

## Substance Abuse and Child Welfare: Experimenting With Recovery Coaches in Illinois

**A**lcohol and other drug abuse are major problems for the children and families involved with public child welfare. Recent estimates suggest that at least fifty percent of substantiated child abuse and neglect reports involve parental substance abuse. Substance abuse compromises appropriate parenting-practices and increases the risk of child maltreatment. Children of substance-abusing parents are almost three times more likely to be physically abused and more than four times more likely to be neglected than children of parents not abusing substances. But once in the system, children in drug-involved homes are no more likely to be physically abused or neglected than children in non-drug-involved homes<sup>1</sup>. Children who are removed from substance-abusing parents, however, experience significantly longer stays in foster care and significantly lower rates of reunification than children removed from non-substance abusing parents.

There are a variety of factors that help explain the differential outcomes for children removed from substance-abusing families. First and perhaps most importantly, substance-abusing caretakers have extremely low rates of treatment utilization and compliance.<sup>2</sup> Additional factors include lack of adequate childcare and transportation, limited treatment options, lack of social support, and lack of motivation all of which contribute to low rates of service utilization and mandated compliance.

In 1999, the Illinois Department of Children and Family Services (IDCFS) applied for a Title IV-E waiver to improve reunification and other family permanency and safety outcomes for foster children from drug-involved families. To achieve this goal, Illinois received waiver authority to redirect IV-E dollars to fund Recovery Coaches. These coaches provide a proactive case management strategy that emphasizes continual and aggressive outreach efforts to engage and retain parents in treatment and other services needed for recovery. The

empirical evidence supports the notion that increased levels of treatment engagement and treatment compliance are associated with faster reunification.<sup>3</sup> The Children and Family Research Center is examining, as independent evaluator of the demonstration, the efficacy of Recovery Coach services relative to the substance abuse service option that would have been available in the absence of the waiver.

### Eligibility

Subsequent to the taking of temporary custody, parents are screened for alcohol and other substance abuse problems. Parents identified as having substance abuse problems are then assigned to either the experimental or control condition. The experimental group receives regular services *plus* the services of a Recovery Coach. The Recovery Coach works with the parent, child welfare caseworker, and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary, and provide ongoing support to the parent and family throughout the duration of the child welfare case.

### Sample

Between April 2000 and March 30, 2002, 164 parents (representing 283 children) were assigned to the control group and 368 parents (representing 585 children) were assigned to the experimental group. Random assignment was implemented at the agency level since recovery coaches are a programmatic redesign that is difficult to restrict to particular parents or caseworkers within an office or agency. Of the 59 participating offices and agencies in Cook County, 41 were randomly sorted into the demonstration (experimental) group and 18 into the cost neutrality (control) group. The sampling plan, which



School of Social Work

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

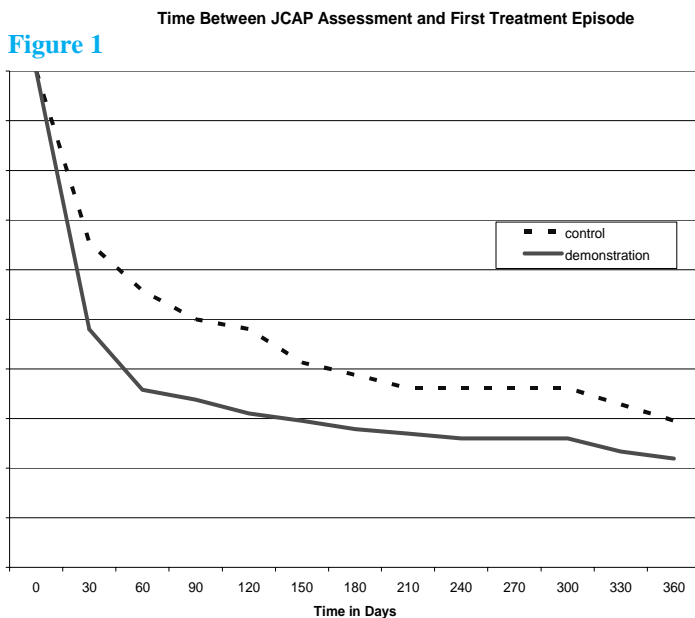
<http://cfrcwww.social.uiuc.edu>  
[cfrc@social.uiuc.edu](mailto:cfrc@social.uiuc.edu)  
(217) 333-5837

was designed in consultation with Westat, yielded statistically similar demonstration and neutrality groups at all three levels: agency, parents, and children.

**Table 1. Sample Characteristics: Agency, Parent & Child Levels**

Variable	Control	Experimental
<b>Offices and Agencies</b>	N=18	N=41
Kinship care cases (avg.)	192	184
Foster care cases (avg.)	83	94
Permanency rate (per 100)	25.4	26.7
<b>Parents</b>	N= 164	N=368
Age (avg.)	33 yrs.	33 yrs.
Female (%)	73	73
White or Hispanic (%)	15	20
Married (%)	10	10
< H.S. education (%)	47	44
Primary drug: cocaine (%)	38	36
Treated Previously (%)	62	61
<b>Children</b>	N= 283	N= 585
Age at placement (avg.)	3.9 yrs.	3.8 yrs.
Substance exposed (%)	20	26
First placed with kin (%)	38	42

The Recovery Coach services offered to the demonstration group clients are provided by Treatment Alternatives for Safe Communities (TASC).



Our evaluation to date has found the following:

1. Parents in the experimental group were more likely to access substance abuse treatment (60% control vs. 69% experimental). Moreover, these parents accessed substance services more quickly (median days: 28 control vs. 14 experimental). Figure 1 displays the differences in time to first treatment episode.
2. As of March 30, 2002 approximately 6.0% of children in the control group and 8.4% of children in the experimental group have been reunified. These differences are not statistically significant.
3. Children in the demonstration group experience fewer days in care relative to the children in the control group (282 for the experimental group vs. 309 days for the control group).
4. There are no significant differences between the rates of subsequent allegations of maltreatment. The percentage of children experiencing subsequent maltreatment is low (4% for both the demonstration and control group).

The Recovery Coach model of service provision to substance abusing families is achieving some of its stated objectives with regards to access to substance abuse treatment and with regards to time to first treatment episode. However, the use of Recovery Coaches in child welfare has yet to produce any significant differences for reunification and safety. Given the difficulty and amount of time associated with substance abuse recovery, these findings are not entirely surprising. Many of the parents in the demonstration waiver have chronic problems with alcohol and drugs. Thus, it's possible that these families require more time to recover and reunify than is presently allotted. In addition, we have found significantly long delays with respect to the processing of cases in Juvenile Court (on average, between TC and adjudication 217 days for the control group and 225 days for the demonstration group). IDCFS anticipates that the timely entry into treatment and the increased participation rates will eventually translate into higher rates of family reunification.

**Joe Ryan, Richard Louderman, & Mark Testa**

**References:**

<sup>1</sup> Smith, B. & Testa, M. (2002). The risk of subsequent maltreatment allegations in families with substance-exposed infants. *Child Abuse and Neglect*, 26, 97-114.

<sup>2</sup> Simpson, D. D., Joe, G. W., Rowan-Szal, G. A., & Greener, J. M. (1997). Drug abuse treatment process components that improve retention. *Journal of Substance Abuse Treatment*, 14(6), 565-572.

<sup>3</sup> Smith, B. (2003) How parental drug use and drug treatment compliance related to family reunification. *Child Welfare*, May/June, 335-366.