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

*By*

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# Introduction

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. Many of the questions raised about the legislation concern changes in permanency outcomes for children—an issue that is the focus of a separate component of our project as outlined below. Another important policy issue, and the focus of this report, is whether or not the system is able to provide adequate services to parents, more specifically, to meet the reasonable efforts standards required by the law. The ASFA requires the timely provision of effective and coordinated services and the reduced timeframe likely poses significant challenges

for many substance-abusing parents. This report aims to describe, from the perspective of individuals working within child welfare, treatment, and the legal system, what is working within the systems, including specific practices and service delivery models, 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. 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 these issues described in this report pre-date the ASFA and/or exist independently of the ASFA. In fact, veteran service providers may not find much that is “news” here. 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*. The systems described herein include the state child welfare agency, drug and alcohol treatment providers, and the courts and associated entities such as the defense bar and the District Attorney. Respondents were asked to comment on the strengths and weaknesses of their own system, as well as those of the other systems. Further, 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) **Systems 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 systems 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 rep-

resentatives 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. We sampled line staff as well as supervisors and administrators from within each of the three systems. We also attempted to accommodate the variety that exists within each of the three systems, for example, by including people from both inpatient and outpatient programs as well as representatives from particular treatment models such as those specializing in services for women of color. This issue was particularly relevant to the legal system, which is a much broader and more heterogeneous professional group. As we have conceptualized it, the legal system includes judges and referees, and attorneys for both children and parents and the private and the public bar. The Citizens Review Board and Court Appointed Special Advocates also fell under this rubric. We included at least one representative from each of these groups and attempted to recruit participants who could speak to broader systems issues as well as the day-to-day workings of their particular arena. We also recruited individuals with at least a few years experience in their position on the assumption that they would be more likely to be able to offer meaningful comments. Most participants had more than five years of experience working within particular system.

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 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.

Interviews were transcribed and entered into a qualitative data analysis software package (NUD\*IST). Responses were then coded by members of the research team, with periodic checking for cross-rater consistency in coding. Results are presented below, organized by system. 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***

First, we present the policies and practices that were seen as most important for helping families make timely progress. We follow this with discussion of the barriers and challenges in supporting these families. 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
3. ***Cross-system coordination issues***, including ways that the systems are or are not working together. A more detailed report on collaboration across systems is planned for fall 2002.

## CAVEATS AND 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. Thus, although our analysis of the three systems represents what we believe to be an adequate representation of perspectives from

child welfare and treatment, we may not as fully represent the range of experiences from the legal viewpoint.

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. For example, some responses suggest that ASFA timelines are "set in stone" while, in practice, judges have significant latitude to grant exceptions or extensions. 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.

A number of respondents commented that helpful system features were specific interventions being implemented to support substance-abusing families, namely the Family Involvement Teams (FIT), and the Family Support Teams (FST). A separate report is planned that describes the key elements of these interventions, so they are not discussed at detail below.

Finally, it is worth reiterating that this report is not designed to examine the system *changes* since implementation of ASFA timelines, or the impacts 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 in-

creased emphasis on helping families to make *timely* progress under ASFA. For purposes of this report, we are working from the perspective that in the majority of cases, the systems' initial goal is reunification of the parent with the child. The question, then, is: Given the goal of ASFA to move children

towards permanency as quickly as possible, what helps and hinders parents from making timely progress towards reunification? We acknowledge, however, that in some cases the best interest of the child is not reunification but an alternative permanent plan.

# Effective Policy and Practice for Supporting Families

## DEPARTMENT OF HUMAN SERVICES CHILD WELFARE SYSTEM

### A. System Features

The features of the system that were seen as most helpful to families included Family Decision Meetings, visitation and access to services generally. People also talked about the effective role of DHS as a “hammer;” that is, as an agency with the authority and power to enforce consequences, as important in working with these families. These system features are detailed below. [Note: At the time of data collection, the Department of Human Services child welfare division was known as Services to Children and Families (SCF). Respondent references to SCF have not been changed.]

#### A1. Family Decision Meetings

Family Decision Meetings were reported to have a number of benefits including consolidating resources, bringing the family together with service providers to address the issues, including the family in planning, keeping the agency accountable, and helping to assure that expectations are communicated clearly. The general issue of including the parent in planning is also discussed subsequently, as an important component of good casework. FDMs were seen as a key mechanism for communication with the family and for providing support across the system. Respondents mentioned the importance of treatment providers and attorneys attending the FDMs, both in terms of showing support for the family, as well as for

making sure that all the providers were “on the same page” in terms of communication with the family and understanding the family’s service mandates. Finally, the joint planning process exemplified by FDMs was seen as an important opportunity to help the parent understand the child’s needs, to focus on the child, and to take the child’s perspective. FDMs are a key feature of Oregon’s child welfare system, and responses suggest that they are seen as extremely important for serving these multi-need families, for a variety of reasons. The quotations below highlight some of the ways that different providers perceived the importance of FDMs.

#### *Helps bring together resources*

“The family decision making model and the strengths needs model that searches within the entire family system for resources, those are both excellent tools for giving the family all the resources possible to do the things the agency is asking.”

111(SCF) 70-71

“FDMs where everyone, providers and family member, come and say what they will do to help support the family and help move them along. We have more FDMs, at intervals, and update the service agreements to reflect what’s going on, check in with services to make sure families are on track.” 123(SCF) 73-77



“The family decision making meetings are very helpful. It gives a chance to focus on the strengths of the family and the needs and doing the problem solving. It's a whole different way of approaching families that is much more positive. Family decision making meetings make everyone in the support system responsible for the decision and for supporting the parents.” [156(JUD) 15-20]

#### *Taking the child's perspective*

“I think by far the most helpful thing is including the family in the planning for the children. One of the components focuses on the children's needs, instead of the parent's problems. The parent and the staff come together and agree that the child has needs, and these are what they are, and this is what we, together, can do about them.” 124(SCF) 59-65

#### *Helps keep the agency accountable*

“There are the concurrent planning meetings, there is the 30-day staffing meeting, and the FDM. All those things are like checks along the way to make sure we are doing everything we can to help our families.” 114 (SCF) 47-48

#### *Helps assure clear communication of expectations*

“They have family support meetings that bring everyone together to make a joint effort that will work for everyone. That keeps the client from triangulating the providers, and it is

helpful to do that from a client's perspective.” [220(TX) 65-68]

“People are finding the family decision meetings are extremely effective in doing planning. They get everyone on the same page and the client hears the same message from everyone and other staff during treatment reviews.” 160(FIT) 97-100

#### *Involves the parent in planning*

“To a certain extent the FDMs are generally good; they help bring in the whole family and the goal is to involve the people who are being targeted for help so they get to participate in how they should be helped. Having that dialogue is more effective than just telling them they have to do it.” [130(JUD) 52-58]

## **A2. 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. Note, however, that while visitation was seen as extremely important to helping parents that respondents also noted problems with the consistency, quality, and frequency of visitation (discussed subsequently under system challenges).

“Visitation is so important for them. They need to see their kids so they stay motivated but they don't have the pressure of having to take care of those kids 24/7, and so it makes it better when they get to see them.” 137(FST) 58-59

“Visitation with the kids is so important. That can be a real motivator. They need more visitation and they need more especially for infants.” 156(JUD) 14-15

“Having visitation within 24 is good. Some caseworkers do try to do that and some don't but that's important, but that should be a goal because it helps motivate the parent. What I see is, immediate contact (with children) helps motivate. Some caseworkers recognize that.” 172(JUD) 100–103

### ***A3. Wrap around 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 child care 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. These are seen as critical to the ability of substance abusing families to attain stable recovery, as these families frequently face a myriad of other life challenges. It should also be noted that while these things were seen as very valuable, many noted the lack of resources for these key services (described subsequently under *Challenges*). Outreach workers, a relatively new service, were seen as an important, if underutilized, resource in providing person power to help access these resources. The clear message from respondents who discussed these issues was that families have many, many service needs that must be met in

order for them to fully recover and succeed in providing a stable environment for their child. However, it also appeared that these resources are often in short supply, and require significant efforts and advocacy on the part of providers to help families obtain what they need.

Interestingly, one issue that has come up in the research is that providers have different views about who is responsible for helping parents access these services. Both caseworkers and treatment providers (and occasionally even attorneys) often exert considerable effort towards helping families obtain these services; at the same time both treatment providers and caseworkers have said, “It is not my job to do this.” For some families, this lack of clear designated responsibility may result in no one helping families with these issues.

#### *Outreach workers provide support beyond what the caseworker can provide*

“We've had an outreach worker and they pick them up and take them to whatever they need to get to meetings, get to OHP, and help get them to the screenings and evaluations.” 103(FST) 80-83

“The outreach workers that are attached to family support teams are one of the best things we've done to get people to appointments before they are clean and sober. Outreach workers from VOA, that was a major improvement, and gives support and helps them engage in treatment by getting them to treatment and helping to keep them organized.” 115(SCF) 122-124; 146-148

“We have VOA drug and alcohol outreach people to help do things like driving, connecting people with other resources in the community. We are trying really hard not to lose any of that valuable time. That helps the caseworkers immensely because they don’t feel like they have to do it all.” 138(SCF) 72-76

#### *Flex Funds*

“We also have flex fund to take care of other problems that come up that affect their stability.” 105(SCF) 53-54

“The flex funds (strength-needs based funds) have been instrumental in getting parents started. That is a huge offering for parents who don’t have an extended family.” 112(FST) 81-82

#### *Other ancillary services*

“They [SCF] go beyond the old system where they said here are the 4 programs and then expected the client to go call them and deal with those issues themselves. Now, SCF helps deal with the issues of finances, calling the treatment agency, providing transportation, going out of their way to find a program where children can be placed if that’s appropriate. The genesis of all that (extra services) was “best interest” and ASFA. SCF also assists them in finding housing, also with DV issues, with providing access to those services.” 170(JUD) 71-80

“We have a nurse who helps them [parents] understand their medical is-

sues, and the kids’ issues, and I don’t know what we would do without her. It helps keep them in treatment when they can understand what is going on. They have things like Hepatitis C, mental health issues, pregnancy, those kinds of things. The nurse helps to coordinate all those pieces so they get the treatment they need.” 103(FST) 63-68

#### **A4. Authority of SCF**

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. This issue was also discussed in reference to the court system, where power was seen as an important force and source of “positive coercion” but one that must be carefully balanced so as to not overwhelm and intimidate families to the point that they feel they are without hope. This balance is captured in the following:

“SCF has the hammer. Timelines can be therapeutic just like probation can be therapeutic. People with an addiction typically have to be coerced in a way. Coercion can be positive although it can backfire in some cases. If there are immediate consequences they take treatment more seriously thereby increasing the potential for a positive outcome.” 185(TX) 104-106

## **B. Practice Issues**

Good casework was seen as a critical ingredient for helping parents to make timely progress. Respondents across all of the systems commented on the value of high quality casework provided by DHS staff. Key elements of successful casework included: caseworkers' ability to build good relationships with parents, to involve parents in planning, to advocate for parents with other providers, and to work with both family members and other providers. Issues related to good quality casework are described below.

### ***B1. 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. In particular, good caseworkers were seen as relationship-based:

“Once we get the attention of the parent we hang in there with them and hold their hand while we wait for services to open up for them. Having someone stick with them is a good thing because we are dealing with people whom others have given up on. You offer people hope, we do the assessment, and we offer them services and then we wait. The relationships you present to people are the positive relationship and it's the first time they've had someone who is positive about them and is there regardless of what is going on and doesn't turn away from them.”  
130(SCF) 61–68

“The most effective thing that SCF can do is for the caseworker to have a good relationship with the client. That is imperative to keeping a parent engaged. We are more likely to see a better outcome if we have that relationship in place. The client will be very clear about the agency's expectations and will be less likely to see SCF as an authority figure and less likely to be threatened. They will be more likely to see things from the child's point of view. That is what SCF tries to do is get them to see that, so they can be motivated by the child's perspective as well” (142 SCF, 87-98).

“The worker can make a difference between success and failure. Letting them know that yes you can succeed and we're all here to help you and here are our goals towards getting you kids back. Some workers do such a wonderful job giving that message and others don't have the personal qualities that allow them to relate to the client in that fashion and it can make an incredible difference (173bJUD, 109-114)”

### ***B2. Caseworker Advocacy***

The role of caseworkers as advocates for parents was also noted by respondents. For example, caseworkers are instrumental in facilitating timely access to treatment.

“We are doing a really good job of getting to the parents early and getting them into treatment, especially for those moms where we can put the kids into treatment with them.”  
106(SCF) 85–87

“I’ve seen it change. It seems like they are doing more in the way of providing more resources, and being seen as supportive versus some one who is out to take kids. The caseworkers are more helpful and more guiding and more compassionate and honest with the clients. I watched a lot of dishonesty happen before in terms of broken promises etc. and it has gotten a lot better. They put things in writing so that the client knows what will happen if they don’t do what they are supposed to. They know what they are up against and because it is in writing it is harder to change it on them. They know all the steps.”

### ***B3. Involving parents in planning***

Respondents also spoke about the importance of involving parents in planning. An important part of this joint planning process was ensuring clear communication about ASFA timelines and consequences.

“I think by far the most helpful thing is including the family in the planning for the children. The timeline is made clear and they see how it impacts what happens to their child and that is helpful.” 124(SCF) 59–64

“It’s a really positive thing for the caseworker and the A&D provider to meet with the client to discuss treatment planning. It’s helpful for them to know that we are working as a team and that we are working for them.” 186(TX) 46–48

“I sit down with parents as soon as I get them and tell them again how much time they have left to get it

done and what their options are and that they have to make a choice to do what they need to do to get clean and sober.” 119(SCF) 48–50

“They (DHS) are good about checking in on clients on a regular basis and holding them accountable.” 194(TX) 93–94

“One thing we do well is working right up front in the case right away and having all parties knowing what the timelines are and what they need to do so that we can get the children returned to them and get them out of foster care.” 129(SCF) 26–28

### ***B4. Working with other providers***

Good casework also encompasses working effectively with other providers. Respondents made the connection between smooth coordination of services and maintaining timely progress on parents’ goals. Caseworkers who are able to build a network of resources for families, and ensure that all providers working with a family are “on the same page” were seen as most helpful to families.

“The collaboration piece is huge—clients we have are engaged in all kinds of services but none of them are talking to each other and so progress is slowed. Good casework keeps it going and gets people to talk.” 112(FST) 86–87

## **C. Coordination With Other Systems**

***CI. Cross-System Training.*** The primary systems coordination issue that was seen as beneficial was cross-system trainings that have been sponsored by

DHS. These forums, co-sponsored by DHS child welfare and the former Office of Alcohol and Drug Abuse Programs were mentioned 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. Additionally, as mentioned above, Family Decision Meetings were seen as an important forum for bringing representatives from other systems together.

“We have been working with our A & D counterparts, we’ve done a lot of cross-training with them and done some strategizing with them to get

the child out of care and back home with home.” 110(SCF) 59-60

“One of the things our system has done is that they coordinated with OADAP to have a series of forums statewide over the course of a year to bring SCF line staff and A&D staff in to do cross-training about the respective issues that we have to deal with. That was a major attempt to bring the two agencies together to get a closer look at how we can work more effectively together to get parents through this successfully.” 133(FST) 69-73

# Effective Policy and Practice for Supporting Families

## THE TREATMENT SYSTEM

### A. System Features

#### A1. 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 played by treatment providers in helping families to obtain the wraparound 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. Respondents across systems mentioned the importance of having a variety of treatment models, especially having available residential beds, and having treatment providers that allow co-residence of children with their mothers. It should be noted however, that a lack of treatment resources, especially the lack of gender and culturally appropriate services, was also seen as a barrier. 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.

#### *Responsiveness of Treatment System*

"I find the system has made good strides in making quick assessments.

I'm able to get a client in within 1 to 2 weeks sometimes right away for an assessment. That is pretty responsive for a system that large." 121(FST) 187-188

"When they help them get to the treatment resource that will address their problems and it's the right level of treatment., so good early assessment for out or inpatient treatment and anything that can be done to expedite access to those resources." 115(SCF) 280-282

"There is growing awareness of the timelines and treatment providers are more responsive to prioritizing some of these parents into treatment beds. That occurs more with FIT and FST." 170(JUD) 131-132

#### *Variety and Availability of Treatment Services*

"By having a different variety of programs that people can tap into. There is a number of ways people can get into treatment." 117(SCF) 100-102

"providing good appropriate services... having a fair number of residential beds available for them to take their kids with them." 154(JUD) 69-70

#### A2. Wrap-Around Services

The importance of wrap-around and auxiliary services has been described previously. However, it should be noted that respondents

commented that it can be important for parents for treatment providers to take an active role in helping to facilitate these services.

“Really supporting women in their issues around parenting and relationships, knowing what’s healthy and what’s not. We support the parent and SCF in giving them solid training to help them with parenting. We have our own parenting classes here; it doubles the message that clients get from both SCF and treatment.  
190(TX) 156-159

“Some are very full services and focus on the parent’s need for support in other areas of their lives. The ones that are full service and provide a full range of services are helpful.”  
108(JUD) 74; 76

“We’ve also instigated additional outreach workers who work with the clients on dimension 6 issues, which the recovery environment, so we’re helping to get them housing, helping with transportation issues, family services, those kinds of things which in conjunction with treatment can bring about successful outcomes. Prior to ASFA this wasn’t done quite so much. Previously we couldn’t take them to AFS or community action. Getting those recovery environments boosted up is key to success because relapse goes along with the hopelessness of being homeless, jobless, having no childcare, no money to feed yourself, so if those things are in place and you have the other treatment tools you’re likely to be successful because you’re treating the

them as a whole person. Success is so much more than getting off drugs.  
180(TX) 127–139

### ***Particular treatment models and approaches***

“The most helpful thing is the inpatient treatment where the children can live with the client, then the child isn’t in substitute care.” 123(SCF) 199–200

“It was all parent focused and now they have turned it around and have started to focus on the family as a whole while still getting the parents involved with their treatment.”  
128(SCF) 153–154

“We try to provide a holistic approach to the human beings and to treatment, touching on drug abuse, mental health issues, and treating them as a whole person. And this helps by giving added support and respect and resources, they feel more hope and encouraged and capable and so, act accordingly in getting their act together.” 180(TX) 116–120

## **B. Practice**

In terms of elements of treatment provider practice that were seen as especially beneficial, three areas were highlighted by respondents: (1) being able to build positive, supportive relationships with parents; (2) being a strong advocate for the parent; and (3) providing good, clear information about the ASFA timelines and their implications. 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. 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.

### ***B1. Building good relationships with parents***

"We aren't judgmental and we try to be supportive and yet set firm limits and make sure there are consequences, meaning that we work with them to make progress yet the choice is still theirs." 186(TX) 87-88

"Judges just don't always understand why a parent isn't making progress. The A&D people truly understand that and that is helpful to the parents just to know that someone understands. It probably doesn't do anything for them in terms of getting over their addiction, but just having that empathy must be helpful." 118(SCF) 104-107

"I've seen some providers work incredibly close with their clients, as closely as a sponsor and those are al-

ways the most successful cases I've seen." 119(SCF) 103-104

"The treatment system once they are engaged in treatment helps them work through the issue they need to look at, develop relapse prevention skills, helps them look for housing and employment, helps them learn how to work within the other systems they are stuck in. They will teach them how to work with those systems and how not to work with them. They look at them as having the ability to change even if they have been to treatment eight times. There is always the belief that this may be the time that something clicks for this client." 157(FIT) 74-81

### ***B2. Provider Advocacy for Parents***

"They [treatment providers] are able to bring a perspective to it that they know the client better than anyone else does. They know them as someone as more than just an individual with an addiction. They are good advocates at the family decision meetings. They ensure that the parent's interests are looked after." 121(FST) 197-199

"As a whole, they tend to put on a friendly, cooperative face for their client populations. The parent really feels like they are there and interested in helping them. They are advocates for their clients and they offer them support and empowerment for those ones who are doing a moderately successful job. They really go to bat for them." 124(SCF) 145-149

“We advocate for the client to make sure that SCF is doing what they need to do. We understand the system and we make sure the clients have their needs met by SCF” 176(TX) 136–138

### ***B3. Communication about Timelines***

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.

“It comes down to providing them with clear expectations. Now because ASFA is in place we all talk about it and we have educated the community providers about ASFA and there is less confusion and the parents understand that everyone is working on the same page.” 145(SCF) 107; 109–110

“Explaining the timelines, ...and they advocate for their clients and help them understand so they can understand what will happen if they leave treatment – that the clock is still ticking.” 160(FIT) 175–177

“They are incredibly tuned into the ASFA timelines and they put pressure on their clients and don’t let them lose sight of what they have to do to preserve their parental rights.” 111(SCF) 178–178

“If the treatment center is doing their job, they do treatment plan which re-

flects the timelines and make them accountable for their progress in treatment, not letting the client slide through.” 181(TX) 127–128

## **C. Coordination**

Respondents mentioned two key areas where coordination between treatment and DHS caseworkers was seen as critically important to parents’ progress: Family Decision Meetings and visitation with children. Respondents also talked about the importance of treatment providers being involved with judicial proceedings.

### ***C1. Involvement in Family Decision Meetings***

Family Decision Meetings (FDMs) provide an opportunity for treatment providers to share their expertise with families and other providers. Treatment providers were also seen as important advocates for parents at FDMs. The importance of FDMs was described previously; however, the important role played by treatment providers in FDMs is noted below.

“It’s been great to have treatment at family decision meetings to communicate their discipline.” 115(SCF) 285–286

“They are good advocates at the family decision meetings. They ensure that the parent’s interests are looked after.” 121(FST) 200–201

“It’s a really positive thing for the caseworker and the A&D provider to meet with the client to discuss treatment planning. It’s helpful for them to know that we are working as a

team and that we are working for them.” 186(TX) 46–48

## ***C2. 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.

“We have ongoing support here for visitation or going to SCF to do visitation there, so doing whatever we can to support them being successful in their relationship with SCF.” 188(TX) 254–255

“We help them by having their visits with children and letting them leave

treatment to have those visits and by helping to satisfy whatever SCF needs.” 195(TX) 97–98

“There is generally a 4 or 10 day blackout (where) they're not allowed contact with people outside the treatment facility). They [SCF] already had her visitation appointments made. So we let visitation take place (even though it was during the blackout period).” 196(TX) 160–163

## ***C3. Involvement in Court Hearings***

Finally, it was seen as important for treatment providers to participate in court hearings for parents. In part, this was because of the role of the treatment provider in being an advocate for the parent (described above).

“(Treatment providers) attend court hearings and are very supportive, some aftercare stuff, and continue to give support through aftercare housing. They are there for 6 months to a year and they continue to get that support that they need.” 165(SCF) 180–182

# Effective Policy and Practice for Supporting Families

## *THE JUDICIAL & LEGAL SYSTEMS*

### **A. System Features**

#### *A1. 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 monitoring of cases was generally seen as helpful; in particular respondents noted that court officials have the authority to ensure that the parent is complying with the service plan, as well as holding the systems accountable for reasonable efforts in helping the parent access what is needed. It should also be noted that this monitoring was not seen as uniformly positive; some noted the unintended consequence of increasing the workload of caseworkers.

“I think the fact that cases are heard by the court frequently, and by judicial officers who have a lot of experience in this area is positive. We have a system in which cases are not allowed to drift.” 154(JUD) 101–103

“They are seeing them [families] on a more frequent basis and not just twice in the life of the case and that helps stay on top of things and keep the urgency of the situation in front of the parent.” 156(JUD) 113–114

#### *A2. 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 non-compliance. However, it was also noted that this authority included the latitude to make exceptions for parents with special circumstances. Again, the key feature seemed to be maintaining appropriate balance—between exerting sufficient authority and “positive coercion” while avoiding overwhelming or intimidating the parent.

“The court is very clear with parents on what the timelines are for getting their act together, and most of them spend a lot of time explaining the ASFA timelines and what that means and that there will be a concurrent plan. The court does have the latitude to be able to say that a parent is making progress even when the parent is outside the timeline, so they do have the discretion to make an exception and give an extension and that can be helpful.” 105(SCF) 113–116

“Involuntary treatment is sometimes more effective than voluntary, so mandating treatment can sometimes be helpful. Having the judge say you don’t look good, you’re not hiding anything from us, so let’s deal with it.” 106(SCF) 255–257

“When a judge is clear about what they need to do and what will happen if they don’t follow through, it has a different feel from the bench because

the judge has the power to terminate rights and the most clients know that.” 115(SCF) 326–327

### **A3. 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.

“Multnomah County is a model court for permanency planning. There is an annual training for the judges every year and ASFA is always a huge part of that training.” 110(SCF) 237–238

“I think there has been a great move toward family courts, and that educates the judges and the attorneys to really think beyond the client and look at their whole family and understand how the individual fits into it.” 225(TX) 187–189

“There have been a lot training on the law and they are more aware now of the policies and procedures of SCF and they have better understanding of the issues. They can make better decisions on the bench because of it, and a lot of the decision before were just made from a judicial background and not from a social workers perspective.” 156(JUD) 120–123

### **B. Practice**

A number of elements of effective judicial and legal practice were mentioned. These parallel elements of effective practice that

were mentioned for treatment providers, and include: being an advocate for parents; building good relationships with parents; understanding ASFA timelines, and having clear communication with parents about ASFA timelines.

### **B1. Building good 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. Respondents also noted that it is helpful when a single judge oversees the case, as this judge gets to know the parent and has better knowledge of the case.

“Some of the judges and the referees do a good job at being compassionate and realistic at the same time. They recognized the good and the bad and help the parent understand their success and failures.” 106(SCF) 249–250

“The one judge - one family system is really good to provide continuity and they have a relationship with that judge and sometimes they want to do well because they didn’t want to let the judge down.” 132(JUD) 103–104

“Most of the juvenile attorneys in this area are skilled in talking with these parents. Most of them encourage the parents to work with the system and do what they need to do.” 104(SCF) 179–182

“Judges recognize the timeframes but don't beat up on the parents. They try to be encouraging. I also think the attorneys have been coming more to the family decision meeting which would be a plus. It's a support to the client because supposedly they are not adversarial and they can encourage the family to work with the agency and the programs that are out there and to know who their client is.” 125(SCF) 145–150

“They do a good job of praising success and being encouraging when the parents are doing a good job. In Multnomah County we have a highly skilled and committed bench and that is a positive for parents here.” 154(JUD) 110–112

### ***B2. Provider 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. As was the case for both child welfare caseworkers and treatment providers, it should also be noted that when attorneys are not doing a good job for parents, that this can be a significant barrier.

“The attorneys in this county for the most part do a good job of being at family unity meetings and are good at being in communication with us. They are skilled at what they do and advocate well for their clients.” 107(FST) 246–247

“Attorneys are great advocates for negotiating the system. Some people attach better to one person or another and attorneys are one of those people. From the kids' perspective, having an attorney is one of the plusses in the process. If everyone is on the bandwagon for return, sometimes the children's attorney can offer a different balancing perspective. It's good advocacy for families.” 108(JUD) 100–104

“They (attorneys) are doing a good job of advocacy whether they are children's attorneys or parents' attorneys. They come to the planning meetings and are participating. It's a very healthy process. It does help when they are willing to do some of the work needed to work out the details.” 124(SCF) 200–204

### ***B3. 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.

“Most of the juvenile attorneys in this area are skilled in talking with these parents. Most of them encourage the parents to work with system and do what they need to do what they need to do.” 104(SCF) 180–181

“I think the parents are getting a very clear message in court. The judges are

very good at helping parents understand what they are facing and they do it in a very respectful way most of the time. 103(FST) 171–172

#### ***B4. Judicial and legal representatives understanding timelines***

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 seen as helpful to parents.

“The bench is more cognizant of the timelines and less likely to let the case drag on and on. It used to be that jurisdiction took up to 6 months, now it takes only 43 days.” 156(JUD) 125–126

“When we do have to go to court it is good that the court gives them a court appointed attorney and they are knowledgeable about the ASFA timelines and they are good advocate for getting their client to participate in services.” 133(FST) 229–233

“They are very good at mandating the treatment that is needed. They have a sophistication around the timelines and they know that the timelines are really quick and so they are really with us trying to make sure that no one loses track of anything.” 138(SCF) 217–220

### **C. Coordination**

The two primary coordination features that were seen as helpful for parents were (1) being involved with Family Decision Meetings;

and (2) working cooperatively with the criminal court.

#### ***C1. Family Decision Meetings***

The value of attorneys’ participation in FDMs includes advocacy as well as the support and encouragement they give families to work with the system. Once again, the value of FDMs in supporting families, and the importance of having multiple persons who are working with families actively involved in the FDMS was highlighted. Respondents noted that the parents’ attorney in particular can encourage families to cooperate with the service plan, as well as to advocate for the parents with the other systems.

“(Attorneys’ attendance at FDMs) is a support to the client because they can encourage the family to work with the agency and the programs that are out there and to know who their client is.” 125(SCF) 149–150

“I tell clients to call their attorneys because the good ones have themselves or a staff member at the FDMs. You can really posture a case at FDMs.” 173(JUD) 259–260

#### ***C2. Working with the criminal court***

As many families with substance abuse issues are involved in criminal matters as well as with family court, coordination between these two systems is important to make sure that families can comply with the sometimes-competing demands and requirements.

“The family court is involved in consolidating criminal and domestic cases so that parents are under one umbrella and are not being mandated through several different authority figures. They try to make people

aware of all the different agency involvements and orders. Probation officers are now being involved in planning with caseworkers and that is something new. They are trying to incorporate them so the case can run more smoothly.” 160(FIT) 233–238

“The extent to which the different pieces of the court system can combine the issues the client is dealing with in to one courtroom is helpful. That saves time and helps them get on with what they need to do.” 146(SCF) 172–175

## ***PROBLEMS AND CHALLENGES IN SUPPORTING FAMILIES***

Below we describe individuals’ responses to the question, “What hinders families from making timely progress, given the ASFA timelines?”. Again, it is important to remember that these remarks reflect participants’ experiences with and perceptions of the three systems in Multnomah County and the Portland metropolitan region. Some issues may be more or less prevalent in other parts of the

state or country, depending upon particular local policies and practices. As with the system strengths described above, results are presented based on qualitative analysis that seeks to describe the breadth of comments provided by respondents, rather than seeking to “rank” or assign weight to the relative importance of certain issue based on the prevalence of a particular answer.

## ***DEPARTMENT OF HUMAN SERVICES CHILD WELFARE SYSTEM***

### **A. System Features**

#### ***A1. System Resources***

The two resource barriers to serving families effectively 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 wrap-around 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:

“We don’t have a lot of community based foster homes in the areas where kids live, so they get pulled out of their neighborhoods and that is a hindrance in that it takes more time to do that and it’s not good for the kids to be uprooted like that and what affects the kids affects the parents.”104(SCF) 80-84.



The importance of wrap-around services was described before, and the ability of the systems to provide these resources was seen as playing a significant role in supporting families to make timely progress. Conversely, the inability to access services such as employment assistance, health insurance, housing, and transportation was seen as a systems problem. Transportation was mentioned as a key service to help facilitate access to treatment services.

“I see the major deficit of SCF as a funding issue. They don’t have the strengths-needs based money any more to provide wrap around services. They used to have more money for transportation and housing issues.” 155(JUD) 57–61

“Some caseworkers provide more services than others, like providing transportation, bus tickets, money for daycare” 118(SCF) 39–41

### ***A2. The Case Transfer Process***

Problems associated with the case transfer process emerged as a barrier for parents. Under 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. This in turn can slow the process as new relationships must be continually re-forged. Similarly, several respondents mentioned the high turnover rates of DHS workers as problematic, be-

cause it causes a disruption in the parent-worker relationship.

“From engaging in services to the end, our system passes clients from one worker to another. Every theory of social work you have is based on relationships and we violate that and bounce them all along. We are passing clients through a system that doesn’t make sense to us or the client.” 103(FST) 89-91

“[We]transfer cases from caseworker to caseworker. There are lapses in time when support is not very good. There are several different units that work on a case and it takes time to get up to speed on the case and it can take a month for the case to get from one caseworker’s desk to another’s” 119(SCF) 60-63

“My experience has been that my clients who have been involved with SCF have been confused by the system, they lack trust towards the system and they don’t feel as if the SCF system is out to help them or their children. There appears to be a great deal of chaos, there appears to be numerous caseworkers on one case, and changes in caseworkers all the time.” 205(TX) 29-34

### ***A3. 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. This is despite the fact that Oregon’s caseloads are in compliance with standards established by the Child

Welfare League of America and other child welfare advocacy groups. 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. Under ASFA in Multnomah County, paperwork requirements have increased, in large part due to the more frequent hearings and documentation of reasonable efforts.

“The paperwork demands of a caseworker’s job are so overwhelming. Almost every week there is a new mandate from the state office. They want a separate this and a separate that and document that, and the level of policy that is driving all this just keeps getting bigger and bigger and not necessarily more efficient or more effective for the client.” 133(FST) 91-92; 98-99

“Too heavy a workload so [the caseworker] can’t attend to details, (consequently) just getting the base minimum done to meet the legal requirement. Bureaucracy has requirements in terms of papers to fill out, trying to find relatives, doing court reports, getting health stuff done for children so there’s not much extra time for interaction with the parents. That’s a disservice.” 169(SCF) 125-126; 131-134

“Caseworkers are overloaded, they have too many cases and aren’t able to contact clients in a timely manner. They are not able to access services for them, they just hand them some numbers and the clients don’t know how to do it.” 157(FIT) 49-51

#### ***A4. Requirements for Parents***

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. At the extreme, concern that DHS “sets parents up to fail” by having unrealistic expectations of what parents can do in a short period of time was expressed. While it seems unlikely that the motive of DHS is to cause parents to fail, respondents did note that for substance abusing parents requiring “too much, too soon” can lead to feelings of failure, guilt, and even to relapse.

“Repeatedly I’ve heard clients say they feel their worker was trying to set them up to fail, trying to overwhelm them and make their service agreement too much and they don’t feel like they were able to coordinate everything they had to do. These tend to be people who don’t have coping skills and organizational skills and so they feel like they are being set up to take a dive.” 186(TX) 55-59

“SCF, I am so frustrated with SCF, I know the intended goal is family reunification but somehow we’re missing it. We’re not getting it together with them. The expectations are so high for some of these practical markers (finding housing, getting a job, completing treatment) as requirement for reunification. I see clients overwhelmed between trying to do treatment 3 days a week, parenting classes, meeting with their PO 1 time a week, paying fines, doing community service. Yet they are also supposed to get a job. It’s incredibly overwhelming, just physically, how

much they're supposed to be doing. At times it feels like we're punishing families. They work miserable shifts, you add up all those hours they are supposed to appear bright eyed and bushy tailed for their visits which are made at the convenience of the foster mom and SCF worker." 198(TX) 165-177

"It is unrealistic to expect them to be able to turn their lives around in such a short period. They all want to be good parents but parenting is about skills and they spend their first 6 or 7 months stabilizing the addiction. Trying to introduce too much information too soon creates too much stress and they start giving up. Short timelines for this population hinders their progress toward a clean and sober lifestyle and ultimately reunification with children." 188(TX) 176-183

"I would say at times we can overload them with services. We can push the overload button on these clients when they've got some things that are difficult enough going on." 127(SCF) 68-69

### ***A5. Concurrent Planning***

Another feature of the system that people believed can be a barrier for parents is concurrent planning. In Oregon, in order to reduce the time to permanency, cases must have plan that establishes an alternative placement strategy if reunification with the parent is not in the best interests of the child. Such a "concurrent" plan serves as a backup plan until the point at which reunification ceases to be the goal for the child. By having the concurrent plan in place from early in the case, there are fewer delays once a decision is

made to seek an alternative to reunification. The primary concern expressed about the concurrent planning process was that it is difficult to convey to parents that, on the one hand, the agency and caseworker are working to reunify the parent with the child, while at the same time they are working on establishing this "backup" plan. In particular, respondents suggested that parents may not trust caseworkers who play this kind of dual role.

"In the beginning of the case, those parents who can't trust us because of the concurrent planning, they just don't ever get past that so they can make progress. It's uncomfortable for everyone (the concurrent planning), but some (parents) don't ever trust and build that relationship (with us) and the result is that they don't engage in services." 107(FST) 27-31

"Another thing that hinders is that they hear a double message when we talk about how important it is to work towards reunification etc... and then in the next breath we say we're going to make concurrent plans. It's hard to balance, that role of being a support for the parent and having to work on a concurrent plan. To get the parent to believe that we are there to help them and we believe in them, but at the say time to say just in case." 111(SCF) 113-119

### ***A6. 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. Visitation allows parents and children to reconnect emotionally, reas-

sures parents that their children are doing well, and reinforces to the parent the importance of overcoming their addiction for the well being of their children. However, concerns were expressed that problems in establishing regular visitation could impede parents' progress.

"I think we need to be providing more visitation. We have a shortage of HSAs- now called something else, SSAs and if parents could see their kids more often they wouldn't lose sight of what the goal is and would remain motivated." 104(SCF) 77-79

"Sometimes there is only a small amount of visitation. That is a negative to both parents and children. It may not have been the best of situations in the home but the standard one-hour a week has a negative impact on children and on parents' motivation to complete treatment. The court doesn't have the resources to provide that visitation but we should be doing a better job of making sure the agency provides better contact with children." 170(JUD) 101-108

"My biggest complaint is that visitation gets changed at the drop of a hat. That interferes with treatment and is tough on families because they have to make both. Visitation is very important for families but not so important to SCF if someone is ill and can't do transportation for example. One has got their visitation switched but it's been switched to the time when she is supposed to do treatment. That crops up a lot." 178(TX) 109-117

"They schedule visitation times with children during treatment hours even though they know ahead of time that this is when the client is doing treatment. . . I have to deal with this all the time. SCF doesn't always arrange for visitations." 182(TX) 111-114

### ***A7. 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. Further, some individual caseworkers may have difficulty working on the parents' behalf, because of negative attitudes or beliefs about substance abusing parents. This is discussed subsequently in the section on Practice Issues.

"They [SCF workers] don't intentionally hinder progress but the mom doesn't see the agency as helping but as a system that has taken the child and is not concerned about the family. They are seen as the agency that is in charge of the child and not there to help the family therefore it would be difficult for the parent to see that this was in their best interest." 174(TX) 82-85

"Because it's an adversarial system from the beginning it makes it less likely the parent will do well, and to ask the client to trust them and dis-

close information right from the beginning, it makes it very hard for them. They are very, very intrusive people – I had one caseworker tell me he went into a client’s home to find evidence that his client was screwing up.” 220(TX) 75-79

## **B. Practice Issues**

### ***B1. 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 towards these parents, unrealistically high expectations for what the parents can cope with, difficulty in supporting the parent to engage in treatment, and in general, may lead them to be unable to work effectively with these parents. It was suggested that substance-abusing parents may be better served by caseworkers with appropriate expertise in dealing with addiction.

“There isn’t enough training or education about addiction for caseworkers. There is a lot judgment that goes on the part of the caseworker about the parent choosing drugs over their kids and that isn’t helpful.” 107(FST) 61-62

“They need more education about addiction so they understand better what these parents are up against. Maybe then they would be more compassionate and more willing to do the extra things these people need.” 164(FIT) 46-48

“[One thing that hinders is] not understanding addictions well enough. We keep trying to bring workers back to the recognition that any abusive behavior they experience from the parent is the addiction, the disease talking. Separating out the behavior from the parent is sometimes hard. What do you do when a parent is really acting out and is really upset and how do you engage them and get them to choose treatment? We are not very good at that yet, and that wastes time.” 138(SCF) 92-97

“Overall there is a strong lack of understanding of substance abuse, treatment, level of care. They don’t understand the process of recovery, treatment, level of care. It’s very difficult to then explain (to SCF) what their (the client’s) achievement in treatment has been. Recovery is an internal process and cannot simply be gauged by getting a job, or a house or some other very external mechanism.” 198(TX) 128-132

### ***B2. Engaging Extended Family***

Although ASFA emphasizes involving extended family for children’s benefit, some respondents suggested that caseworkers did not take this seriously enough, or did not work hard enough to bring extended family members into a parents’ case. This issue may be especially complicated for substance abusing parents, some of whom may have alienated their extended family by the time the child welfare system is involved.

“They don’t get enough family involvement. Extended family in-

volvement. There are family members who are willing to play a part in the kid's life and they don't reach out to all those people and make that effort. So they take them away from their environment and their culture. They affect the whole family systems. We watch it and I don't understand why they do that." 250(TX) 95-99

"Not involving the extended family soon enough. We tend to take the word of the client that there is not family or they are not interested and we need to be more proactive about finding out the whole story." 135(FST) 101-102

### ***B3. 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.

"If you have a caseworker who is only focused on the child protection aspect and not the reunification aspect it sets the case back quite a bit and the client has even more reason to avoid what they need to do. The parent is then justified in thinking that the agency is just out to get their kids and they are not able to see past that." 146(SCF) 69-73

"Their focus is on the child and not on considering the parent and child as unit. They have an unrealistic view of their ability to serve the family because most clients are terrified and don't see SCF as a helping agency at all." 198(SCF) 133-136

### ***B4. Lack of responsiveness on the part of the caseworker***

Another factor that was seen as slowing parents' progress was a lack of responsiveness on the part of the caseworker. Caseworkers who were not available to answer questions, who didn't return phone calls, etc., were seen as having a deleterious effect on parents.

"Not returning calls to the client. When the client call and they need help, you need to return that call." 106(SCF) 100

"Not assisting them to get into treatment asap. It's almost like a test and then saying they can't care enough about their children because they didn't make the phone calls. They hinder them by telling them to just come back in two weeks. Voice mail is ok but not being able to get caseworkers directly is a hindrance, maybe the client doesn't have their own phone, or they aren't there when the caseworker returns the call, the clients gives up. It's discouraging." 172(JUD) 145-152

"They are so busy. General unavailability because of large caseloads. Not communicating, not returning phone calls, not being specific if they do return a call and have to leave a message. It slows up the process for

the client when they have to play phone tag with them.” 177(TX) 81-84

### ***B5. Poor communication with parents***

Clear communication with parents about ASFA timelines and about service requirements was seen as absolutely essential to helping them make progress; conversely, poor communication was seen as a barrier.

“I think some workers make statements that they can’t back up or they aren’t clear in their communications with parents and that just compounds things.” 132(JUD) 64-65

“To not be able to explain it (how the system works) to the family makes it hard for them to make progress, because they don’t understand all the steps and procedures and what the system is looking for.” 140(SCF) 72-74

“They don’t always communicate what they expect from the clients. Before I send out a client report I go over the report with the client so that the client knows what has been said about her and there are no surprises. Sometimes they get surprised and

they are in court and they get broad-sided and that shuts off any dialogue.” 201(TX) 72-76

### ***B6. Not involving parents in planning***

As discussed previously, FDMs were seen as a helpful aspect of the DHS service system, for a number of reasons. One of these reasons was that FDMs serve as a mechanism for involving parents in the planning process for themselves and their child. Failure to involve parents in this way was seen as deleterious to parents’ progress, as described below.

“They (SCF) set up expectations for clients that are unrealistic and that creates a power dynamic which says you do as I say because I am in authority. These women don’t do well with that. Case managers sometimes take over without involving the women in the process of making the decisions. That doesn’t help the women make their own decision. Then the women can get resentful because they are asked to do something they don’t agree with” 188(TX) 193-199

# Problems and Challenges in Supporting Families

## TREATMENT SYSTEM

### A. System Features

#### A1. System Resources

The second major system problem that was mentioned was the lack of comprehensive, family-centered, and holistic treatment services. This was in addition to other comments about the lack of treatment slots and beds more generally. Again, these families typically have a myriad of issues to deal with, and treatment facilities that are able to meet these needs through comprehensive services are seen as more effective.

“We don’t have enough family treatment, we don’t have enough coordinated parent/child care so that we can aid those folks in their reunification, we don’t have enough competent mental health staff, we need more and better trained A&D staff. If we had those things we could help them better. We don’t have the support services, the housing and job assistance.” 208(TX) 113-118

“Lack of beds. We have someone ready to go and they have to wait. One woman waited for a bed for 4 months. We have another who’s been waiting for 3 months. She keeps getting pre-empted by pregnant women. The wait for inpatient it still too long.” 136(FST) 235-236

“We have scores of families waiting while the clock is ticking and who knows what the impact of the stress

of waiting is on their recover.”  
141(JUD) 102-103

“Any delay getting into treatment. A couple of weeks is okay, but a month or 6 weeks is not. Our client count is so unpredictable so it is hard to know exactly what the wait it.” 186(TX) 101-103

“In terms of residential treatment, the lack of availability for immediate need and being able to provide a bed is definitely a hindrance. You’re lucky if you can get someone in within two months. Those who need the treatment and can’t get by with outpatient, they just have to hang out and they remain at risk.” 211(TX) 109-113

#### A2. Treatment Payment Systems

Respondents mentioned that issues related to payment for AOD treatment created substantial barriers for families, including confusion over how treatment would be paid for, OHP eligibility, and what kinds of services would be paid for, as well as situations in which family members were required to pay for even a portion of their own treatment.

##### *Confusion over how to pay for treatment*

“If they don’t use the FIT team, which sometimes they don’t, it can be a mystery, you run into the insurance game, who is going to pay for it, you can get into a real confusing mess and



this is difficult for the client.”  
127(SCF)

“The payment issues are difficult, sometimes the insurance they have doesn’t cover what they need or the agency needs all sorts of documentation that is hard for them to assemble before they can get anything covered.” 143(SCF) 116-117

“Health plans. Over-insurance. Under-insurance, funding issues. We are non-profit organization and sometimes we have to get creative in how we will get people in here. We rely on some funds to offset those who don’t have the ability to pay. When the state and county do their budget cuts and we don’t know how that is going to affect us. Funding is a big hindrance.” 199(TX) 96-101

“Lack of financial resources is a big hindrance. Games the counties play with money, the state plays with money. And someone has to pay the bill. Each treatment center requires a different type of health card and that is not helpful.” 200(TX) 168-170

#### *Requiring Clients to Pay for Treatment*

“The financial requirements of treatment can be hindering. It costs money, no doubt, and even with insurance there is still some cost to it and that sometimes is a barrier for them to getting the treatment they need.” 164(FIT) 83-84

“A guy had a DUI and when he finished his program they wouldn’t give him any aftercare. OHP wouldn’t pay for it and so he had to get indigent

funding, which meant he had to pay something on his own but he couldn’t and they would allow him to continue in aftercare. 135(FST) 206-209

#### ***A3. Treatment doesn’t accommodate people with children***

As described previously, respondents noted that it is helpful when treatment providers take a holistic, family centered approach in their work with these parents. This involves both a family-centered therapeutic approach, as well as structural flexibility in accommodating parents with children in terms of timing of appointments, childcare, etc. Treatment programs that do not take this approach were seen as less helpful to parents.

“I guess the first thing that comes to mind is that a lot of the A&D programs are not tailored to people who have kids or people who work who have kids. Some of the programs are rather inflexible in terms of times, like they schedule classes during working hours and expect a parent to be able to get out of work to attend. They don’t offer child care.”  
159(FIT) 178-182

“Lack of child care. They need that. Some clients can’t come to group because they don’t have adequate childcare and we don’t have the resources to offer it.” 164(FIT) 81-82

“I have clients who were not able to attend treatment because they don’t have child care. We don’t have the money or facilities to provide child care.” 205(TX) 110-112

“They put limits on how old the child can be and still come into treatment. Sometimes even the gender of the

child makes a difference. Sometimes they don't take them if they are school age. Some programs are not adequate to take children or families that have large numbers of children. Or if the child has some behavioral problems." 116(SCF) 129-133

#### ***A4. Turnover impacts relationship building***

As was the case for child welfare caseworkers, respondents mentioned that turnover among treatment providers can slow parents' progress by causing disruption in the parents' ability to build a trusting relationship with the provider:

"I wish they could pay more because the turnover is so high and a lot of clients will say that they were just getting to the point where they could trust the provider and now they have to start all over again." 128(SCF) 170-172

"I think their line staff for both inpatient and outpatient are so poorly paid that there is horrendous turnover and every time you have to switch caseworkers the parent takes a step back." 133(FST) 204-206

## **B. 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.

### ***B1. Attitudes and Beliefs About ASFA and DHS***

Respondents suggested that some 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, communicating incorrect information to parents, and in not understanding the implications of the timeline on the treatment process. Further, respondents suggested that some treatment providers have negative attitudes towards the child welfare system, sometimes because of negative personal experiences. These tensions reflect the basic discrepancy between the child's timeline and the parents recovery timeline.

#### *Lack of Understanding of and/or "Buy-In" to Timelines*

"They hinder families by not understanding ASFA and SCF system and by taking an adversarial stance with the scf." 109(JUD) 72-73

"Sometimes they don't understand the timelines and that if a parent has completed a program that we don't necessarily have to return the child; there may be other issues that need to be resolved. They get the parent thinking that if they finish the program they get their kids back automatically." 120(SCF) 72-75

"Many of them are not in support of the ASFA legislation and that gets communicated to the parent and it's a way for the parent to see themselves as a victim and buying into that mentality for the parent is deadly." 156(JUD) 85-87

“They have been slow to understand the legal timelines. They believe and rightly so that there will be relapses along the way before parents succeed in treatment. I don’t know if they send that message to clients, that relapse is ok whereas SCF says that relapse is not ok. The idea that you’ll get 6 or 7 chances isn’t going to happen anymore.” 170(JUD) 146;149-152

*Treatment philosophy and ASFA timeline are at odds*

“I think philosophically we’ve heard so many times that relapse is a part of treatment, but how many times are they allowed to relapse? The timeline for addiction treatment and for children are not always compatible.” 102(SCF) 90-93

“Someone who is in recovery, doing it at their own pace and being in treatment when they are ready is much more successful than someone who is rushed into it ready or not, and that paradigm isn’t congruent with timelines.” 160(FIT) 185-187

“There is a tendency for the treatment system to under-diagnose and that is associated with the lack of money for treatment. But if you err toward not enough treatment it will really mess up the timeline because you have to start treatment almost from the beginning again.” 184(TX) 161-164

*Counselors’ Issues with DHS Child Welfare*

“[There have been] a few instances where the person giving treatment had their own issues and fears about SCF and didn’t do the kind of coordination and collaboration that would be helpful in giving a clear and consistent message to the client – where they hid relapse from SCF and where they were fearful that sharing information would have a negative impact on their client.” 115(SCF) 294-298

“A mix of recovering people [doing treatment] makes it both good and bad. They come from the background and bring a lot of baggage around SCF that hurts relationships with us sometimes.” 135(FST) 242-243

**B2. Treatment Approaches**

Respondents mentioned several treatment approaches that were seen as possibly hindering families’ progress. First, 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.

*Treatment Overly Optimistic and Protective of Client*

“Operating under clinical protection amounts to working in a vacuum, protecting the client, keeping them from doing the hard mental work by being their clinical conscious. Keeping treatment separate from the work is not helpful for anybody. They set

up a situation for the client to be less than honest about their issues. They tend to be in denial about what the reality is for the client.” 146(SCF) 144-149

“The client’s success reflects on them, and everyone wants to be successful, so they tend to see only the positive and ignore some of the more negative behaviors.” 153(JUD) 81-82

“There are relationship issues between treatment and DHS and the court so treatment doesn’t always provide accurate information. They believe they’re helping the client if they don’t say all the bad things.” 172(JUD) 199-200

“We can all get frightened about rights being terminated so we might not want to see what’s going on with the client because it might end up terminating their rights. For example, if the person says they are clean we might want to believe it is true when really it’s not true.” 182(TX) 177-179

*Not enough individual counseling time with the client*

“We have some clients who don’t do well in groups, but it’s hard to do a lot of one-on-one. “ 134(SCF) 136-137

“I think that there is not enough one on one attention, and they spend too much time in group therapy and they don’t let them have enough time with their therapist individually.” 145(SCF) 117-118

***B3. Counselor Knowledge and Experience***

One additional issue that was mentioned 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.

“Sometimes the counselors are just learning on clients and that is really bad. Not all counselors are good ones. One client actually got kicked out of treatment because she wouldn’t work on what the counselor termed “her frozen feelings,” and even though she was clean, was doing well, she had a TPR anyway all because this one counselor’s obsession with “frozen feelings.” That TPR was later overturned, but it was too late to get her kids back, because they had been gone for so long and she didn’t want to disrupt their lives again.” 136(FST) 246-255

“When we have new counselors that think these clients should get it like we got it and should do what we did. What worked for us isn’t necessarily going to work for them....” 250(TX) 129-133

“If there isn’t anyone qualified or they are not hooked up with the right counselor, that can be a hindrance. If the counselor is judgmental and saying things like they don’t understand all the dynamics of addiction that is bad. The parent doesn’t feel supported and they start to think they are just a bad person. That doesn’t help.” 260(TX) 100-105

# **THE JUDICIAL AND LEGAL SYSTEMS**

## **A. System Features**

The major system problems mentioned by respondents in regards to the judicial system were (1) concerns that frequent hearings unduly burden caseworkers, and (2) problems with the Citizen's Review Board (CRB). Interestingly, frequent court hearings were also mentioned as a strength of the system, as they help prevent cases from "drifting" by requiring regular reviews of a client's progress. In considering these aspects of the judicial system, it is important to keep in mind that the sample was comprised of a relatively smaller number of legal system representatives, compared to other systems. Further, the comments focus on the judicial system in Multnomah County, Oregon, only; judicial systems, issues, and practices vary widely within Oregon as well as nationally.

### **A1. Frequent Hearings Burden Workers**

Some respondents felt that the frequency of hearings required by the judicial system in Multnomah County was burdensome for caseworkers. This was particularly a concern when the work required for hearings interfered with a worker's ability to spend time with the family. It should be noted, however, that frequent hearings and close judicial monitoring was also mentioned as a practice that is often beneficial to families. This suggests that there needs to be careful consideration of potential "unintended consequences" of this closer judicial monitoring (such as increased paperwork and time burdens on caseworkers) and efforts made to reduce these whenever possible.

"What they are doing in Multnomah County is micromanaging cases. The

requirement is a hearing every 6 months, but this county requires one every month or every two months. That puts a huge burden on the caseworker to do more court reports, and that leaves less time to spend working with the client." 136(FST) 299-301;304

"Judges are micromanaging cases, they are over-reviewing cases, and that is pulling the caseworker away from the family and the stuff they could be doing to help them. We are freeing kids who are not adoptable. We are not making good decisions because we spend too much time in court that is wasted time." 140(SCF) 145-149

### **A2. Citizen's Review Board (CRB)**

In Oregon, the Citizen's Review Board (CRB) was established to provide an additional review, by parties outside the child welfare system, of cases where children have been removed from their parents care. The purpose of the CRB review is to allow community input into permanency decisions, and to ensure that federal and state laws are being followed. Some respondents suggested that the CRB can slow the progress of the case. Notably, these comments came from representatives of the treatment and child welfare systems only. Specifically, respondents expressed concerns that CRB members may lack sufficient substance abuse and ASFA training, and that the CRB process may slow parents' progress unnecessarily. It should be noted, however, that the CRB process may be viewed differently in Multnomah County, compared to elsewhere in the state, because

of the strong judicial involvement in Multnomah County. Moreover, CRB members do participate in ongoing training, both on ASFA as well as substance abuse. Nevertheless, respondents expressed the following concerns:

“I’m not a big fan of the CRB. I think the CRB can get sidetracked away from the main issues and start focusing on smaller ones that really are not relevant to permanency. I think it’s pretty contentious. I think it can negatively impact how the parents respond” [138 SCF, 222-227]

“CRBs don’t have a good understanding of SCF clients’ needs. They don’t see the whole picture, and they will ask for things that can’t be done by SCF or the parent for one reason or another, and the client doesn’t need that” [120 SCF, 88-92]

“They [CRB] come up with things out of left field. . . .it’s a nice idea, but the court now serves the purpose of the watchdog, and CRB doesn’t have any clue about what is going on. They require the paperwork to be turned in so far ahead of the hearing, and things can change so drastically before the, that it just wastes time” [107FST, 241-252]

“I think the clients need to have a better voice and have an advocate. CRB is a joke. They look at the file that SCF writes and make a decision. They don’t care what the client is doing, it’s just what SCF has written that matters. I’ve gone to several CRB meetings to be the advocate for the client because they were not al-

lowed to speak for themselves.”  
200(TX) 241-244

## **B. Practice Issues**

Concerns about practices within 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.

### ***B1. Lack of knowledge and Experience with Alcohol and Drug Issues***

Respondents noted that 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. It should be noted, however, that respondents also commented that the judiciary in Multnomah County was, in general, well informed and well educated about ASFA and the special needs of this population. However, when this knowledge is lacking, this can be a barrier for parents.

#### ***Lack of Knowledge of Substance Abuse***

“I don’t think the attorneys are the most informed people about A&D issues, they have this attitude that if the parent does the minimal effort they

should get their kids back. That is not enough and they don't understand all the things that come along with it. So they are not good at supporting their clients." 119(SCF) 141-144

"Not having a social service or drug treatment background, they look at things in terms of the laws, and this is what needs to happen when and what needs to be done when, and it doesn't allow for individual decision-making based on the circumstances of the family." 156(JUD) 139-141

"Their own lack of understanding about addiction and the process of recovery and not taking that into consideration when they make their decisions I think results in decisions that are not entirely fair to the client." 211(TX) 211-214

#### *Attorneys Advise Clients Against Admitting Substance Abuse*

"Sometimes it hinders when clients are told not to accept treatment even when the attorney knows the client is actively using. They recommend they don't accept treatment. I understand why they do it, they are trying to get the client off, but the client could die before they get to court." 157(FIT) 136-139

"It's really hard when the parents are first coming into the legal system and the attorney tells them, don't admit, don't do anything and then you can't go anywhere with that and you have to wait until the court makes its findings and that is frustrating because you lose time." 138(SCF) 233-236

#### *Courts Enforce the Timeline without Understanding of Parents' Issues*

"Because there is a timeline. They don't give them the time they need when their addiction is severe. We're still interpreting it differently than each other and that causes problems sometimes." 116(SCF) 147-148

"When the court system is more punishing and doesn't recognize that the timing of behavioral services can't be arbitrarily forced on people. Then they get in the way. Telling someone they have six months to get over their depression/chemical dependency is ludicrous. When they have no idea how to do that and they have none of the resources they need to do that, it makes sense to politicians and bureaucrats, but it doesn't make clinical sense at all." 202(TX) 149-155

#### ***B2. Inconsistent and/or Biased Judicial Decision Making***

Some respondents expressed concern that due to differences in judicial decision making, some families were treated differently than others. Treatment providers also mentioned that judges and referees sometimes appear to be biased against a client because of their past history of child welfare and drug involvement. However, it should be noted that although ASFA allows courts and child welfare to expedite terminations for clients with prior terminations, rates of fast tracking in Oregon are actually quite low.

"With the legal system there are different personalities and different

working styles. Some are more patient and less likely to micro-manage the case. Some ask more of the parents, some let SCF make the decisions. Some mandate specific services and others don't. That can be a hindrance because all families should get the same treatment." 134(SCF) 163-167

"The judicial system can only go on the info they are given so sometimes they have to make decisions without the whole picture because perhaps they are not given all the information. Sometimes they can be touched by situations too. If they can stay in the law and stay objective that's ok but I don't know if they always can. That could work in the client's favor or against the client." 181(TX) 216-221

"They look to the past as opposed to seeing how the client is doing now. If a client does have a criminal background then that can be counterproductive to the client because the court wants to keep reminding the client of what happened four or five years ago." 194(TX) 236-237

### ***B3. Poor Communication with parents***

Clear communication, as described previously, was seen as extremely important in helping parents to make timely progress. As was the case for both the child welfare and treatment systems, when this communication doesn't happen parents' progress can be delayed. Respondents commented 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.

"The judicial system doesn't do a very good job with clients in terms of explaining the legal process in a non bureaucratic and non legal way. Right might be terminated, but what does that mean to the client? It's not a user-friendly system. They don't say it in everyday words." 113(SCF) 225-227

"Different judicial officers can be fairly brisk and don't take the time to explain all the things that are happening and they make the assumption that the parents get it on their first or second time hearing it, but there is not the follow up to make sure they continue to understand what is happening throughout the process." 160(FIT) 250-253

"Legal system does not make sure the women have all the correct information. The unknown stuff drives these women crazy and they can overreact around those things. The legal representatives have discussions with the women, but don't write things down for the women so they interpret it through their own filters." 188(TX) 379-381

### ***B4. Courts overburden the parents with too many expectations***

Respondents discussed the fact that parents frequently are required to accomplish a large number of things before they can be reunified with their children. However, parents may be overwhelmed when services are not priori-



tized as to which comes first. In addition, the system may have little ability to help parents cope with the heavy requirements. This was also discussed previously as a problem for the DHS system.

“Parents have a lot of demands on them when they get into the system and it’s hard for them to follow everything that have to and pay everything they have to. It’s required by SCF, but mandated by the courts.” 137(FST) 140-141;145

“Sometimes we have a tendency to get into the idea that the parent needs 6 services and we don’t look closely enough at the order of those services to prioritize them and then we end up loading too much on them.” 170(JUD) 207-209

“They have too many stipulations. Pay restitution, you don’t have a job. Get a job, you don’t have an education. Come see us, got to treatment, pee in a cup, go to anger management, and don’t miss any of it. That ain’t helping.” 250(TX) 217-219

### ***B5. Courts demoralize and intimidate parents***

Respondents also expressed concern that experiences in court may be stressful and perhaps harmful to parents. Although respondents also noted that the formal authority of the court can help parents by underscoring the importance of the events and the seriousness of the situation, the court can also be overwhelming. By its very nature, the court setting, the formal nature of allegations and proceedings, and the legalistic language and

protocols, can have an intimidating effect on parents.

“Parents can feel really victimized because of the reading of broad allegations at the hearing. All the parent can see is how the system had made conclusions about their parenting. We victimize and traumatize people in this systems in a myriad of ways.” 109(JUD) 105-109

“Making permanent decisions about parental rights that are not reversible at a later date-having that power is pretty intimidating and causes the clients a lot of stress.” 211(TX) 209-210

“By using the power of the justice to intimidate people who are using drugs and they feel they have no other options and they are oppressed and that is why they started using in the first place.” 251(TX) 175-77

### ***B6. Lack of Attorney Involvement in the Case***

Respondents commented on the seeming inability of some attorneys to respond to parents’ and to adequately work on behalf of parents. Certainly, having a strong attorney who understands the systems and can effectively advocate for parents was seen as helpful; at the same time having an overworked, ineffective attorney can be a significant barrier.

“Caseload for attorneys sometimes makes it harder for families if you have to rely on someone to advise you and they are not available and they are not there when you need them, it slows down the process.” 108(JUD) 116-118

“The quality of the attorneys is a huge variable. Some come to all the meeting and are really in touch with their clients and then there are others who are really not good attorney. If they had a stronger attorney they would be in a better position.”

134(SCF) 167-170

“Most lawyers don’t attend FUMS, It’s pretty typical to see the attorney change for whatever staffing reasons that the firms have. It’s very inconsistent.” 141(JUD) 153-154

“Attorneys also hinder. Given ASFA you have to make a pretty quick assessment about whether or not your case is going to result in wardship, and if so you have to get your client into treatment ASAP, and a lot of the attorneys don’t do that and they lose time that way.” 144(JUD) 181-185

## ***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 wrap-around 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 up-front 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 opportuni-

- ties 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 decrease 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 problem-

atic 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.