0% 20% 40% 60% 80% 100%

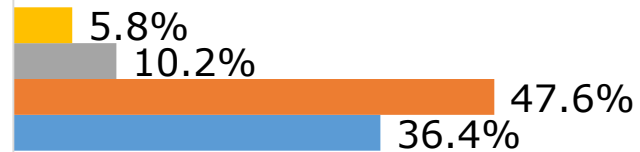
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# Parent Accountability

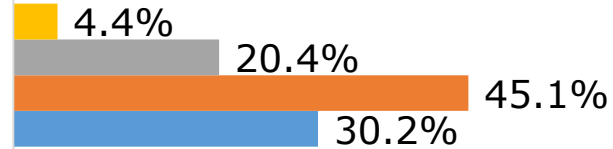
Babies that test positive for illegal drugs, or prescription drug medications not prescribed to their mother, should be removed from parental custody (n=275).



Babies that test positive for medications (i.e., methadone, buprenorphine) prescribed to their mother by a doctor from an opioid treatment program should be removed from parental...



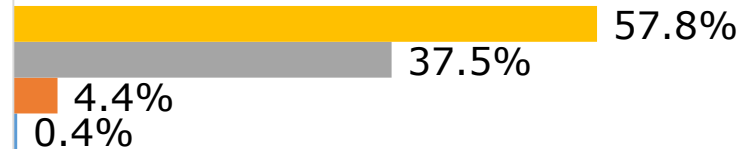
A parent's substance abuse relapse should immediately result in a change to the permanency plan for their children (n=275).



The dependency courts should provide increased monitoring of parents' recovery as they go through substance use disorder treatment (n=275).



People with substance use disorders should be held fully responsible for their own actions (n=275).



0% 20% 40% 60% 80%

■ Strongly Agree   
 ■ Somewhat Agree   
 ■ Somewhat Disagree   
 ■ Strongly Disagree

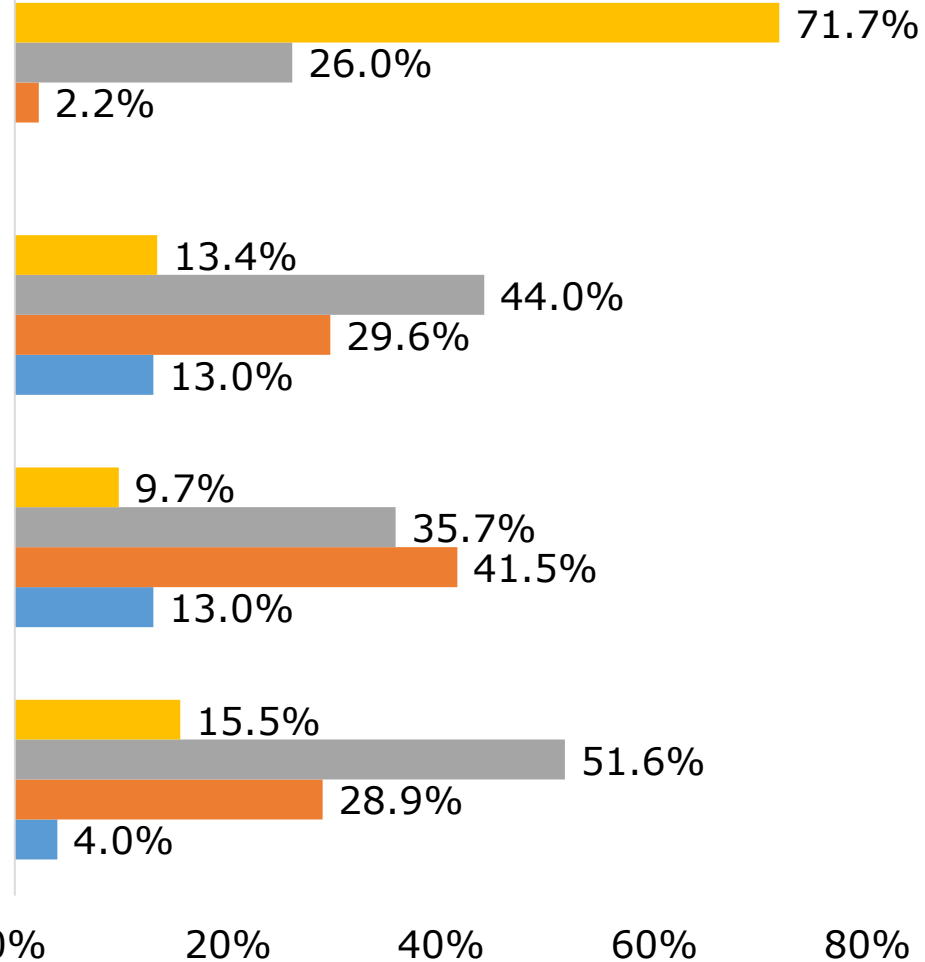
# Improving Systems: Services and Community

Substance use disorder treatment programs should include a trauma recovery component (n=269).

Programs that provide methadone or other opiate treatment medications (such as buprenorphine/suboxone) are just substituting one drug for another (n=277).

Medication assisted treatment (e.g.: methadone, buprenorphine) should be made available to pregnant women who have an opioid use disorder (n=277).

Fetal alcohol spectrum disorders are the leading cause of cognitive disability in Western civilization, including the U.S., and are 100 percent preventable (n=277).



■ Strongly Agree   ■ Somewhat Agree   ■ Somewhat Disagree   ■ Strongly Disagree



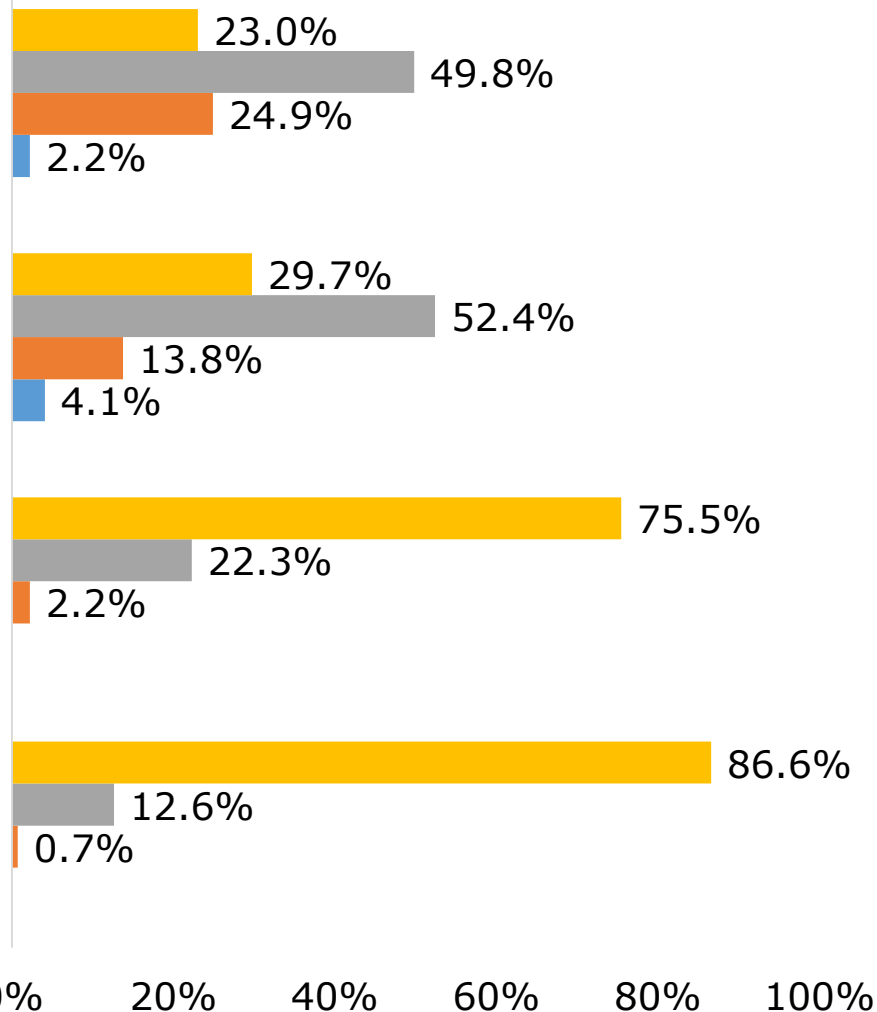
# Improving Systems: Services and Community

A parent's relapse typically leads to a collaborative intervention by substance abuse treatment and child welfare agencies to modify the treatment plan or re-engage the person in treatment, and to re-assess child safety (n=269).

In our community, publicly funded substance use disorder treatment providers should give a higher priority than they presently do to fathers referred from child welfare services (n=269).

Children and families in the child welfare system would have better outcomes if court, substance use disorder and child welfare services collaborated on behalf of the children and families they are serving (n=269).

Substance use disorder treatment programs should address the impact of parents' substance use disorders on the safety, permanency, and well-being of their clients' children (n=269).



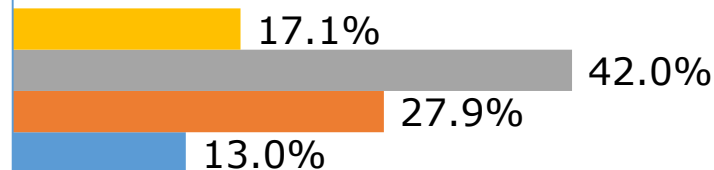
■ Strongly Agree   
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# Improving Systems: Services and Community

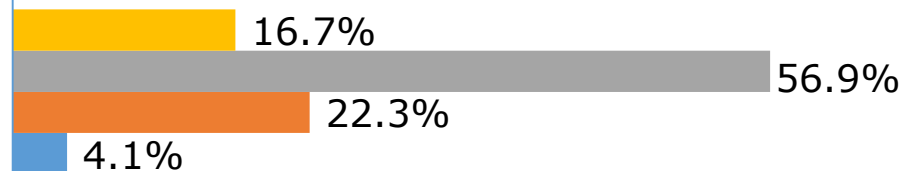
Persons who are in recovery and have successfully transitioned out of the child welfare system should have a role in supporting and advocating for parents in the child welfare and dependency court systems (n=269).



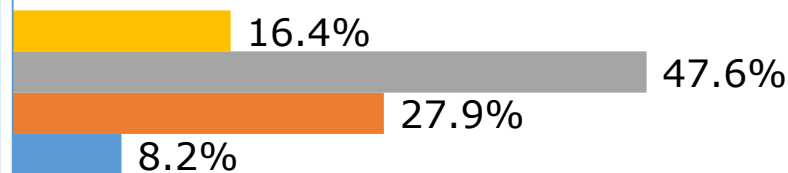
There are effective services in our community to treat parents with substance use disorders (n=269).



In our community, publicly-funded substance use disorder treatment providers should give higher priority than they presently do to mothers referred from child welfare services (n=269).



Confidentiality of client records is a significant barrier to allowing greater cooperation among substance use disorder treatment agencies, child welfare, and the courts (n=269).



0% 20% 40% 60%

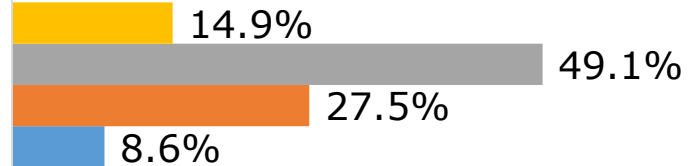
■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree

# Improving Systems: Services and Community

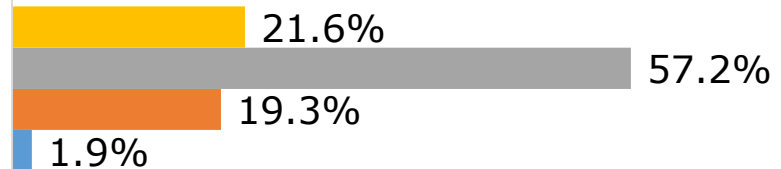
I believe that barriers to interagency collaboration would be reduced if child welfare staff, substance abuse treatment staff and court staff were involved in a cross-system comprehensive training program (n=269).



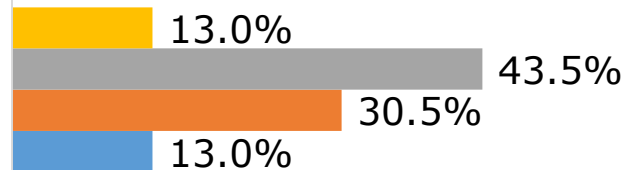
My level of competence in working with or on behalf of substance using populations is high (n=269).



Services to children and families would be improved if agencies were more responsive to the cultural diversity between client groups (n=269).



There are effective recovery support services in our community for parents with substance use disorders (n=269).

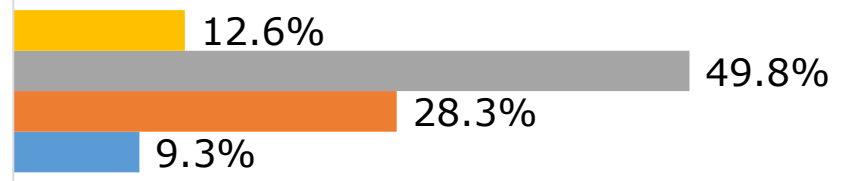


0% 20% 40% 60% 80%

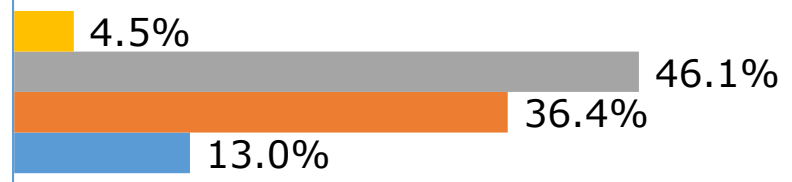
■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree

# Improving Systems: Services and Community

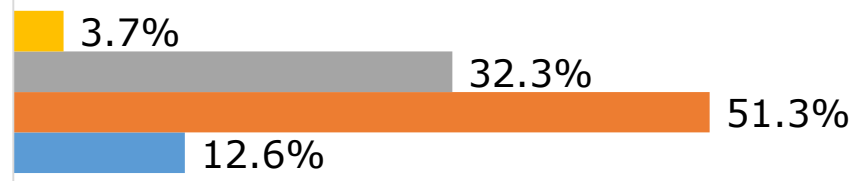
Providers in my community have the training and education to provide trauma-informed care to parents with substance use disorders in the child welfare system (n=269).



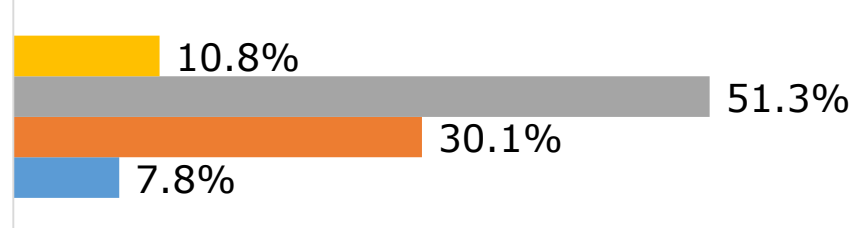
Child welfare staff in my jurisdiction have adequate training, knowledge, and skills to work effectively with, or on behalf of, substance using populations (n=269).



Our agencies and courts do a good job in responding to the needs of American Indian children and families in the child welfare and treatment systems (n=269).



Our state, community or Tribe routinely tracks and reports on the number of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug expose, or a fetal...

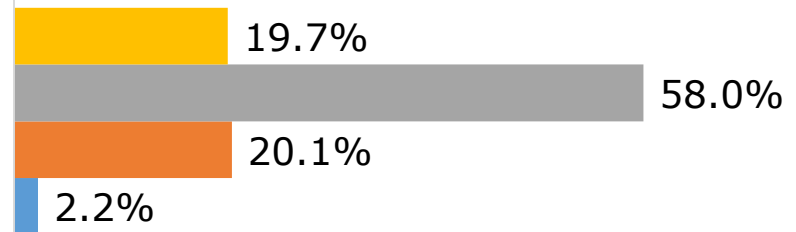


0% 20% 40% 60%

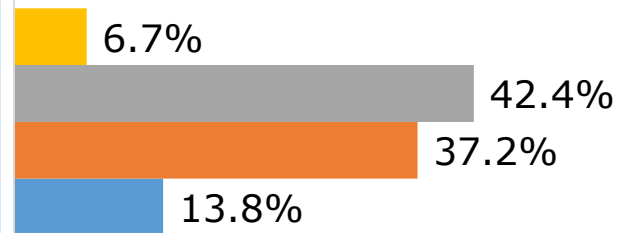
Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

# Improving Systems: Services and Community

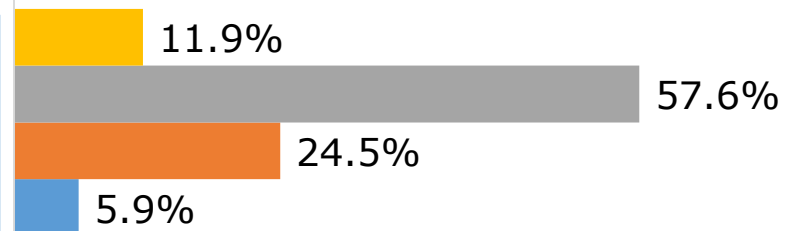
Child welfare system and court professionals should give higher priority than they presently do to helping the mothers of children involved in child welfare services (n=269).



Our system demonstrates good understanding of the complex needs, competing demands and scheduling challenges experienced by families with substance use disorders and child welfare involvement (n=269).



Child protection investigators have been trained to determine when a parent/caretaker or youth needs an assessment to identify a substance use disorder (n=269).



0% 20% 40% 60% 80%

■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree

# Funding Priorities

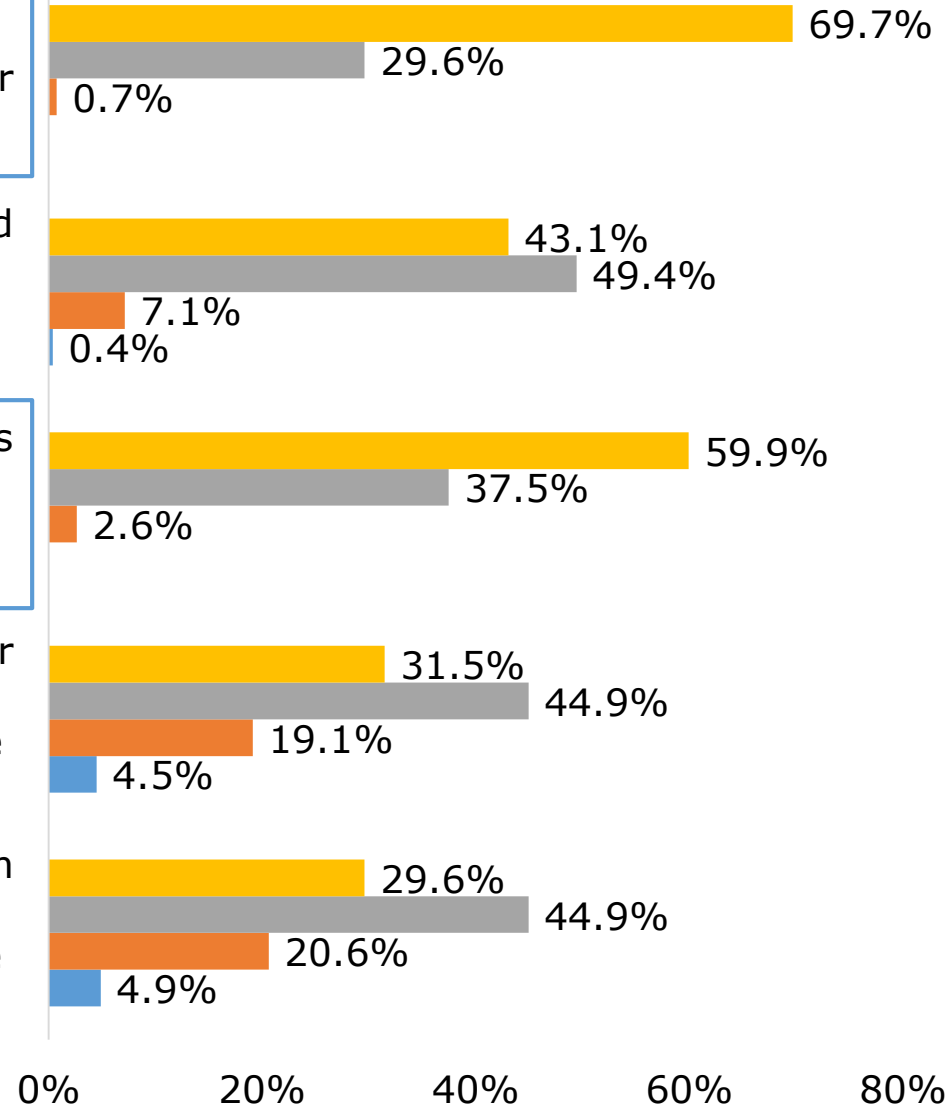
Dealing with the problems of child abuse and neglect should be one of the highest priorities for funding services in our jurisdiction (n=267).

Dealing with the problems caused by alcohol and other drugs should be one of the highest priorities for funding services in our jurisdiction (n=267).

Children of parents with substance use disorders and involved in the child welfare system should be targeted as a high priority group for substance use prevention services (n=267).

We should fund programs that treat parents for substance use disorders based on their outcomes, not based on the number of people they serve (n=267).

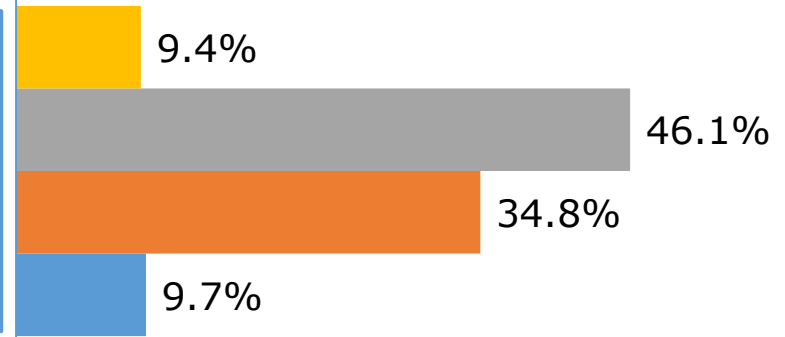
We should fund programs that serve families in the child welfare system based on their outcomes, not based on the number of people they serve (n=267).



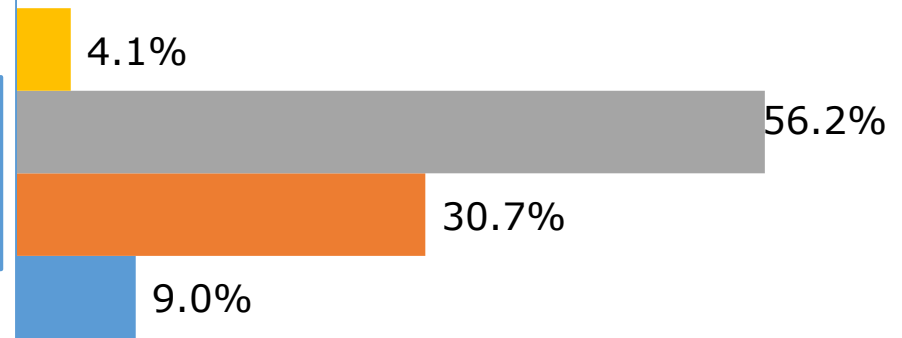
■ Strongly Agree   
 ■ Somewhat Agree   
 ■ Somewhat Disagree   
 ■ Strongly Disagree

# Courts

Attorneys have ethical conflict if they advise parents to admit to a SA problem, or to seek tx prior to the court taking jurisdiction in a case, because the substance abuse admission could be negatively interpreted during the investigation (n=267).



Our judges and attorneys' response to parents with substance use disorders is generally appropriate and effective (n=267).



0% 20% 40% 60%

■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree

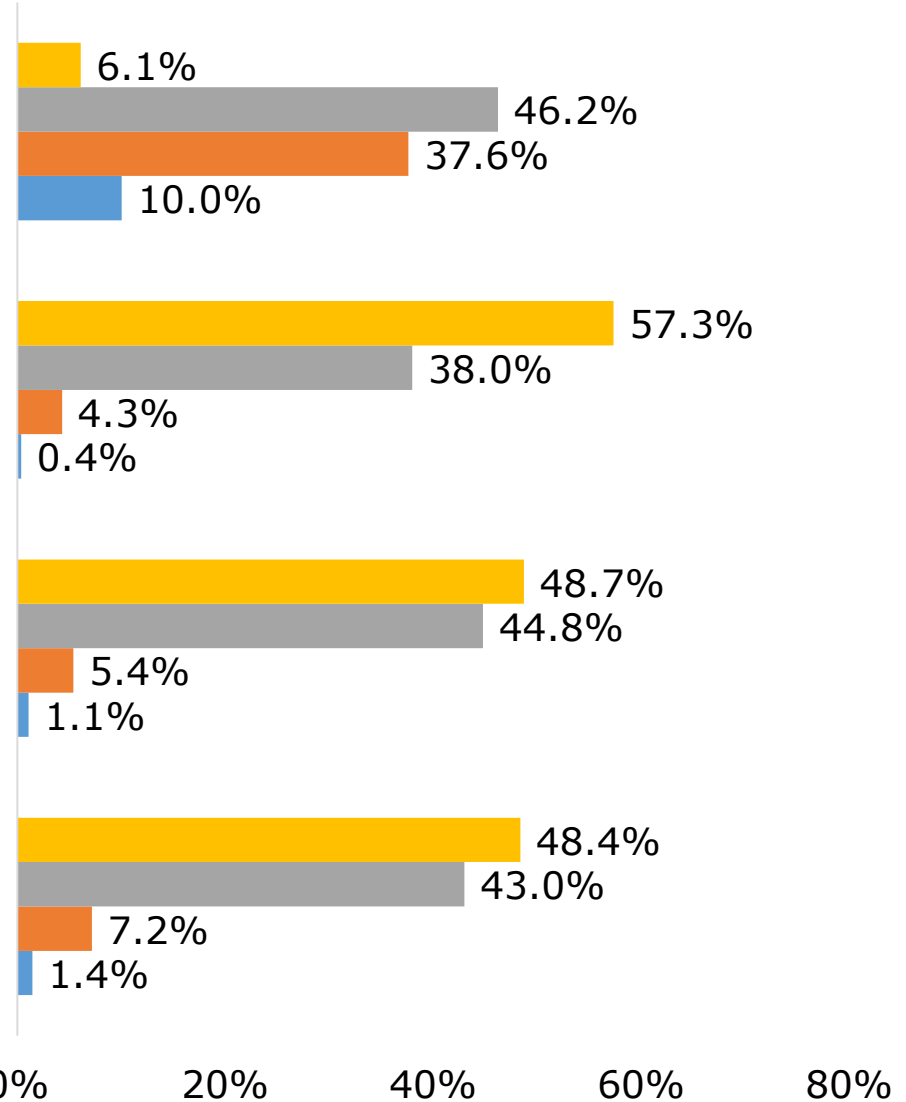
# Community Involvement

In our community, dependency courts do a good job of involving people from the community in planning and evaluating services and programs in the dependency court (n=279).

In our community, agencies should do more to involve people from the community and court system in planning and evaluating programs that serve families affected by child abuse/neglect (n=279).

In our community, agencies should do more to involve people from the community and court system in planning and evaluating programs that serve families affected by substance use disorders (n=279).

Judges should be involved with planning community-wide responses to problems associated with alcohol and other drugs for the children and families involved in dependency court (n=279).

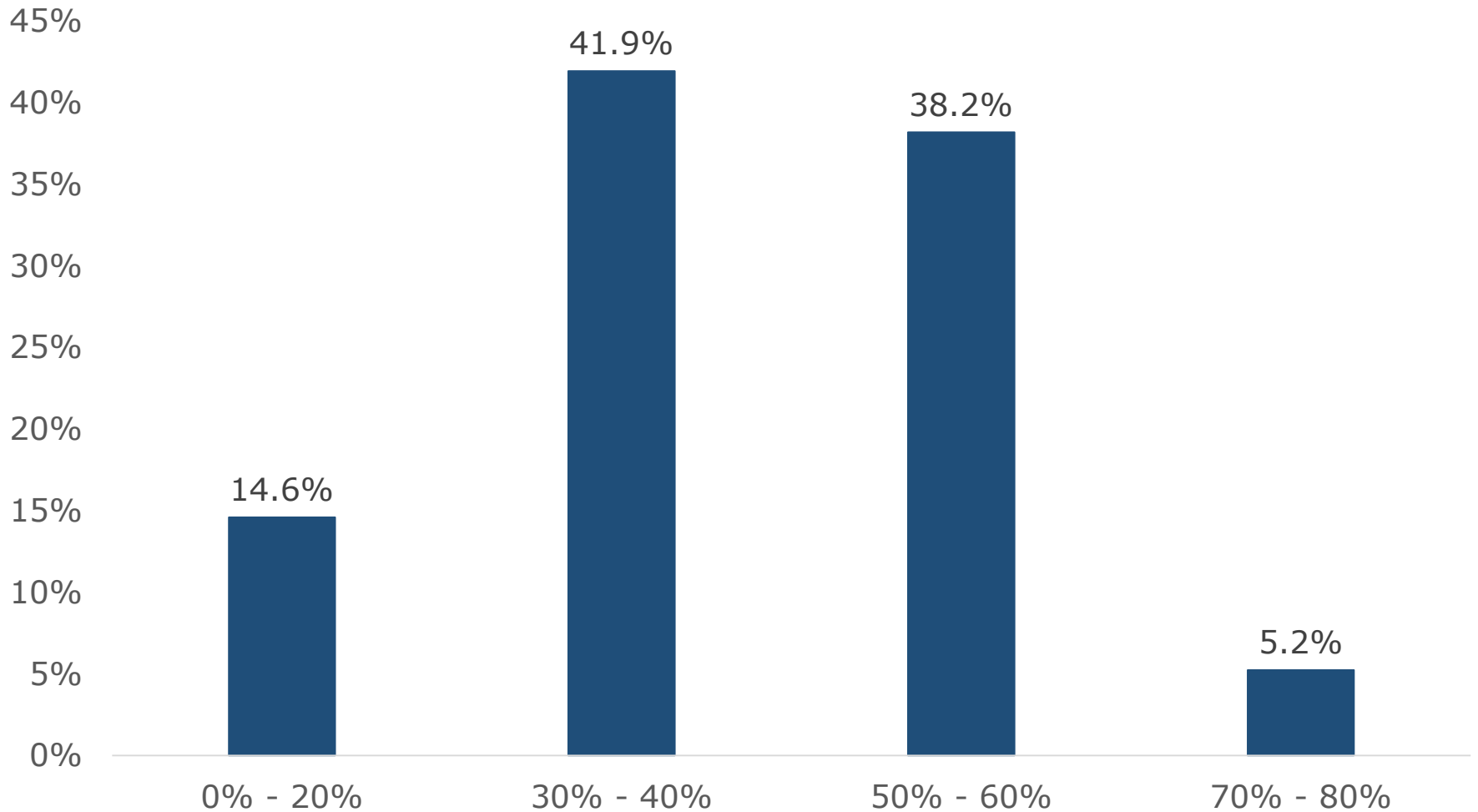


■ Strongly Agree   
 ■ Somewhat Agree   
 ■ Somewhat Disagree   
 ■ Strongly Disagree



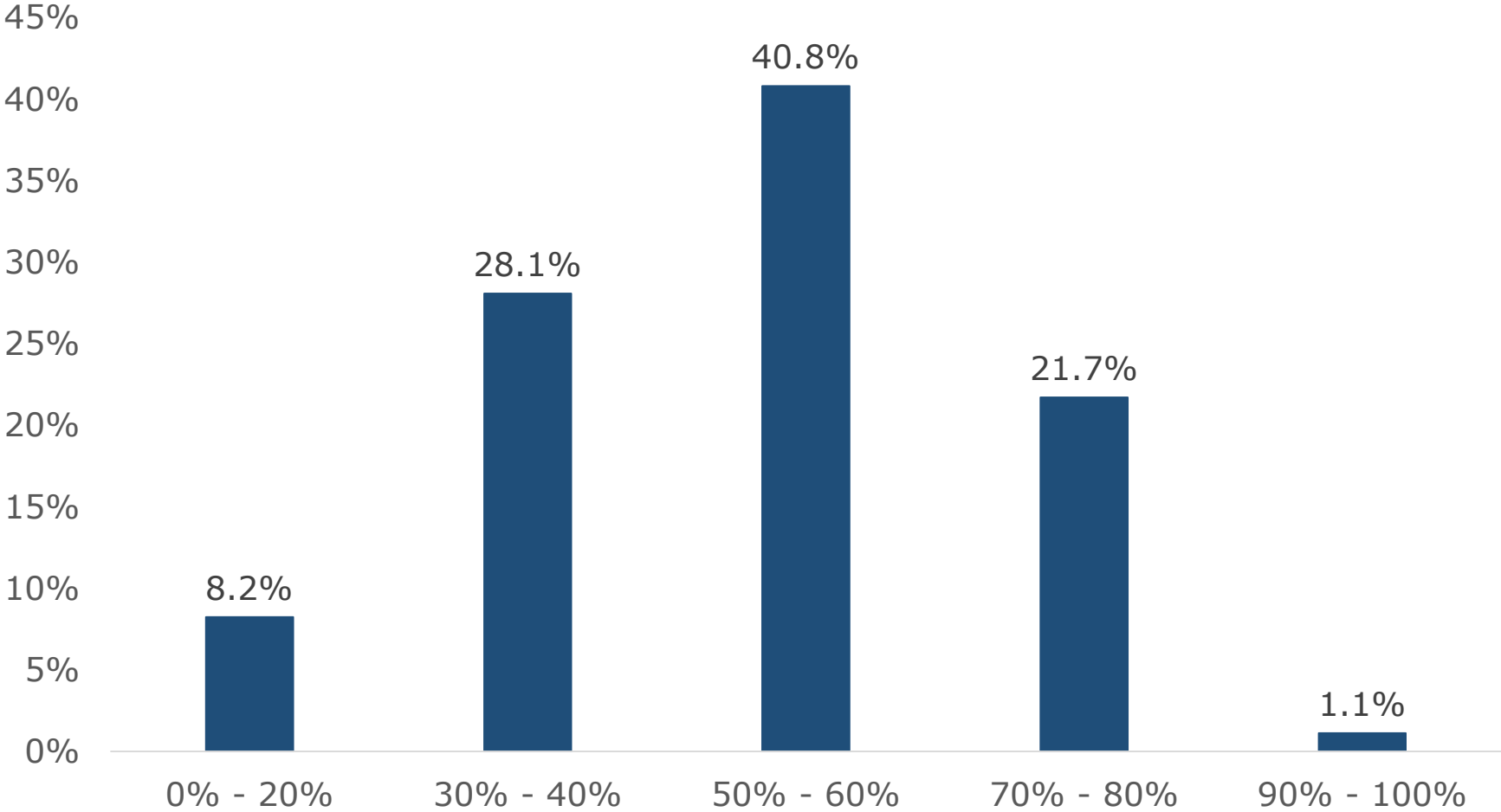
# Outcomes

What do you think is the approximate proportion of parents who will succeed in treatment for substance use disorders? (n=267)

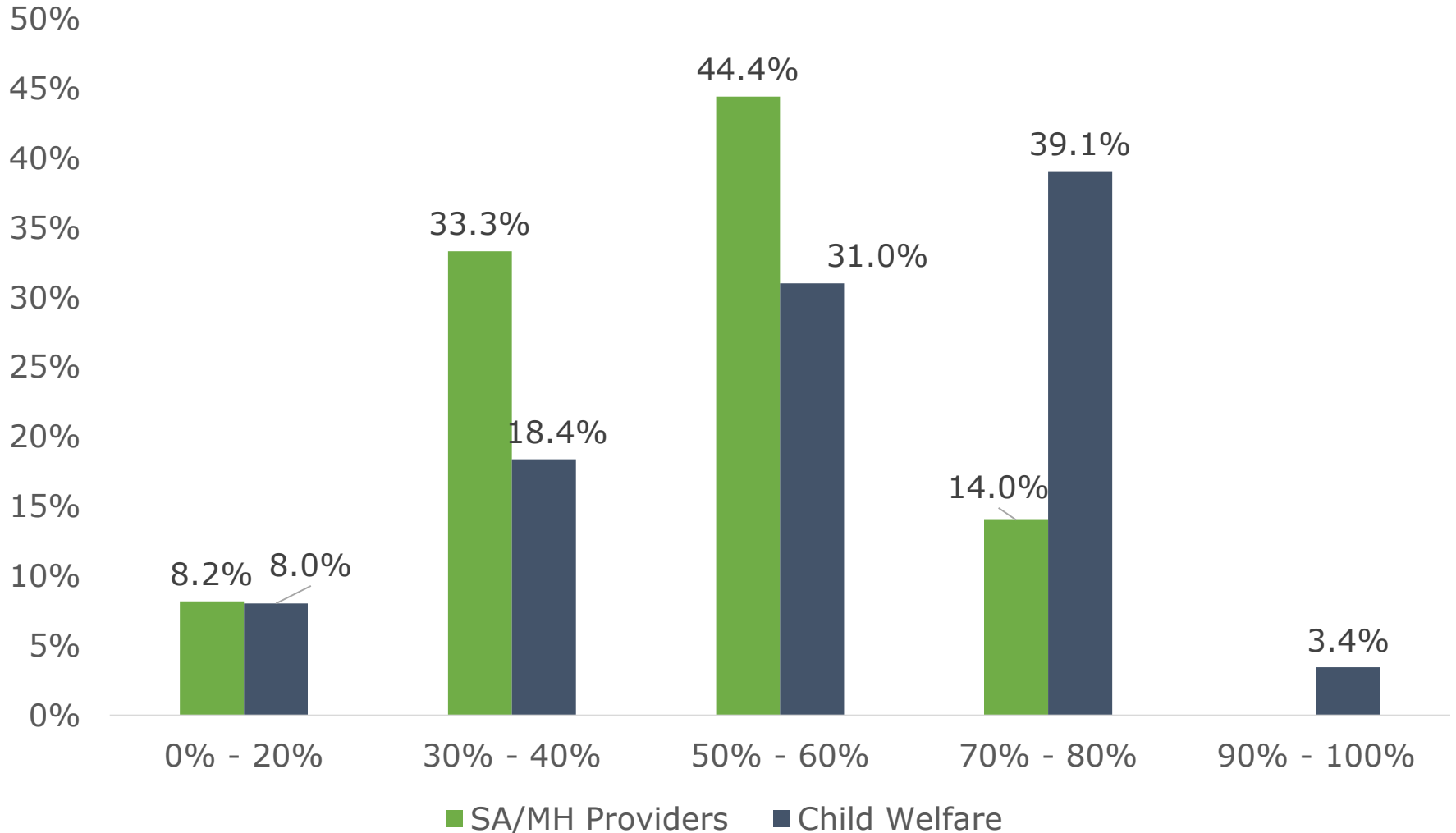


# Outcomes

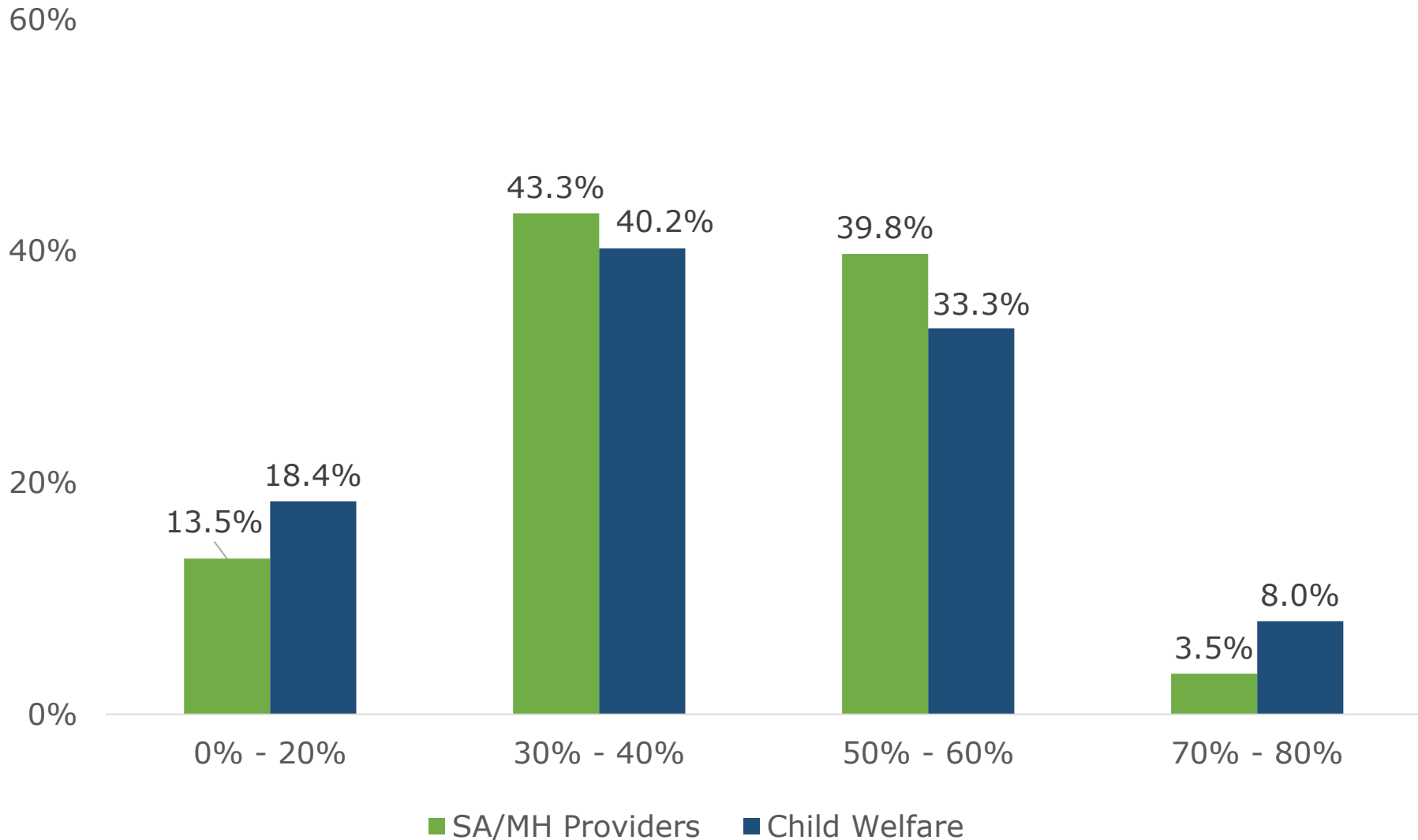
What do you think is the proportion of parents in substantiated CPS cases who will succeed in their child welfare case plan? (n=267)



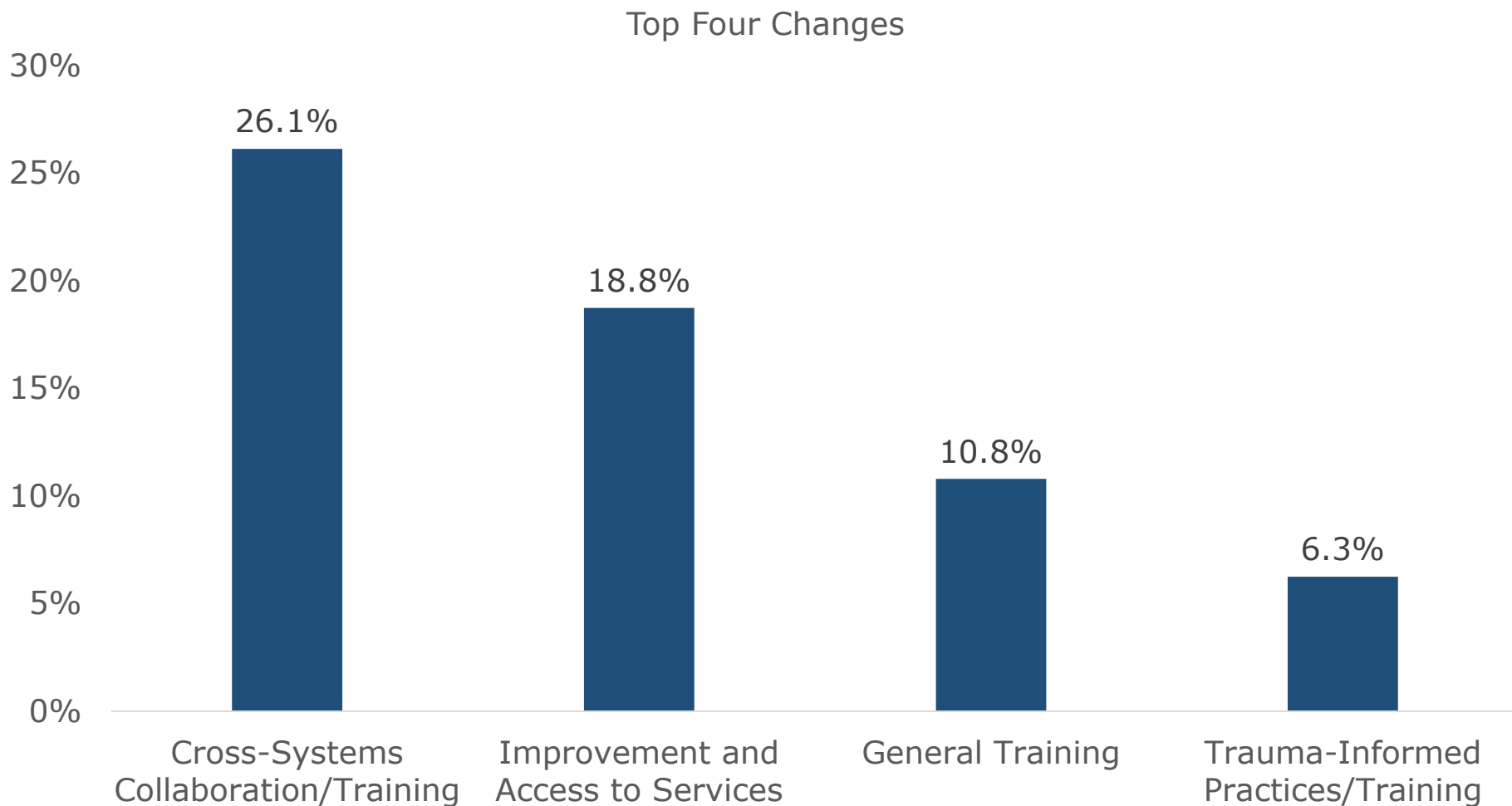
# Proportion of Parents With Substantiated CW Cases Who Will Succeed in CW Case Plan



# The Proportion of Parents Who Will Succeed in Tx for SUD



# Important Changes My Agency Could Make to Ensure Better Outcomes, n=176\*



\* Some respondents identified multiple changes that their agencies could make to improve outcomes for the children and families that they serve.

# Selected Questions

**Table 1: Agreement by Area of Primary Responsibility**

Survey Item	Child Welfare Services (N=90)			Substance Abuse Services (N=183)		
	Somewhat Agree	Strongly Agree	Total	Somewhat Agree	Strongly Agree	Total
	%	%	%	%	%	%
	n	n	n	n	n	n
<p><b>5. The standard for deciding when to remove or reunify children with their parents who have a substance use disorder should be whether the parents are fully abstaining from alcohol or other drugs.</b></p>	28.1%	15.7%	<b>43.8%</b>	40.8%	33.0%	<b>73.8%</b>
	25	14	<b>89</b>	73	59	<b>179</b>
<p><b>9. People who use drugs, including misusing prescribed medications, cannot be effective parents.</b></p>	20.2%	7.9%	<b>28.1%</b>	30.2%	10.1%	<b>40.3%</b>
	18	7	<b>89</b>	54	18	<b>179</b>

# Selected Questions

**Table 1: Agreement by Area of Primary Responsibility (cont.)**

Survey Item	Child Welfare Services (N=90)			Substance Abuse Services (N=183)		
	Somewhat Agree	Strongly Agree	Total	Somewhat Agree	Strongly Agree	Total
	%	%	%	%	%	%
	n	n	n	n	n	n
<p><b>12. For parents with substance use disorders, drug testing results are the single best indicator of whether they have successfully addressed their substance use disorder.</b></p>	<p>31.5%</p> <p>28</p>	<p>5.6%</p> <p>5</p>	<p><b>37.1%</b></p> <p><b>89</b></p>	<p>36.9%</p> <p>66</p>	<p>8.4%</p> <p>15</p>	<p><b>45.3%</b></p> <p><b>179</b></p>
<p><b>18. Medication assisted treatment (e.g.: methadone, buprenorphine) should be made available to pregnant women who have an opioid use disorder.</b></p>	<p>33.7%</p> <p>30</p>	<p>4.5%</p> <p>4</p>	<p><b>38.2%</b></p> <p><b>89</b></p>	<p>36.9%</p> <p>66</p>	<p>11.7%</p> <p>154.5%</p>	<p><b>48.6%</b></p> <p><b>179</b></p>

# Selected Questions

Table 1: Agreement by Area of Primary Responsibility (cont.)

Survey Item	Child Welfare Services (N=90)			Substance Abuse Services (N=183)		
	Somewhat Agree	Strongly Agree	Total	Somewhat Agree	Strongly Agree	Total
	%	%	%	%	%	%
	n	n	n	n	n	n
<p><b>22. A parent's substance abuse relapse should immediately result in a change to the permanency plan for their children.</b></p>	11.4%	1.1%	<b>12.5%</b>	25.8%	5.1%	<b>30.9%</b>
	10	1	<b>88</b>	46	9	<b>178</b>
<p><b>30. Confidentiality of client records is a significant barrier to allowing greater cooperation among substance use disorder treatment agencies, child welfare, and the courts.</b></p>	61.4%	19.3%	<b>80.7%</b>	42.4%	13.4%	<b>55.8%</b>
	54	17	<b>88</b>	73	23	<b>172</b>



# Areas for Consideration



# Summary: Areas for Consideration

- Strong agreement about the high needs of the substance abuse child welfare population
- Agreement about the need for attention to the trauma experiences of parents
- Differing views and perceptions about the impact on parenting by type of substance
- Strong agreement that substance use disorder is a chronic, relapsing disease



# Summary: Areas for Consideration

- Abstinence vs. harm reduction approach
- Drug Testing
- Over half of the respondents disagreed that MAT should be made available to pregnant women who have an opioid use disorder
- The systems response to Substance Exposed Infants

# Summary: Areas for Consideration

- Coordination and communication: confidentiality regulations as a barrier
- Opportunities to enhance the knowledge, skills and abilities of the workforce
- Clarifying the role and response of the legal community and judiciary



**Questions?**

**KEN DECERCHIO, MSW, CAP**  
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