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What Helps and What Doesn't: Providers Talk about Meeting the Needs of Families with Substance Abuse Problems Under ASFA

Summary of Findings

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Summary of Findings

Purpose of this Report

This report presents results from a research study designed to understand how child welfare (DHS); substance abuse treatment; and the legal system (including judges, referees, lawyers, and others are (or are not) working together to meet the needs of substance-abusing families involved with child welfare. The complex issues involved in dealing with substance-abusing parents who are involved with the child welfare system have become the focus of widespread national and local dialogue with the passage of the federal Adoption and Safe Families Act (ASFA, P.L. 105-89, 1997) that instituted new requirements for child permanency decision-making. These requirements include timelines mandating that permanency decisions be made for children in foster care within 12 months of being placed in foster care (or when a child has been in placement for 15 out of 22 months). ASFA was adopted legislatively in Oregon as of 1999.

Families with substance abuse issues, who historically have longer stays in foster care, are likely to comprise the bulk of the families affected by this legislation. This report aims to describe what is working within the systems and to identify features of the system that may not be working as well and which may take on heightened importance given the ASFA timelines. We present data that reflects the perspectives of people working within the child welfare, treatment, and legal/judicial systems and their beliefs about the strengths and challenges in efficient service delivery. Our goal in doing so is to provide information that can assist in the development of service systems that are able to provide timely, effective services to parents.

Many of the issues described in this report pre-date the ASFA and/or exist independently of the ASFA. However, the value of this report to the policy debate lies in both its scope and the level of detail as well as the fact that respondents were asked to consider the effectiveness of various systems *in light of the new timelines*. By using a qualitative approach that allowed respondents to describe the issues involved in providing effective services, this report provides insights not only about what works or doesn't, but why the problem exists and, in some cases, suggestions for how to improve system functioning.

Methodology

This report summarizes data collected as part of a larger study that includes the following components:

- (1) **Administrative Data Component:** A quantitative analysis of statewide administrative and case data to determine whether the new timelines have influenced service delivery and permanency outcomes for families with substance abuse issues.
- (2) **Key Stakeholder Interview Component:** A stakeholder study using data collected through a combination of qualitative and quantitative methods with personnel from child welfare (DHS), treatment providers and the legal system.
- (3) **Family Tracking Component:** A longitudinal family tracking study in which a small sample of family members and service providers (AOD Treatment providers, DHS caseworkers, representatives of the legal system, and other relevant individuals) who are involved with these

families are being interviewed at critical intervals (e.g., upon entry into treatment, at the time of the preliminary hearing, etc.) during an 18-month period.

Information presented in this report comes from Component 2, the key stakeholder interview component. Additional reports based on our interviews with key stakeholders are planned; what is presented here represents a small portion of the information gathered.

This component of the study involved conducting face-to-face interviews with 104 representatives from the three systems. In our effort to paint a comprehensive picture of the overall system we tried to include as many different perspectives as resources would allow. Accordingly, respondents included a range of providers, such as state agency directors, district managers, supervisors, field staff, treatment counselors, judges, attorneys, and child advocates.

The interview was comprised of semi-structured open-ended questions designed to elicit detailed information about policies and practices. Respondents also completed a brief structured (quantitative) survey focused on their attitudes and beliefs about the ASFA and the ability of the three systems to adequately meet families' needs. This report focuses on responses to two questions:

“Thinking about families in which the parents have substance abuse issues and the child is removed from the home, in what ways does (1) SCF; (2) the treatment system; and (3) the judicial system:

- (1) help families to make timely progress, given the ASFA timelines; and
- (2) hinder families from making timely progress, given the ASFA timelines?

Each respondent answered these questions about his/her own system, as well as about the other two service systems.

For each issue, we examined whether responses were similar across respondents from the different systems, or whether different systems had different perspectives. Unless noted otherwise, issues presented were discussed by representatives from all three of the service systems.

Presentation of Results

Results for each system are presented separately, and within each system, we highlight issues related to:

1. ***System features and policies*** that help or hinder families (e.g., particular policies or practices common to the system itself). Where applicable, we also highlight *system resource issues*, such as the lack of particular kinds of services.
2. ***Provider characteristics and practices*** that help or hinder families

Caveats & Limitations

Again, our goal in this report is to paint a comprehensive picture of the system and to that end, we believe that the information presented is representative of the varied experiences of service providers, and more importantly, sheds considerable light on the experience of parents. There are limitations, however. The most significant is the fact that the vast majority of the people we interviewed work in Multnomah County. To the extent to which these data are read as an assessment, positive or negative, of the existing service system, they are relevant only to Multnomah County. As we hope is clear from the introduction above, however, our hope is that this information serves a more general purpose, that is to identify and describe policies and practices that are useful

(or are barriers to) parents' efforts to make timely progress given the ASFA timelines. Obviously, some accounting for context will need to be made; however, it seems reasonable to assume, for example, that at least some of the specific benefits of Family Decision Meetings outlined in this report will be of interest and relevant to providers outside Multnomah County.

Another limitation is the fact that, despite our attempts to include a full range of perspectives, resources constraints necessitated that we impose some restrictions on our sample. In particular, we should note that we have many fewer reporters from the legal system, compared to the number of stakeholders interviewed from either the treatment or child welfare system. It is also important to remember that the information presented in this report is based on the personal experiences of professionals within the

systems. Sometimes, individual perceptions, beliefs, or understandings of ASFA and/or the three systems may not reflect the intended or actual implementation of policies. We present these perceptions to show how professionals have experienced the legislation and the systems, and hope that where these misperceptions or misunderstandings occur, that they are informative in suggesting places where additional training or education may be needed.

Finally, it is worth reiterating that this report is not designed to examine system *changes* that may have occurred since implementation of ASFA timelines, or the *impact* of ASFA on the system. Instead, the focus is on understanding the way that the systems currently function, with an emphasis on understanding systems strengths and challenges, given increased emphasis on helping families to make *timely* progress under ASFA.

Highlights of Findings

DHS Child Welfare: Helpful System Features

The features of the DHS Child Welfare system that were perceived as being most helpful to families included:

Family Decision Meetings

Family Decision Meetings (FDMs) were mentioned by respondents as being important for helping these families make timely progress. Specifically, FDMs were seen as having a number of benefits for communication and service coordination, as well as for facilitating support for the family. FDMs were seen as helpful in communicating with the family about the needs of the child, and in facilitating communication about the service plan to all involved parties. Facilitating clear communications of expectations to

both parents and service providers was seen as a key role of the FDM. FDMs were also seen as useful in bringing together a network of providers who can bring resources “to the table” for families. Joint planning, including the family as well as other service providers, was also seen as a key function of the FDMs.

Visitation

Respondents suggested that visitation can play an important role in motivating parents. DHS was seen as having a critical role in facilitating this visitation, and in particular, in making sure that visitation happened quickly after initial removal of the children from parents' care.

Wraparound and ancillary services

The importance of wraparound and other ancillary services for these families cannot be underestimated. Although this need has not changed since ASFA, clearly the urgency of ensuring that a family's multiple needs are met has increased. Additionally, some ancillary services, such as transportation and childcare for other children are necessary for helping families access treatment services. A number of respondents mentioned the value of outreach workers, flex funds and other ancillary services available through DHS.

Authority of DHS

Respondents also spoke about the impact the authority of SCF, and the timelines, can have on a case. This was seen as important in motivating parents and helping them to really understand what they need to do to be reunified with their children. At the same time, however, respondents also talked about the need to balance this power with an approach towards families that was partnership oriented and not intimidating.

Cross-System Trainings

Cross-system (child welfare and treatment) trainings were mentioned as being quite helpful in bridging the gaps between the two systems. These forums, co-sponsored by DHS child welfare and the former Office of Alcohol and Drug Abuse Programs were seen as providing an important opportunity for treatment and child welfare workers to come together to gain a shared understanding of ASFA as well as to bridge the differences in perspective and approaches between the two systems.

DHS Child Welfare: Helpful Practices

Respondents across all of the systems commented on the value of high quality casework provided by DHS staff. Respondents saw caseworkers' ability to build good rela-

tionships with parents, to involve parents in planning, and to work cooperatively with both family members and other providers as especially important.

Building Relationships with Parents

Respondents commented on the importance of caseworkers providing general support to parents, and establishing a solid, trusting relationship. This relationship was seen as central to helping families make progress and engage in services.

Caseworker Advocacy

Another key aspect of the caseworker role was the extent to which the caseworker advocates for parents. For example, caseworkers were seen as instrumental in facilitating timely access to treatment by actively seeking out available treatment slots. Caseworkers may not always take on this advocacy role for the parent, however, because of their focus on the child as their primary client (see Challenges, below).

Involving Parents in Planning

Respondents also commented about the importance of involving parents in planning. As mentioned above, FDMs were seen as a key mechanism for accomplishing this. Further, caseworkers who are able to effectively involve parents in planning may help some families to feel more control over a stressful and out-of-control situation. For substance-abusing families, this feeling of being involved and of having some choice may be particularly important.

Communicating Clearly with Parents

Caseworkers play an important role in helping to facilitate clear communication with parents about ASFA timelines, service plan requirements, and the child welfare and legal systems in general.

Working with Other Providers

Good casework also encompasses working effectively with other providers. Respondents suggested that having smooth coordi-

nation of services, both in terms of ensuring adequate wraparound services, and in helping to moderate the pace of service requirements for families, was particularly important for maintaining timely progress on parents' goals.

DHS Child Welfare: Challenging System Features

System Resources

The two primary resource barriers that were described by respondents were: (1) a lack of appropriate foster care services (e.g., kinship care, neighborhood-based foster care, etc.) for these families; and (2) a lack of wraparound services to help families with other service needs (e.g., transportation, financial resources, housing assistance, etc.). It was suggested that neighborhood-based foster homes were especially important for children from families with substance abuse issues because uprooting these children from familiar environments was more stressful, and because it is more time-consuming. The importance of wraparound service has been discussed previously, and the lack of resources for these services was clearly a concern among these respondents.

Workload

Respondents across all systems commented on the heavy caseloads and paperwork requirements of DHS caseworkers, and noted that this workload creates a real barrier to working with families. Although this issue is not particular to families with substance abuse problems, these cases may require more attention, more energy, and more time because of their complexity.

Overwhelming Service Mandates

Treatment providers in particular noted that the DHS system can overwhelm parents, with high expectations for the things that parents must do in order to be reunified.

Problems with Visitation

Respondents across the three systems agreed that providing good opportunities for parent to visit their non-custodial children was extremely important for motivating parents to remain in treatment. However, providing parents with good (sufficient, high quality) visitation can be a challenge. Support resources (transportation, supervision) can be lacking. Further, treatment providers noted that DHS workers sometimes scheduled visitation without considering the parents' treatment schedule, and changed the visitation schedule with little or no notice.

Adversarial Nature of the System

Several respondents, primarily from the treatment system, commented on the fact that the DHS child welfare system is often seen by parents as being in an adversarial position (e.g., the agency that has "taken the child"). This can be a barrier to the parent establishing a good working relationship with the caseworker, which is critical for good case progress. Parents may not learn to trust the caseworker, and may see the caseworker as "out to get them"; this mistrust can slow the process of effectively identifying and meeting the parents' needs.

Systems Barriers to Building Good Relationships with Clients

Having a positive relationship between the DHS caseworker was seen as critically important (see above). However, a number of aspects of the DHS system were seen as barriers to this relationship-building process. In particular, respondents mentioned:

- 1. The case transfer process.** In many branches of Oregon's child welfare system, different sets of workers are responsible for immediate child protective services, ongoing casework, and permanency. The transfer of a case from the protective services/investigative worker to the ongoing worker can result in a

gap in service flow, and a crucial loss of time for these families. Transfer also disrupts the relationship established between a caseworker and the parent and children.

2. Concurrent planning.

Concurrent planning requires that DHS caseworkers work simultaneously towards reunification and adoption (termination of parental rights). Several respondents saw this as a barrier to the ability of the caseworker to develop a trusting relationship with the parent.

DHS Child Welfare: Challenging Practice Issues

Lack of Experience with Drug and Alcohol Issues

SCF workers may lack the expertise needed to effectively deal with parents with serious substance abuse issues. This lack of knowledge and experience may cause caseworkers to have more negative attitudes toward these parents, unrealistically high expectations for what the parents can cope with, lack of understanding of the relapse/recovery cycle, and difficulty in supporting the parent to engage in treatment. This may lead them to be unable to work effectively with these parents.

Biased Decision Making. Some respondents noted that several factors can influence how caseworkers perceive families, and the subsequent work that they do (or don't do) on the parent's behalf. In particular, respondents were concerned that some caseworkers held parents' prior involvement with child welfare system, or history of substance abuse, against them. These comments came primarily from respondents in the treatment system.

Different Client Focus

One issue that appeared to be at the root of several problems was the difference in client

perspective between DHS caseworkers and drug and alcohol treatment providers. The primary mandate of the child welfare system is to ensure the safety of the child; this leads to a focus on the child's well-being, sometimes to the exclusion of the parent. Providers across service systems recognized this issue, and saw it as especially problematic for substance-abusing parents who need to have a strong caseworker advocate.

Lack of Responsiveness on the Part of the Caseworker

Having a caseworker who is available to the parent, who answers questions quickly, and returns parents (and other providers') phone calls, was seen as critically important. Respondents acknowledged that the caseworker's responsiveness was influenced both by the quality of the caseworker and by the sheer number of cases that workers are expected to work with.

Poor Communication with Parents

Clear and frequent communication with parents, as has been mentioned before, was seen as vitally important for helping families. Caseworkers need to be able to clearly explain ASFA, parents' service requirements, and the legal/judicial process to parents. Some parents, such as those with severe drug-related cognitive impairments, learning disabilities, or other issues, may be especially difficult to communicate with.

Not Involving Parents in Planning

Finally, just as involving parents in planning was seen as important, it was seen as a barrier to timely progress when caseworkers were not able to do this.

Treatment System

Treatment System: Helpful Features

Facilitating Timely & Appropriate Treatment

Key areas of the treatment system that were seen as important to helping families involved with child welfare included facilitating access to services, having a variety of treatment options, and having sufficient treatment resources. Respondents also talked about the important role treatment providers play in helping families to obtain the wrap-around services they may need to deal with other issues.

Respondents noted that one of the most important ways that the treatment system helps parents make timely progress is by responding quickly to parents' needs for assessments and intake. Treatment providers with dedicated treatment and assessment slots for child-welfare involved clients, and the special assessment protocols associated with some model programs (e.g., FIT) were seen as particularly helpful.

Having a Variety of Treatment Models Available

Respondents across systems also believed that it was extremely important to have a variety of treatment models available for parents, and in particular, mentioned: (1) the benefit of having access to treatment facilities that allow co-residence of children with their mothers; and (2) the importance of holistic, family-systems oriented treatment models that do not isolate the parents' substance abuse issues from the parents' role in the family and relationship with the child.

Facilitating Wraparound Services

As was the case for the DHS system, treatment providers were seen as playing a key

role in helping parents to access needed auxiliary services, ranging from help with housing and transportation, to on-site parenting classes offered by some treatment facilities.

Treatment System: Helpful Practices

In terms of elements of treatment provider practice that were seen as especially beneficial, three areas were highlighted by respondents, described below.

Positive Relationships with Parents

These are quite consistent with the qualities described as important for effective casework (described previously). Effective treatment practitioners were described as those who were able to balance having a positive, supportive relationship with a client with being straightforward, honest, and not over-protective. Treatment providers' ability to have rapport with clients, and to "stick with" a client through ups and downs was also seen as important.

Provider Advocacy for Parents

It also appeared that respondents generally saw the treatment provider as the client's primary advocate (along with their attorney) and as the person who was perhaps most allied with the parent. This was seen as helpful to the parent, but with boundaries: Providers who were reluctant to share information honestly with other providers, DHS, or the courts were seen as hindering parents by preventing good decisions about service needs and other issues to be made.

Clear Communication with Parents

Respondents also spoke about the value of treatment providers providing information about the timelines, and the importance of

clear communication regarding expectations and consequences more generally. Knowledge of ASFA and understanding of the timelines was seen as extremely helpful to parents; lack of this knowledge, or failure to “buy in” to the reality of ASFA timelines and to integrate this information into treatment, was seen as a barrier for parents.

Treatment: Challenging Systems Features

System Resources

The major treatment system problem that was mentioned was the lack of comprehensive, family-centered, holistic treatment services. This was in addition to other comments about the lack of treatment slots and beds more generally.

Treatment Payment Systems

A number of respondents mentioned that paying for treatment created substantial barriers for families, including both confusion over how treatment would be paid for, eligibility for the Oregon Health Plan, and what kinds of services would (or would not) be paid for.

Lack of Treatment Services for Parents with Children

Respondents also mentioned that the treatment system still does not readily accommodate people with children. Parents sometimes have to travel long distances to outpatient services, have little back-up support for childcare to enable them to attend treatment sessions and meetings, and resources for residential treatment that allows women to co-reside with their children are scarce.

High Staff Turnover

Finally, respondents mentioned the high turnover rate among treatment providers (seen as being related to low pay scales) and noted that this was a barrier to building posi-

tive relationships with parents, as well as with other key players in the systems.

Treatment System: Challenging Practice Issues

Respondents mentioned several characteristics of treatment practices that can create problems for families involved with child welfare. These concerns included: (1) counselor attitudes and beliefs about ASFA and the child welfare system; (2) treatment approaches of some providers; and (3) knowledge and experience levels of the counselors.

Attitudes and Beliefs About ASFA and DHS

Respondents suggested that many treatment providers either do not understand the ASFA timelines, or (more commonly) understand the timelines but do not support their implementation. This was seen as hindering families’ progress by creating tension with DHS child welfare, communicating incorrect information to parents, and in not understanding the implications of the timeline on the treatment process.

Treatment Approaches

Respondents mentioned several treatment approaches that were seen as possibly hindering families’ progress. Most frequently, respondents talked about providers’ tendency to be protective of their clients and not realistic about their lack of progress. This pro-client stance is consistent with the role of the treatment provider as advocate for their client (described previously), but illustrates the fine balance required between advocacy and addressing the reality of clients’ situations. Further, respondents suggested that when treatment focused solely on parents’ substance abuse, and not on other family issues, parenting, or how substance abuse influenced the children and other fam-

ily members, that this could slow down the recovery process.

Counselor Knowledge and Experience

One additional issue that was mentioned by respondents was the problem of having

counselors with little experience, either with treatment in general, or with clients involved with both treatment and DHS. Having well qualified counselors who understand the issues facing these families is important to their ability to make good progress.

Judicial and Legal Systems

Judicial & Legal System: Helpful System Features

Frequent Hearings

One feature of the system that was seen as important in facilitating timely progress for families was the frequent court hearings that are now required. Frequent court hearings ensure that cases do not “drift” and help to keep both parents and agency representatives accountable.

Judicial System Authority

Like the DHS child welfare system, respondents believed that an important aspect of the judicial system was simply having the authority and power to mandate services and ensure that there are consequences for noncompliance. However, it was also noted that this authority included the latitude to make exceptions for parents with special circumstances.

Training

Respondents commented that judges and other court personnel in Multnomah County were well trained about issues related to ASFA and how to support these parents. This level of expertise was seen as helpful to parents, in that the judges were perceived as having a greater understanding of parents’ issues, and as making better decisions.

Judicial And Legal System: Helpful Practices

A number of elements of effective judicial and legal practice were mentioned. These were quite similar to the elements of effective practice that were mentioned for treatment providers and DHS case workers, and include: being an advocate for parents (for attorneys); building good relationships with parents; understanding ASFA timelines, and having clear communication with parents about ASFA timelines.

Building Positive Relationships with Parents

Respondents talked about the importance of judges and referees being supportive of parents, yet recognizing the reality of parents’ situations. Judges and referees hold a different role than treatment providers and case-workers, and respondents felt that those who were able to be supportive, yet appropriately authoritative, were most helpful to parents.

Attorney Advocacy for Parents

Attorneys who are able to be good advocates for parents were seen as especially effective. Respondents mentioned that it is particularly important for attorneys to be involved in family decision meetings, and to understand the family’s case.

Clear Communication with Parents

As was the case for other providers, having attorneys and judges who could clearly

communicate with parents about ASFA, its implications, and the consequences of their behavior was seen as critically important. Respondents noted that most judges and many attorneys were well trained in the ASFA legislation and able to communicate clearly to parents.

Knowledge of ASFA

As mentioned previously, it was also seen as very important that members of the legal system have a good understanding of ASFA and the timelines. In Multnomah County, members of the bench and the legal system in general were seen as knowledgeable about ASFA, which was perceived to be quite helpful to parents.

Judicial System: Challenging Systems Features

The major system problems mentioned by these respondents were (1) problems with the Citizen's Review Board (CRB); and (2) concerns with the frequent hearings creating undue burden on caseworkers. Interestingly, the frequent court hearings was also mentioned as a strength of the system, as they were seen as helping to prevent cases from "drifting" by requiring frequent review of a client's progress.

Citizen's Review Board (CRB)

While the purpose of the CRB is to provide an additional "check" on parent progress, service delivery, and judicial decision-making, some respondents suggested that the CRB process can slow parents' progress. Specifically, respondents commented that some CRB members appear to lack training on ASFA and experience in dealing with parents with substance abuse issues, and have unrealistic expectations of parents.

Frequent Hearings

Some respondents felt that the frequency of hearings required by the judicial system in Multnomah County was burdensome for

child welfare caseworkers. This was particularly a concern when the work required for hearings interfered with a worker's ability to spend time with the family.

Judicial System: Challenging Practice Issues

Practice issues for the judicial system encompassed a broad range of issues, including the potential for the courts to be intimidating and overwhelming to parents; concerns about judicial personnel lacking understanding of the needs and issues of substance-abusing parents; overwhelming parents with requirements; inconsistent and/or biased judicial decision making; and lack of attorney involvement in the parents' case.

Lack of Knowledge and Experience with Alcohol and Drug Issues

Several respondents noted that some attorneys, judges, and other court personnel may not have sufficient understanding of substance abuse issues to deal effectively with these parents. This is related to two key practice issues: attorneys who counsel their clients against admitting to having a substance abuse problem; and judges not taking the recovery cycle into account when making decisions about these families (e.g., not providing exceptions when some progress is being made, and not being understanding about relapse).

Poor Communication with Parents

Respondents also mentioned that some personnel within the legal system did not do a good job communicating with parents, and were sometimes too brief, too "legalistic" and not able to convey the key issues to parents appropriately.

Too Many Requirements

A number of people discussed the fact that parents have a large number of things that they are required to do in order to be reunified with their children. There may be little

prioritizing of which services to focus on first, and with increased time pressure, little ability to help parents cope with the heavy requirements. This was also discussed previously as a problem for the SCF system.

Courts are Intimidating

Although the authority of the court was seen by some as helping to motivate parents, many also mentioned that it was easy for parents to be demoralized and intimidated by court proceedings. Substance-abusing parents may be especially vulnerable to the stressful nature of the court appearances, which some even suggested can lead to relapse.

Lack of Attorney Involvement in the Case

Respondents also commented on the unavailability of many attorneys to respond to parents' requests and to adequately work on behalf of parents. Attorney caseloads were seen as at least partly responsible for this problem, although respondents also noted that some attorneys were generally more responsive and involved in clients' cases than others.

Cross System Coordination

Issues of collaboration and coordination were a key component of what respondents believed could either help or hinder parents. Because of the extensive nature of the comments regarding collaboration, a separate report focused on this issue is planned for Winter 2002. Briefly, however, it is worth mentioning the three key areas where coordination between treatment, the courts, and DHS caseworkers was seen as critically important to parents' progress:

1. Family Decision Meetings
2. Judicial Proceedings
3. Facilitating Visitation
4. Coordination with Criminal Court

Involvement in FDM and Court Proceedings

Treatment providers' involvement in both FDMs and in court proceedings was seen as

extremely helpful, both in terms of being able to be an advocate for parents, as well as being able to provide important information about the parents' treatment status and current needs. Although some concerns about obtaining good information from treatment providers remain, respondents clearly believed that it was extremely helpful when treatment providers were actively involved and able to share information honestly about the parents' progress. This was also the case for parents' attorneys, whose participation in the FDMs was seen as critically important in helping both to represent parents' needs as well as to ensure that all key providers (treatment, legal, and child welfare) can clearly communicate with each other and the parent.

Visitation

Treatment was seen as having an important role in facilitating visitation between parents and children. Visitation, as discussed previously, was seen as key to helping parents remain motivated to work through treatment. However, it should be noted that while it was perceived as helpful when treatment was fully allied with DHS and the client in helping to ensure frequent visitation, treatment providers were not seen as uniformly helpful in this area. Some problems with treatment providers not successfully coordinating with DHS around visitations are described subsequently.

Coordination with Criminal Court

Because many substance-abusing parents are also involved with the criminal court, coordination of expectations, mandates, and process between the family and criminal court was seen as helpful. Adding the demands of a criminal case to a complex family court case further complicates issues for the parent, and to the extent that the courts can coordinate these issues, respondents believed parents would make better progress.

Summary & Conclusions

Respondents noted both strengths and weaknesses of the existing service systems and practices, in terms of their ability to support parents to make timely progress on their case plans. Features of the systems themselves that were seen as particularly helpful included Family Decision Meetings; cross-system trainings; outreach workers and other means of providing wraparound services; having appropriate substance abuse treatment available to clients; appropriate judicial and DHS authority to mandate services; and frequent judicial monitoring. Several other issues emerged as areas of effective practice that were remarkably consistent across the three systems. These include:

1. ***Having positive, supportive relationships with families.*** Parents with substance abuse issues need support from all providers in the system, including emotional support. These families need someone (or, preferably, more than one someone) who really cares about them and can help them to navigate and understand the complexities of the service systems and the courts. However, these supportive relationships must be balanced; providers should not try to “shelter” families from the reality of their situation, and should be upfront and direct with them about the DHS case and what they need to do to achieve their goals and to protect the best interests of their children. Providers should make efforts to involve the family in decision making and planning, so that they feel they have some control over their situation. Joint planning efforts can also help parents take the child’s perspective and understand what is best for the child.
2. ***Advocacy for parents.*** Families can make better progress if providers across the three systems are active advocates for parents’ needs. Facilitating access to treatment, to wrap-around services, and ensuring that each system is meeting their responsibility to the parent is clearly important for these parents.
3. ***Communicating clearly and frequently with parents.*** Respondents across the systems talked about the importance of helping parents to clearly understand the ASFA timelines, their service system, and the “ins and outs” of DHS and the court system. Good communication involves communicating the same message in different ways (e.g., written and verbal) and repeatedly, so that parents have multiple opportunities to understand what is happening, and what their role is.
4. ***Collaboration across the three systems.*** The importance of having providers who work well together (across the three systems) was clear. Another report focusing on collaboration and how effective collaboration helps these families is planned for Winter 2002. Briefly, collaboration was seen as particularly important both in providing a “team” of support for families, and for ensuring consistent, coordinated communication about expectations to parents.
5. ***Knowledge and experience with substance abuse issues and with ASFA.*** Having providers who are knowledgeable about ASFA was seen as particularly important. Ensuring that attorneys and treatment providers have a good working understanding of the ASFA legislation and how it is being implemented in DHS and the courts will help both to de-

crease misperceptions and misunderstandings about ASFA, as well as help providers be better able to communicate effectively with parents. Caseworkers, too, express some misperceptions about the ASFA, suggesting that additional training and education may be needed. Equally important is that all providers and court representatives have an understanding of substance abuse issues, and the complexities of treatment and recovery. Some respondents suggested that parents are best served by caseworkers who have specialized training in drug and alcohol issues, as well as treatment providers who are experienced in working with clients involved in child welfare.

When these elements (as well as other system-specific features) are in place, respondents believed that parents are better able to make timely progress. When these are absent, parents may struggle more to access treatment and other resources, and to make good progress on their case. Respondent comments also suggest that it is not always easy to deliver the most effective services. Lack of resources, including services and time to arrange them, was perceived as a significant barrier. Some aspects of the system were perceived as posing challenges to working efficiently with parents, such as the multiple caseworker system and concurrent planning.

It also deserves noting that some of the features of the system were seen as both strengths and challenges. For example, while some commented that frequent judicial monitoring was important to help prevent parents' cases from "drifting", others suggested that the paperwork burden of the additional court hearings contributed to the workload of already overburdened caseworkers, and thus made it more difficult for caseworkers to spend time working with or for parents. The authority vested in both the courts and DHS to mandate service was seen as a double-edged sword, for respondents believed that these parents are easily overwhelmed and intimidated by an overly legalistic, formal system. Even having positive relationships, which might be seen as unequivocally positive, was seen as problematic in some cases, specifically when treatment providers' relationship with the parent prevented them from open information sharing with other systems. These types of complexities emerge throughout all the systems, and are especially evident when one begins to try to understand the interconnections among all the system features that were discussed in this report.

In sum, respondents' comments suggest that the systems have made progress in developing mutual understanding of the ASFA and the needs of substance-abusing parents. However, many challenges still remain for these families. Specialized services such as the Family Involvement Team and the Family Support Teams, which help to make sure that the barriers to timely progress are minimized, are one approach. General systems changes, such as education and training may also be needed to fully address the needs of these parents, and to ensure that the best interests of the children are served.