Report to the Commission on Child Abuse on the Joint Efforts of the Office of Substance Abuse and Child Protection Services

March 1, 2001

There are a number of barriers to the child welfare and the substance abuse treatment systems working together effectively. In January, the director of the Office of Substance Abuse and the director of Child Welfare Services met to discuss the barriers and develop a plan of addressing them. There were six primary barriers that were identified with plans to address them as follows.

One of the identified problems was lack of information about how well the systems interface at present. There is a perception from the substance abuse provider community that referrals for treatment from child protective services are rare. There is a perception from child protective services that a vast proportion of their case load involve substance abuse, but that there are not enough appropriate services. Because of this lack of information, the Office of Substance Abuse commissioned a study by the Muskie Institute to review current practice in both systems, identify gaps, and recommend areas of improvement. A preliminary report will be available on March 15. Prior to receiving that document, any assumptions and recommendations in this report are preliminary.

One of the barriers to creating an effective system is the assumptions each system's providers have about the others. Child protective workers believe that substance abuse counselors focus only on the parent's health and well-being, and ignore the child's. Substance Abuse counselors believe that child protective workers have removal of the child from the home as a primary objective and will use any excuse to snatch a child away from her mother. As part of the action plan, the Child Abuse Action Network will hold a forum for child protective workers and substance abuse counselors to have a dialogue about their beliefs and their difficulties working together. The goal of this initial forum is to bring the two groups together to discuss their differences in general

terms rather than discuss specific families. The outcome of the day will be twofold: individuals will have made connections with other individuals, and they will develop a plan on how to continue the dialogue.

A second barrier to adequate communication between the two systems is the federal confidentiality law for substance abuse services. The law bars most communication without signed release forms. A treatment provider, as a mandated reporter, could call the child protective services hotline regarding child abuse, give the basic details of the abuse, and then be unable to respond to follow up calls during an investigation started because of the treatment provider's report. The Office of Substance Abuse, and Child Protective Services are examining other states' responses to this barrier, which underlies many of the other difficulties. Other states have developed specific release forms, or cooperative agreements in order to facilitate case specific information sharing.

Another identified problem is the lack of services that are appropriate. There are a few women's programs scattered throughout the state. Currently, the services consist of one residential rehab, two half-way houses, and three gender-specific out-patient programs. In recent years, these six programs have begun to look at parenting as a primary treatment issue. Many other treatment providers do not. As a result, most of the substance abuse treatment locally available to women does not address parenting. Women (and men) do not generally learn parenting skills, look at parenting as a relapse issue, or learn about resources for parents during the course of their substance abuse treatment.

In addition, child safety and well being generally is not looked upon by substance abuse counselors as a treatment goal, or an indication of treatment success, while other aspects of the client's life such as getting a job, and developing healthy adult relationships are. Child protective workers feel that their concerns about parental behavior are not taken seriously by the substance abuse provider community, and that available treatment is not appropriate to the families with whom they are working. While the existing women's programs are appropriate, there are not enough treatment slots to fill the need.

This lack of appropriate services is a difficult barrier to overcome. Congress will be considering legislation sponsored by Senator Snowe that would provide federal funding for treatment services specifically for parents in the child welfare system. In addition, Maine State Senator, Beverly Daggett, has introduced legislation to provide for substance abuse assessment and treatment of parents involved with child welfare services. Additional funds from one source or another would be very helpful in addressing this barrier.

In June, a group of six individuals from the Office of Substance Abuse and Child Protective Services will attend a national conference sponsored by the federal office, Center for Substance Abuse Treatment, that will help states work through the identified barriers. This topic has become so important for CSAT that it will fully fund the conference fees and travel costs of six participants. The conference will provide both education and opportunities to meet to develop a work plan. One clear need that we will address as part of the planning process is the addition of joint training for direct service providers in both fields.

The final barrier is time. Federal legislation requires that permanency placement begin within a year of removing a child from the home. Recovery from addiction can often be a long process, with frequent relapse an expected aspect of recovery. At what point does the system give up on the biological parent? How many chances does a child have to endure? The needs of the parent and the needs of the child often conflict. The timeframes for the parent and child conflict as well. If we are to keep children with their biological parent, we are going to have to look at models of supported housing that provide ongoing substance abuse treatment, parenting education and support, mental health counseling, vocational and other services. There is little of this type of service available for families with children. Funding already exists to provide these services to individuals, but it will take the creative effort of both the Department of Mental Health, Mental Retardation, and Substance Abuse Services and the Department of Human Services, as well as providers to pull them together for families.

The action plan for the two departments has three key elements. The first is the gathering of accurate data on the systems functioning and interface. This information will be available in a preliminary form by March 15, 2001, and as a final report by May 15, 2001. This information will help us target our efforts.

The second element is improved communication. The Child Abuse Action Network will begin a series of forums which will allow direct service workers from both systems to come together and discuss their differences and ways in which to work together. These forums should both improve communication and develop plans for continued improvement.

Finally, policy level employees will meet with national experts in June in order to develop a comprehensive plan to address the problem of addicted and substance abusing parents. This plan will address all of the barriers including gaps in services.