

**A Review of Alcohol and Other Drug Issues  
in the States' Child and Family Services Reviews  
and Program Improvement Plans**

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**Prepared for the Center for Substance Abuse Treatment, SAMHSA and  
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Child and Family Services Reviews (CFSR) reports for a total 50 states, the District of Columbia and Puerto Rico, and 52 Program Improvement Plans (PIPs) have been submitted/approved and were reviewed to compile this summary. The following summary and analysis is based on the information contained in the following table, which highlights the substance abuse issues included in the States' reports. A word search was performed using *substance abuse, alcohol, chemical, and drugs*.

## **Summary of Issues Highlighted in the State Reviews**

### **Identification of Substance Abuse in the Reviewed Cases**

- In comparison to widely reported estimates of the extent of parental substance abuse among child welfare cases, the CFSR reports indicate a lower and wide range of cases affected. This may be due to under-reporting of substance use disorders in the case records or under-identification in the review process.
- Parental substance abuse was reported as a factor in cases in 32 states. It was identified as a factor that brought child to the attention of the child welfare agency in 16 to 61 percent of cases
- Parental substance abuse as a primary factor was reported in 34 states and was identified in 2 to 44 percent of cases
- Substance abuse by the child was reported in seven states. It was identified as a factor bringing the child to the child welfare agency's attention in 2 to 48 percent of cases.

### **Gaps in Services**

- In general, substance abuse services were identified as an important gap in services. There were many occurrences of the comment that adequate treatment services were not available. Substance abuse was frequently seen as an underlying problem that was often not addressed in sufficient depth by the services provided to families in the child welfare system. In some reviews, the lack of substance abuse services was contrasted with the services most often made available, such as parenting classes and family counseling.
- Several reviews noted the lack of treatment services for adolescents in child welfare families.
- Services for children with fetal alcohol syndrome and fetal alcohol effects were identified.
- Rural substance abuse needs were seen as a special concern in some states and issues of transportation to treatment resources.
- Repeat cases were described as involving substance abusing families.

### **Assessment and Follow-up Issues**

- References were made to needed substance abuse training in several reviews.
- Several references were made to the quality of assessments by child welfare staff that do not address substance abuse as an underlying issue. A few reviews referred to problems with risk assessment tools that do not go deep enough in description of the substance abuse problems of the family.
- There was a concern in a few reviews about a lack of follow through when assessments are done and referrals to treatment are made.

## **Strengths related to Addressing Substance Abuse Issues**

- Recent collaborative work with substance abuse agencies was seen as a strength in some reviews.
- Family drug courts were seen as a strength in some states and as a tool that ensures treatment services and closer monitoring of clients.
- One state reports a recent allocation of state general funds to reduce the waitlist for treatment access for the child welfare population.

## **Other Issues**

- References were made in a few reviews to barriers to treatment above the levels authorized by gatekeeper contractors or Health Maintenance Organizations.
- Differences of opinion were noted in a few reviews between child welfare services, alcohol and other drug, and courts on reunification timing in substance abuse cases; judges see termination issues differently in substance abuse cases; differences were noted in perspectives on the time needed for treatment success and reunification vs. Adoption and Safe Families Act (ASFA) guidelines.
- One review noted that access to substance abuse services was cited by child welfare workers as an exception to filing for termination of parental rights under ASFA timelines.
- In a few reviews, there was some recognition that kin placements and biological parents may both have substance abuse problems.
- Stakeholders in one review noted concern that permanency timelines often involved terminating parental rights too quickly, particularly for Native American children and children whose parents are substance abusers.

## **Summary of 51 Program Improvement Plans**

- Training was emphasized, along with a need for new competency-based curricula on substance abuse issues in some states.
- Specialized teams were seen as needing to include substance abuse workers.
- A general commitment was stated to improvement of information flow.
- A need to address premature closure of cases that involve substance abuse and develop clearer decision rules was discussed in one state.
- An in-depth needs assessment survey was described as needed to determine the extent of missing substance abuse services.
- Two states developed a separate goal statement to improve practice related to chronic neglect and substance abuse cases, mentioning the need for technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW).
- Of the 52 completed PIPs, nine did not mention substance abuse issues at all—although the PIPs were approved and in all nine, substance abuse services were mentioned as an issue in the CFSR.

## **Implications and Interpretation**

- The relatively low percentage of cases (range is 16 to 48%) with specific mention of substance abuse as a factor in the case needs further investigation as it contrasts with general practice knowledge that the majority of cases are affected by familial substance abuse.
- Repeatedly, the comment was made that treatment resources are inadequate, but there was little discussion of the reasons for gaps (e.g. separation of substance abuse assessment and substance abuse treatment authorization in several states), the full range of available funding streams that currently fund substance abuse (e.g. more than 15 different funding streams for substance abuse treatment and prevention in some states—Tennessee mentioned inter-agency resources availability), and the lack of priority given to child welfare families in allocating treatment resources.
- The lack of follow-through was not framed in terms of documenting the known drop-off points in the system where clients leave the system and the need for improved client engagement efforts.
- There were frequent references to the need for training, without an apparent recognition that training by itself has no impact on resources or priorities for substance abuse clients.
- The frequent references to the quantity of treatment services lacked any emphasis upon the quality and effectiveness of existing services, the need for use of best practices in treatment monitoring, or gender issues in treatment. There was no discussion of needed indicators for reunifying or case closing.
- The lack of specific plans regarding the substance abuse issues in several PIPs warrants further attention.
- It was noteworthy that there were no references to confidentiality problems in connection with substance abuse.
- There was no discussion of developmental needs of younger children in connection with their prenatal or post-natal substance exposure.

**Percentage of Cases with Substance Use Disorders as a Reason Child Came to Attention of CWS**

	Parental Use Among All Reasons Cited		Parental Use as Primary Reason		Child's Substance Use	
	N	Percent	N	Percent	N	Percent
Alabama	13	26	20	40		
Alaska	21	42	4	8		
Arizona*						
Arkansas*						
California	19	39	8	16		
Colorado	12	24	5	10		
Connecticut	24	48	6	12		
Delaware*						
D.C.*						
Florida*						
Georgia*						
Hawaii	26	52	10	20		
Idaho	8	16	22	44	2	4
Illinois						
Indiana*						
Iowa	24	48	6	12	24**	48
Kansas*						
Kentucky	15	30	4	8		
Louisiana			2	4		
Maine	21	42	4	8		
Maryland	15	31	9	18		
Massachusetts*						
Michigan	18	37	6	12	1	2
Minnesota*						
Mississippi			2	4		
Missouri	18	36	8	16		
Montana	18	37	8	16		
Nebraska	8	16	2	4		
Nevada	30	61	13	27		
New Hampshire	13	26	1	2		
New Jersey	27	54	12	24		
New Mexico*						
New York*						
North Carolina*						

<b>North Dakota*</b>						
<b>Ohio</b>	<b>11</b>	<b>22</b>	<b>2</b>	<b>4</b>		
<b>Oklahoma</b>	<b>24</b>	<b>48</b>	<b>10</b>	<b>20</b>		
<b>Oregon*</b>						
<b>Pennsylvania</b>	<b>21</b>	<b>42</b>	<b>6</b>	<b>12</b>	<b>2</b>	<b>4</b>
<b>Puerto Rico</b>	<b>10</b>	<b>24</b>	<b>1</b>	<b>2</b>		
<b>Rhode Island</b>	<b>17</b>	<b>35</b>	<b>6</b>	<b>12</b>		
<b>South Carolina</b>	<b>12</b>	<b>24</b>	<b>2</b>	<b>4</b>		
<b>South Dakota*</b>						
<b>Tennessee</b>	<b>13</b>	<b>26</b>	<b>4</b>	<b>8</b>	<b>1</b>	<b>2</b>
<b>Texas</b>			<b>4</b>	<b>8</b>		
<b>Utah</b>	<b>17</b>	<b>34</b>	<b>7</b>	<b>12</b>		
<b>Vermont*</b>						
<b>Virginia</b>	<b>23</b>	<b>46</b>	<b>6</b>	<b>12</b>		
<b>Washington</b>	<b>17</b>	<b>34</b>	<b>5</b>	<b>10</b>		
<b>West Virginia</b>	<b>13</b>	<b>26</b>	<b>5</b>	<b>10</b>		
<b>Wisconsin</b>	<b>18</b>	<b>36</b>	<b>7</b>	<b>14</b>		
<b>Wyoming</b>	<b>9</b>	<b>18</b>			<b>7</b>	<b>14</b>
<b>TOTAL</b>	<b>558</b>	<b>35</b>	<b>230</b>	<b>14</b>	<b>14</b>	<b>5</b>

\*17 States reviewed in 2001 did not have these data reported. \*\*This number includes child's behavior/juvenile justice/substance abuse and is not included in the totals.

State	Final Report on the Child and Family Services Reviews (CFSR)	Program Improvement Plan (PIP)
<b>Alabama</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 13 (26%) cases, substance abuse by parents was cited in 6 (12%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 20 cases (40%).</li> <li>▪ Inter-agency coordination of services and benefits includes substance abuse programs.</li> <li>▪ As noted in the Statewide Assessment, one of the frequently used compelling reasons not to terminate parental rights is based on the time required for rehabilitation in cases involving parental substance abuse or addiction.</li> <li>▪ DHR offers advanced training through ACT II and current course topics are: Practical Child Protection, the ISP Process for the Family who Experiences Substance Abuse</li> <li>▪ The agency also is working on developing training in the area of permanency and concurrent planning and a full- time staff person has been hired to provide substance abuse training.</li> <li>▪ In regard to service availability, more aggressive treatment programs for substance abuse, especially in rural counties, and substance abuse “homes” are needed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ten days of technical assistance from the National Resource Center on Child Maltreatment have been requested and approved. The National Resource Center on Child Maltreatment will provide consultation/training regarding on-going child protective service cases, particularly substance abuse cases and domestic violence as well as child safety during visitation. The goal is to improve supervisor/social worker and consultant capacity in assessing and managing safety for children in all settings.</li> </ul>
<b>Alaska</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 40 (80%) cases, substance abuse by parents was cited in 21 (42%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 4 cases (8%).</li> <li>▪ Substance abuse assessment and treatment and several other services were rated as a strength.</li> <li>▪ Stakeholders noted that in some cases children are being reunified without the parent’s substance abuse problems being adequately treated, and the agency is not following up in these cases.</li> <li>▪ Stakeholders commented that there are long wait lists for both in- and out-patient substance abuse treatment services.</li> <li>▪ The statewide assessment indicated that the greatest need for services are in-home services, substance abuse treatment services, and domestic violence services, and that there are service gaps in substance abuse assessment and treatment services.</li> <li>▪ There are service gaps in treatment services for children and adults who have been diagnosed with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE).</li> <li>▪ Stakeholders commented that despite the gap in services, there are quality programs including an in-patient substance abuse program for mothers and children.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The need for services was one of six themes that consistently arose during the PIP process. The most critical service identified was substance abuse services.</li> <li>▪ Collaboration between the substance abuse treatment agency and the child protection system must be improved.</li> <li>▪ The state recognizes that substance abuse substantially contributes to child abuse and neglect cases and that there is no quick fix for this long-term problem. OCS intends to tailor training regarding safety issues and substance abuse to more adequately address risk in the long run. This will also be a training topic for the judiciary and defense bar as efforts are restructured surrounding work with substance abusing families.</li> </ul>
<b>Arizona</b>	<ul style="list-style-type: none"> <li>▪ Substance abuse treatment programs and several other services are listed as some of the services that are provided to families.</li> <li>▪ Mental health and substance abuse services are mentioned as a strength in providing services to children.</li> <li>▪ Services such as the Substance Abuse Treatment Program, Family Group Decision Making and Promoting Safe and Stable Families Initiative are services that have been expanded due to the evidence of the successfulness of the services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meetings have begun to address MH services of children, including child substance abuse.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Focus group and survey responses indicate the collaboration with other agencies to expand substance abuse treatment for parents and guardians as strength for Arizona.</li> <li>▪ Substance abuse services were identified by numerous stakeholders as a statewide service need.</li> <li>▪ Residential drug and alcohol treatment facilities in the state were identified as needs.</li> <li>▪ Mentioned as weaknesses in the provision of individualized services included substance abuse services for children and attachment and bonding therapy, were lacking.</li> </ul>	
Arkansas	<ul style="list-style-type: none"> <li>▪ Stakeholders identified a need for more specialized services including substance abuse treatment services.</li> </ul>	No mention
California	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 30 (61%) cases, substance abuse by parents was cited in 19 (39%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 8 cases (16%).</li> <li>▪ In addition to home-based services, parent education and support, home visiting, childcare, family group conferencing, substance abuse treatment and wraparound services are provided to families to help prevent the need for out-of-home placement.</li> <li>▪ Los Angeles County's Statewide Assessment revealed that 70% of its funding is allocated for prevention case management through in-home outreach, with substance abuse treatment indicated as one intervention.</li> <li>▪ Based on a survey of 45 child welfare agencies and 37 juvenile probation departments, nearly every respondent reported countywide substance abuse testing for minors and parents, with no waiting lists, yet waiting lists were reported in some areas for substance abuse treatment.</li> <li>▪ Stakeholders identified that substance abuse treatment facilities where parents can bring their young children was a service gap.</li> <li>▪ The case record review found that for the item <i>services to family to protect children in home and prevent removal</i>, 80% of the cases provided services to prevent an initial removal, including alcohol and drug testing and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ PIP mentioned that they would be seeking technical assistance from the National Center on Substance Abuse and Child Welfare for expert consultation on how to effect change in parents and youth who have substance abuse problems in a timely way so that timeframes for permanency are met.</li> </ul>
Colorado	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 17 (34%) cases, substance abuse by parents was cited in 12 (24%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 5 cases (10%).</li> <li>▪ DHS has mandated a statewide set of core services, including substance abuse treatment services.</li> <li>▪ Stakeholders commented that there are insufficient substance abuse treatment services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Under the outcome of meeting needs and services of child, parents, foster parents, PIP states they will develop a protocol for substance abuse screening, assessment, engagement and retention of families within CW, TANF and court systems. The protocol will become an MOU. (Child Welfare, ADAD, TANF &amp; Judicial): <ul style="list-style-type: none"> <li>a. Conduct needs assessment of AOD, CW and court constituents across state.</li> <li>b. NCSACW issues a monograph on screening, assessment, engagement, and retention.</li> <li>c. Convene regional meetings to share</li> </ul> </li> </ul>

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		<p>learnings.</p> <p>d. If second year of T/A is requested and approved, identify at least five pilot counties for implementation of protocol/MOU.</p> <p>e. Implementation and monitoring of pilot counties.</p>
<b>Connecticut</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 35 (70%) cases, substance abuse by parents was cited in 24 (48%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 6 cases (12%).</li> <li>▪ Outpatient substance abuse treatment for parents and adolescents are among the services provided to support family maintenance and reunification.</li> <li>▪ Stakeholders indicated that DCF performed thorough investigations, including multidisciplinary assessments including domestic violence and substance abuse.</li> <li>▪ Substance abuse treatment was indicated as among services provided to families to prevent removal.</li> <li>▪ Ongoing training is needed in substance abuse treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The department is moving toward expanding its “risk” assessment into a more comprehensive child and family assessment that will identify not only safety risks, but also the underlying issues contributing to abuse and neglect. The assessment will assist in streamlining cases requiring further evaluation by our Regional Resource Group (specialists in substance abuse, education, mental health).</li> </ul>
<b>Delaware</b>	<ul style="list-style-type: none"> <li>▪ Substance abuse services were sufficiently available in several sites.</li> <li>▪ Title IV-E Demonstration Waiver allows substance abuse workers to accompany DFS workers to homes.</li> <li>▪ Primary healthcare providers must administer the child mental health/substance abuse component of the Early Periodic Screening Diagnosis and Testing (EPSDT) is for youth ages 0-20.</li> <li>▪ Stakeholders reported gaps in services in several areas including substance abuse treatment</li> <li>▪ Sussex County stakeholders and cases reviewed indicated that while there were sufficient outpatient substance abuse services, there was a lack of inpatient substance abuse services, mental health services for children and adults, independent living services, adoption support services, and services for adolescents with behavioral health needs.</li> <li>▪ Focus groups all agreed that the lack of appropriate substance abuse treatment services is a serious problem.</li> <li>▪ The review found that there was a lack of comprehensive assessments for children and families, including substance abuse issues.</li> <li>▪ Training was in Substantial Conformity, yet stakeholders indicated a need for more in-service trainings including substance abuse.</li> <li>▪ Substance abuse was not an identified training component for foster parents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will work to improve the sharing of information both to and from providers.</li> <li>▪ Substance Abuse (SA) mentioned as a service that is not directly provided by DFS but works collaboratively with other agencies but has limited control over those services.</li> <li>▪ Has MOA with DHSS focusing on evaluation and provision of SA services, will continue efforts to increase accessibility, improving the standard intake process and improving the collaboration between SA treatment agencies and DFS.</li> </ul>
<b>District of Columbia</b>	<ul style="list-style-type: none"> <li>▪ The agency offers an array of services designed to prevent out of home placement, reunify families, and finalize adoptions including substance abuse programs</li> <li>▪ The review found that there was a general lack of specific services to meet targeted needs of some of the Agency’s clients, especially in terms of substance abuse treatment, mental health services, and housing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ CFSA houses a team of specialists with expertise in substance abuse, housing, education and DV</li> <li>▪ In coming years, CFSA hopes to expand the array of services available to families to include such services as quality infant daycare, nighttime</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Social workers complete a comprehensive family assessment that addresses many issues including substance abuse history</li> <li>▪ Individuals often wait up to 24 hours in the waiting room for substance abuse treatment services.</li> <li>▪ The District was found to have inadequate inpatient substance abuse treatment facilities for mothers and their children.</li> <li>▪ With a \$37.5 million dollar budget increase, the Agency developed new services to meet emerging needs including substance abuse treatment</li> <li>▪ Starting in February 2000 training has been offered to foster care/kinship parents, i.e. in-service workshops on substance abuse, first aid, CPR, and parenting skills.</li> <li>▪ The review found that there was a general lack of mental health services for children who were not in foster care. In addition, the case record reviews and stakeholder interviews identified the need for additional substance abuse treatment services, residential treatment, and placement options for children who need therapeutic care.</li> <li>▪ The case record review found a general lack of family, safety, and/or risk assessments. When the structured decision making instrument was used by Agency workers it was not always completed in a way that showed thoughtful and careful consideration of the risk of harm to the child and the family's needs. In some cases workers missed important issues that were the cause of many of the problems such as substance abuse or mental illness.</li> <li>▪ In some of the cases reviewed, services were provided to address the initially identified problem, but not the potential underlying causes of the problems such as domestic violence, homelessness, substance abuse, continued educational neglect or sexual abuse. In these cases, families were not provided the opportunity to receive services to address these issues.</li> <li>▪ In most of the cases with a history of repeat maltreatment, the allegations involved the same perpetrators and/or general complaint, over the life of the cases. This was most common in families that had a history of substance abuse, chronic neglect, and/or medical and educational neglect. One case had 24 reports of abuse and neglect, many of which were substantiated, with the same major concerns of chronic neglect, substance abuse, mental illness, and educational neglect by the parents.</li> </ul>	<p>daycare, and comprehensive substance abuse treatment</p> <ul style="list-style-type: none"> <li>▪ In its reorganization CFSA has centralized the clinical service specialists within the Office of Clinical Practice. Clinical service specialists focus on assisting social workers access and provide services to children and families in the areas of DV, housing substance abuse and education. The specialists also counsel social workers on proper identification of the underlying issues contributing to abuse and neglect</li> <li>▪ In improving practice in risks of harm to children, CFSA will clinically train social workers in topic areas such as substance abuse, mental health, DV and other underlying causes of abuse/neglect</li> <li>▪ The CFSA substance abuse specialists have developed a resource listing of substance abuse resources and are capable of counseling social workers on individual cases.</li> <li>▪ The Healthy Families/Thriving Communities Collaboratives will also assist CFSA in accessing services responsive to the housing, substance abuse, mental health, tutoring, mentoring, social and recreational enrichment needs of children and families</li> </ul>
<b>Florida</b>	<ul style="list-style-type: none"> <li>▪ Substance abuse treatment is difficult to access especially residential treatment and there are an insufficient number of alcohol and drug treatment programs in the state (Source: stakeholders).</li> <li>▪ The Temporary Assistance to Needy Families (TANF) program provides alcohol, drug abuse and mental health services to children.</li> <li>▪ Drug Court makes substance abuse services available in the larger site. (Source: stakeholders) – (discussed in terms of strength in state assessment)</li> <li>▪ Phase two of training for social workers consists of up to nine months of classroom and field training, mentoring, and close supervision. The courses include Concurrent Case Planning, Domestic Violence, Neglect, Physical Abuse, Sexual Abuse, and Substance Abuse.</li> <li>▪ Needs and services of child, parents and foster parents, as they relate to safety, permanency, and well being were assessed and identified in 36 of 50 records</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve initial child safety assessments and identification of service needs, particularly in the areas of substance abuse and domestic violence, for the child, family, relatives and foster parents.</li> <li>▪ Increase available and accessible local resources for mental health, substance abuse and domestic violence.</li> <li>▪ Identify opportunities for federal funding and grants for substance abuse treatment programs and apply.</li> <li>▪ Research and recommend actions to establish a statewide substance abuse treatment contract to serve rural areas.</li> </ul>

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	<p>reviewed. Examples of needs and services identified are: parenting skills, day care services, substance abuse program, and tutorial services. (Source: case reviews)</p> <ul style="list-style-type: none"> <li>▪ There were examples of the agency-seeking relatives as potential permanency options when the bio-parents were found to have serious substance abuse problems. (Source: case reviews)</li> <li>▪ Interviews with most of the stakeholders revealed that family assessments being conducted by the child welfare agency workers are not sufficiently thorough in detecting problems, such as domestic violence and substance abuse at an early stage. The importance of this issue is reflected in the finding that in 36% of the applicable cases, there was evidence of parental substance abuse that appears to be a contributing factor to the maltreatment. (Source: case reviews and stakeholders interview)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Request funding to increase mental health services and substance abuse treatment based on the community needs assessment.</li> <li>▪ Incrementally increase to 68% in 2003 and to 75% in 2004, the percentage of cases in which mental health, substance abuse, and domestic violence services recommended in the assessment and in the case plan are provided.</li> </ul>
<p><b>Georgia</b></p>	<ul style="list-style-type: none"> <li>▪ Georgia DFCS manages the Multi-Agency Team for Children (MATCH) program that arranges care for Georgia's most severely emotionally disturbed children. It is multi-agency serving children and partnering with the Department of Education, DMHM RSA (Department of Mental Health/Mental Retardation/Substance Abuse, DFCS and DJJ. Georgia participates in the Georgia Mental Health Planning and Advisory Council.</li> <li>▪ Stakeholders explained that in 148 counties, DFCS works closely with Family Connections, a network of service providers established to resolve substance abuse and family issues, such as domestic violence.</li> <li>▪ In the larger site, there are more standardized services, rather than individualized. For instance, there were situations where anger management services were provided, but not the needed substance abuse services.</li> <li>▪ There is a need to focus more on what families and children need and not just focus on what services are available, not just parenting classes, anger management, etc. There is concern that case managers and even supervisors do not always know what services are available.</li> <li>▪ Stakeholders commented that the needed continuum of individualized, community-based services is not accessible or available to families and children in all jurisdictions.</li> <li>▪ The following list is critical service needs identified by stakeholders: Expand the service array to insure all families with serious multiple issues such as mental illness, family violence, and substance abuse have immediate access to needed services</li> <li>▪ Time-limited reunification services have been particularly effective in safely reunifying families separated due to parental substance abuse. In FY 1999, services to substance abusing mothers and their children increased through the expansion of treatment and post treatment support services funded through PSSF programs</li> <li>▪ Within 18 months of employment, workers are required to take: Developing and Writing Case Plans, Interviewing for Change, Focusing on Substance Abuse in Families and Toward Cultural Responsiveness. Quarterly Basic Investigative Training and Education is provided. Courses for the supervisor are: Strategic Planning, Substance Abuse Intervention, Stress Management, and Evaluating Case Plans for Successful Outcomes and Evaluating Assessments for Successful</li> </ul>	<p>Regarding maintaining children safely in their home:</p> <ol style="list-style-type: none"> <li>1. Calls for addressing the CFSR findings regarding premature closure of cases: <ul style="list-style-type: none"> <li>▪ Review policy regarding assessment</li> <li>▪ Review &amp; develop policy regarding case closure</li> <li>▪ Involve SA &amp; DV experts in cross planning between DFCS programs, policy and service needs</li> <li>▪ Evaluate revised CPS assessment processes regarding DV, MH &amp; AOD</li> </ul> </li> <li>2. Implement community partnerships regarding services for AOD</li> </ol> <p>Regarding enhancing families' capacity to provide for children's needs calls for appropriate services in MH, SA and DV</p> <ul style="list-style-type: none"> <li>▪ Calls for providing technical assistance to staff and private providers on comprehensive assessments &amp; how to use the info to meet the needs of child and family</li> <li>▪ Develop policy regarding case closure to prevent premature closure especially in substance abuse and DV situations</li> </ul> <p>Regarding Service Array</p> <ul style="list-style-type: none"> <li>▪ Conduct a needs assessment survey of existing support services and distribution to determine gaps in service array to include SA, MH, DV and other services</li> </ul>

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	<p>Outcomes.</p> <ul style="list-style-type: none"> <li>▪ In all three sites, there are issues around provision of appropriate services for needs related to mental health, substance abuse and domestic violence.</li> <li>▪ Also in the larger site, there is concern about the lack of follow through when assessments are done and the duration of services, especially in substance abuse cases.</li> <li>▪ The State meets the standard in the area of foster care re-entries and attributes their success to the reunification services (family-centered reunification services) provided to families statewide since 1990. These services include in-home support services, parent aide services, counseling, substance abuse treatment services and assistance with family concrete needs, such as, but not limited to rent and household goods to prevent re-entries into foster care.</li> <li>▪ Record reviews surfaced premature case closures particularly involving substance abuse and domestic violence. In these cases, assessment of risk beyond the immediate problem identified at the time of report was not conducted.</li> </ul>	
Hawaii	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 26 cases (52%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 10 cases (20%).</li> <li>▪ Many stakeholders commenting in the issue of maltreatment recurrence expressed the opinion that DHS is not consistently effective in preventing maltreatment recurrence. They attribute this problem to the following: 1) maltreatment is often due to parental substance abuse and there is a scarcity of drug treatment services; 2) caseworkers close cases “too early,” usually because of high caseloads; and 3) services for in-home services cases are usually voluntary and many parents do not want to participate.</li> <li>▪ Services provided to families to protect children in home and to prevent removal included, but were not limited to, counseling (individual, family and couples), domestic violence support groups, substance abuse assessment and treatment, parenting classes, psychological and psychosexual evaluations, housing assistance, Ohana family counseling, transportation to services, grief counseling, sexual abuse therapy, sexual offender treatment, early childhood education, nurse home visitor, anger management services, developmental assessment, speech and language therapy, occupational therapy and Head Start.</li> <li>▪ According to the statewide assessment, many of the foster care re-entries within 12 months are the result of reunifications that have failed. This was attributed in large part—in the assessment and by stakeholders—to the pattern of substance abuse relapse that is part of the pattern of recovery for substance abusers. Several stakeholders suggested that even when parents successfully complete drug treatment, they tend to relapse when they return to old environments with family, friends, and neighbors that do not support them.</li> <li>▪ Several stakeholders identified the following barriers to granting TPR in a timely manner: a change in the DHS caseworker; the length of time necessary for parents to complete substance abuse treatment; delays in assessments and services to</li> </ul>	<ul style="list-style-type: none"> <li>▪ CWS will provide enhanced training to its staff on dealing with substance-abusing clients as part of State staff development and training program and State on-going training. Caseworkers will be provided training on substance abuse relapse prevention/intervention.</li> <li>▪ Collaboration with the State of Hawaii, Department of Health, Alcohol and Drug Abuse Division to develop additional substance abuse treatment resources and, if resources are available, pursuing purchase of services for substance abuse treatment services to be provided at Neighborhood Places or other community-based locales. (Neighborhood Places are family centers that provide counseling, information and referral services to families).</li> <li>▪ There will be an increase in the availability and utilization of substance abuse treatment services for CWS clients and an improvement in access to substance abuse assessment and treatment services for CWS families. CWS is partnering with DHS Benefit Employment and Support Services Division (BESSD) in a collaboration to help CWS parents who are TANF eligible to receive substance abuse services through the BESSD POS contract. <ul style="list-style-type: none"> <li>○ Procedures will be completed and issued to</li> </ul> </li> </ul>

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	<p>families due to waiting lists for these services, and delays in court proceedings.</p> <ul style="list-style-type: none"> <li>▪ Many stakeholders commenting on the issue of service array expressed the opinion that there are several services available to assess the strengths and needs of children and address the identified service needs. Some of the services noted as readily available were the following: Home-based outreach, therapy and counseling, parenting classes, visitation services, public health nursing, domestic violence programs, substance abuse assessments, in-patient treatment for mothers and babies, and transitional housing and independent living services for youth.</li> <li>▪ Critical service gaps identified by stakeholders included substance abuse services for children and youth, residential substance abuse treatment for youth and adults (to allow parents and children to live together while in treatment) and aftercare services to prevent substance abuse relapse.</li> <li>▪ Some stakeholders reported that some specialized services are available only on Oahu, including therapeutic services and in-patient substance abuse treatment, requiring inter-island travel which is very expensive.</li> <li>▪ The State's standards for licensing foster homes includes that there must be no history of substance abuse.</li> <li>▪ According to the statewide assessment, DHS continues to have a need for more foster homes, particularly homes for teenagers, drug-exposed infants, children with behavioral and social-emotional problems, and sibling groups.</li> <li>▪ Stakeholders voiced concern that DHS does not require foster parents to participate in any ongoing training once they have completed the PRIDE training. Drug addiction is an area in which they identified a need for foster parent training.</li> </ul>	<p>BESSD and CWS staff to refer CWS/TANF families to BESSD for substance abuse treatment.</p> <ul style="list-style-type: none"> <li>○ Begin quarterly utilization reviews to confirm that clients are being referred and accepting services.</li> <li>○ If the quarterly utilization reviews reveal that clients are not being referred or accepting substance abuse services CWS section administrators will develop and implement a corrective action plan.</li> </ul>
Idaho	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 22 cases (44%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 8 cases (16%) and child's behavior (including substance abuse) in 2 cases (4%).</li> <li>▪ Several stakeholders suggested that drug and alcohol abuse accounts for much of the maltreatment recurrence because substance abuse issues are not adequately assessed, parents have difficulty accessing substance abuse treatment, and some parents experience a relapse after completing treatment.</li> <li>▪ Although there were many cases in which reviewers determined that CFS had made concerted efforts to prevent removal and reduce risk of harm, there were concerns about the needs and risk assessment processes. Reviewers identified a substantial percentage of cases in which the services provided to prevent removal and the efforts to reduce risk of harm were not adequate because there was either no assessment or the assessment conducted was insufficient. In some cases, it was observed that the assessment focused on the immediate crisis rather than on underlying causes, such as domestic violence and substance abuse. Because substance abuse, particularly methamphetamine abuse, was identified by stakeholders as a major concern in the State, it was suggested that failure to address substance abuse issues in the risk assessment process may result in children being left at home at high risk.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve availability of substance abuse services which focus on relapse planning to prevent re-entry into foster care.</li> <li>▪ Increase availability of substance abuse services which focus on substance abusing caregivers with children. <ul style="list-style-type: none"> <li>○ Modify current substance abuse contracts to increase provider focus on substance abusing caregivers with children.</li> <li>○ Standardize the service array and function of CFS contracted substance abuse providers in each region.</li> <li>○ CFS contracted substance abuse providers in each region will assist with case specific relapse prevention planning to address the family's need for an ongoing safety plan during and following reunification.</li> </ul> </li> <li>▪ Develop or adopt and implement training curriculum for agency workers on substance abuse and child welfare including relapse prevention planning.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Services provided to families to protect children in home and to prevent removal included, but were not limited to, mental health treatment for children and parents, assistance in finding housing, domestic violence services, food stamps, economic assistance (for rent payments, car repairs, dental care for child, etc.), daycare referrals, substance abuse treatment, assistance in finding employment, educational services for parents, parenting classes, counseling, random drug testing, mediation (for divorce issues), medical services, developmental services, anger management services, stress management, budgeting, mentoring, tutoring, and intensive in-home family preservation services.</li> <li>▪ A key finding of most of the cases rated as an Area Needing Improvement in Ada County was that the agency provided the family with economic assistance but did not conduct any risk or safety assessments to determine if other services were needed to ensure the child’s safety. Although these cases were opened to provide economic assistance, reviewers determined that the history of the family, which usually involved multiple maltreatment reports and chronic problems (such as substance abuse or homelessness), was of sufficient concern to warrant assessment of service needs other than economic assistance. In one case, for example, the agency provided funds for a rent payment, but did not address the father’s substance abuse and domestic violence history.</li> <li>▪ There was general agreement among stakeholders that the services available to prevent placement are not always readily available. Mental health, domestic violence, and substance abuse treatment services for adults were identified as being particularly difficult to access.</li> <li>▪ Despite the case review findings, many stakeholders expressed the opinion that re-entry into foster care is a problem for the State. The identified reasons for re-entry included the lack of post-reunification supports, particularly in substance abuse cases where relapse may be an issue and parents relapsing on drug and alcohol use, particularly methamphetamine abuse.</li> <li>▪ Stakeholders noted that when reunifications are delayed, the delay is generally due to serious substance abuse problems, families not accessing services, or a lack of services resulting in wait lists.</li> <li>▪ Stakeholders identified some current and planned CFS efforts to address the issue of foster care re-entry. This included implementing a practice of extended trial home visits to keep CFS involved before transferring custody to the parent; expanding the use of Drug Courts throughout the State; and establishing a “return-home” procedure that involves gradually increasing the length of time that the child participates in a home visit.</li> <li>▪ The State has in place an extensive array of basic services to address the needs of children and families to prevent removal and to facilitate a safe return to the family. While there are some concerns about availability of mental health and substance abuse treatment and services for both children and families, the array of services available is sufficient to address basic child welfare concerns.</li> <li>▪ The Statewide Assessment advisory group identified a need for more substance abuse treatment. Stakeholders reported that housing is available to facilitate</li> </ul>	

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	<p>reunification, a substance abuse specialist is available, a master's level clinician is available for mental health assessments, etc. However, service gaps were identified with respect to inpatient substance abuse treatment, foster homes for adolescents with behavioral problems, services for sex-offenders, and dental providers.</p> <ul style="list-style-type: none"> <li>▪ In some counties, Stakeholders identified gaps in services for children who are dual diagnosed with substance abuse and mental health problems and substance abuse treatment services for adults and children, specifically inpatient programs.</li> </ul>	
<p><b>Illinois</b></p>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 23 cases (48%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 13 cases (27%) and substance abuse by child in 1 case (2%).</li> <li>▪ Services provided to families included, but were not limited to: mental health services, including counseling, individual and family therapy, psychiatric and psychological assessments, and mental health evaluations and treatment; substance abuse treatment and aftercare services; developmental therapy for children; medical assessments and treatment; sexual abuse counseling; domestic violence interventions including safety plans and anger management; parenting education classes; family preservation services; day care; financial assistance; transportation, particularly to facilitate visitation; housing advocacy; and school advocacy.</li> <li>▪ Several stakeholders noted that those children who re-enter the system generally come from families in which parents have a history of substance abuse.</li> <li>▪ Several stakeholders reported that agency efforts to establish appropriate goals in a timely manner are hampered by delays in court scheduling and, as noted by Cook County stakeholders, by the practice of some judges of granting parents multiple opportunities to comply with service plans in order to achieve reunification (particularly in cases involving parental substance abuse).</li> <li>▪ Stakeholders expressed the opinion that children are not reunified in a timely manner, particularly when the case involves parental substance abuse. Stakeholders noted that in these cases, the courts frequently grant continuances to give parents extended time to work through the substance abuse recovery process, which inevitably includes a period of relapse.</li> <li>▪ The Statewide Assessment notes that reunification efforts are hindered by (1) difficulties in obtaining psychiatric services for parents; (2) parents needing assistance in acquiring housing, medical cards, and accessing other community resources; and (3) parental non-compliance with substance abuse treatment plans</li> <li>▪ The State's title IV-E waiver for Cook County funds "recovery coaches" who assist birth parents with obtaining needed substance abuse treatment services and with negotiating the requirements associated with addiction recovery and concurrent permanency planning. It is expected that this approach will be effective in expediting reunification in cases involving parental substance abuse.</li> <li>▪ When in-home services cases involve parental substance abuse and/or mental health issues, assigned workers are required to visit the family at least twice monthly until it is determined through an assessment and/or supervisory discussion that the family no longer requires this level of contact.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Integrated Assessment Program (IAP) will be fully implemented statewide by June 2005. The IAP includes a screening process that is designed to identify child and family needs in a number of domains, including substance use.</li> <li>▪ Conduct a needs assessment in each region to determine gaps in AODA services and collaborate with the Office of Alcoholism and Substance Abuse (OASA) in the Illinois Department of Human Services (IDHS) to address AODA treatment in targeted areas.</li> <li>▪ The Illinois Department of Human Services (IDHS) and DCFS will establish a system to prioritize referrals and admissions that is mutually agreeable to both departments.</li> <li>▪ A QA review of AODA cases will be implemented in order to identify any barriers to full implementation of the Substance Affected Family Policy and Practice Training. Clarify and reintroduce the policy to all child welfare administrators through training.</li> <li>▪ DCFS will collaborate with DASA to expand services where needed. DCFS will collaborate with the Department of Human Services (DHS) to establish a system to prioritize referrals and admissions.</li> <li>▪ Illinois will make its current substance abuse resources throughout the State available to private agency caseworkers in addition to DCFS staff. Through involvement in the Illinois Children's Mental Health Partnership, intact families will have better access to community-based services, which can include substance abuse, mental health, and domestic violence treatment.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Willingness to continue to extend the timeframe for parents to meet case goals, particularly when parents are undergoing substance abuse treatment was noted by stakeholders interviewed during the CFSR onsite visit as a barrier to TPR.</li> <li>▪ Stakeholders identified areas for ongoing training that they believe are not being sufficiently addressed at present. These included the following: (1) working with families with mental health problems, (2) understanding substance abuse issues and working with families with substance abuse, and (3) conducting comprehensive assessments that capture underlying risk issues.</li> <li>▪ The CFSR identified significant service gaps with respect to appropriate out-of-home placement resources, particularly for adolescents; children's mental health services; culturally responsive services; and services to address family issues of substance abuse, mental health, and domestic violence.</li> <li>▪ The Statewide Assessment describes the DCFS and Illinois Department of Human Services (IDHS), Office of Alcoholism and Substance Abuse (OASA) collaboration that began in 1995. The IDHS/DCFS Initiative provides identification of alcohol and other drug abuse (AODA) issues by DCFS and private child welfare staff, timely access to AODA assessment and treatment for DCFS involved families, enhanced outreach and case management for families receiving AODA treatment, removal of barriers to treatment for families (e.g. childcare), and improved information sharing between the two agencies. In fiscal year 2000 OASA reported spending over \$22 million on AODA treatment services to over 11,000 DCFS clients. Through the funding of the Project SAFE (Substance and Alcohol Free Environment) outreach workers and other AODA ancillary and support services, DCFS also commits over \$7 million for services to AODA affected families on an annual basis. Project SAFE was described as demonstrating success in reuniting families in which substance abuse has been a problem and Norman v. Suter consent decree funds (and others) were established to address homelessness in families where there was a risk of children being removed.</li> <li>▪ Stakeholders expressed the opinion that although a wide array of services is available in Illinois, service gaps exist in the areas of housing, substance abuse treatment, primary child abuse prevention services, post-adoption and post-reunification services, specialized foster care services, dental services, and vision services.</li> </ul>	
<b>Indiana</b>	<ul style="list-style-type: none"> <li>▪ In one locality, there were shortages of foster family homes, housing, substance abuse services, residential group home services, services for the hearing impaired, pregnancy and services provided for Spanish speaking parents. (Source: stakeholder perceptions).</li> <li>▪ In one locality, there was a lack of documentation addressing educational issues, e.g., no individual education plans, no identification of special education needs, no description of advocacy efforts, no school records and no indications that developmental assessments of drug exposed children had been conducted. (source: case reviews).</li> <li>▪ In some cases in one locality, the assessments did not identify serious health needs such as prenatal/in-the-womb drug exposure and developmental delays. (source:</li> </ul>	No mention

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	<p>case reviews).</p> <ul style="list-style-type: none"> <li>▪ Shortages occurred statewide in foster homes for special needs children and for substance abuse and sexual perpetrator services. (Source: stakeholder perceptions).</li> <li>▪ Through the title IV-E waiver, flexible funding, parenting classes, anger management and substance abuse treatment were available. (Source: stakeholder perceptions).</li> <li>▪ There is a wide variety of high-quality ongoing training available for supervisors and FCM. This includes training on substance abuse issues. (Source: stakeholder perceptions).</li> <li>▪ Neither service referral agreements nor subsequent case plans followed up on the behavioral, emotional and substance abuse needs that were identified in the assessment. (Source: case reviews)</li> <li>▪ Needs were identified through many different types of assessments including safety, risk, needs, parenting, substance abuse and domestic violence, some of which are entered into ICWIS. (Source: case reviews).</li> <li>▪ There is a wide array of individualized services available in almost all jurisdictions. These services include parenting classes, WIC, juvenile sex offender treatment, family therapy, health care, family education, budgeting and substance abuse treatment. (Source: case reviews &amp; stakeholder perceptions).</li> <li>▪ Shortages occurred statewide in foster homes for special needs children and for substance abuse and sexual perpetrator services.</li> <li>▪ Underlying issues such as substance abuse, domestic violence and multi-generational issues are sometimes overlooked in the assessment and service delivery processes, resulting in a failure to provide adequate services to keep children safe, prevent subsequent maltreatment and prevent removal. (Source: stakeholder perceptions)</li> </ul>	
Iowa	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, child's behavior/juvenile justice/substance abuse was cited in 24 cases (48%) and substance abuse by parent was cited in 24 cases (48%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 6 cases (12%).</li> <li>▪ Some stakeholders suggested that the primary reason for repeat maltreatment is chronic neglect, and that this is due in large part to parental substance abuse, particularly methamphetamine abuse. Several stakeholders identified methamphetamine abuse as a critical problem in the State.</li> <li>▪ Services provided to families to protect children in home and to prevent removal included, but were not limited to, individual counseling, family counseling, play therapy, mental health counseling, psychiatric services, medication management, anger management, substance abuse treatment and counseling (including specialized day treatment), domestic violence services, parenting classes, in-home counseling and supervision, parental monitoring, individual skill building, home-skill development, casework management, day care, housing and utility assistance, educational services, and alternative schooling.</li> <li>▪ Most stakeholders indicated that there is a large array of preventive and home-based services available to prevent children's removal from their homes or re-entry into</li> </ul>	<ul style="list-style-type: none"> <li>▪ Negotiate state level Memorandum of Agreement with the Department of Education and Department of Public Health to address service needs [i.e. education, mental health, substance abuse, medical, public and private service providers, etc.]. The Department of Public Health will also formalize their partnership with the CW/JJ system around substance abuse and other public health issues through the negotiation of MOAs at both the State and the service area levels.</li> <li>▪ Establish expertise in substance abuse to respond to Meth abuse effecting children in Iowa through Meth Specialist Training individualized for their service areas. Specialists will be provided with Substance Abuse training in partnership with Iowa Department of Public Health. NCSACW as a resource for substance abuse [Meth] cross training.</li> </ul>

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	<p>foster care after reunification. Some stakeholders expressed concern, however, about the scarcity of substance abuse treatment services for parents and of services to support relative caregivers. Stakeholders in all counties indicated that recent budget cuts will further impact DHS' ability to provide services, particularly home-based services, to families.</p> <ul style="list-style-type: none"> <li>▪ Several stakeholders in Woodbury county expressed concern that attainment of permanency in that county often involved terminating parental rights “too quickly,” particularly for Native American children and children whose parents are substance abusers. Stakeholders reported that the lack of substance abuse treatment facilities results in long waiting lists for services. Parents can sometimes get caught up in that waiting list while the “ASFA clock is still ticking.”</li> <li>▪ In one case reviewed, foster care re-entry was due to the parent’s relapse into substance abuse; some stakeholders attributed re-entries into foster care to the parents’ relapse of substance abuse, particularly methamphetamine use.</li> <li>▪ Stakeholders identified mental health services gaps with regard to psychiatric services, substance abuse treatment, and mental health assessments for children in foster care.</li> <li>▪ New child protective caseworkers attend a 5-day basic training; which is followed by two “intermediate” training courses that are expected to be completed within 18 months of employment but no later than the end of the second year of employment. The intermediate courses address the application of legal and medical issues to child protective assessments (3 days), and the impact of domestic violence and substance abuse on child abuse assessments (2 days).</li> <li>▪ Stakeholders noted that urban areas have more services and higher quality services than can be found in rural areas, particularly with regard to substance abuse treatment and mental health services.</li> <li>▪ DHS is routinely involved in partnerships at both the State and local levels with other State agencies and Statewide entities that serve the same general population of children and families in order to most effectively coordinate service development, delivery, and program monitoring. This includes partnership with the Department of Public Health, including its Division of Substance Abuse.</li> <li>▪ Stakeholders noted that there is a considerable communication barrier among child welfare, substance abuse treatment, and mental health. A family could be involved with all three agencies and “no one would know that.”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish specialized substance abuse positions, Meth Specialists, for each judicial district to provide direct service in reduced caseloads, consultation, and training to front-line workers.</li> <li>▪ Provide statewide ICN [interactive video conferencing] and CIDS [phone conferencing] training by the authors to staff regarding: Using Guidelines in Daily Practice, Using Guidelines as a Supervisory Tool, Using Guidelines in Substance Abuse Cases [focus on meth abuse]</li> <li>▪ Establish a performance standard and indicator for the cases in which both physical and mental health needs (including substance abuse) are appropriately assessed (annual physical exam and regular EPSDT screenings) and service provided to meet needs.</li> </ul>
<p><b>Kansas</b></p>	<ul style="list-style-type: none"> <li>▪ Stakeholders did identify that there is a lack of intensive long-range services for children who were identified as Seriously Emotionally Disturbed (SED) and had substance abuse and/or mental health issues.</li> <li>▪ In some instances there were waiting lists for some mental health and substance abuse services due to limited availability.</li> <li>▪ Stakeholders and case reviews indicated that drug and alcohol treatment services are needed in some areas. Specialized mental health services are not readily available, i.e., crisis bed, attendant care, and respite care.</li> <li>▪ The delivery of mental health, substance abuse, and family focused services were seen as areas needing improvement. In this area the following was noted:</li> </ul>	<p>Benchmarks include:</p> <ul style="list-style-type: none"> <li>○ Develop specialized training open to foster parents, workers and mental health workers. It will cover 1) children with SED conditions, 2) substance abuse and 3) mental health and developmental disabilities.</li> <li>▪ Develop a substance abuse training curriculum that identifies the substance abuse referral resources—like the Regional Alcohol and Drug Assessment Center—that are available to staff.</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Stakeholders and case reviews indicated that drug and alcohol services are needed in some areas, and that once services were identified, the services were slow in being initiated;</li> <li>○ Stakeholders identified a lack of intensive long-range services for children who were identified as SED and had substance abuse and/or mental health issues (This was confirmed through case reviews);</li> <li>○ Stakeholders state that there were waiting lists for some mental health and substance abuse services due to limited availability in two of the sites;</li> <li>○ Stakeholders stated that the Family Preservation contractor decides who will receive the mental health services and the level of services for families involved through the contract. Occasionally this is restricted when the individual needs more services than authorized by the contractor</li> <li>○ Some stakeholders stated that services to parents were not always being provided as identified. The focus tends to be on treatment for the child while excluding the parents' issues. Family focused services were sometimes lacking.</li> <li>▪ Mental health and substance abuse resources, specialized placement resources, and service provision were also seen as areas needing improvement. In this area the following was noted: <ul style="list-style-type: none"> <li>○ Stakeholder interviews revealed that children are often removed from the home due to drug and alcohol abuse and lack of resources to treat the addictions while the children remain with the family. Parents are less likely to receive the needed treatment if they do not have private insurance that covers the treatment.</li> <li>○ Stakeholders stated that there is a lack of knowledge about drug and alcohol abuse. The system does not support identification of substance abuse issues as part of the reason that families come to the attention of SRS.</li> </ul> </li> <li>▪ Stakeholders indicated that the workers felt they needed more practical, reality based training to enhance job performance, i.e. working with families affected by alcohol and drug abuse, court procedures, working with the varied cultural and ethnic groups.</li> <li>▪ Stakeholders identified that there are issues with transportation created by the distances that must be covered to obtain/deliver dental services, adolescent treatment, drug and alcohol inpatient treatment, etc.</li> <li>▪ A need was also identified for a greater integration between child welfare and the substance abuse treatment system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review and tasks that address mental health and substance abuse issues: The purpose of the review is to determine whether the worker is using the mental health needs screening tool and accessing the community mental health and substance abuse resources developed in the benchmark steps above and to identify the worker's training needs in this area.</li> <li>▪ Area Directors: Develop action plan that identifies strategies for increasing the number of mental health and substance abuse services for SED and other children.</li> </ul>
Kentucky	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 37 (74%) cases, substance abuse by parents was cited in 15 (30%) cases.</li> <li>▪ Of the 50 cases reviewed, substance abuse by parent was cited as the <b>primary</b> reason for opening a child welfare agency case in 4 cases (8%).</li> <li>▪ As noted in the Statewide Assessment, one of the factors that may contribute to repeat maltreatment is the worker's "under assessment" of families. At times, issues of substance abuse, domestic violence, and mental health are not being accurately assessed and families are not provided with sufficient services to address these issues.</li> <li>▪ Information from the Statewide Assessment and from a few stakeholders indicates</li> </ul>	<ul style="list-style-type: none"> <li>▪ Additional emphasis on substance abuse, domestic violence, mental illness and matching needs/services.</li> </ul>

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	<p>that primary risks of harm to children in the State can be traced to the problems of substance abuse and domestic violence.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders attributed re-entries into foster care to the parents' relapse of substance abuse, to premature reunifications, and to the failure to provide sufficient services to families after reunification.</li> <li>▪ The Statewide Assessment identified the following gaps in service array based on information from agency staff and community partners: mental health services, domestic violence services, sexual offender services, substance abuse services, inpatient substance abuse services, substance abuse groups for adolescents and others.</li> </ul>	
<b>Louisiana</b>	<ul style="list-style-type: none"> <li>▪ Of the 50 cases reviewed, substance abuse by parent was cited as the <b>primary</b> reason for opening a child welfare agency case in 4 cases (8%).</li> <li>▪ Services provided to the families included, but were not limited to: homemakers; parent aides; intensive in-home services, including in-home therapy; mental health assessments including psychological evaluations; mental health services including counseling, group therapy, and individual therapy; job counseling; concrete services such as provision of funds for utility bills, bus tokens, and household supplies; early childhood education services; parenting skills training and parenting education including teaching parents behavior modification techniques; recreation camps; family preservation services; housing services, substance abuse assessment and treatment services; medical services including home health nurses; and domestic violence services.</li> <li>▪ Overall risk of harm to child was determined to be an area of strength, but was rated as needing of improvement in that OCS/DSS did not take the necessary measures to ensure that risk of harm was adequately addressed (3 cases). For example, in one case, a child was placed with a relative who was a known substance abuser.</li> <li>▪ Regarding needs and services of child, parents, foster parents, most stakeholders commenting on this item expressed the opinion that OCS/DSS is effective in assessing service needs and providing services to children, parents, and foster parents, both initially and on an ongoing basis. A few stakeholders, however, reported that there are delays in accessing some services and that there is a scarcity of substance abuse treatment, mental health, and parenting education services.</li> <li>▪ The Statewide Assessment notes that OCS/DSS has attempted to improve services to children and families through a number of efforts including a focus on substance abuse treatment services and on ensuring access to health services for children living in foster family homes</li> <li>▪ The Statewide Assessment reports that adequate mental health and substance abuse services are not available in all Parishes.</li> <li>▪ Stakeholders identified accessibility concerns regarding inpatient substance abuse treatment and services for adults, youth, and families (parents with children) in some rural and urban settings:</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhance clinical knowledge of staff pertaining to risk and safety screening of substance abuse, mental health, and domestic violence. <ul style="list-style-type: none"> <li>○ Develop Substance Abuse, Mental Health, and Domestic Violence curriculum in collaboration with community experts and/or national resource centers.</li> <li>○ Review and revise policy and training curriculums with the assistance of national resource centers to include screening of substance abuse, mental health issues, and domestic violence as they pertain to risk and safety of children in their own homes.</li> <li>○ Train staff on inclusion of Domestic Violence, Mental Health, and Substance Abuse issues in safety and risk assessment process.</li> <li>○ Evaluate staffs' increased knowledge through compliance with new policy and more comprehensive assessments.</li> </ul> </li> <li>▪ The agency will also explore the use of more community resources in order to support the parents and relatives, and specifically services to assist the parents who have substance abuse problems.</li> <li>▪ Request additional funding to replicate successful substance abuse initiatives such as Project LA-Safe.</li> <li>▪ In consultation with a National Resource Center, revise assessment process, case plan, and other relevant forms to include substance abuse and domestic violence.</li> </ul>
<b>Maine</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 21 (42%) cases.</li> <li>▪ Of the 50 cases reviewed, substance abuse by parent was cited as the <b>primary</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ As part of the BCFS Quality Improvement Review, Maine will assess whether substance abuse services needed and provided.</li> </ul>

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	<p>reason for opening a child welfare agency case in 4 cases (8%).</p> <ul style="list-style-type: none"> <li>▪ Services to family to protect child(ren) in home and prevent removal was cited as an area needing improvement when reviewers determined that the agency offered services, but they were not adequate to ensure the safety of the children in the home (5 cases). For example, in one case, the agency provided homemaker services, but did not address the parent's substance abuse problems. In another case, the agency addressed parent's domestic violence problems, but did not address apparent sexual abuse issues.</li> <li>▪ Services provided to the families included, but were not limited to: sex offender treatment, domestic violence interventions, individual and family therapy, psychological assessments and evaluations, psychosexual evaluations, individual and family counseling, support groups, parenting education classes, parenting capacity evaluations, transportation to facilitate visitation, medical/forensic evaluations, substance abuse treatment, mental health treatment, in-home services, attachment evaluations, homemaker services, day care, and voluntary placements.</li> <li>▪ Stakeholders commenting on foster care re-entries noted that it is rare that children re-enter foster care in the State. Stakeholders attributed this to (1) the fact that children stay in foster care for a long time, and (2) the tendency of social workers to delay returning children to live with parents who have undergone substance abuse treatment until they are sure that the parents will not relapse.</li> <li>▪ The Statewide Assessment notes that the lack of needed services in some areas of the State is an impediment to reunification, particularly substance abuse treatment, domestic violence interventions, and mental health services.</li> <li>▪ The Statewide Assessment indicates that there is agreement from surveyed casework staff that permanency hearings are, for the most part, occurring Statewide. However, the Statewide Assessment also notes that judges and defense attorneys believe that BCFS sometimes moves too slowly, is inadequately prepared for the hearings, or is over-focused on timeframes. Some of these stakeholders noted that the timeframes are unrealistic for families with substance abuse issues.</li> <li>▪ According to the Statewide Assessment, despite the fact that State funds earmarked for the expansion of in-home, reunification, and kinship care initiatives have not been made available, BCFS provides access to a wide array of services and programs. Available services include: home family therapy, time limited reunification services, psychological evaluations, substance abuse evaluations, attachment evaluations, mental health counseling, in-patient and out-patient substance abuse counseling, Al-Anon groups, anger management classes, psychiatric services, family foster care, treatment foster care, residential services, parenting education, family violence programs, sexual abuse treatment teams, sexual assault support groups, batterer's treatment, non-offenders groups, sexual offender assessment and counseling, interpreter services, transportation, supervised visitation, childcare, homemaker services, Early Head Start, domestic violence and homeless shelters, and case management In addition to these established services and programs, two additional programs are being piloted within the State: (1) a comprehensive family reunification program in conjunction with Casey Family Services, and (2) a Rapid Evaluation</li> </ul>	

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	<p>Program.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders identified gaps in critical services, including substance abuse assessments and treatment services, and residential drug treatment facilities that would allow parents and children to stay together (e.g., older mothers and children, fathers and children).</li> <li>▪ The majority of stakeholders expressed great frustration with the prevalence of waiting lists, echoing concerns raised in the Statewide Assessment. Stakeholders emphasized that waiting lists are a major barrier to effective service delivery across the State. They reported that there are long waiting lists for assessments (e.g. psycho-sexual, parental capacity, independent living, home study), and this situation is compounded by the length of time it takes to receive results. Stakeholders also identified numerous waiting lists for contracted services (e.g., individual counseling, visitation, in-home and family preservation services, in-patient substance abuse treatment, community mental health services, and comprehensive evaluations).</li> <li>▪ Stakeholders pointed out that some contracted services are generic in quality, and that greater focus or specialization is needed in certain areas (e.g., the provider may not offer treatment services for a specific type of substance abuse, psychological evaluations with a parenting component, specialized in-home services, etc.).</li> <li>▪ Stakeholders observed that philosophies and approaches differ among agencies and need to be reconciled. For example, the mental health system advocates for the parents and the child welfare system advocates for children, thus creating conflict with child-oriented safety and permanency goals. In addition, stakeholders pointed out that ASFA timelines for achieving permanency for children in foster care are not synchronized with substance abuse treatment timeframes. Substance abuse recovery often takes longer than the 15 months specified in ASFA.</li> <li>▪ Stakeholders commenting on coordinated services expressed the opinion that BCFS is working intensively with other public agencies to coordinate services and benefits (i.e., education, public health, substance abuse, TANF, child care, and Medicaid). Stakeholders noted that formal entities meet regularly to coordinate services.</li> </ul>	
<p><b>Maryland</b></p>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 15 (31%) cases.</li> <li>▪ Of the 50 cases reviewed, substance abuse by parent was cited as the <b>primary</b> reason for opening a child welfare agency case in 9 cases (18%)</li> <li>▪ The State did not achieve substantial conformity with the systemic factor of Service Array. The CFSR determined that the State has critical gaps in its service array, particularly in the areas of mental health services and substance abuse treatment, and has insufficient bilingual services. In addition, services are not consistently accessible to children and families on a statewide basis. The Statewide Assessment reports that urban communities have a wider array of services than rural communities, but that even in urban communities there are significant service gaps, particularly with regard to dental and mental health services.</li> <li>▪ Services provided to the families included, but were not limited to, the following: medical services, intensive family preservation services, parenting education, housekeeping services, assistance in obtaining medical insurance, child care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case. DHR will revise assessment tools to include mental health and substance abuse history.</li> <li>▪ MD Wraparound Services Initiative. Children and adolescents in the custody of DJS or DHR who have been diagnosed with a primary mental health diagnosis of substance abuse have been identified as a priority population.</li> <li>▪ The Department has contracted with the University of Maryland School of Social Work to provide required initial and in-service training to caseworkers and supervisors in clinical skills as</li> </ul>

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	<p>assistance, mental health assessment and treatment, medications, housing assistance, drug and alcohol treatment and assessment, individual and family counseling or therapy, credit counseling, crisis counseling, concrete supports (helping families with utility bills, beds, children's clothing, and other living expenses), and ongoing monitoring by the child welfare agency caseworker.</p> <ul style="list-style-type: none"> <li>▪ Several stakeholders voiced concern that DHR often does not address the underlying issues in the family that contribute to maltreatment, such as substance abuse and domestic violence.</li> <li>▪ The Statewide Assessment identified the Drug Exposed Infant Program as a service provided to families to prevent children's removal from their homes. This program provides an appropriate level of substance abuse treatment to mothers who have a positive toxicology for heroin, crack and/or cocaine upon admission to a hospital, or at the birth of a child with a positive toxicology.</li> <li>▪ Stakeholders noted that foster care re-entry usually is due to substance abuse relapse or to mental health concerns of parents that are not adequately addressed.</li> <li>▪ Stakeholders said that parents cannot get substance abuse treatment services, mental health services, or services for developmental disabilities and that, even when these services are available, the treatment often requires more time than is allowed by the Adoption and Safe Families Act.</li> <li>▪ Stakeholders noted that assessments often do not capture the family's underlying problems, particularly mental health, substance abuse, and domestic violence issues. These stakeholders also reported that there are not enough mental health and substance abuse treatment services to meet the needs of families.</li> <li>▪ Services identified as not generally available for children and families were bilingual services, mental health services, services for children who are leaving residential facilities, substance abuse services, and services to address the needs of youths, particularly youth who are co-committed to DHR and Department of Juvenile Services (DJS).</li> <li>▪ The Statewide assessment reports that the State is pursuing community partnerships to develop an umbrella of comprehensive services for transitioning youth. Services will include educational/vocational assessment, life skills training, mentoring services, mental health services, medical care, substance abuse treatment, and housing service and employment services.</li> <li>▪ Most stakeholders commenting on service array during expressed the opinion that services are available to address some needs of children and families. For example, stakeholders noted that the Independent Living (IL) and Transitional Living Programs provide many services to youth and programs such as Drug Courts, Family Crisis Centers, and Family Preservation that are effective resource for families. However, there was agreement among stakeholders that there are significant service gaps in the State, particularly with regard to mental health services; fosters homes for youth and special needs children; substance abuse treatment services; and bilingual services for Hispanic, Asian, and African families. Stakeholders reported that services are needed for children discharged from residential care facilities to assist them in transitioning to a less-restrictive form of care.</li> </ul>	<p>well as administrative areas. University of MD School of Social Work will be able to provide 1 day on Double Abuse: Addiction and Child Maltreatment, 2 days on Drugs of Abuse and Their Effects, 2 days on Understanding Alcoholism, 1 day on Substance Abuse &amp; Aging and 2 days on Substance Abusers and Their Families.</p>

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<b>Massachusetts</b>	<ul style="list-style-type: none"> <li>▪ In 35 (71%) of the applicable cases, workers did attend to the children’s health needs. In some of these cases, the workers ensured that the children received specialized services for conditions such as Fetal Alcohol Syndrome, “lazy eye” and speech problems.</li> <li>▪ There were two cases reviewed in which maltreatment recurred during the period under review. In one of these cases, there was early (perhaps, premature) reunification with a family in which substance abuse was the key issue</li> <li>▪ Stakeholders cited the training and consultation available for cases involving domestic violence and substance abuse as promoting increased safety for children who remain in their homes.</li> <li>▪ According to some stakeholders, there are still differences of opinion among the Department, the providers, and the Courts concerning how much time to allow parents to successfully complete their rehabilitation before making the decision to file a TPR petition. This is a particularly difficult question when substance abuse is the primary issue in the case.</li> <li>▪ Adequate service assessments were completed, but the services provided were not appropriate for the assessed needs, e.g. cases in which domestic violence or substance abuse needs were assessed, but services for these problems were not provided and there were waitlists for both mental health and substance abuse services.</li> <li>▪ According to State policies and procedures, when mental health service needs are identified for a child, the DSS social worker arranges for the required service by contacting a provider approved by MassHealth’s mental health vendor, the Massachusetts Behavioral Health Partnership (MBHP). The Partnership provides in-patient mental health and substance abuse services, diversionary services, emergency services and outpatient day programs.</li> <li>▪ The following training needs were identified: making better assessments and engaging families in case planning; family-centered and culturally sensitive services to diverse families; addressing mental health and substance abuse issues; and effectively working with and providing services to adolescents with behavioral issues.</li> <li>▪ Multidisciplinary Assessment Teams (MDATs) have been established in each Area Office to provide a comprehensive clinical assessment of a family’s needs leading to the appropriate level and type of service provision. Family involvement in the MDAT meetings is encouraged. Services funded by the MDATs include mental health/trauma, domestic violence, and substance abuse evaluations; counseling; parent education and support; and summer camp memberships.</li> <li>▪ Two new programs have been developed jointly with the Department of Mental Health for children with assaultive behavior. Mental health and substance abuse professionals provide evaluation, diagnostic and treatment services for children and their parents. Safe Recovery, the first of three programs funded by DSS, prioritizes admittance into their six to twelve month residential treatment program to mothers who have lost custody of their children or who are at risk of losing their children. At the end of FY 2000, Safe Recovery completed its third year of operation with encouraging results: while only 35% of women entered the program with custody of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complete a substance abuse needs assessment in the remaining Areas Offices in the Western, Northeast, Central &amp; Boston Regions.</li> <li>▪ Connect the above Area Offices to local substance abuse treatment providers by establishing necessary protocols to facilitate client access to treatment.</li> <li>▪ Increase substance abuse resources for DSS families.</li> <li>▪ Implement statewide urine drug testing across all DSS Regions by selecting a drug testing vendor and implementing drug testing system statewide.</li> <li>▪ Provide training and technical assistance to DSS Area Offices on the new drug testing system.</li> <li>▪ Provide each DSS Area Office with training on the impact of substance abuse on child welfare families.</li> <li>▪ Participate in CORE, Investigations and In-Service Training sessions.</li> <li>▪ Provide substance abuse case consultation to DSS Area Office staff; two pilot models are currently in use that bring substance abuse providers into DSS offices for the consultation. The DSS Substance Abuse Unit staff provide consultation to other offices.</li> <li>▪ Ensure access and provide coordinated care to families residing in the women and children’s substance abuse residential programs.</li> <li>▪ Identify a substance abuse continuum of care for adolescents in collaboration with other state agencies, as part of an interagency group.</li> <li>▪ Identify appropriate substance abuse service models for child welfare clients with the assistance of the new National resource Center.</li> <li>▪ Continue cross-system collaboration with key stakeholders, focusing on treatment needs of DSS clients and resource needs for adolescents.</li> </ul>

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	<p>their children, 60% of children were reunified (a total of 17 children) with their mothers after participation.</p> <ul style="list-style-type: none"> <li>▪ In Pittsfield, stakeholders noted effective coordination between the Department staff and law enforcement. They also spoke about attempts to strengthen the quality of substance abuse evaluations and to work collaboratively with programs such as AA.</li> <li>▪ Reviewers identified needs that were not met, and in particular, noted the lack of available/accessible mental health services and alcohol/drug in-patient treatment services. In addition, stakeholders identified a shortage of placement resources across the continuum of care. Especially noted was the need for specialized foster homes for children with attachment issues; placement options for adolescents, including placement resources for run-aways, particularly girls; residential care (substance abuse and behavioral treatment programs, in particular); and independent living arrangements.</li> <li>▪ Stakeholders provided a comprehensive list of services needed to support and to assist the rehabilitation of families involved with the Department. These include: affordable housing; services for fathers; more culturally responsive service and bilingual treatment providers, including Creole and Spanish translation; services and placement resources to meet the needs of Tribal children; substance abuse evaluations, drug testing and in-patient treatment for adolescents; outpatient mental health services and mental health services for targeted populations</li> <li>▪ Reviewers at all three sites noted access issues with a number of services. While the extent of the problem appears to be worse in some areas than others, primary among these needs were accessing mental health services, special education services, and substance abuse assessment and treatment services – especially for adolescents.</li> <li>▪ The Department is also engaged in collaborative efforts including coordination of Substance Abuse Programming with the Department of Public Health</li> </ul>	
Michigan	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 36 (73%) cases, substance abuse by parents was cited in 18 (37%) cases, and substance abuse by child in 1 case (2%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency included substance abuse by parent in 6 cases (12%).</li> <li>▪ Services to family to protect children in home and prevent removal was rated as a Strength; the services provided included, but were not limited to, drug and alcohol evaluation and treatment.</li> <li>▪ According to the Statewide Assessment, a survey of workers identified the three primary barriers to reunification as poor parenting skills (68%), emotional instability (60%), and substance abuse (42%).</li> <li>▪ The Statewide Assessment noted that, with a great deal of emphasis placed on Family Preservation and prevention services in Michigan, children who are removed frequently come from families with serious problems (substance abuse; domestic violence; and serious problems with attachment, bonding, and parenting).</li> <li>▪ Focus groups with staff and FCRB members identified that a lack of mental health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Michigan has a Substance Abuse in Child Welfare project implemented through which they are piloting drug courts.</li> <li>▪ The state CFS Review will enable Michigan to measure progress. During the semi-annual review, case reading will target those children who have not experienced reunification, guardianship or permanent placement with relatives within 15 months to determine if there are commonalties such as lack of appropriate services, lack of housing resources or substance abuse. Allocation of resources, for instance, the implementation of Family to Family, will be considered given the findings from the case read.</li> <li>▪ To improve the current system of providing substance abuse services to clients involved in the child welfare system, an Interagency</li> </ul>

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	<p>and substance abuse treatment services affected the State's ability to reunify children with their families.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders suggested that substance abuse treatment services were readily available in one site, while in the other sites, there was a lack of substance abuse treatment services and there were waiting lists for services.</li> <li>▪ Service needs mentioned by stakeholders include: culturally relevant services for Native Americans, domestic violence services that are not connected to substance abuse, mentoring, services to homeless/runaway youth, services to teen parents, independent living services, transportation, day care, and education services.</li> <li>▪ The Statewide Assessment notes that although parents whose children are either in foster care or at risk of placement are to be given priority for receiving substance abuse treatment services, this priority standing has not helped to reduce the waiting list for treatment.</li> <li>▪ The Statewide Assessment reported that a focus group of youth aged 14 and older revealed that most youth reported receiving preventive health/hygiene, substance abuse prevention, smoking avoidance, money management and budgeting services while in school.</li> <li>▪ The findings of the Statewide Assessment indicate that a Substance Abuse and Child Welfare Task Force has been convened to address this issue and a Task Force is working to implement Family drug courts.</li> <li>▪ The Tribal State Partnership, Physician's Advisory Committee and the Substance Abuse Task Force provide ongoing vehicles to obtain customer feedback on performance, barriers, needs, opportunities and solutions.</li> <li>▪ In addition, stakeholders noted the need for ongoing training addressing substance abuse dynamics, child management, sexual abuse, children on medications, mental health issues, and court procedures.</li> </ul>	<p>Committee with representatives from FIA, DCH, SCAO, private agencies and others met in May of 1999.</p> <ul style="list-style-type: none"> <li>▪ A state team consisting of representatives from the original committee now works throughout the State to address the needs identified by the Interagency Committee. The team provides technical assistance to counties and tribes to encourage communication and collaboration among substance abuse treatment providers and child welfare, and training and resources to facilitate improvement of the provision of substance abuse services to child welfare clients. Michigan's state team is also working to enhance awareness of existing funding and to identify alternative funding options.</li> <li>▪ Several counties in Michigan have developed protocols or written agreements for the purpose of improving substance abuse services to child welfare clients. Other counties are in various stages of planning and developing a Substance Abuse Child Welfare collaboration project, including the development of family drug courts in a few Michigan counties.</li> <li>▪ Michigan applied for and was awarded technical assistance from the National Center on Substance Abuse and Child Welfare in August 2003. NCSACW will work with Michigan's state team to develop a scope of work for an in-depth TA that will include working with the substance abuse, child welfare, court systems and local tribes to increase collaboration and strategic plans for working together. A kick-off meeting occurred September 11 and 12, 2003. A work plan was devised to guide the technical assistance activities until July 2004.</li> </ul>
<p><b>Minnesota</b> Search word: <i>chemical</i></p>	<ul style="list-style-type: none"> <li>▪ Services offered included family based services, home health care, early childhood intervention, day care, respite, chemical dependency treatment, funds to pay utilities, in-home counseling services.</li> <li>▪ Minnesota Department of Human Services' staff participate in a number of workgroups and cross-agency committees to promote coordination of efforts at the State level. Staff in the Family and Children's Services Division work with staff from other public and private agencies on groups examining policies related to juvenile delinquency, chemical dependency, domestic violence, and other issues. These</li> </ul>	<p>No mention</p>

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	<p>cross-agency collaborations have enhanced the ability to ensure that the services MDHS oversees are coordinated with other services provided to children and families.</p> <ul style="list-style-type: none"> <li>▪ In one county, services that could have maintained a child in the initial placement such as chemical dependency assessment for children, discretionary funds for families, respite care, more available day care and more frequent contact from social services were not available or not offered to foster parents or relative caregivers. (source: case reviews and stakeholders)</li> <li>▪ There is a shortage of chemical dependency treatment centers where children can live with parents who are receiving treatment. (source: stakeholders and case reviews)</li> <li>▪ Lack of affordable housing, the effects of poverty, cultural differences, greater public agency contact with families of color, and a chemical dependency crisis have led to children of color being placed in the system in numbers greater than their portion of the population.</li> </ul>	
<b>Mississippi</b>	<ul style="list-style-type: none"> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case were the following: Substance abuse by parent in 2 cases (4%).</li> <li>▪ Stakeholders suggested that assessments are being conducted and services are being provided to children and parents, but that this is not being done on a consistent basis. The lack of consistency with regard to this practice was attributed to gaps in services (particularly substance abuse treatment, family therapy, treatment for sexual offenders, treatment for victims of sexual abuse, and therapeutic placement facilities), poor needs assessments, and a lack of ongoing needs assessment.</li> <li>▪ According to the Statewide Assessment, the services designed to prevent removal and assist children in out-of-home care to achieve permanency are: Families First Resource Centers; Family Preservation; Supervised Visitation; Individual, Group, and Family Counseling; Substance Abuse Treatment; Transportation; Parenting Classes; Therapeutic Treatment; Family Support; Independent Living; and Therapists for Post Adoption Support.</li> <li>▪ Focus groups were convened in four counties to identify the strengths and gaps in their service array. Each group indicated a need for more services in the entire service array. Services that are non-existent or have limited availability are: services to improve fathers' involvement, services to prevent placement disruption, residential treatment services, post-adoption casework services, job coaches, domestic violence shelters, services for medically fragile children, residential substance abuse treatment for women and their children, and in-patient psychiatric care for children.</li> <li>▪ Substance abuse services for adolescents and adults, particularly residential treatment centers and services for teens were identified by Stakeholders as service gaps in the state.</li> <li>▪ Stakeholders in rural counties reported that children and families in need of specialized treatment often seek services out-of-county (e.g., mental health services, in-patient substance abuse treatment, placement services for adolescents). Some stakeholders indicated that lack of transportation is a significant barrier to accessing services in both urban and rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop and implement an on-going training system. MDHS will continue to partner with the CWTI to offer specialized trainings for caseworkers and supervisors covering areas such as substance abuse, domestic violence, mental health/mental illness, and working with the courts.</li> <li>▪ Develop and implement on-going specialized training maximizing the CWTI in the areas of substance abuse, domestic violence, and mental illness to improve staff skills to identify and assess risk of harm.</li> <li>▪ Coordinate with IV-E CWTI to provide on-going training curricula for specialized areas including substance abuse, domestic violence, working with the courts and other targeted areas.</li> <li>▪ Develop and implement on-going specialized training in substance abuse, domestic violence, and mental illness to improve staff skills to identify and assess risk of harm.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ According to the Statewide Assessment, each county office is able to access funds to provide individual, group, and family therapy, substance abuse treatment, and transportation. However, the ability to provide individualized services to families and children is not consistently available.</li> </ul>	
<b>Missouri</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 25 (50%) cases, substance abuse by parents was cited in 18 (36%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 8 cases (16%).</li> <li>▪ The State has critical gaps in its service array, particularly in the areas of mental health services and substance abuse treatment.</li> <li>▪ Services provided to the families to protect child(ren) in home and prevent removal included, but were not limited to, individual and family counseling and therapy, homemaker services, parent aide services, domestic violence services, legal services, health and dental care services through Medicaid, intensive in-home services, parenting classes, anger management and behavioral control classes, case management, housing services, education-related services, mental health assessment and treatment services, substance abuse assessment and treatment services, mentors for children, referrals for Food Stamps and energy assistance, and referrals for assistance from the Temporary Assistance for Needy Families (TANF) program.</li> <li>▪ In one county, stakeholders reported that if parents do not admit to drug use and there is no actual proof, the court will not support the agency's request for substance abuse treatment or urinalysis unless the parent agrees voluntarily.</li> <li>▪ In many cases, reviewers identified serious problems in the family that the agency did not address but that had a high potential for contributing to risk of harm to children. These included, but were not limited to, sexual abuse perpetrated by a sibling, parental substance abuse (which was ongoing while children remained in the home), self-mutilation by an adolescent girl, evidence of physical injuries to a child, evidence of neglect, and a mother discontinuing a 6-year-old child's therapy for sexual abuse because the mother did not believe the child had been abused despite the child testing positive for a sexually transmitted disease.</li> <li>▪ Stakeholders attributed delayed reunification to (1) an agency practice of keeping children in foster care (e.g., in a trial home visit) even after safety issues have been resolved, (2) parental relapse into substance abuse, (3) incarceration of parents, (4) lack of adequate housing, and (5) scarcity of services for parents. Stakeholders reported that when parents are able to and willing to access services reunification occurs in a timely manner.</li> <li>▪ A few stakeholders indicated that the court sometimes will not place children with relatives because there is a perception that some problems, such as substance abuse, are intergenerational or are likely to be exhibited by more than one family member. Other stakeholders suggested that agency children's service workers need to be more diligent in seeking appropriate relatives.</li> <li>▪ Stakeholders noted that the child welfare agency has difficulty obtaining</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA) through Family Drug and Safety Trainings</li> </ul>

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	<p>psychological services and substance abuse treatment services for children through the State mental health agencies.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders identified the gaps in services in in-patient and outpatient substance abuse services and aftercare.</li> <li>▪ The Statewide Assessment noted that a Perinatal Substance Abuse Advisory Committee is working to meet the needs of drug-exposed infants and mothers</li> </ul>	
<b>Montana</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 27 (55%) cases, substance abuse by parents was cited in 18 (37%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 8 cases (16%).</li> <li>▪ Reviewers found that the State was not in substantial conformity with ensuring that the risk of harm to the children was effectively reduced, noting that for two foster care cases the agency was not monitoring visitation with parents who were known substance abusers, although the children were at risk during visitation.</li> <li>▪ Services to the family to protect the children in home and prevent removal was rated as a Strength in 88% of the applicable (26) cases, and found that the contracted providers had frequent contact and linked families to appropriate services including parenting, mental health counseling, job training, substance abuse evaluations and treatment, healthcare, housing, and transportation.</li> <li>▪ Stakeholders commented that substance abuse evaluation and treatment, wraparound services, parenting classes and medical/pediatric services are readily available and were rated as Strength in providing an array of services to children and families.</li> <li>▪ The State was rated as Strength in training current or prospective foster parents, adoptive parents and staff at facilities that care for children in topics including drug and alcohol.</li> <li>▪ An identified training need included the need to train social workers on drug awareness and that ongoing training for CPS workers and supervisors could be strengthened.</li> </ul>	No mention
<b>Nebraska</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 13 (26%) cases, substance abuse by parents was cited in 8 (16%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 2 cases (4%).</li> <li>▪ In 23% of the applicable cases, reviewers determined that placement changes were not in the best interests of the child. The numbers of children and youth with identified special needs, e.g. medical issues, substance abuse issues and psychiatric issues – with fewer foster care providers willing or able to care for these children over an extended time – and an identified lack of community-based resources (medical and mental health care, including substance abuse treatment) on a statewide basis.</li> <li>▪ Many stakeholders commenting on this issue expressed the opinion that children's health screenings are not thorough or comprehensive. A few stakeholders suggested that preventive health and dental services are not routinely provided and that</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Best Practices to Implement ASFA training offered through the Children's Bureau National Resource Centers Foster Care and Permanency Planning and Legal and Judicial Issues and Youth Development will be appropriately and effectively integrated with the Collaborative Case Practice priority training. This full day program includes discussion of substance abuse treatment for children in foster care.</li> </ul>

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	<p>children’s health and dental needs are addressed only if there is a problem. In one site, stakeholders reported that the county does not have sufficient specialized medical services, dentists who accept Medicaid, or substance abuse treatment services.</p> <ul style="list-style-type: none"> <li>▪ Nebraska reorganized its departments, with a new Integrated Care Coordination Unit as an outgrowth of a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA).</li> <li>▪ A rating of Area Needing Improvement includes administering a comprehensive health assessment at entry into foster care when there was a critical need for that assessment (e.g., there was suspected Fetal Alcohol Syndrome – 1 case).</li> </ul>	
<b>Nevada</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parent was cited in 30 cases (61%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 13 cases (27%).</li> <li>▪ Nevada did not achieve substantial conformity with the systemic factor of Service Array. The CFSR determined that the State does not have in place a sufficient array of services that would enable children to remain safely with their parents when reasonable or would help children in foster and adoptive placements achieve permanency. Critical gaps in the service array are bilingual services (particularly Spanish services), mental health services, substance abuse services, and health and dental services (because many providers will not accept Medicaid). In addition, the Statewide Assessment and stakeholder interviews indicate that many services are not available at all in rural areas of the State.</li> <li>▪ Services provided to the families included, but were not limited to, individual and family counseling, substance abuse treatment, medical and dental services, transportation services, homemaking services, parenting education, educational advocacy, sexual offender assessment and treatment services, sexual abuse victim assistance and counseling, mental health evaluations and services, home health nurse services, domestic violence counseling, early childhood education services, nutritional and food services, concrete services such as furniture and household goods, family preservation services, day care services, speech therapy services, and drug court.</li> <li>▪ According to the Statewide Assessment, there is a lack of preventive, intervention, and support services to address the stressors contributing to child abuse and neglect, such as substance abuse and lack of income/employment/insurance. However, it was noted that in Washoe County, there is a Human Support Specialist program that provides in-home support with case management to families in need.</li> <li>▪ Most stakeholders commenting on Needs and Services of Child, Parents, and Foster Parents expressed the opinion that while the agency routinely conducts initial needs assessments, there is a lack of follow up in many cases with regard to conducting more in-depth evaluations to identify underlying problems such as mental illness, domestic violence, or substance abuse.</li> <li>▪ Information in the Statewide Assessment indicates that the primary training needs are in the area of substance abuse, sexual abuse, and ASFA.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The State will meet with the National Resource Center for Child Protective Services to develop a risk assessment tool which includes family violence and substance abuse components</li> <li>▪ The State will refer to the AOC/CIP for the feasibility of taking a Nevada Family Drug Court Statewide.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Information in the Statewide Assessment indicates that there are an array of services for children and families in the State, including family reunification services, which include primary therapy services for individuals and families, mental health counseling and therapy, substance abuse treatment, parenting education, mentoring youth programs, homemaker, child care services, housing and housing counseling, crisis intervention, job development, and life skills workshops.</li> <li>▪ Information in the Statewide Assessment indicates that caseworkers, supervisors, and foster parents surveyed as part of the State's self-assessment process, expressed concerns about accessibility of services to aid reunification. According to the survey findings, the three greatest unmet service needs which are barriers to reunification are mental health services, substance abuse services, and housing services.</li> <li>▪ Stakeholders in one county reported that mental health services are lacking, medical providers are in short supply, drug and alcohol assessment and treatment services are not sufficient, and services are not effectively coordinated across providers and agencies; one stakeholder in this county reported that the county uses an alternative sentencing program that operates like a Family Drug Court to assist in providing substance abuse assessment and treatment services to youth and parents.</li> <li>▪ Stakeholders in another county identified similar problems including a lack of providers who will accept Medicaid resulting in waiting lists for medical services, waiting lists for family preservation services, waiting lists for Fetal Alcohol Syndrome or Fetal Alcohol Exposure diagnoses (up to a 6-month wait), waiting lists for home-based family services (currently 100 families are on the waiting list).</li> <li>▪ Stakeholders in a third county reported that the strengths in their community include access to family therapy, family preservation services, a broad range of services and interventions provided by up to 20 contracted providers, and the Drug Court, which can support 24 families at a time. However, these stakeholders also noted a lack of drug treatment resources.</li> <li>▪ An Area Needing Improvement is Meeting the Unique Needs of Children and Families due to a lack of providers who will accept Medicaid, and to insufficient mental health, substance abuse, and services for Spanish-speaking families.</li> </ul>	
<p><b>New Hampshire</b></p>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parent was cited in 13 cases (26%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 1 case (2%).</li> <li>▪ The case review findings indicate that the agency did not consistently assess underlying parental issues that posed a risk to children, such as domestic violence, substance abuse, or sexual abuse, resulting in a lack of appropriate service provision.</li> <li>▪ Some stakeholders feel that DCYF is not as effective as it needs to be in assessing for underlying problems in the family, such as domestic violence, sexual abuse, and substance abuse.</li> <li>▪ Key services that were noted to be lacking were substance abuse treatment and mental health services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish a Permanency Planning Team (PPT) in each district office. Depending on the case, the PPT could include other specialists such as the domestic violence program specialist (DVPS), the licensed alcohol and drug abuse counselor (LADAC), and/or Juvenile Probation and Parole Officer (JPPO).</li> <li>▪ Identify by D.O. and enroll as DCYF providers the specialized services needed by children and families: substance abuse councilors, dentists and mental health professionals that include those with training to work with sex offenders.</li> <li>▪ Prioritize, identify and complete, by D.O., the</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Reviewers determined that the agency did not assess or address existing safety issues in the home, such as domestic violence, substance abuse, and the backgrounds of the people residing in the home.</li> <li>▪ Services provided to families to protect children in home and prevent removal included, but were not limited to, individual counseling or therapy, in-home family counseling, transportation for visitation, supervision during visitation, Parents Anonymous, parent aides, day care, respite care, after school care, wraparound services, developmental services, psychiatric services, medication management, anger and behavior management, substance abuse treatment and counseling, parenting education, home-health care services, housing assistance, money management services, educational services, and truancy programs.</li> <li>▪ In four of the in-home cases, reviewers noted that the agency failed to assess and address underlying parental issues that posed a risk to children, such as domestic violence, substance abuse, or sexual abuse, even though needs were assessed and services were provided in other areas (e.g., parenting, counseling).</li> <li>▪ Statewide Assessment notes that a range of specialists are co-located with DCYF in various district offices to improve service coordination, including experts in: child development, education, domestic violence, substance abuse, and health (nurses).</li> <li>▪ The most frequently cited service gaps pertained to substance abuse treatment, mental health services, and transportation to access services.</li> <li>▪ Statewide Assessment identifies deficits in the service array including long waiting lists for services for children in need of mental health, a lack of dental health services for children receiving Medicaid, a shortage of foster homes in some areas, and a lack of substance abuse treatment services resulting in long waiting lists for treatment.</li> <li>▪ Stakeholders most frequently cited service gaps pertaining to substance abuse treatment (for both adolescents and women with children), mental health services (families can wait 4- 6 months for a mental health evaluation), and transportation to access services.</li> <li>▪ Information provided in the Statewide Assessment indicates that the array of services varies from community to community, particularly with regard to specialized programs. For example, in Portsmouth, the Permanency Plus pilot provides intensive, time-limited reunification services and in the Manchester and Nashua district offices, the Project First Step title IV-E Waiver demonstration project combines child protection and substance abuse services.</li> <li>▪ According to the Statewide Assessment, focus groups noted limited funding is available for adults who require treatment for substance abuse/addiction;</li> </ul>	<p>Service Certification Requests for substance abuse councilors, dentists, and mental health professionals who accept medicaid.</p> <ul style="list-style-type: none"> <li>▪ Primary CPSW (Family Services, Permanency or Adolescent) is primary case manager and will collaborate with other specialists, not all of which are present in every D.O: Foster Care Health Program Nurse, Domestic Violence Program Specialist, Licensed Alcohol, Drug Abuse Counselors (LADAC), Mental Health Therapist</li> <li>▪ CPRs will look for successful case practice and outcomes in cases where substance abuse, mental health, domestic violence, or sexual abuse were factors.</li> <li>▪ The Home-Based Therapist will complete (1) a treatment plan within 15 working days that includes "an assessment of the needs of each child and parents that must include identification of alcohol or substance abuse, domestic violence, sexual abuse, or other situation that may impact the child's safety.." and (2) the treatments to be implemented to meet the needs of each child and the parents.</li> </ul>
New Jersey	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parent was cited in 27 cases (54%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 12 cases (24%).</li> <li>▪ Services with particularly long waiting lists in some localities are family preservation services, substance abuse treatment services, and mental health services.</li> <li>▪ Services provided to the families included, but were not limited to, the following: in-home services to address hygiene, in-home counseling, housing services, medical</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase Substance Abuse services by increasing treatment slots, contracting Substance Abuse Specialists for DYFS offices and implementing 24 hour assessment referral for youth in need</li> <li>▪ DYFS will hire a physician as a Medical Director to oversee all aspects of DYFS' response to health, mental health and substance abuse</li> </ul>

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	<p>services, case management services, parenting aid services, substance abuse evaluation, substance abuse treatment (inpatient and outpatient), day care, prenatal care, family and individual counseling, sexual abuse assessment, independent living services, psychiatric assessment, and domestic violence counseling.</p> <ul style="list-style-type: none"> <li>▪ Key service gaps identified by stakeholders pertained to affordable housing, substance abuse treatment, and mental health assessment and treatment services. Stakeholders reported that the lack of these services makes it very difficult to reunify children with their families in a timely manner and to ensure that youth emancipated from foster care will make a successful transition to independent living.</li> <li>▪ Critical gaps in the service array are bilingual services, therapeutic foster care services, insufficient family preservation services, substance abuse treatment services (particularly for women with children), and mental health services for children and parents. In addition, services are not available to families and children in all political jurisdictions covered in the State's CFSP, and where services are available, long waiting lists often impede accessibility of those services.</li> <li>▪ Stakeholders commenting on foster care re-entry noted that the State's incidence of re-entry into foster care is not high. They noted that when children re-enter foster care it usually is due to substance abuse relapse by parents.</li> <li>▪ Most stakeholders commenting on Reunification, Guardianship, or Permanent Placement with Relatives expressed the opinion that there are multiple barriers to achieving reunification in a timely manner. Key barriers identified included a freeze on Section 8 housing (and withdrawal of Federal funds for that program); a lack of sufficient services for parents, particularly substance abuse services; a lack of adequate visitation between parents and children in foster care; and a lack of recognition by parents of the problem that brought about the child's removal. Stakeholders also said that parents often are not given adequate assistance in obtaining services. As one stakeholder noted, many parents with substance abuse problems are given a bus pass and a list of providers and are expected to manage their own treatment</li> <li>▪ According to the Statewide Assessment, Children entering care due to juvenile justice issues (including delinquency) and/or family crises are more likely to return home within one year (50%), than are children removed from home due to either parent or child substance abuse (34% return home within one year).</li> <li>▪ Stakeholders were in general agreement that a major impediment to effective assessment is large caseworker caseloads. They noted that basic issues, such as substance abuse and domestic violence, are missed in the assessment process because the caseworkers do not have time to do it properly.</li> <li>▪ As of October 2003, each region in New Jersey had contracts for the following mental health services: crisis care, day treatment, group counseling, in-crisis service, personal case management, psychological assessment and consultation, psychotherapy, and substance abuse assessment and rehabilitation.</li> <li>▪ Stakeholders expressed concern that some delays in achieving TPR were due to (1) the need to transfer a case from DYFS to ARC before filing for TPR, (2) the agency not completing the necessary paperwork, (3) the reluctance of some courts to grant</li> </ul>	<p>policies, practice and coordinated program development. The Medical Director will develop an interdisciplinary support team of medical consultants including participation from the areas of psychiatry, psychology, licensed clinical social work, and licensed certified alcohol and drug abuse, at a minimum.</p> <ul style="list-style-type: none"> <li>▪ A Comprehensive Health Evaluation for Children (CHEC) will be implemented for children entering foster care within 30 days of placement. This evaluation will include a screen for substance abuse and developmental assessments.</li> <li>▪ Provide additional resources in the core service areas of housing, domestic violence, substance abuse, mental health, and physical health, and make flexible funding available, which will permit the acquisition of services that are unconventional and/or not currently available from a contracted provider but determined integral to implementing the case plan.</li> <li>▪ DYFS, DFD, and the substance abuse community have agreed to use the same assessment tools to determine the best substance abuse treatment options for families. Guidelines regarding level of care will use American Society of Addiction Medicine (ASAM) criteria.</li> <li>▪ Increase the available substance abuse treatment slots, including outpatient, intensive outpatient, long term residential beds, residentially assisted partial care, and methadone maintenance. In addition, develop an additional 150 treatment slots for adolescents.</li> <li>▪ The allocation and effectiveness of substance abuse resources will be reviewed on an annual basis to permit adjustment so that expansion improves access and targets resources to the areas of highest need.</li> <li>▪ Additional certified substance abuse specialists will be contracted to work in each DYFS office to perform substance abuse assessments, treatments referrals, case consultation and</li> </ul>

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	<p>TPR when there is no identified adoptive resource for the child, or (4) the court finding that reasonable efforts were not made. Stakeholders suggested that this latter situation appears to occur most frequently when parents have substance abuse problems and are not able to access treatment services. There was general agreement among stakeholders that there is a lack of adequate resources at each level of the process.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders noted that the Program Improvement Office of the Office of Program Integrity and Accountability has a QA system that conducts independent reviews when there has been a specific situation, such as a high publicity case, or when they are asked by the DHS Commissioner or Governor to do an independent review. Although these reviews tend to be reactive rather than proactive, stakeholders reported that recent reviews indicated a need for DYFS to (1) pay more attention to substance abuse, (2) look at the family as a unit rather than focusing on a particular child, (3) pay more attention to domestic violence in the home, and (4) provide continued ongoing training of experienced caseworkers.</li> <li>▪ As reported in the Statewide Assessment, all new Family Service Trainees (the entry-level field caseworker title) are required to attend a Pre-Service Training Program during the first month of employment. This consists of 14 class days interspersed over 20 workdays, with 6 field days, which are coordinated to provide field experiences that reinforce the classroom material. Once the 20 days are completed, all new Family Service Trainees are required to attend 8 foundation courses during their second through eleventh month of employment. These courses are: Child Sexual Abuse Identification, Interviewing Skills, High Risk Indicators, Permanency Planning, Medical Indicators of Child Abuse and Neglect, Child Sexual Abuse Investigation, Understanding Substance Abuse, and Computer/SIS Skills.</li> <li>▪ The Renaissance Academy was launched for experienced Family Service Specialists hired prior to August 1997. Approximately 400 staff received training in the following areas: High Risk Indicators, Permanency Planning, Medical Indicators of Child Abuse and Neglect, and Understanding Substance Abuse.</li> <li>▪ The Statewide Assessment notes that experienced DYFS staff at Regional Treatment Centers (RTC) are required to take the following courses during their first 2 years at the RTC: Substance Abuse in RTC Teens, Adolescent Depression and Suicide, and Talking with Teens re: Love/Sex.</li> <li>▪ Contracted group homes and residential treatment centers must develop a training plan and ensure the training of all staff members in at least the following areas: the home's statement of purpose; emergency procedures; protocols for medication; infection control procedures; and the home's behavior management policy. The in-service training requirement for staff is a minimum of 12 hours of training annually in the following areas: the principles of behavior management; alcohol and substance abuse; human sexuality and AIDS; and suicide prevention.</li> <li>▪ According to the Statewide Assessment, although there is a large array of services in the State, the current availability of services is insufficient to address the needs within the State's child welfare system. Key services that are not available on a Statewide basis include substance abuse treatment services—respondents indicated that there</li> </ul>	<p>training.</p> <ul style="list-style-type: none"> <li>▪ Integrate adolescent Mental Health services into a Substance Abuse program using the federal (SAMHSA) model that is anticipated to create up to 250 slots over two years of the PIP reporting, including new treatment slots for substance abusing teenage mothers with young children who want to keep their children during treatment.</li> </ul>

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	<p>are insufficient resources to treat parents and adolescents who are substance addicted and little or no services for maternal/infant stabilization to prevent removal or facilitate rapid reunification. This was reiterated by the Commissioner's Workgroup on Substance Abuse and Child Welfare.</p> <ul style="list-style-type: none"> <li>▪ The Statewide Assessment notes that DYFS provides secondary and tertiary pre-placement prevention services to children and families who have been the subject of a Child Protective Services investigation. This is done either directly by DYFS staff, by contract, or through referral to community services. These services are aimed at addressing the risk/safety issues that must be resolved in order for the child(ren) to remain safely at home. The following pre-placement prevention services are available: Family Preservation Services, Domestic Violence Core Services, a Healthy Families Program, a Teen Parenting Programs, and a Child Protection Substance Abuse Initiative.</li> <li>▪ The Statewide Assessment notes that DYFS provides services to support the safe and timely reunification of children with their families. These services include: DYFS Case Management Services, Intensive In-Home Services, Mental Health and Behavioral Health Services, a Family Unification Housing Program, Family Group Conferencing, Supervised Visitation Services, Foster Care Support Services, Substance Abuse Treatment Services, Head Start, WIC, food banks, child care, and after school programs.</li> <li>▪ As indicated in the Statewide Assessment, New Jersey also recognizes the need to coordinate services in complex cases and has responded by forming workgroups and committees that involve experts in child abuse, domestic violence and substance abuse at State, regional, and county levels.</li> <li>▪ Physical health of the child was rated as an Area Needing Improvement. In one case, the child was born drug addicted, but no medical services were received once the child left the hospital.</li> <li>▪ It was noted in the Statewide Assessment that children's physical health needs are always considered during the conduct of an assessment. Caseworkers are required to collect relevant medical information on specific health conditions, e.g. HIV, pre-natal drug exposure or other serious medical conditions prior to placement.</li> </ul>	
<p><b>New Mexico</b></p>	<ul style="list-style-type: none"> <li>▪ While the State has an array of services in place reviewers rated these as insufficient to meet the level of identified needs. Virtually every stakeholder, both internal and external to the State agency, reported erosion of the service array in recent years. Stakeholders attributed this phenomenon to the transition to managed care. Many of the identified needs, such as dental care, mental health services, domestic violence services, and substance abuse treatment require coordination with stakeholders and others outside the protective services division of NM CYFD. New Mexico is a State with a large rural population and isolation can be a barrier to the provision of certain services in some locations.</li> <li>▪ Concern was also noted as to whether family preservation was an appropriate service for families with severe substance abuse issues who may need much more time and in-depth services.</li> <li>▪ Stakeholders agreed that NM needs more resources, especially in the area of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Detailed quarterly reports on cases where repeat maltreatment has occurred will be examined to identify patterns that might quantified and addressed. The study will focus on the association between repeat maltreatment, and types of abuse, (physical abuse, neglect, sex abuse); domestic violence; risk levels; and substance abuse. An additional study will examine factors contributing to maltreatment in foster care. Results of these studies will be used to direct changes in practice and contract funding.</li> <li>▪ Requesting 10 resource days from the National</li> </ul>

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	<p>substance abuse.</p> <ul style="list-style-type: none"> <li>▪ Some stakeholders indicated concerns regarding children returned home who re-enter foster care later due to their parent's substance abuse. Concern about substance abuse issues were noted as a common problem across the State, with some services being seen as a "band aid" approach to an immense problem.</li> <li>▪ Another concern was noted about the timeframe needed for approving the termination of parental rights (TPRs) in substance abuse related cases. In some of the cases reviewed, the agency recommended TPR but the court felt more time was needed prior to approving TPR.</li> <li>▪ In regard to the relationship of child in care with parents it was an area needing improvement based on statewide assessment which found that the prevalence of substance abuse by parents may be another factor influencing the relationships of children in care with their parents.</li> <li>▪ Many on-going needs of families are not being adequately addressed, such as: recurrence of substance abuse issues was not followed up on and was described as a major problem across the State, according to reviewers and stakeholders.</li> <li>▪ Meeting the mental health needs of the child was an area needing improvement based on the statewide assessment that notes that the social worker arranges for services paid for under Medicaid, Title XX or mental health contractors including 1) Individual, group, or family counseling, 2) day treatment services, 3) behavior specialist 4) substance abuse treatment, and 5) mentoring.</li> <li>▪ Substance abuse treatment and domestic violence resources and services are lacking across the State.</li> <li>▪ Stakeholders report the greatest gaps in services include: Substance abuse treatment services for families.</li> </ul>	<p>Resource Center on Substance Abuse and Child Welfare to help develop training for staff and to move CYFD toward family centered approaches to working with clients and families affected by substance abuse.</p>
<p><b>New York</b></p>	<ul style="list-style-type: none"> <li>▪ In regard to services to the family to protect child(ren) in home and prevent removal there were strengths including evidence in the case review that preventive services for parents with substance abuse problems and domestic violence were provided.</li> <li>▪ A spring 2000 review of foster care cases in NYC showed that the services most frequently needed by parents and other discharge resources were parenting skills training (66%), drug treatment (46%), housing assistance (37%), mental health services (28%) and income maintenance services (20%). The services most frequently ordered by the Court were parenting skills training (29%) and drug treatment (27%). Services were actually provided as follows: parenting skills training was provided to 71% of parents who needed it; drug treatment was provided to 70% of parents who needed it; and housing assistance was provided to 67% of parents who needed it.</li> <li>▪ The statewide assessment had mixed opinions of NYC on whether services were offered prior to removal of the child and a lack of sufficient services, as evidenced by waiting lists for parenting and drug treatment programs.</li> <li>▪ There were preventive services including counseling, mental health services for a mother diagnosed with depression, substance abuse treatment, parenting skills, and housing assistance.</li> <li>▪ There are coordinated services through a Workgroup on Substance Abuse Services</li> </ul>	<p>No mention</p>

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	<p>for Vulnerable Families</p> <ul style="list-style-type: none"> <li>▪ Other New York State initiatives supporting pre-placement preventive services are the Domestic Violence/Child Abuse Prevention initiative, Preventive Services funded with Temporary Assistance for Needy Families (TANF) dollars, Family Resolutions Projects, and a collaboration of services between OCFS and the New York State Office of Alcohol and Substance Abuse Services (OASAS).</li> <li>▪ Sometimes cases lacked a family-centered approach in assessing the children's health, safety and well being. In one case, the major needs of the child and his mother were not assessed and identified. The mother's past issues with substance abuse and domestic violence had not been reevaluated to determine if those problems currently existed.</li> <li>▪ Stakeholders expressed that some assessments of children placed in foster care through voluntary agreements identify the child's behavior as the major concern, when in fact, there are often underlying issues such as domestic violence, chronic neglect, and/or parental substance abuse.</li> <li>▪ In the New York City Family Treatment Courts initiative, family service plans have become a focal point for biweekly hearings to monitor the participation of caretakers who are substance abusers, and for the provision of services to caretakers with substance abuser issues and their families.</li> <li>▪ The overall training initiative was rated as very good, such as training curricula addressing domestic violence and its connection to child welfare, as well as medical, substance abuse and mental health issues includes the issues to a much greater extent than in the past.</li> <li>▪ In regard to the service array there is a need for more substance abuse, mental and sexual abuse services and therapeutic homes</li> </ul>	
<b>North Carolina</b>	<ul style="list-style-type: none"> <li>▪ In regard to the provision of an array of services, the state has created a Family Reunification Pilot Project: the Restoring Families Program. This program was designed to reduce the number of children in DSS custody due to severe caretaker substance abuse.</li> <li>▪ The Division has collaborated with the Division of Mental Health and Substance Abuse Services to implement a process "New Beginnings" to meet the behavioral health needs of children in care and to prevent children from coming into care solely to have their behavioral health needs met.</li> <li>▪ Some of the other noteworthy services highly regarded as important resources included an Intensive Outpatient program for substance abuse and inpatient services for substance abuse.</li> <li>▪ The DSS also has a collaborative with the Division of Mental Health and Substance Abuse called New Beginnings, which focuses on the behavioral health needs of children.</li> <li>▪ The Division has collaborated with the Division of Mental Health and Substance Abuse Services to implement a process to meet behavioral health needs of children.</li> <li>▪ While a number of cases were timely assessed for risk and provided needed services, three cases were not assessed for risk or overlooked risk associated with substance abuse or domestic violence.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Related to redesign risk/safety/family assessment, the state plans to develop assessment structure that addresses critical family issues such as child well-being measures, educational needs, domestic violence, substance abuse, and other safety and risk factors – Date: March 2002</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Children in DSS custody receive behavioral screenings as part of EPSDT/Health Check. Once the screening is completed, the child will then be referred to the area program for further assessment if the screening indicates a need for mental health/substance abuse services.</li> <li>▪ There are issues due to social workers not being able to access some services due to payment issues. Stakeholders expressed a concern about the managed care system that in their opinion has presented problems in getting certain services funded for certain family members. An example of this issue is substance abuse services changed from being DSS funded to Mental Health funded, and now some services are not covered.</li> <li>▪ Local workers need more focused training in the areas of domestic violence, substance abuse, sexual abuse, children's behavioral issues and Hispanic cultural issues.</li> <li>▪ Stakeholders expressed concerns in some areas about the lack or effectiveness of mental health, substance abuse and domestic violence services. A particular concern is that in-home families do not have ready access to mental health care for children and youth or for the parents. Stakeholders expressed a need for more services addressing substance abuse and residential care particularly for females</li> <li>▪ In some areas, substance abuse services are seen as not being provided in the communities where they are needed the most.</li> <li>▪ While there is strong collaboration at the State level between the Division of Social Services and other State offices, such as mental health, substance abuse, health, etc. and Tribes, that coordination is not as effective locally, largely due to the autonomy/independence of county departments.</li> </ul>	
North Dakota	<ul style="list-style-type: none"> <li>▪ A barrier noted by stakeholders is that some judges do not want to grant TPRs in cases in which parents have substance abuse problems, mental illness, or developmental disabilities or in which parents are incarcerated.</li> <li>▪ Services provided to children and families by the Regional Human Service Centers are available to individuals in their geographical region and include drug and alcohol evaluations, outpatient drug and alcohol treatment. Children, birth parents and foster parents receive a range of these services depending on their needs.</li> <li>▪ Despite the generally positive view of the array of services, several stakeholders noted service gaps in Drug/alcohol treatment for youth.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Children and Family Services Division, the Division and Mental Health and Substance Abuse and the Division of Juvenile Services have been working jointly with a work group to develop a strengths-based wraparound planning process across systems for children and families with complex needs. This work has been in progress since 1999, but recently efforts have been stepped up</li> </ul>
Ohio	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 29 (58%) cases, and substance abuse by parents was cited in 11 (22%) cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 2 cases (4%).</li> <li>▪ Recently changes to the staff training curriculum were made in response to a need for more training on alcohol/substance abuse treatment services, sexual abuse treatment, and adoption by foster parents.</li> <li>▪ The stakeholders also agreed that the State make available specialized training on specific topics when necessary, including training in risk assessment and in substance abuse assessment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Assumptions section of the PIP states that ODJFS had to be mindful that services needed by families and children involved with PCSAs may be provided by other agencies, and the support for systems change needs to be obtained from agencies at the state and county level that provide mental health, alcohol and drug addiction, mental retardation and developmental disabilities, and educational services.</li> <li>▪ It is anticipated ODJFS will present proponent testimony to the Ohio legislature regarding HB</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ There are 43 county (of 88 counties) or multi-county mental health and alcohol and drug addiction services boards and 7 counties with separate mental health boards and alcohol and drug addiction service boards.</li> <li>▪ ODJFS has conducted a number of evaluations to assess the availability of services across the State. According to the 1998 Statewide Child Protection Services Needs Assessment study conducted by Hornby-Zeller Associates, Inc., of the more than 60 services examined, there were only nine that were not adequately available statewide. Of these nine services, those with the greatest shortfall in client capacity were intensive family preservation, medical/physical exams, and alcohol and other drug residential treatment. There were, however, particular geographic areas where more services were needed. In the large (and some medium-sized) counties there were inadequate drug and alcohol assessments, psychological and mental health assessments, alcohol and drug treatment, protective day care, and transportation services. In response to the study, \$4,000,000 was allocated by the legislature to ODADAS for the prioritization of substance abuse services for families involved in the child welfare system.</li> <li>▪ The Statewide Assessment also discussed the systemic barriers to the provision of mental health and substance abuse services. For example, as pointed out in the Statewide Assessment, although basic mental health and substance abuse services are provided in each county, most counties are not able to maintain a full spectrum of care (e.g., detoxification, outpatient, inpatient, residential treatment, etc.). Consequently, the PCSAs have to make arrangements for clients to travel significant distances in order to access necessary services.</li> <li>▪ Activities that are planned or have been implemented as a result of recommendations by the Governor’s Task Force on Investigation and Prosecution of Child Abuse include expedited appeals of TPRs and the establishment of family drug courts for parents who abuse or neglect their children because of substance abuse or addiction.</li> <li>▪ Information in the Statewide Assessment supports statements made by stakeholders regarding the scarcity of mental health and drug and alcohol services in many counties and the negative impact of the lack of these services on the agency’s ability to reunify families in a timely manner. Stakeholders mentioned that lack of access to services, waiting lists for services, and crowded court dockets were key barriers to timely reunifications.</li> <li>▪ These stakeholders also noted that often there are insufficient services available in the community that would permit children to be safely maintained in their homes, particularly services to address mental health and drug and alcohol problems.</li> <li>▪ Stakeholders in the sites included on the onsite review identified a number of service gaps specific to their communities, including housing, placement resources for juvenile sex offenders, mental health services, independent living services, inpatient alcohol/drug treatment, residential treatment for girls, therapeutic foster care, wraparound/community-based services, transitional services for the MRDD population, services for the developmentally delayed, treatment resources for adult and youth sexual abusers, residential facilities, childcare, and transportation.</li> </ul>	<p>117 no sooner than January 2004. If the legislation is enacted ODJFS will develop Ohio Administrative Code rules for the implementation of the bill. If the bill fails to be enacted, ODJFS will promulgate rules that require additional training for youth care workers, similar to that which recently went into effect for foster caregivers. The rules will require training of staff on the specific needs of the population served, such as mental health issues, substance abuse and juvenile justice topics.</p> <ul style="list-style-type: none"> <li>▪ To better meet the special needs of children in the child welfare system whose parents struggle with substance abuse, ODJFS and ODADAS will promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs. These efforts include, but are not limited to, meetings with local service providers, prevention coalitions, board associations and provider councils.</li> <li>▪ To promote best clinical practices, ODJFS will work with the Ohio OMHD and ODADAS to disseminate information regarding statewide initiatives and research-based interventions.</li> <li>▪ To maximize financial resources, ODJFS, ODMH and ODADAS will continue to provide further technical assistance to PCSAs and local treatment providers regarding initiatives, best practice methods and funding resources for behavioral health programming.</li> <li>▪ ODJFS will serve in an advisory capacity on program evaluation projects conducted by ODADAS and ODMH to assess the effectiveness of behavioral health care treatment services.</li> <li>▪ ODJFS will support the ODMH-ODE partnership designed to provide assessment, intervention and treatment services with the school system.</li> <li>▪ ODJFS, OCF, Bureau of Family Services and ODADAS will continue to provide training to PCSAs and treatment providers regarding issues associated with federal confidentiality laws.</li> <li>▪ ODJFS and OCF will encourage the establishment of multi-disciplinary teams and other collaborative models for assessment, case</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Array of services was rated as a Strength; according to the Statewide Assessment, the State offers a comprehensive array of services to meet the physical, mental, psychological, substance abuse, behavioral, therapeutic, and environmental needs of the children and families it serves in the child welfare system.</li> <li>▪ However, stakeholders also noted that there are long waiting lists for many of the services, particularly mentoring, mental health, and substance abuse treatment services for women.</li> <li>▪ Services accessible to families and children was rated as an Area Needing Improvement because unstable and disparate funding from county to county, and insufficient availability of services such as mental health and substance abuse treatment, negatively affect Ohio’s ability to deliver needed services to children and families.</li> <li>▪ The needs and services of child, parents and foster parents was rated Area Needing Improvement; case reviewers noted that a key problem was that assessments were not sufficiently in-depth to uncover potential underlying problems, such as domestic violence or substance abuse.</li> <li>▪ Ability to deliver needed services was rated as an Area Needing Improvement because the ability to deliver needed services to children and families is negatively affected by unstable and disparate funding from county to county and extreme variation in the availability of services such as mental health and substance abuse treatment.</li> <li>▪ Stakeholders commenting on the above issue noted that ODJFS is effective in meeting families’ needs for hard services, such as housing assistance, but is less effective when service needs are more complex, such as substance abuse treatment. This problem was attributed to a lack of adequate funding in the community for key services.</li> <li>▪ Specific problems identified in the case review process were unmet service needs and incomplete assessments, specifically assessments that were not sufficiently comprehensive to identify underlying problems, such as domestic violence or substance abuse.</li> <li>▪ Stakeholders indicated that many caseworkers use the exception that “the services required in the case plan have not been available or provided” to delay filing for TPR, particularly when the service involves substance abuse treatment.</li> <li>▪ Despite the generally positive perception of the agency’s efforts to coordinate service delivery with other agencies, some stakeholders identified specific barriers to coordination and collaboration including turnover of personnel in leadership positions, variation in available financial resources among agencies, different funding sources (i.e., Medicaid and Title IV-E), and differences in the structure and mandates of child welfare, mental health, and alcohol/drug addiction services.</li> </ul>	<p>planning, and the monitoring of service provision to address issues which require involvement of multiple agencies (e.g., domestic violence, mental health, education, substance abuse, mental retardation/developmental disabilities).</p> <ul style="list-style-type: none"> <li>▪ ODJFS, OCF, Bureau of Family Services and ODADS will promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs. In addition, ODJFS and ODADAS will continue to provide technical assistance to local communities to increase utilization of resources and promote effective programming for families in the child welfare system who struggle with substance abuse.</li> </ul>
Oklahoma	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 36 (72%) cases, substance abuse by parents was cited in 24 (48%) cases, physical abuse was cited in 19 (38%) cases, and medical neglect was cited in 13 cases.</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse</li> </ul>	No mention

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	<p>by parent in 10 cases (20%).</p> <ul style="list-style-type: none"> <li>▪ The most common referrals were for parenting classes, anger management classes, and counseling. Other services made available to parents to prevent removal and maintain children safely at home included day care and after school care, substance abuse treatment services, employment services, housing services, services to improve the home environment, and financial and educational services for parents.</li> <li>▪ Family Group Conferencing also is being used in a pilot program (Safe Havens) for families in which parents have substance abuse problems.</li> <li>▪ In SFY 2001, three new training workshops were added, and a Substance Abuse Level II workshop was made mandatory for all staff.</li> <li>▪ Services that were perceived as insufficient in the State were residential substance abuse treatment services for mothers and their children and for adolescents,</li> <li>▪ Stakeholders identified a few services that they perceived as particularly noteworthy. These included a mental health service center in one county, a substance abuse treatment pilot program for women and children in another county</li> </ul>	
<b>Oregon</b>	<ul style="list-style-type: none"> <li>▪ SCF has been engaged in a variety of efforts to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families. SCF has participated in the DHS Service Integration Initiative for the past several years and has partnered with Mental Health, Adult and Family Services, Medicaid, Oregon Youth Authority, Drug and Alcohol Programs, Health Division and with other state and local agencies.</li> <li>▪ In the safety arena, some cases had shortcomings related to matching assessed or evident risk with appropriate services particularly when substance abuse and domestic violence were occurring within the same family. These cases tended to not have subsequent reassessment of risk or a determination of parental change resulting from treatment intervention. These cases co-exist in the same office or unit with cases demonstrating excellent practice and suggest that newer staff or staff turnover may be impacting quality of assessment and case management.</li> <li>▪ In some cases there was an incomplete assessment of parents' needs and a failure to have families adequately address issues of risk. Some of these cases had service plans in which families were to engage only in superficial services of their choice, avoiding more serious issues such as substance abuse and sexual abuse.</li> <li>▪ Throughout the Safety Assessment, there are references to a possible need for more treatment resources for children with extensive needs and for parents. The SA mentions the need for more drug and alcohol treatment, improved or additional prevention services, more placement resources, and indicates domestic violence support and batterers treatment are critically needed in some areas.</li> <li>▪ Stakeholders noted needs for enhanced drug and alcohol services, less waiting lists, and more residential programs where parents can receive treatment while their children are with them.</li> <li>▪ Improved or additional prevention services, placement resources, visitation services, alcohol and drug treatment, domestic violence support and batter's treatment are needed in some areas.</li> <li>▪ In some cases in each of the branches, services arranged did not address pertinent</li> </ul>	No mention

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	<p>risk factors. At times both drug/alcohol abuse and domestic violence concerns were not addressed through specific services.</p>	
<p><b>Pennsylvania</b></p>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 18 (36%) cases, substance abuse by parents was cited in 21 (42%) cases and substance abuse by child in 2 cases (4%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 6 cases (12%)</li> <li>▪ There is an impressive array of services available in the state to meet most of the needs of children and families, including substance abuse services.</li> <li>▪ Stakeholders expressed the opinion that the agency has been assertive about reaching out to other federally funded programs to coordinate services. Examples include a program for services to mothers with mental retardation, and pre-trial conferences which allow for rapid drug and alcohol referral and assessment of families.</li> <li>▪ Stakeholders found that there are barriers to adoption in the state, yet in instances where substance abuse issues are involved, it may not be appropriate to push adoption and stay within the 15-month timeframe for filing TPR.</li> <li>▪ Stakeholders noted that while the agency has been effective in identifying needs of children and families, that there are often delays in accessing mental health services and substance abuse assessment and treatment.</li> <li>▪ In assessing the mental health of the child, the state was rated as Area Needing Improvement because the assessment was not done in some of the cases, including cognitive abilities, drug and alcohol abuse, emotional capacities, physical and mental health issues, and parent/child development needs.</li> <li>▪ A review of the data indicates that the highest training needs for casework staff are in the areas of sexual abuse, working with adolescents, drug and alcohol abuse, childhood emotional disorders, adult mental health issues, domestic violence, and legal issues.</li> <li>▪ Stakeholders identified gaps in drug and alcohol treatment inpatient facilities.</li> <li>▪ Stakeholders expressed concern that there is insufficient collaboration between the child welfare agency and MH/MR/Drug and Alcohol agencies which results in a lack of coordination in service delivery for families with multiple problems.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Revise county children and youth administrative regulations to address child health and safety assessment, including mental health and substance abuse history.</li> <li>▪ Expand competency-based training programs to include private providers and other child-serving systems such as mental health, drug and alcohol and juvenile probation.</li> </ul>
<p><b>Puerto Rico</b></p>	<ul style="list-style-type: none"> <li>▪ Of the 42 cases reviewed, the <b>primary</b> reason for opening a child welfare agency case included substance abuse by parent in 1 case (2%).</li> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 10 (24%) cases.</li> <li>▪ Services provided to the families included, but were not limited to, individual counseling or therapy, post-reunification services, supervised visitation, parent education, child care, mental health evaluations and services, substance abuse evaluations and treatment, medical treatment, medical insurance, transportation, employment assistance, housing assistance, and financial support.</li> <li>▪ The CFSR determined that there are many critical services that are not available to children and families and the scarcity of these services is a barrier to achieving</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhance the variety of services matrix and negotiate with ASFA Multisectorial Board the provision of services such as treatment for substance use and abuse.</li> <li>▪ ADFAN Administration has strengthened policies and practices to expand collaborative agreements with higher education institutions and schools of social work in Puerto Rico to provide a formal course on safety and risk evaluation, (particularly on substance abuse</li> </ul>

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	<p>children’s permanency goals in a timely manner. Stakeholders expressed concern about the lack of mental health evaluation and treatment services, housing, transportation, respite care, sexual abuse treatment services, therapeutic foster homes, substance abuse treatment services, and domestic violence treatment services. The CFSR also found that some critical services are not available in rural areas of the Commonwealth and, in communities where services are available, there often are long waiting lists to access the services.</p> <ul style="list-style-type: none"> <li>▪ Some stakeholders expressed concerns about the effectiveness and/or accessibility of services necessary to ensure children’s safety in the home. Stakeholders identified mental health services, substance abuse treatment services, and housing as critical services that are not readily available or accessible to families.</li> <li>▪ Most stakeholders commenting on the issue of foster care re-entries during the onsite CFSR expressed the opinion that re-entry into foster care does not happen often. However, some stakeholders suggested that when re-entry does occur, it may be the result of the parent’s relapse into substance abuse or to a lack of follow-up services after reunification.</li> <li>▪ Some stakeholders commenting on Reunification, Guardianship or Permanent Placement with Relatives expressed the opinion that the agency is effective in reunifying children with their families in a timely manner, particularly when assessments are comprehensive and there is adequate housing for the family. In contrast, other stakeholders noted that reunifications are not consistently occurring on a timely basis and that barriers to timely reunification include a scarcity of adequate housing and a lack of services, particularly substance abuse treatment and mental health evaluation and treatment services. Stakeholders suggested that inadequate access to services often results in reunification efforts being extended for long periods of time to ensure that parents have the opportunity to access services. However, several stakeholders reported that because the agency usually is reluctant to seek termination of parental rights, reunification efforts often are continued even when the prognosis for reunification is very low.</li> <li>▪ According to the Statewide Assessment, the vast majority of children in foster care in Puerto Rico have reunification or placement with relative as their permanency goal. The Statewide Assessment also notes that the primary barrier to reunification or placement with relatives is the lack of substance abuse treatment and mental health services for parents and children.</li> <li>▪ Most stakeholders expressed the opinion that ADFAN is effective in meeting the children and families’ immediate needs, but that the scarcity of resources prevents the agency from providing comprehensive services such as assessment and treatment for mental health and substance abuse. Stakeholders also noted that high caseloads are a significant barrier to caseworkers’ ability to meet service needs of children, parents, and foster parents.</li> <li>▪ According to the Statewide Assessment, ADFAN is committed to monitoring the effectiveness of services provided to children to address their mental health needs (i.e., grief, loss, the impact of previous trauma associated with abuse, neglect, substance abuse, and/or domestic violence).</li> </ul>	<p>cases), domestic violence and children’s safety.</p>

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	<ul style="list-style-type: none"> <li>▪ The Statewide Assessment notes that ADFAN caseworkers and judges “struggle” over the issue of substance abuse treatment and how long a period of time is necessary to allow for rehabilitation before seeking TPR.</li> <li>▪ Stakeholders expressed concern about the lack of mental health evaluation and treatment services, housing, transportation, respite care, sexual abuse treatment services, therapeutic foster homes, substance abuse treatment services, and domestic violence treatment services. Stakeholders also noted that many of the services that are available are of questionable quality. Several stakeholders suggested that the lack of services is a significant concern to judges in making decisions regarding seeking TPR.</li> <li>▪ Stakeholders expressed concern about the lack of mental health evaluation and treatment services, housing, transportation, respite care, sexual abuse treatment services, therapeutic foster homes, substance abuse treatment services, and domestic violence treatment services. The CFSR also found that some critical services are not available in rural areas of the Commonwealth and, in communities where services are available, there often are long waiting lists to access the services.</li> </ul>	
<b>Rhode Island</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 17 cases (35%).</li> <li>▪ <b>Primary</b> reason for opening a child welfare agency case included substance abuse by parent in 6 cases (12%).</li> <li>▪ Critical gaps in the service array are foster homes, foster parent support services, substance abuse services for both youth and adults, and in-home/post-reunification support services.</li> <li>▪ Stakeholders attributed maltreatment recurrence to a variety of factors including the following: (1) parental substance abuse and a lack of services to address it; (2) the fact that services are rarely provided to families when maltreatment reports are “indicated” but determined to involve a low level of risk (e.g., in these situations families are referred to community-based services rather than assigned for on-going DCYF involvement); (3) delays in providing services following a substantiated report; (4) premature reunifications; (5) lack of post-reunification supports; and (6) premature case-closures.</li> <li>▪ A key concern identified during the CFSR pertained to insufficient assessments of underlying and ongoing risk, particularly risk associated with parental substance abuse, mental illness, or domestic violence.</li> <li>▪ Services provided to the families included, but were not limited to, individual and family counseling and therapy, developmental and behavioral assessments, psychiatric evaluations, substance abuse and mental health assessment and treatment, parent groups, domestic violence counseling and treatment, supervised visitation, in-home parent aide services, parent advocacy and education, home-based early intervention, day care and respite care, therapeutic recreation, intensive wraparound services, transitional and post-reunification services, independent living services, employment services, financial services, housing assistance, transportation services, and visiting nurse services.</li> <li>▪ In several cases, reviewers identified problems in the family that contributed to the</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Rhode Island Department of Children, Youth, and Families has seven major strategies that focus on improving system effectiveness through various means, including policies and procedures to enhance service delivery in our approach to the treatment of substance abuse issues</li> <li>▪ With NHPRI and DHS working collaboratively with DCYF, the Rite Care health plan (Medicaid) is taking an active role in the development of an array of community-based children’s behavioral health services, including substance abuse services.</li> <li>▪ In response to substance abuse treatment capacity issues, MHRH recently re-procured the state’s outpatient substance abuse treatment system of care. Under this new system, funding is allocated to provide a continuum of levels of care – traditional outpatient, intensive outpatient, partial hospitalization, and aftercare services. Funds are also allocated to provide specialized services for pregnant and/or parenting women and an array of case management services for both men and women.</li> <li>▪ There is effective and ongoing collaboration between DCYF, MHRH, DHS and community providers regarding substance abuse prevention, intervention and treatment. Through this</li> </ul>

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	<p>risk of harm to the children but that were not addressed by DCYF. These included, but were not limited to, parental substance abuse, parental mental illness, domestic violence, and inappropriate contact between the child and the maltreatment perpetrator.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders expressed the opinion that the State has a high rate of foster care re-entry. They attributed this in part to the agency and court practice of returning children home “too soon,” without adequate preparation or planning. Stakeholders suggested that this problem is particularly relevant in situations in which parents with substance abuse issues have not made the necessary changes, yet children are returned to their care.</li> </ul>	<p>program improvement plan, the DCYF will work to identify the need for parent substance abuse evaluations and treatment, and request technical assistance from the National Center on Substance Abuse and Child Welfare to determine best practice approaches to treatment. Subsequently, the Department will work with its sister agencies toward addressing the capacity needs.</p> <ul style="list-style-type: none"> <li>▪ Action step within PIP includes participation in efforts to ensure sufficient substance abuse services</li> <li>▪ The Comprehensive Family Assessment (CFA) and reassessment was designed to address various areas, including identification of substance abuse issues that the family may face</li> <li>▪ A work group regarding improvement of the assessment process is working on development of a Court Clinic. The Clinic will have broader diagnostic capacity, especially in the forensic and substance abuse realms.</li> <li>▪ The Department requires that experienced social work staff attend a minimum of 20 hours of training per year. The Child Welfare Institute provides training sessions on substance abuse.</li> </ul>
<p><b>South Carolina</b></p>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 12 cases (24%).</li> <li>▪ <b>Primary</b> reason for opening a child welfare agency case included substance abuse by parent in 2 cases (4%).</li> <li>▪ Services provided to families to protect children in home and prevent removal included, but were not limited to, housing services, intensive home-based family preservation services, medication monitoring for children and parents, mental health services (including family therapy), counseling, parenting classes, caseworker monitoring, sexual abuse counseling, supervised visitation with perpetrators, transportation services, domestic violence counseling, anger management services, substance abuse treatment services, assistance in acquiring basic living skills (for a mildly retarded mother), respite day care, and services to address developmental disabilities (for children and parents).</li> <li>▪ Marion County stakeholders indicated that 20 hours of ongoing training are required for foster parents in that county. They noted that there is training on such topics as adolescent development, infant development, conflict resolution, and pre-natal exposure to alcohol or other drugs. Stakeholders in this county indicated that the training is well-received by the foster parents and is perceived as helpful in preparing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct a needs assessment survey of existing support services and distribution to determine gaps in service array and accessibility/distribution of services. This is to include mental health services, physical health services, family violence, substance abuse, intensive in-home services, and out-of-home services.</li> </ul>

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	<p>them to work with children in their homes.</p> <ul style="list-style-type: none"> <li>▪ The Statewide Assessment notes that services also are provided to DSS clients by other agencies through referrals for services. These referred services include mental health, family preservation, substance abuse, and health screenings. Seven licensed child-placing agencies provide adoption services, and IV-B funds provide post-adoption and respite services.</li> <li>▪ The Statewide Assessment also notes that the needs and gaps in services include foster parent respite and substance abuse treatment.</li> <li>▪ Stakeholders commenting on the issue of service array during the onsite review identified both positive services and service gaps. The identified positive services included the County Commission on alcohol and drugs providing substance abuse counseling and referrals services (Marion County) and Inpatient and outpatient substance abuse treatment.</li> <li>▪ Several stakeholders noted that there is lack of services due to budget cuts. Service gaps included Substance abuse treatment services.</li> <li>▪ Stakeholders commented that there are a variety of services that are not available in rural areas of the State. These include mental health services, dental services, and inpatient substance abuse services.</li> <li>▪ State-level stakeholders reported that DSS has a stakeholders' advisory group that is involved in discussions of the CFSP, the Program Improvement Plan, and the Agency plan. The group includes youth, foster parents, Tribal representatives, representatives of the Foster Care Review Board, and representatives of the Office of Alcohol and Drug Treatment.</li> </ul>	
<p><b>South Dakota</b></p>	<ul style="list-style-type: none"> <li>▪ The Statewide Assessment notes that CPS has attempted to address the largely rural nature of the state through better coordination of programs. Examples of this include the drug and alcohol treatment residential programs for unmarried pregnant mothers implemented in collaboration with the Office of Alcohol and Drug Treatment.</li> <li>▪ In regard to providing efforts to keep children at home, the item was rated as a strength for 17 (63%) of the 27 applicable cases and an Area Needing Improvement for 10 (37%) of the 27 applicable cases. In 12 of the 17 cases for which this item was rated as a Strength, the rating was assigned because family service needs were assessed at the time of the report and parents were referred for a variety of services including substance abuse treatment, mental health, employment, anger management, domestic violence, housing, and public assistance services.</li> <li>▪ In risk of harm to children 19 (47.5%) of the cases rated as a strength for this item, reviewers indicated that risk of harm was appropriately assessed and services were provided to parents to reduce risk. These services included anger management, substance abuse treatment, parenting classes, and mental health treatment.</li> <li>▪ Three stakeholders attributed the incidence of re-entries to "quick permanencies" (e.g., no later than 12 months to reunification), particularly in situations in which parents have substance abuse and/or mental health problems.</li> <li>▪ For the array of services, parents were most frequently referred for substance abuse treatment, mental health, anger management, domestic violence, employment, housing, and public assistance services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Information from all of the family member interviews are "filtered" into 6 elements, which provide the basis of the risk management rating for the child in the home. Nature is the 2<sup>nd</sup> element— The nature element describes the surrounding circumstances of the abuse, what was occurring in conjunction to the event of maltreatment. For example, did the ongoing use of drugs or alcohol contribute to the maltreatment? Adult Functioning is the 6<sup>th</sup> element— Adult functioning relates specifically to the day to day functioning of the parent outside of their parenting role. This element would include information about employment, communication, relationship history, domestic violence, criminal history, mental condition, substance abuse, etc.</li> <li>▪ Under the strategy to improve service provision to support safety of children while they are in their homes, the PIP states that South Dakota, like most states, operates within an economic</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Related to information system issues two of the uses for FACIS noted by stakeholders were (1) monitoring dates for children who have been in foster care to ensure compliance with ASFA; and (2) learning more about cases, particularly the numbers of cases that involve domestic violence and substance abuse.</li> <li>▪ Stakeholders and case record reviews also indicated that there are a wide variety of services available to children and families in the State. The services identified include therapeutic foster care programs and assessment, a wide range of mental health programs, substance abuse treatment programs.</li> <li>▪ The state is largely rural, and to address this problem there has been a coordination of programs, including drug and alcohol treatment residential programs for unmarried pregnant mothers implemented in collaboration with the Office of Alcohol and Drug Treatment.</li> <li>▪ Two key concerns were identified in interviews with stakeholders, the second concern, raised by only two stakeholders, pertained to the scarcity of free services. Stakeholders noted that many families cannot afford the counseling and drug and alcohol treatment services that are available, and even the sliding scale fees charged are more than families can afford.</li> <li>▪ Needs and services were noted as a weakness in regard to a failure to address parents' drug and alcohol issues before closing cases (3 cases).</li> </ul>	<p>environment not likely to produce or increase in essential services in particular mental health and substance abuse resources, but they will work to increase the effective use of alcohol and drug outpatient and inpatient services</p> <ul style="list-style-type: none"> <li>▪ Supervisors from Child Protection Services and Chemical Dependency Counselors from Core Agencies have listed barriers to providing services to clients</li> <li>▪ Groups have developed a corresponding action plan to eliminate these barriers</li> <li>▪ Staff from the state offices of CPS and Alcohol and Drug monitor the progress of the twelve localized groups established so that follow-up assures groups are continuing to communicate and implement their action plans.</li> <li>▪ Teams continue to meet monthly, are conducting cross-trainings for agency staff, and are providing presentations to educate other agencies and/or groups about the relationship between alcohol and/or drug abuse and child abuse and/or neglect</li> <li>▪ CPS scheduled an on-site with the National Resource Center on Substance Abuse and Child Welfare to meet with CPS, the state Division of Alcohol and Drug and the State Court Administration in South Dakota to discuss the involvement of the courts in collaboration efforts to deal with substance abuse in child abuse and neglect cases. The Resource Center will work with the state group to further address local issues that affect collaboration and service provision to this target population.</li> <li>▪ Methamphetamine Exposure Protocol is being drafted to assure the safety of social workers if exposed to clandestine labs, and to set guidelines for workers and medical professionals when dealing with children removed from homes where methamphetamine is being manufactured.</li> <li>▪ The PIP states they will establish a process with the tribal courts to increase compliance with the TPR requirements and requirements to allow foster parents, pre-adoptive parents, and relatives to be heard at review hearings, noting</li> </ul>

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		that a large percentage of cases under tribal courts jurisdiction involve alcohol related neglect.
<b>Tennessee</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 20 (40%) cases, and substance abuse by parents was cited in 13 cases (26%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 4 cases (8%), and substance abuse by child in 1 case (2%).</li> <li>▪ In regard to the needs and services of child, parents, foster parents, the item was assigned an Area Needing Improvement. Areas of concern included the adequacy of assessments, particularly with respect to identifying underlying problems such as substance abuse and sexual abuse.</li> <li>▪ In regard to training, the item was noted as an Area Needing Improvement because stakeholders indicated that ongoing training needs to be more comprehensive in general and strengthened in subject areas including substance abuse and cultural competency training.</li> <li>▪ The CFSR case review process found that DCS was not consistent in providing families with adequate services to maintain children safely in their own homes and was not routinely effective in addressing the factors contributing to the risk of harm for children. Reviewers noted that (1) the agency's assessments of children's and families' service needs were not always sufficiently comprehensive to identify underlying problems in a family such as mental illness, sexual abuse, or substance abuse.</li> <li>▪ Stakeholders suggested that the following areas represented significant service gaps: post-reunification services, preventive services, mental health services, inpatient and outpatient substance abuse treatment services,</li> <li>▪ Identifying service gaps is an on-going and challenging process for DCS. Problems that DCS must address in its efforts to assist children and families include drug/alcohol use.</li> <li>▪ DCS coordinates with a number of agencies regarding Federal programs that serve the same population. As noted in the Statewide Assessment, there are gaps in the total service array that might be addressed by joint ventures of State departments. These gaps include drug and alcohol treatment services, educational services, and job skills training services for youth and parents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ TCCY Children's Program Outcome Review Team process evaluates services to children in state custody and their families. The case review asks the question Drug or Alcohol use of adult(s) in child's placement seriously affects his/her ability to supervise, protect or care for the child?</li> </ul>
<b>Texas</b>	<ul style="list-style-type: none"> <li>▪ <b>Primary</b> reasons for opening a child welfare case included parental substance abuse by parent in 4 cases (8%).</li> </ul>	<ul style="list-style-type: none"> <li>▪ As a strategy to explore alternatives and possible legal remedies to the statewide practice of</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Services that are scarce in the larger communities, such as substance abuse treatment and mental health services for children, simply do not exist in smaller communities.</li> <li>▪ Cases were rated as a strength in regard to preventive efforts and services provided included parenting classes, substance abuse assessment and treatment services, anger management classes, psychological assessments, assistance in accessing GED classes, housing services, counseling, and homemaking services</li> <li>▪ Six cases were rated as an Area of Concern because not all of the parents' service needs were addressed (e.g., the parent was referred for parenting classes but not for substance abuse treatment, although substance abuse was clearly a problem).</li> <li>▪ Many stakeholders noted barriers to maintaining children safely in their homes including a lack of services to adequately address substance abuse and mental health issues, which are prevalent problems among families receiving in-home services.</li> <li>▪ The services that were most frequently offered to parents to reduce risk of harm to children were substance abuse treatment, anger management classes, and therapy.</li> <li>▪ The agency did not adequately address all of the safety concerns (e.g., mother's mental health problems, domestic violence problems, and substance abuse problems) necessary to reduce the risk of harm to the children (7 cases).</li> <li>▪ The agency coordinates with the alcohol and drug agency (TCADA) to identify appropriate lengths of stay and community-based aftercare services for CPS children receiving residential substance abuse treatment.</li> <li>▪ For the 36 cases rated as a for services reviewers determined that there were no unmet service needs for children, mothers, fathers, and foster parents, when the provision of services was possible and appropriate. Assessments of needs included physical health assessments, mental health assessments, and substance abuse assessments.</li> <li>▪ In the review there were three cases in which the mother's substance abuse issues and domestic violence problems were not addressed.</li> <li>▪ Stakeholders raised several concerns about the availability of services, particularly substance abuse treatment and mental health services.</li> <li>▪ All stakeholders asserted that the need for mental health services, particularly mental health services for children, is great, and that the lack of substance abuse treatment services is a major impediment to addressing family safety issues and facilitating reunification.</li> <li>▪ The Statewide Assessment also noted that although FBSS contracted services (such as mental health, parenting training, drug testing and treatment, and protective day care) augment the State's services, the need for these services often exceeds funding at some point during a fiscal year, reducing the availability of services for the remainder of the year.</li> </ul>	<p>continuing a court case after a child has returned home without adversely impacting the safety of the child, there will be an open dialogue with judges through the Court Improvement Project on legal resolutions/discharge from care, as well as legal resolution for addressing longer-term problems such as substance abuse</p> <ul style="list-style-type: none"> <li>▪ TCADA has agreed that adolescents who are in the conservatorship of PRS and have alcohol and/or substance abuse problems are considered to be a priority population by TCADA and their providers. Thus, adolescents who are in PRS care should be able to access inpatient and outpatient substance abuse treatment quickly. CPS staff may refer to a list of TCADA licensed and funded treatment for adolescents for resource information. New referral procedures allow staff to call any of the adolescent treatment providers listed to make a referral for treatment. Those TCADA facilities will then conduct assessments to determine what kind of treatment, if any, is needed. Information such as psychological evaluations, especially if a substance disorder has already been diagnosed, will be shared.</li> <li>▪ The PRS/TCADA Memorandum of Understanding represents a strengthened collaboration designed to address gaps in services for treatment of substance abuse problems.</li> <li>▪ Strengthening the availability of substance abuse assessment and treatment services and resources is a strategy in the PIP. Increased access of substance abuse services by CPS families will occur, as measured by input from regional CPS staff.</li> </ul>
Utah	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parent was cited in 17 cases (34%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 7 cases (12%).</li> </ul>	No mention

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	<ul style="list-style-type: none"> <li>▪ A proposal is needed for supervisory training, for program area training initiatives and for substantive area training initiatives (domestic violence, substance abuse, etc.).</li> <li>▪ According to the Statewide Assessment, there is a wide array of services in the State. These services include parenting education, mental health treatment, substance abuse treatment, domestic violence treatment, linkages with other Federal subsistence programs (e.g., TANF, food stamps, day care, Medicaid), home maker services, employment and/or vocational training, housing, and transportation.</li> <li>▪ The Statewide Assessment notes that in the Southwest and Eastern Regions, there is a need for more mental health services, peer parenting services, and substance abuse treatment.</li> <li>▪ Stakeholders reported significant gaps in services. In Salt Lake County, although stakeholders noted that there are many services available for children and families, the families experience waiting lists for services such as mental health and substance abuse treatment.</li> <li>▪ In one site, stakeholders expressed positive opinions about availability of Drug Court, peer parenting for foster parents, medical services, intensive outpatient substance abuse treatment, and substance abuse treatment provided by the Navajo Tribe. Yet, service gaps in the county included inpatient substance abuse treatment, independent living services, mental health services, and foster family homes.</li> <li>▪ In another site, the identified service gaps include housing, services for children 8-10 years old, mental health services for children with disabilities, domestic violence services, foster homes for adolescents, and substance abuse treatment for youth.</li> <li>▪ Services provided to families to protect children in home and to prevent removal included, but were not limited to, family counseling, educational services, kinship services, anger management, parenting classes, case management, individual and family therapy family preservation services, medical cards, drug and alcohol treatment, medical services, and financial assistance for relative caretakers.</li> <li>▪ Services for children, parents and foster parents included, but were not limited to, the following: anger management classes, behavioral therapy, chemical dependency treatment, individual and family counseling and therapy, domestic violence treatment, financial support, independent living skills, legal services, medical services, reunification services, transportation vouchers, sexual offender treatment, and a support network for pre-adoptive parents.</li> <li>▪ In one county (Grand/San Juan), it was noted that the drug court follows families after reunification and that the court reviews post-reunification cases periodically.</li> </ul>	
<b>Vermont</b>	<ul style="list-style-type: none"> <li>▪ Throughout the State there is a serious lack of services, particularly outpatient therapy (due in part to a lack of qualified therapists who take Medicaid) and substance abuse services.</li> <li>▪ There is a need for more services and the Department has been working with the Office of Drug and Alcohol programs to address some of these needs.</li> <li>▪ Staff in general indicated that community services are of high quality however they identified the lack of availability of services such as substance abuse services and qualified therapists as a problem.</li> <li>▪ An Area Needing Improvement rating was given for risk of harm to child because</li> </ul>	No mention

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	<p>reviewers saw a focus on the child's behaviors, despite ongoing family issues involving parental substance abuse, domestic violence, and sexual abuse.</p> <ul style="list-style-type: none"> <li>▪ All three sites described older youth in foster care as having more complex needs, such as behavioral problems, substance abuse issues, and/or severe mental health needs that are difficult for foster parents and group home staff to manage.</li> <li>▪ On measures of youth in 2000 were shown to demonstrate more difficult behaviors and to face more serious challenges in substance abuse, more school issues, poorer parental control, etc. than in prior years.</li> <li>▪ SRS is currently contracting for an additional residential substance abuse program for adolescent males.</li> <li>▪ Substance abuse treatment is not sufficiently available. Recent attention has been focused on the need for substance abuse treatment, particularly for adolescents.</li> <li>▪ Stakeholders reported that additional services for adolescents were needed, including supervised transitional living facilities, emergency shelters for youth picked up after business hours, foster care placement providers for youth, and substance abuse treatment for adolescent girls.</li> <li>▪ Training issues found that substance abuse certification training and advanced investigative training are viewed as standouts.</li> <li>▪ Service gaps were most frequently identified for mental health services, psychiatric evaluations, substance abuse treatment; residential treatment for seriously emotionally disturbed children, sex offender treatment and culturally relevant services for the growing refugee population.</li> </ul>	
Virginia	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parent was cited in 23 cases (46%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 6 cases (12%).</li> <li>▪ Services provided to families included, but were not limited to, individual counseling or therapy, in-home therapy, home-based services, post-reunification services, safety plans, supervised visitation, mentoring, parent education, monthly case monitoring, day care, respite care, marital counseling, anger management, domestic violence services, sexual abuse evaluations and counseling, psycho-sexual support group, mental health evaluations and services, substance abuse evaluations and treatment, medical insurance, transportation, furniture, housing assistance, job development training, financial support, and educational evaluations.</li> <li>▪ As indicated in the Statewide Assessment, participants in focus groups convened as part of the State's self-assessment process identified the following barriers to timely reunification: parental substance abuse; parental non-compliance with services; parental mental health problems; and, parent's lack of financial resources and inadequate housing.</li> <li>▪ According to the Statewide Assessment, the main barriers to providing mental health services to children in foster care are the following: there are too few providers who accept Medicaid, which results in long waits for services; medicaid reimbursable mental health services are not available statewide; and, there is a scarcity of community-based residential services for children with substance abuse and mental</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaborate with the Virginia Department of Health; the Department of Education; the Department of Mental Health, Mental Retardation and Substance Abuse Services; and the National Resource Center at Georgetown to develop initial mental health screening tools.</li> <li>▪ Increase substance abuse services availability and accessibility for families and children throughout Virginia who are involved with the child welfare system.</li> <li>▪ Evaluate the implementation of the Memorandum of Understanding and strategic plan developed with DMHMRSAS and the Office of the Executive Secretary of the Supreme Court of Virginia to improve outcomes for families affected by substance use who are involved in Virginia's child welfare system and juvenile and domestic relation courts.</li> <li>▪ Improve cross-agency policies and practices related to information sharing.</li> <li>▪ Develop and implement protocols to facilitate best practices across disciplines.</li> </ul>

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	<p>health treatment needs.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders identified the following areas where training was needed: identification of substance abuse; working with families in which domestic violence is a problem, particularly when children are witnesses; assessments of families and completing quality home-studies; combining policy training/refresher training with skills development; testifying in court; and, documenting TPR exceptions.</li> <li>▪ Most stakeholders commenting on the issue of service array during the onsite CF SR expressed the opinion that a wide array of services are available in Virginia to assess the strengths and needs of children and address the identified service needs. Some of the services noted as readily available were the following: domestic violence programs; substance abuse assessments (but not treatment); in-home services; therapeutic foster care; post-adoption services; Family Resource Centers; counseling services; and tutoring services.</li> <li>▪ Substance abuse treatment services were noted by Stakeholders as a critical gap in the state.</li> <li>▪ Focus groups convened as part of the self-assessment process identified mental health and substance abuse treatment services as examples of services that are not readily available in all locations of the State, particularly Medicaid-reimbursable services. Other services noted in the Statewide Assessment as not available in all jurisdictions are community-based residential services for children with substance abuse, mental health, or mental retardation needs; facilities for juveniles with aggressive behaviors; crisis stabilization centers; sex offender treatment facilities; transitional facilities; facilities for children with multiple disabilities; Independent Living services; therapeutic day treatment services; and family support services. In addition, the Statewide Assessment reports that many communities have waiting lists for services for children who are severely emotionally disturbed, at risk, or in need of substance abuse services.</li> <li>▪ State-level stakeholders reported that in some counties there are waiting lists for dental care and substance abuse evaluation and treatment.</li> <li>▪ Norfolk City stakeholders commented that there is a need for more services and placement opportunities for dually diagnosed children and services for young sex offenders, and Bedford stakeholders identified waiting lists for substance abuse treatment, dental care, child psychiatrists, transportation, and tutoring.</li> <li>▪ According to the Statewide Assessment, DSS is a key partner in collaboration under the Comprehensive Services Act (CSA) that oversees the family centered service delivery and community collaboration in serving children and families. This collaboration includes the following agencies: the Departments of Social Services; Education; Health; Mental Health, Mental Retardation and Substance Abuse Services; Medical Assistance Services; Juvenile Justice; and the Supreme Court of Virginia.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implement uniform screening for parental substance abuse and child safety in families who come into contact with the child welfare system.</li> <li>▪ Implement an interagency strategic plan to address information sharing, service delivery, professional development, community development, and funding and sustainability.</li> </ul>
Washington	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parent was cited in 17 cases (34%).</li> <li>▪ <b>Primary</b> reasons for opening a child welfare agency case included substance abuse by parent in 5 cases (10%).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve collaboration with community partners and Division of Alcohol and Substance Abuse (DASA) to improve access to chemical dependency services, mental health services</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Services provided to the families included, but were not limited to, victim advocacy services, child abuse intervention services, individual and family counseling, day care, assistance in obtaining welfare and housing, medication management services, homemaker services, medical treatment and public health nurse services, anger management classes, parenting classes, summer camps, parent support groups, family preservation services, in-home parenting instruction services, in-home therapy, substance abuse treatment, domestic violence services, financial support, psychological evaluations, case management for medical services, behavioral therapy, and sexual abuse services.</li> <li>▪ Stakeholders expressed the opinion that most reunifications take place very quickly, within 1 or 2 months of the child's entry into foster care. Stakeholders also reported that there is a lack of consistent effort to achieve reunification for children who remain in foster care for longer periods of time. In addition, some stakeholders voiced concern that it often takes longer than 12 months to address parental deficits, particularly if substance abuse is a major issue in the family.</li> <li>▪ The State has critical gaps in its service array in the areas of mental health services and substance abuse treatment, and has an insufficient pool of foster homes.</li> <li>▪ According to the Statewide Assessment, Washington has a broad array of services that are provided to children and families directly or through contracts and community organizations. These services include pre-placement preventive services including regular home visits, practical assistance with food and housing, child care, counseling, home support specialists, and coordinated efforts with public health nurses and substance abuse treatment.</li> <li>▪ The Statewide Assessment indicates that the Children's Administration service array includes reunification services such as mental health, home support, substance abuse treatment, child care, visitation, parenting classes, home-based services, family preservation and intensive family preservation.</li> <li>▪ The Statewide Assessment also notes that although the Children's Administration supports an array of services provided by State staff, contracted providers, and community organizations, there are critical gaps in service delivery and barriers to providing timely and appropriate services. For example, it is difficult to access mental health service for children and substance abuse treatment services for parents.</li> <li>▪ Stakeholders commented favorably on the private sector services that are available for family preservation and support, independent living, and to support foster care and adoptive placement (e.g., visitation, respite and day care for foster parents, post-adoption subsidies). Stakeholders also indicated substance abuse assessments and out-patient treatment were accessible.</li> <li>▪ Stakeholders identified the following service gaps in the State: mental health services for children and families; in-patient and long-term (more than 21 day) substance abuse services and substance abuse aftercare; foster homes, therapeutic foster homes, and adoptive resources.</li> </ul>	<ul style="list-style-type: none"> <li>and foster parent recruitment. <ul style="list-style-type: none"> <li>○ Complete the Memorandum of Understanding (MOU) between CA and DASA.</li> <li>○ In collaboration with courts and UA providers, assess the feasibility for UA's to be completed at the courthouse.</li> <li>○ Collaborate with CIP Steering Committee regarding the development of additional Family Drug Courts.</li> </ul> </li> <li>▪ Additional substance abuse training will be provided to CA staff.</li> <li>▪ Completion of an MOA with DASA to increase training for CA staff</li> <li>▪ Develop improved substance abuse screening tools and access to services for CA clients</li> <li>▪ Convene management focus groups to develop recommendations and strategies for kinship care, children aging out of the foster care system and drug and/or alcohol addicted parents who are receiving services from both Economic Services and Aging and Disability Administrations (ESA) and Children's Administration (CA).</li> </ul>
<b>West Virginia</b>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 29 (58%) cases, physical abuse was cited in 17 (34%) cases, substance abuse by parents was cited in 13</li> </ul>	<ul style="list-style-type: none"> <li>▪ SASSI will be used to assess the substance abuse of youth within 20 days of referral. Another tool (as indicated) will be used to assess</li> </ul>

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	<p>cases (26%).</p> <ul style="list-style-type: none"> <li>▪ <b>Primary</b> reasons for opening the child welfare agency case included substance abuse by parent – 5 cases (10%).</li> <li>▪ Case reviews indicated that the key problem was the lack of consistency among caseworkers in the appropriate assessment of service needs and provision of services. In some cases, the needs assessment was not sufficiently comprehensive to capture underlying problems, such as substance abuse, domestic violence, and mental illness that may contribute to the maltreatment. In other cases, service needs were identified in the needs assessment but not provided. In contrast, stakeholders identified the key problem as a lack of availability of services and a problem in attaining approval for initiating in-home services.</li> <li>▪ The CFSR found that DHHR is not consistent in its efforts to identify and address the needs of families or to involve them in case planning. Service needs of families varied widely from parenting education classes for parents to substance abuse treatment services for children and parents.</li> <li>▪ However, in 46 percent of the cases, reviewers determined that the needs and services of children, parents, and/or foster parents had not been, or were not being, adequately addressed by DHHR. Areas of concern included (1) the adequacy of assessments, particularly identifying underlying problems such as substance abuse and domestic violence; (2) the lack of appropriate follow-up in some cases to ensure that services were delivered and were effective; (3) an inconsistency among caseworkers in assessing the needs of fathers and involving them in services; and (4) a lack of attention in some cases to the service needs of foster parents.</li> <li>▪ Stakeholders cited services that have significant gaps such as mental health and substance abuse treatment.</li> <li>▪ There was evidence in the cases reviewed that risk assessments were not consistently identifying underlying issues in the family, such as domestic violence or substance abuse problems.</li> <li>▪ In regard to providing services so a child can stay in the home was cited as an area needing improvement. The services provided did not match the needs of the family, particularly with respect to addressing underlying issues such as domestic violence, substance abuse, and mental illness (4 cases). In addition, the agency is not always able to maintain children effectively in their homes and places children in foster care because the necessary services for parents are not always accessible, including drug screening, substance abuse treatment and mental health treatment.</li> <li>▪ Services were lacking for drug screening, substance abuse treatment, and mental health treatment.</li> <li>▪ The findings suggest that in their risk assessments, caseworkers are not consistently capturing the underlying issues leading to abuse/neglect, particularly issues such as domestic violence and substance abuse. Consequently, they also are not consistently recommending the most appropriate services to ensure risk reduction.</li> <li>▪ A few stakeholders expressed concern, however, about the discrepancy between the time available to achieve permanency under ASFA guidelines and the time needed for parents with substance abuse problems to complete treatment and be reunified.</li> </ul>	<p>the family within 20 days of referral.</p> <ul style="list-style-type: none"> <li>▪ Mandatory domestic violence and substance abuse training for child welfare staff.</li> <li>▪ Integrate substance abuse and domestic violence training into new worker training.</li> <li>▪ Modifications to FACTS (state SACWIS system) completed to indicate presence of domestic violence and substance abuse to be used for reporting and prescriptive interviewing.</li> <li>▪ Full implementation of Comprehensive Assessment Planning System (CAPS) which will complete a child and family assessment, including substance abuse and domestic violence.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Areas of concern included the adequacy of assessments, particularly identifying underlying problems such as substance abuse and domestic violence.</li> <li>▪ Stakeholders in one county noted that the agency has developed a protocol with the local hospital to ensure an appropriate and effective response to cases in which infants were exposed to drugs or alcohol in utero. However, stakeholders also reported that the risk assessment model is not used in a consistent manner across DHHR caseworkers.</li> <li>▪ In the physical health of the child, the state was rated as Area Needing Improvement because in 3 cases the child did not receive a comprehensive health assessment at entry into foster care and there was a critical need for that assessment (e.g., the child was an infant who was believed to have had a prenatal exposure to drugs or alcohol).</li> <li>▪ In regard to training issues, the core curriculum for child protective services and foster care workers includes modules focusing on topics such as sexual abuse, CPS policy, child welfare law, legal court room training, foster care policy and practice, youth services, adoption, concurrent planning, permanency, transitional living, family preservation, home finding, family centered practice, social work ethics, adolescent development, and fetal alcohol syndrome.</li> <li>▪ In one of the counties included in the on-site review, it was noted that the agency and the schools coordinate with one another to conduct training about drug related issues with the courts, schools and the child welfare agency.</li> </ul>	
Wisconsin	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, substance abuse by parents was cited in 18 cases (36%).</li> <li>▪ <b>Primary</b> reasons for opening the child welfare agency case included substance abuse by parent in 7 cases (14%).</li> <li>▪ Services provided to the families included, but were not limited to, intensive home family preservation service, in-home therapy, group therapy, counseling, psychiatric evaluations and treatment, medication management services, inpatient mental health services, day treatment mental health program, respite, parenting education, family education, educational assessments and advocacy for children, assistance with day care services, housing assistance, transportation, in-home Early Head Start, substance abuse assessment and treatment services, case management, home health nurse services, occupational/physical therapy, employment services, health services, domestic violence counseling, legal assistance, basic home management, supervised visitation, anger management, and family shelter care.</li> <li>▪ The following barriers to achieving the goal of reunification were identified in the case reviews: (1) mother's failure to comply with services, (2) mother's inability to find adequate housing and employment, (3) child's desire to be adopted by foster parents rather than return home, (4) mother's relapse of substance abuse, and (5) the lack of desire of adoptive parents to take the child back following an adoption dissolution. In three of these cases, reviewers determined that the goal was not appropriate either because none of the parties involved wanted reunification or because the mothers had not exhibited progress in making the necessary changes.</li> <li>▪ According to the Statewide Assessment, mental health and substance abuse services for children are not mandated by statute or DCFS policy, but are determined</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure that the impact of underlying issues (e.g., domestic violence and/or mental health and substance abuse problems of parents) on child safety is elevated in the initial or family assessment process and related staff training.</li> </ul>

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	<p>by individual caseworkers. Child and family assessments are expected to examine mental health and substance abuse as one component of a more comprehensive assessment. With use of the Wisconsin Model and WiSACWIS programs, these family assessments and results of evaluations are now being accurately recorded and tracked. Also, with increased wrap-around services in Milwaukee County and Statewide, agencies have increased their focus on the mental health and substance abuse treatment needs of children in foster care. However, as noted in the Statewide Assessment, the ability to consent for mental health or substance abuse screens and treatment remains with the biological parent or guardian whether the child remains in the home or is in out-of-home care. Only in specific situations and with a court order may local agencies provide consent for mental health or substance abuse treatment.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders identified the following service gaps in the State: dental care providers who will accept Medical Assistance payments; mental health providers for children who will accept Medical Assistance payments; treatment and placement resources for children with behavior problems; prevention and early intervention programs; substance abuse treatment for adults and adolescents (inpatient and day programs); culturally appropriate services, including bilingual services for Spanish-speaking families; post-adoption services; housing options; and housing assistance for youth making the transition from foster care to independent living.</li> <li>▪ Stakeholders also reported that almost all jurisdictions in the State experienced difficulties accessing some services. Stakeholders noted that many services have waiting lists, including prevention network services, parent services, and adult substance abuse and mental health.</li> </ul>	
<p><b>Wyoming</b></p>	<ul style="list-style-type: none"> <li>▪ Among <b>all</b> reasons identified for children coming to the attention of the child welfare agency, neglect (not including medical neglect) was cited in 21 (42%) cases, physical abuse was cited in 18 (36%) cases, substance abuse by parents was cited in 9 cases (18%), and substance abuse by child 7 (14%) cases</li> <li>▪ <b>Primary</b> reasons for opening the child welfare agency case included substance abuse by parent in 0 cases.</li> <li>▪ Stakeholders described a variety of improvements in the service array. They reported that youth providers are collaborating on providing more wraparound services in the community and that significant funds have been allocated to develop drug court, rehabilitation, treatment programs, and staff in the community to address juvenile, as well as adult, substance abuse.</li> <li>▪ Reviewers and stakeholders also expressed concern about the scarcity of mental health and substance abuse services for children. The number of inpatient substance abuse programs is limited and they are generally not available in the community.</li> <li>▪ Several stakeholders identified numerous services as not being accessible on a statewide basis, including substance abuse treatment services.</li> <li>▪ Stakeholders noted that there is a lack of community-based treatment facilities for youth, which results in a large number of youth being placed in residential treatment facilities, often some distance from their communities.</li> <li>▪ A few stakeholders voiced concerns regarding the agency's effectiveness in managing risk when children come into contact with the child welfare agency as a</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Departments of Health, the Substance Abuse Division, the Department of Family Services, in addition to other child serving agencies, will work together to implement Child and Adolescent Service System Program (CASSP) service principles including Family-Centered Practice.</li> <li>▪ Support and Aftercare Services: Each District will develop support and aftercare services based on best practice models. This will be a collaborative effort that includes faith and community organizations, and other service providers including the Department of Health, Substance Abuse Division, and the Department of Education.</li> <li>▪ The Department is committed to partner with four or more District Court Judges who will pilot the family treatment court concept.</li> </ul>

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	<p>result of their own behaviors. Stakeholders noted that in these cases, the Department of Family Services (DFS) often does not assess whether there is a past history of maltreatment in the family, or ongoing family problems such as parental substance abuse or domestic violence that may cause risk of harm to children.</p> <ul style="list-style-type: none"> <li>▪ Stakeholders noted that children in detention (juvenile justice) are not getting services to address their educational, substance abuse treatment, mental health, or nutritional needs.</li> </ul>	