Intensive Case Management for Substance Abusing Mothers in Child Welfare: Timing Matters

Joseph P. Ryan, Ph.D., Hui Huang, M.A., Jeanne Marsh, Ph.D.

Background of Illinois AODA Efforts

- 74% of foster care cases in Cook County had at least one parent required to get AOD treatment

- Parents had long term struggles with substance abuse problems (41% > 10 years)

- Child welfare agencies had limited familiarity with AODA resources (resulting in low admissions)

- Judges reported permanency decisions delayed due to lack of information on treatment progress

- Low reunification rates, 14% SEI after 7 years (Budde & Harden, 2003)
1994 Congress passed PL 103-432, permitted U.S. Department of Health and Human Services (HHS) to waive certain restrictions on the use of federal IV-B and IV-E funds to facilitate the demonstration of new approaches to the delivery of child welfare services.

Waiver authority expired March 2006 (extension only)

23 states have participated, 9 active waivers

Illinois initiated the AODA waiver in 2000 to focus on substance abusing families in Cook County (Chicago metro)
Illinois AODA Waiver Project Goals

1. Increase family reunification
2. Decrease the time to family reunification
3. Increase treatment access and retention for AODA families
4. Reduce the risk of continued maltreatment
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How would these goals be accomplished? **RECOVERY COACHES**

- Assist the parent in obtaining AODA treatment services and negotiating departmental and judicial requirements associated with AODA recovery and permanency planning
- Work in collaboration with the child welfare worker, AODA treatment provider and extended family members to bridge service gaps
- Provide specialized outreach, intensive AODA case management & support services throughout the life of the case, before, during, and after treatment & reunification
Experimental Design (Random Assignment)

TC

AODA assessment

Control Group
Child Welfare Case Manager

Demo Group
Recovery Coach with Child Welfare Case Manager

Conducted by JCAP
### Caregiver Demographics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Control (N=520)</th>
<th>Demonstration (N=1,303)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>32 yrs.</td>
<td>32 yrs.</td>
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<tr>
<td>% African American</td>
<td>83%</td>
<td>80%</td>
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<tr>
<td>% Mother only</td>
<td>58%</td>
<td>57%</td>
</tr>
<tr>
<td>% Father only</td>
<td>14%</td>
<td>15%</td>
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<tr>
<td>Employment problems</td>
<td>21</td>
<td>24%</td>
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<tr>
<td>Housing problems</td>
<td>57%</td>
<td>56%</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Prior SEI</td>
<td>43%</td>
<td>46%</td>
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Prior Allegations of Maltreatment

- Substance Exposed Infant: Control 31, Demonstration 30
- Physical Abuse: Control 5, Demonstration 7
- Sexual Abuse: Control 10, Demonstration 10
- Neglect: Control 18, Demonstration 13
- Risk of Harm: Control 25, Demonstration 27
- Inadequate Supervision: Control 11, Demonstration 13
Primary Drug of Choice

- Alcohol: 21 Control, 22 Demonstration
- Cocaine: 33 Control, 34 Demonstration
- Marijuana: 19 Control, 19 Demonstration
- Opioids: 25 Control, 23 Demonstration
- Other: 2 Control, 2 Demonstration

Legend: Control, Demonstration
Random assignment worked to create equivalent groups
Treatment Entry by Group Assignment

- Control: 69% (Receipient), 31% (Non-Receipient)
- Demonstration: 80% (Receipient), 20% (Non-Receipient)
Living Arrangements

HMP = reunification
HAP = adoption
SGH = guardianship

Small yet significant

Control
Demonstration

20 24
25 25
1 0
54 51
Proportion of achieving reunification

Months between JCAP assessment and reunification
Subsequent Reports of Maltreatment

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<td>SubstanceExposedInfant</td>
<td>8.3</td>
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<tr>
<td>PhysicalAbuse</td>
<td>0.6</td>
<td>0.4</td>
</tr>
<tr>
<td>SexualAbuse</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Neglect</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Risk of Harm</td>
<td>6.3</td>
<td>7</td>
</tr>
<tr>
<td>InadequateSupervision</td>
<td>1.4</td>
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Legend: **Control**  **Demonstration**
Subsequent Reports of Maltreatment

Changes to 21% v. 15% after 3 years

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*Control vs Demonstration*
Subsequent Reports of Maltreatment

Changes to 21% v. 15% after 3 years

Overall, the project achieved the stated goals. However, effects are relatively small. How might we improve this intervention?
Experimental Design (Random Assignment)

TC

AODA assessment

Control Group

Demo Group

Time Lag
66% within 1 month
18% within 2 months
16% 3+ months

Conducted by JCAP

Child Welfare Case Manager

Recovery Coach with Child Welfare Case Manager
Early Engagement is Critical to Treatment Success

- Timely access is important to both treatment completion and family reunification (Green et al 2007)

- Who are the families associated with the longest lag times?
  - No race or age effects
  - No group assignment effects
  - Single fathers increased lag (46% v. 66% vs. 75% within month)
  - Families with mental health issues increased lag (only 59% within month)

- Cox regression models indicate both main effects and significant interactions between group assignment and timing of JCAP assessment

- Group assignment by reunification by timing of assessment
  - Early Engagement (1 month) Control 21% vs. Experimental 30%
  - Moderate Engagement (2 months) Control 23% v. Experimental 20%
  - Delayed Engagement (3 + months) Control 21% v. Experimental 20%
Months between Temporary Custody Hearing and Family Reunification

- **control early**
- **experimental early**
Months between Temporary Custody Hearing and Family Reunification

- Control moderate
- Experimental moderate
Months between Temporary Custody Hearing and Family Reunification

- control delayed
- experimental delayed
Summary of Findings and Implications

· The Recovery Coach model increases reunification, yet effects are small

· There exists a significant delay between temporary custody and assessment

· Only 66% of the caregivers are screened for substance abuse issues within 30 days of temporary custody

· 16% experience at least a 3 month gap between temporary custody and assessment

· This is not an implementation failure – but a problem in program design – and one that is likely limiting the effectiveness of the intervention

· Need to determine what barriers exist to assessment and build in service mechanisms that get families to the court within a short time frame (one modification for the coming five years)