



Children *and* Family Research Center

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
SCHOOL OF SOCIAL WORK



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.

Society for Social Work and Research Annual Conference, Tampa FL, 2011



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)



Background of Waiver Demonstrations

- 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



Illinois AODA Waiver Project Goals

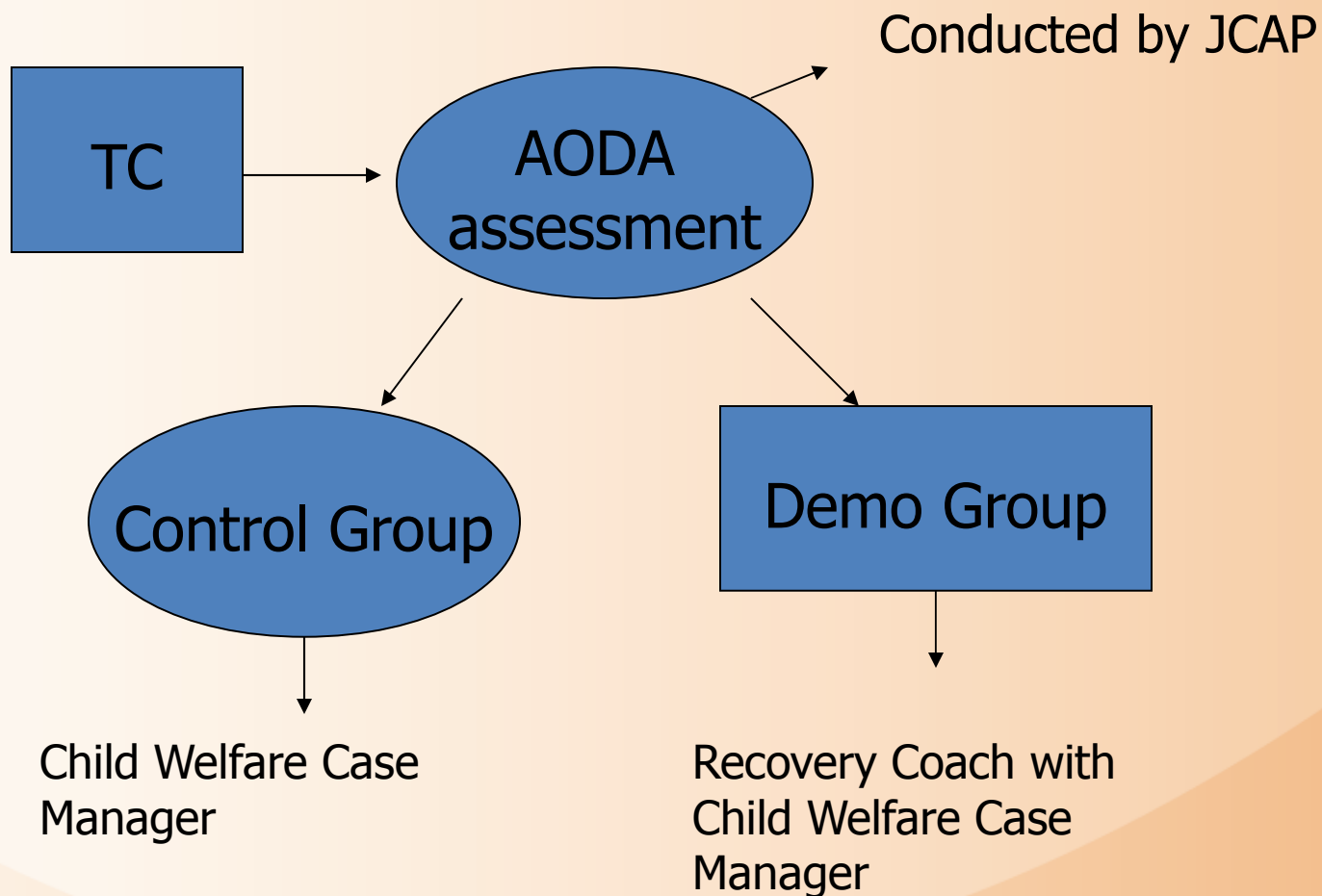
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How would these goals be accomplished? RECOVERY COACHES

- 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)



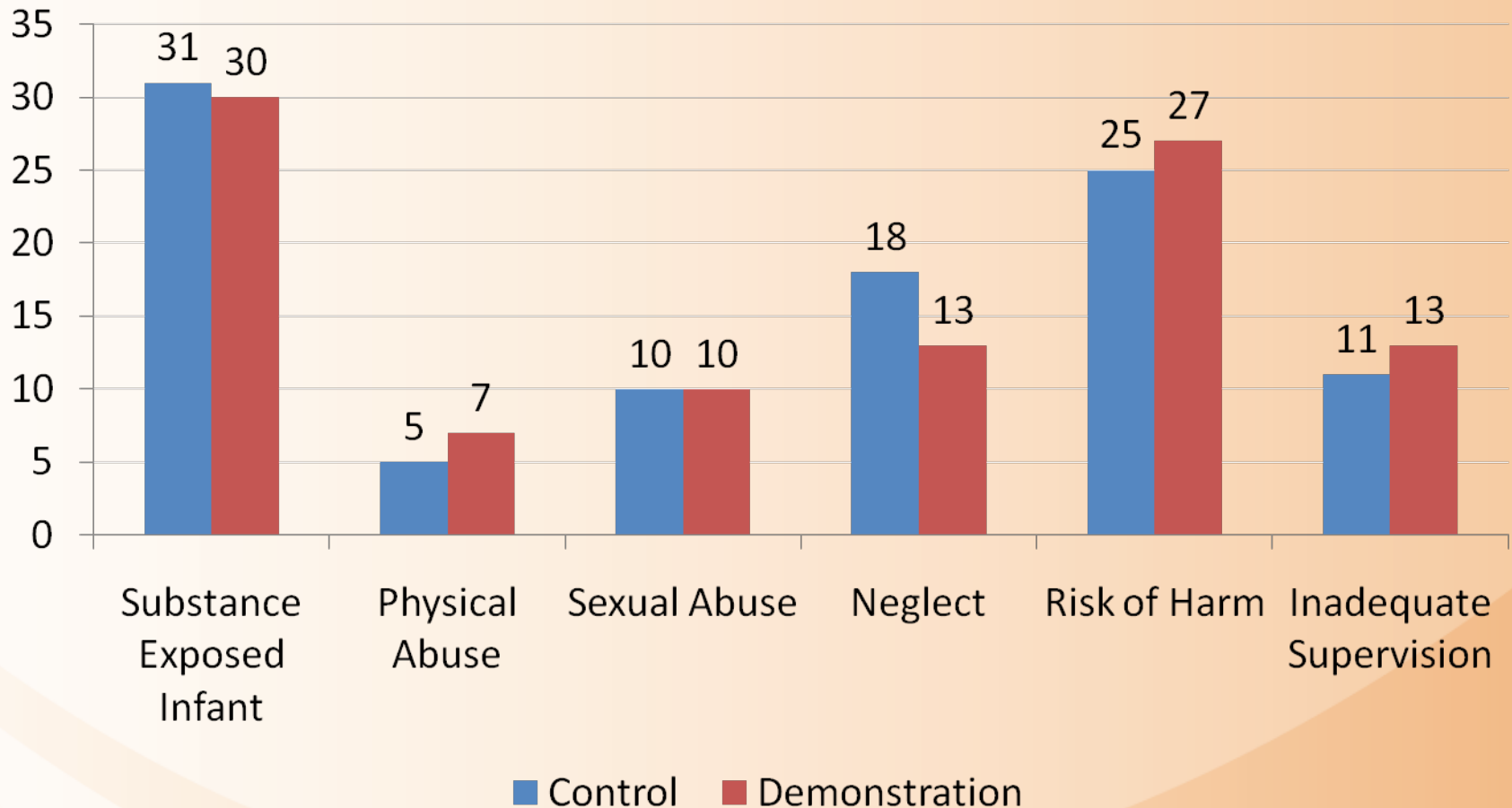


Caregiver Demographics

Variables	Control (N=520)	Demonstration (N=1,303)
Age	32 yrs.	32 yrs.
% African American	83%	80%
% Mother only	58%	57%
% Father only	14%	15%
Employment problems	21	24%
Housing problems	57%	56%
Mental health problems	24%	26%
Prior SEI	43%	46%

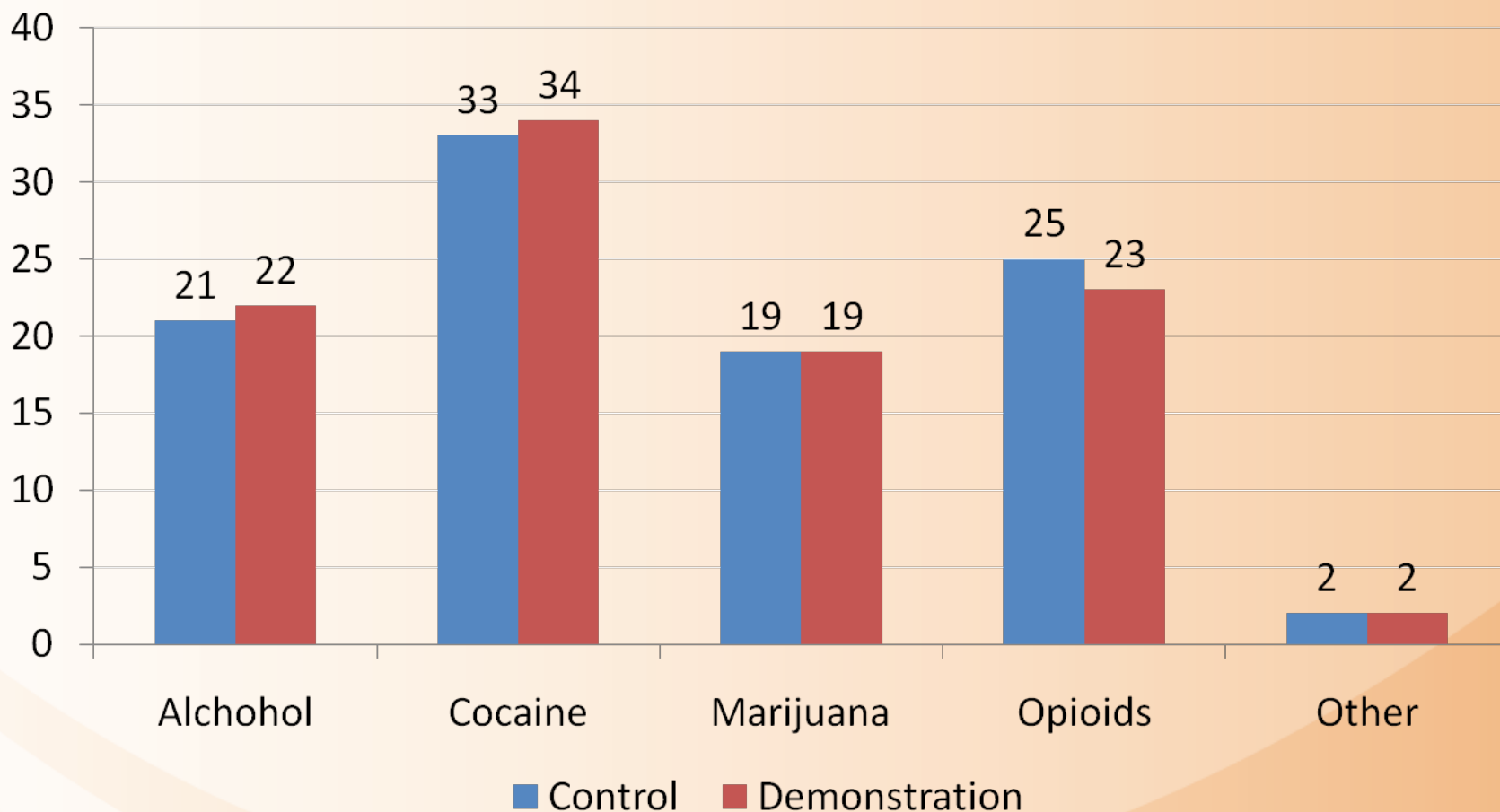


Prior Allegations of Maltreatment



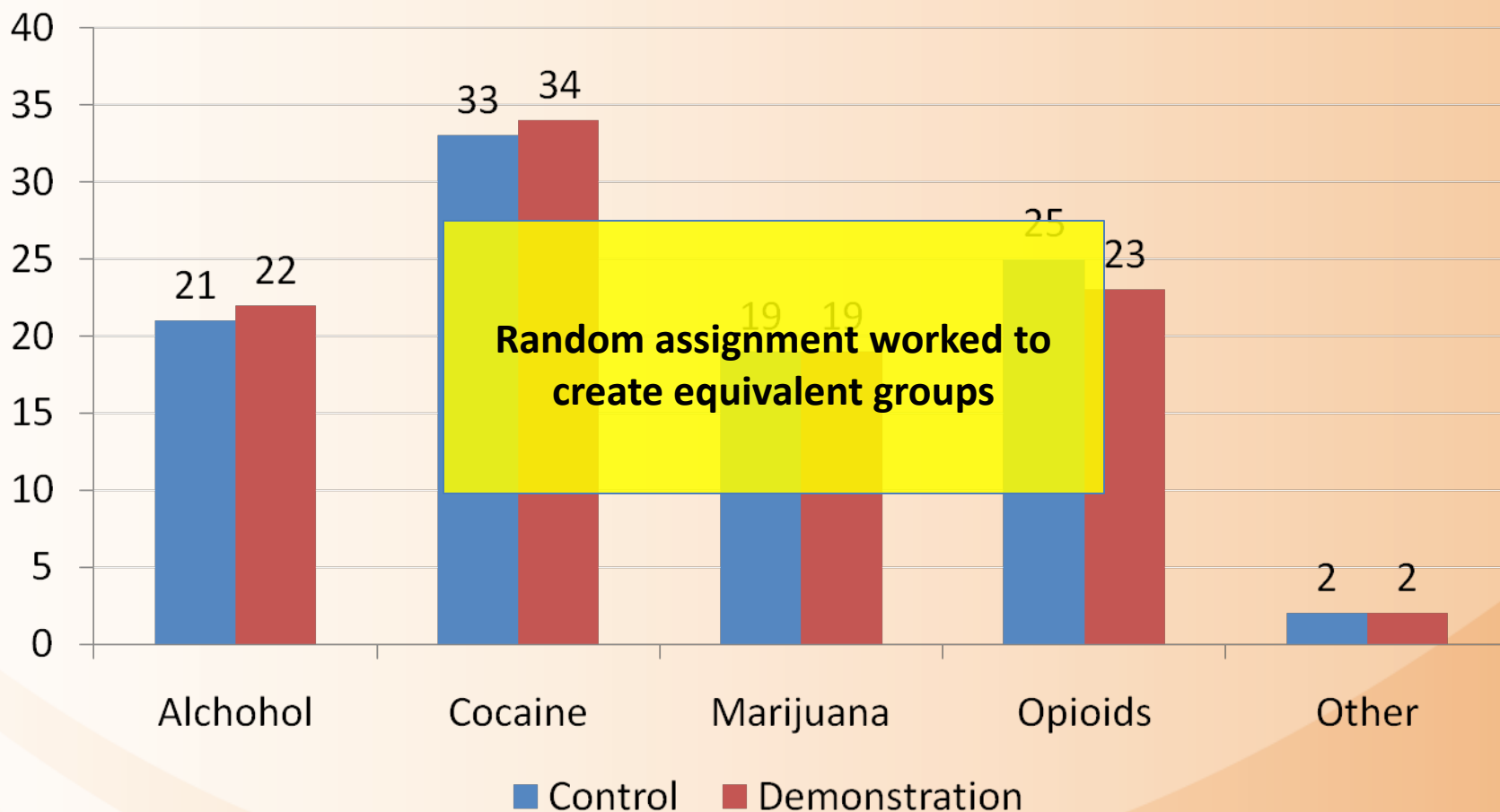


Primary Drug of Choice



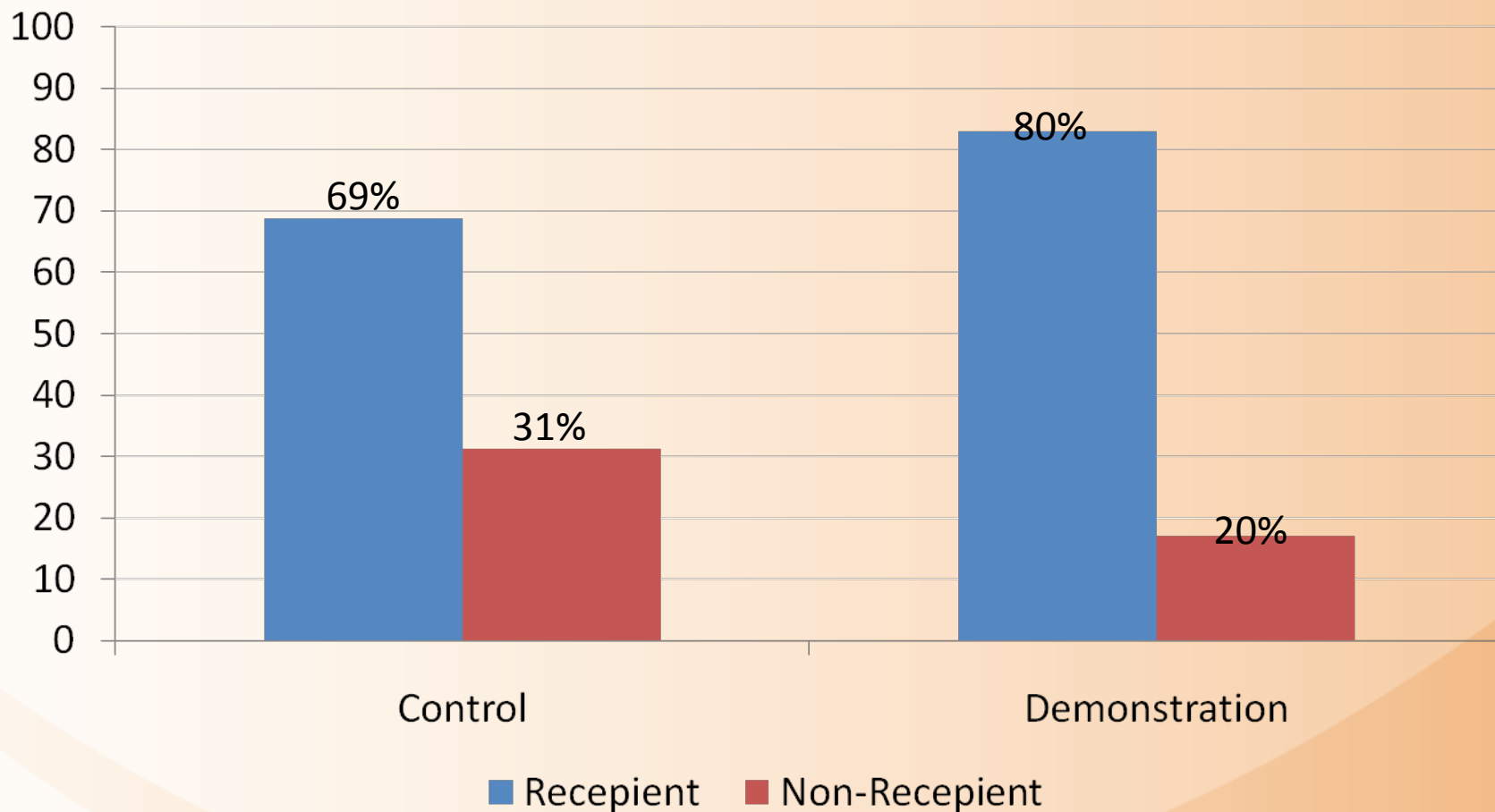


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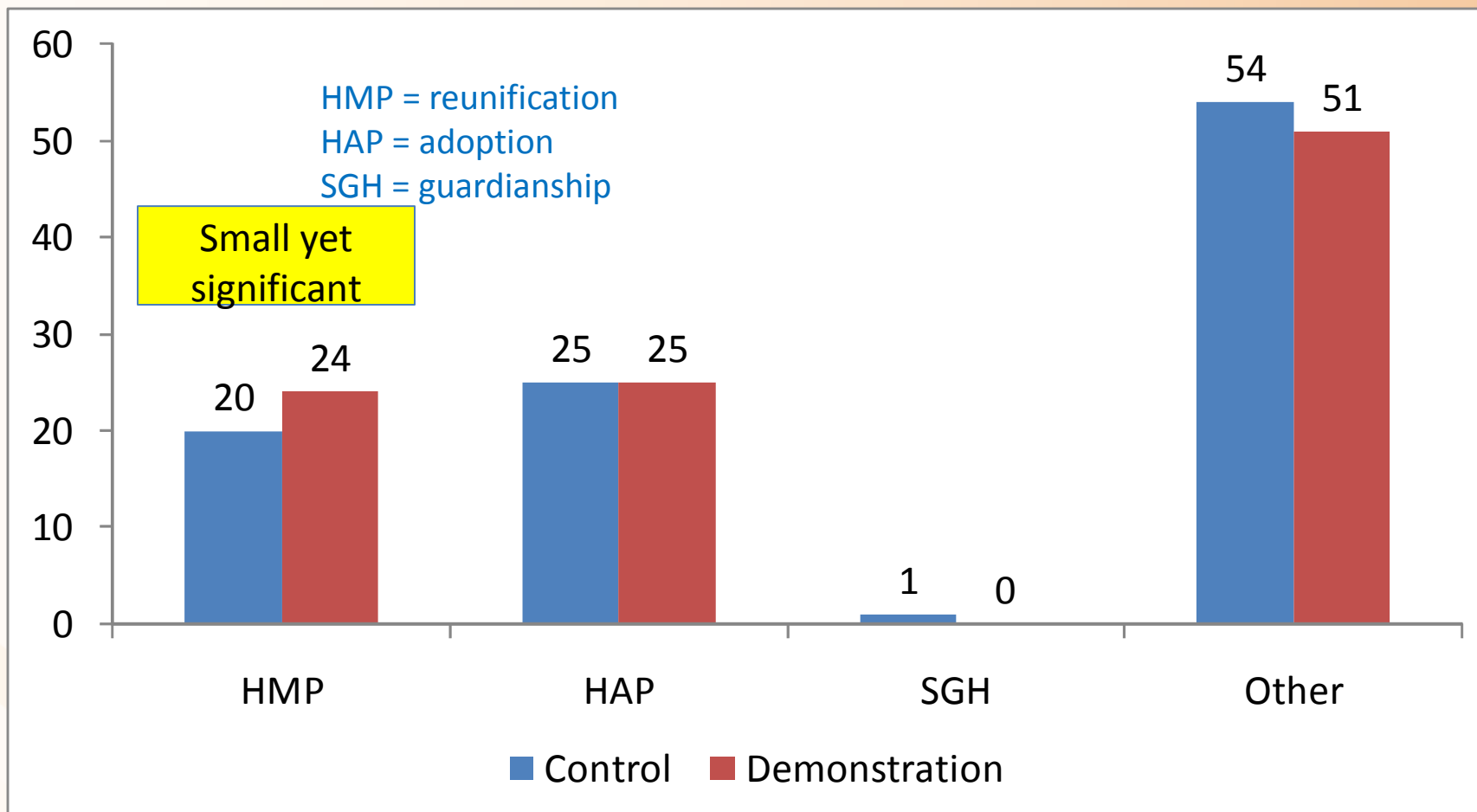


Treatment Entry by Group Assignment





Living Arrangements



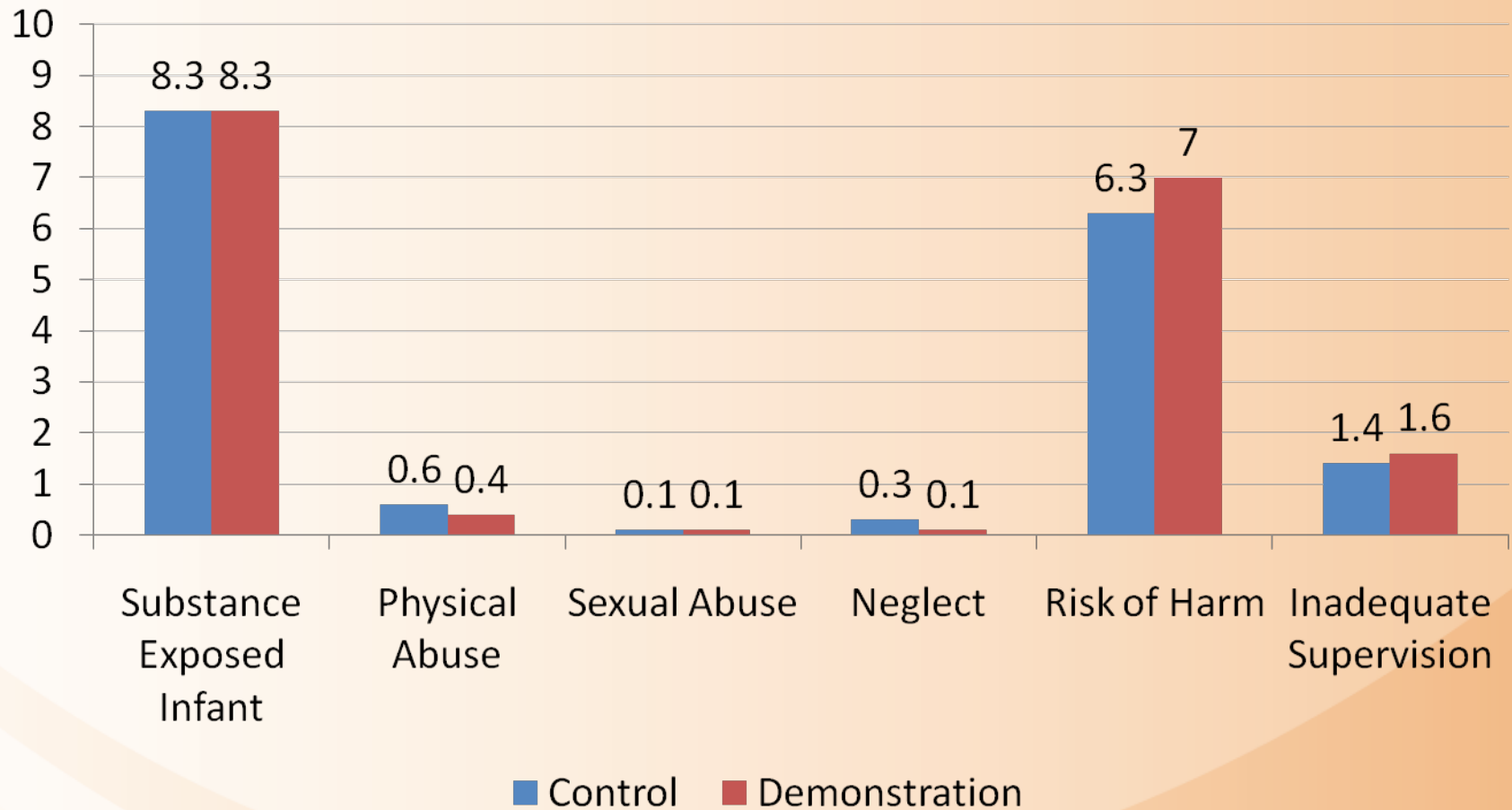


Proportion of achieving reunification

Months between JCAP assessment and reunification

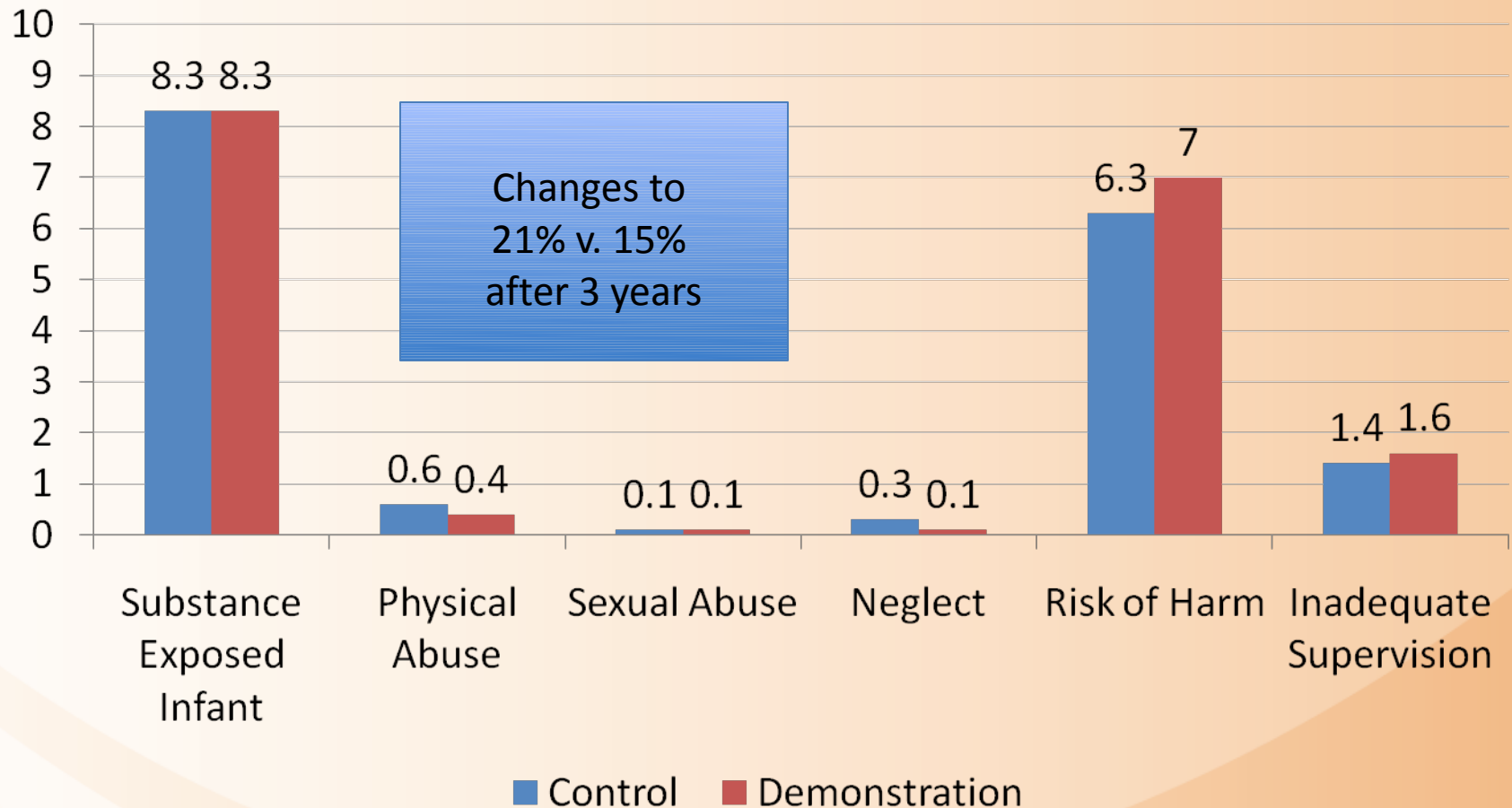


Subsequent Reports of Maltreatment



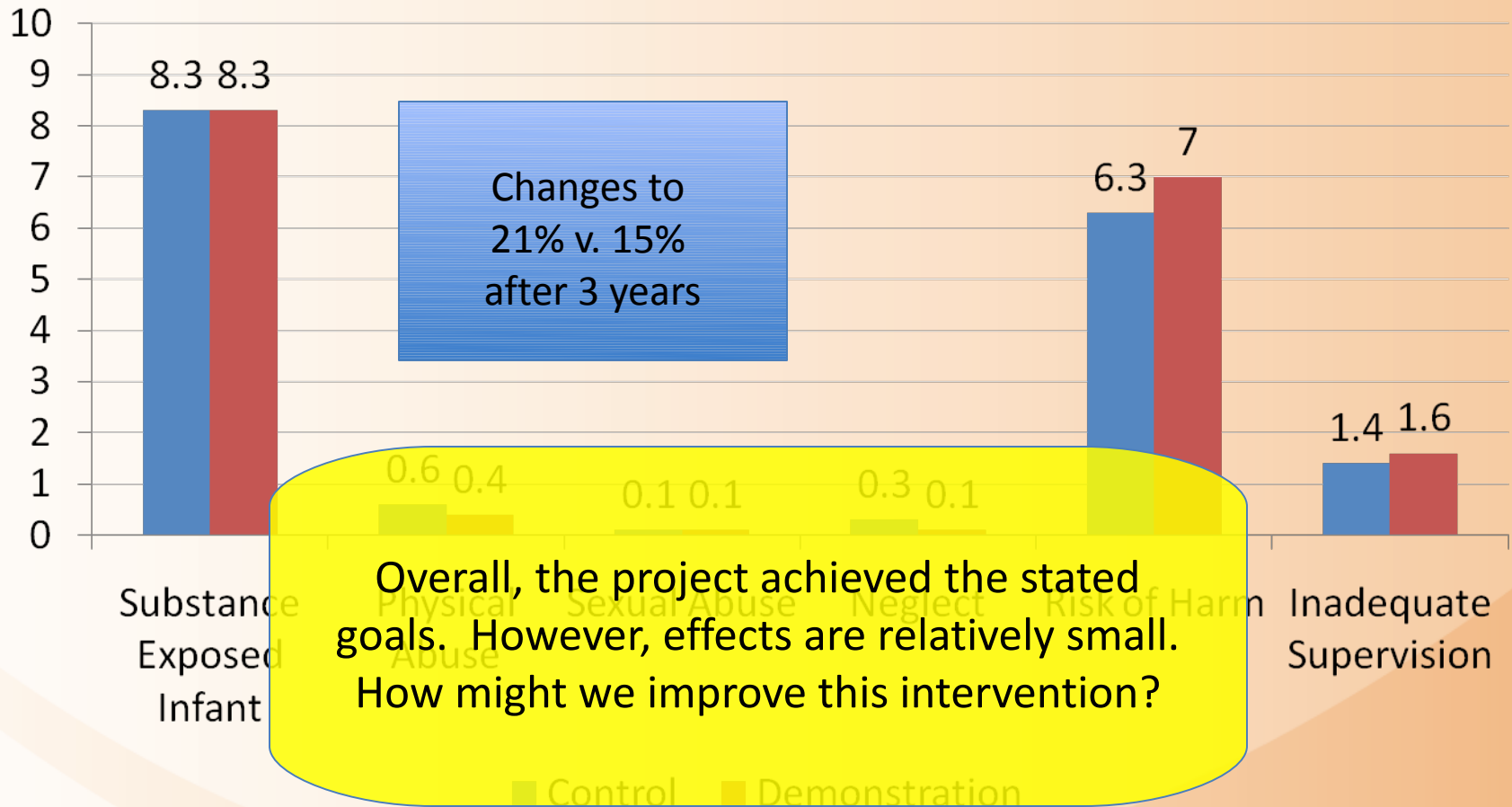


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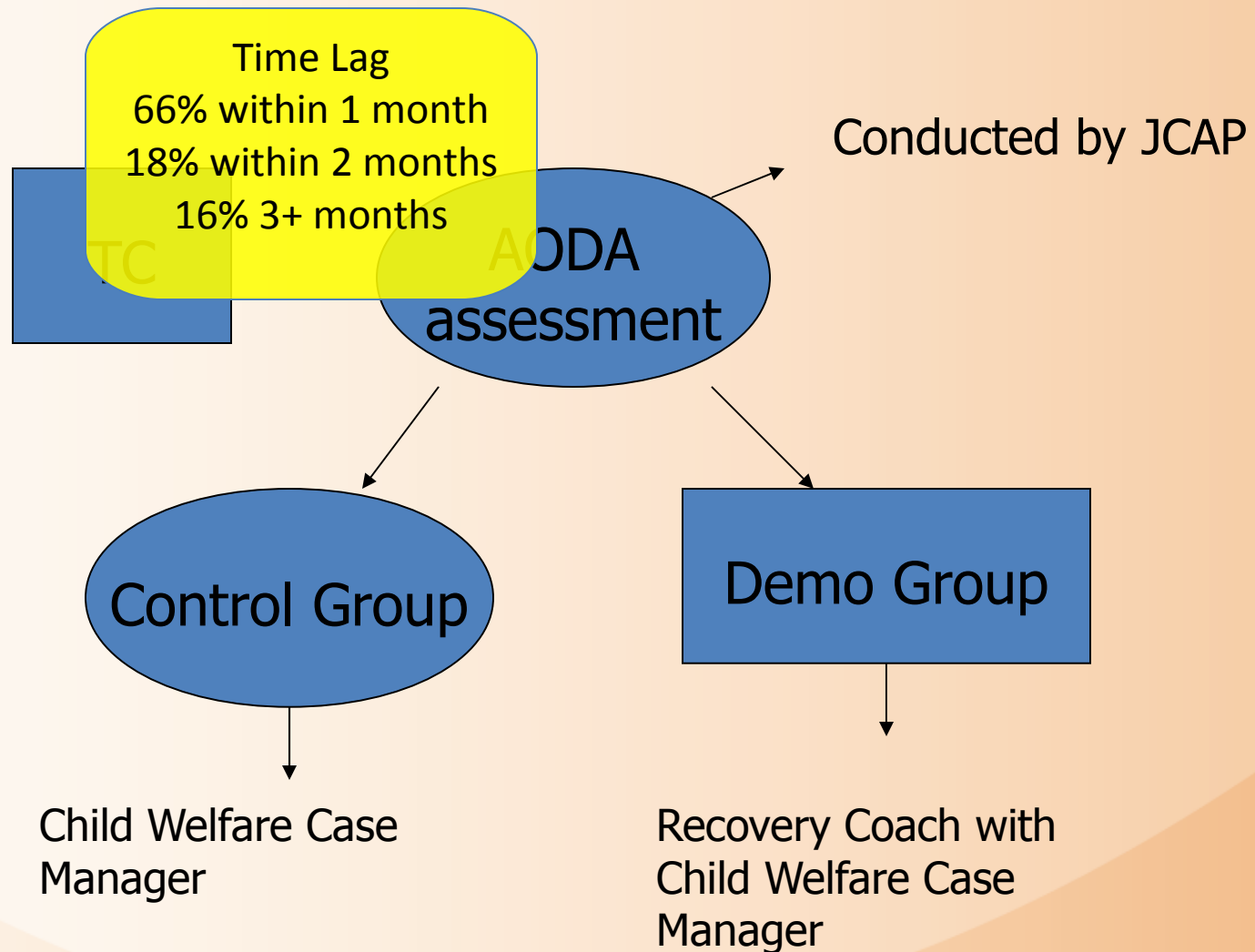


Subsequent Reports of Maltreatment





Experimental Design (Random Assignment)



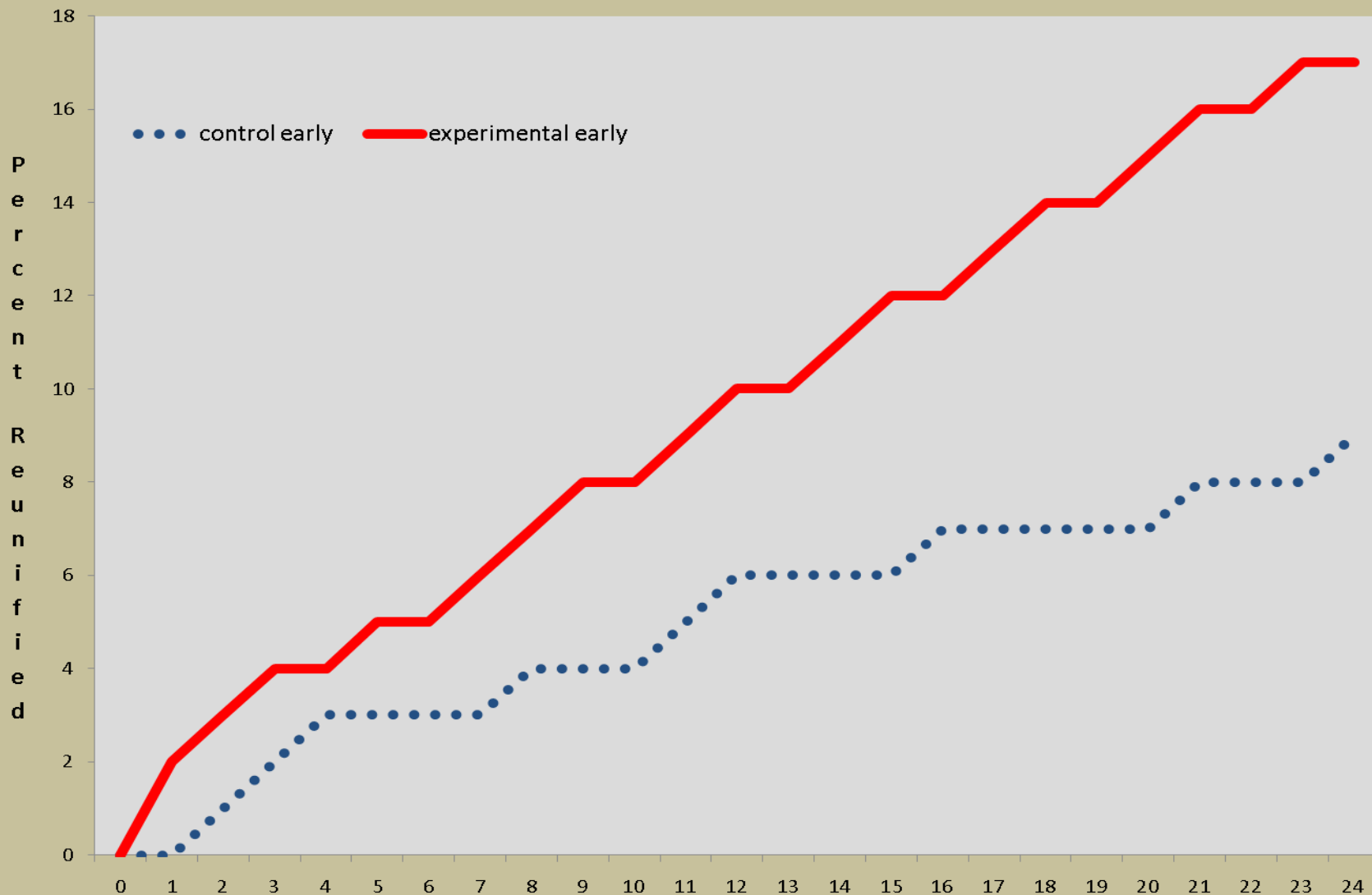


Early Engagement is Critical to Treatment Success

- 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%**

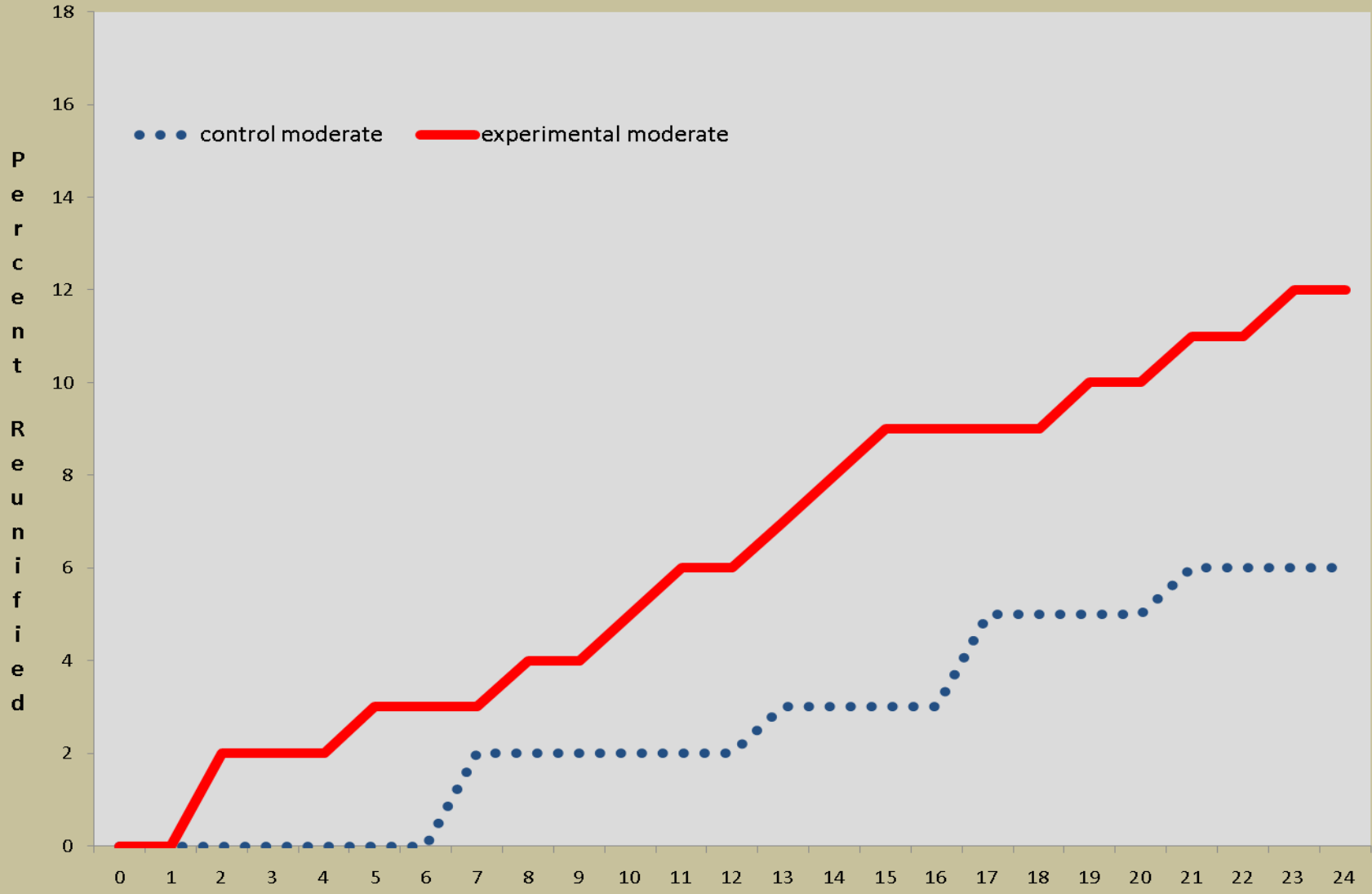


Months between Temporary Custody Hearing and Family Reunification



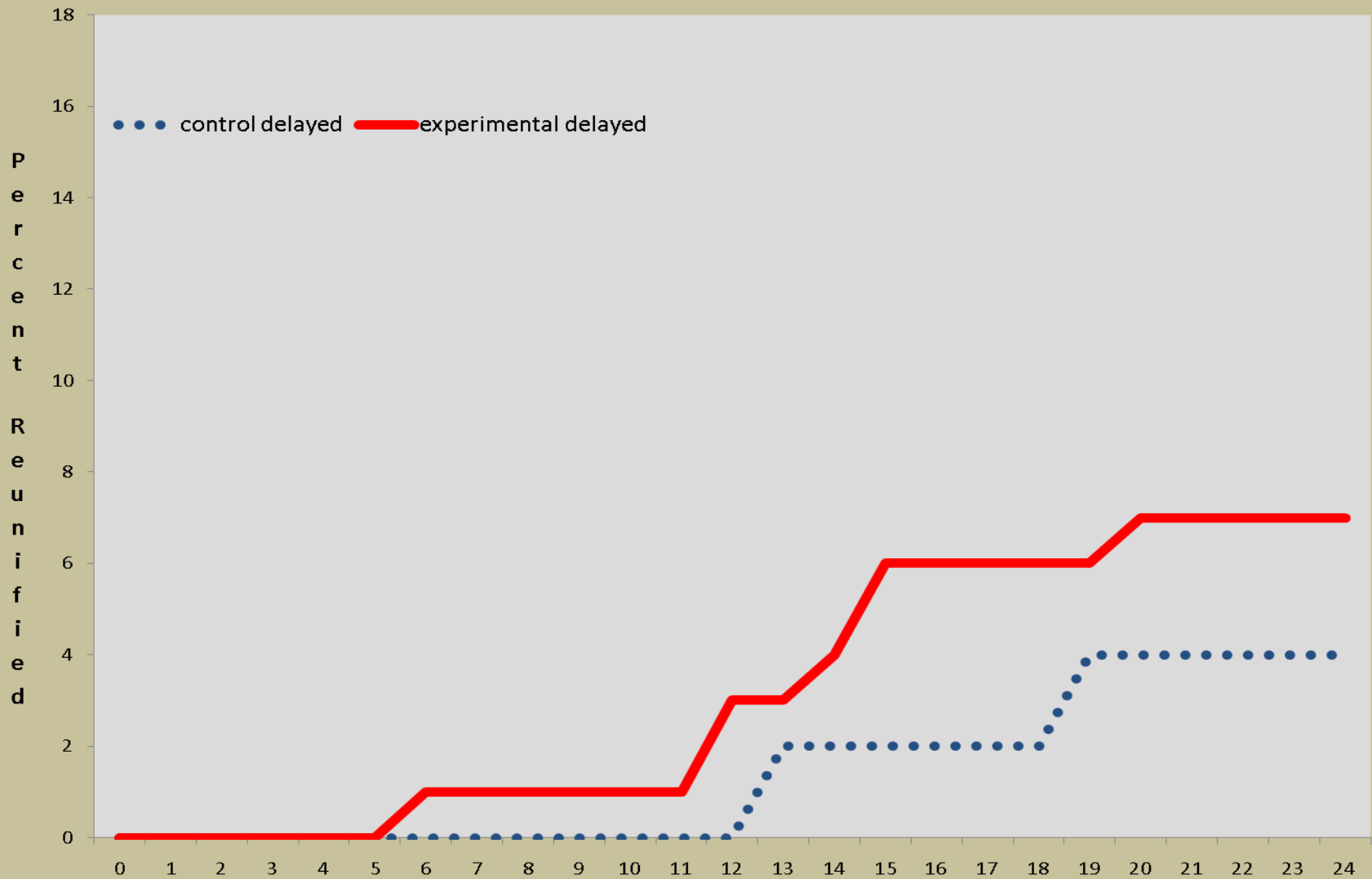


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Summary of Findings and Implications

- 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)