The Florida Senate

Interim Project Report 2004-114 *November 2003*

Committee on Children and Families James E. "Jim" King, Jr., President

SERVICE INTEGRATION AND COLLABORATION BY THE SUBSTANCE ABUSE AND FAMILY SAFETY PROGRAM FOR INDIVIDUALS IN PROTECTIVE SERVICES REQUIRING SUBSTANCE ABUSE TREATMENT

SUMMARY

Substance abuse affects the individual, family, and the community in a number of significant ways. Parental substance abuse is a known risk factor for adverse effects on their children. Of particular importance is the fact that parents with substance abuse problems are more likely than other parents to maltreat their children.

A large number of families who have children removed from the home due to abuse or neglect suffer from substance abuse. These families present a complex array of problems that are both difficult and time-consuming to address. Family safety and substance abuse programs face a number of challenges to providing effective services for these persons. Unfortunately, a number of families are not reunified due to parental substance abuse, and many of these children are placed with relative caregivers. There is a critical need to improve reunification of the children with their families.

The Department of Children and Families has initiated a number of efforts since 1999 to improve the coordination and integration of substance abuse services with the child protection system to address this need. An initiative that has received legislative funding is the Family Intervention Specialist (FIS) position which is targeted specifically on the provision of needed substance abuse services to parents involved in the child welfare system. This interim project focuses on the effectiveness of the programs' coordination, particularly through the use of the FIS.

Information was obtained from a variety of sources, including departmental reports and guidelines, departmental data systems, staff interviews, and case record reviews.

Included among the recommendations for departmental actions are further refinement of the target population to receive FIS services, identification of parental substance abuse indicators to be used by child protection workers, development of rules pertaining to the provision of substance abuse services to adults in the child protection system, the provision of intensive substance abuse training for child protection workers, and refinement of current data sets in order to better evaluate outcomes. The Legislature is encouraged to strengthen statutory language pertaining to parental compliance with substance abuse case plan goals, require ongoing progress reports by the department, and to initiate a planning process to enhance collaborative efforts made by the department and key stakeholders.

BACKGROUND

Substance abuse significantly affects the individual, family, and the community in a number of ways. Some of the poor outcomes associated with substance abuse include unemployability, impairment in physical and mental health, increased crime, increased violence, and dependence on non-familial support systems for survival. Parental substance abuse is a known risk factor for adverse effects on the children that may include mental health problems, poor developmental outcomes, abuse and neglect, and foster home placement. Of particular importance is the fact that parents with substance abuse problems are more likely than other parents to maltreat their children. The Child Welfare League of America (CWLA) found that at least 50 percent of substantiated child abuse and neglect reports involve parental abuse of alcohol or other drugs. [1]

[1] *Blending Perspectives and Building a Common Ground*, U.S. Department of Health and Human Services, 1999.

Parental substance abuse contributes to poor parenting skills and can impair a parent or caretaker's judgment and ability to establish priorities, rendering the parent unable to provide the consistent care and supervision that children need. Research indicates that:

- Parental substance abuse is a contributing factor in one-third to two-thirds of the children involved in the child welfare system.
- Substance abuse is more likely to be a factor in reports regarding younger children than older ones and more likely to be a factor in child neglect than in child abuse cases.
- Maltreatment cases related to alcohol or drug use are more likely to result in foster care placements than other cases in the child welfare system.[2]

Families with complex problems that include both substance abuse and child maltreatment face multiple issues while resolving their problems. Critical to the issues is the fact that addiction to alcohol or other drugs can be a chronic and relapsing disorder, and recovery can be a long term process. However, often conflicting is that children have an immediate need for safe and stable homes, and there are legal timeframe requirements associated with achieving the goal of a permanent, safe, and stable home.

The implementation of the Adoption and Safe Families Act (ASFA, P.L. 105-89) has reduced the maximum length of time a child should remain in out-of-home care from 18 to 12 months. With increased emphasis on reducing the amount of time a child should remain in out-of-home care, it becomes even more important to effectively address concurrent substance abuse and maltreatment problems.

While both the substance abuse treatment and child welfare fields share the vision of healthy, functional families resulting from their interventions, differing perspectives and philosophies may impede cooperation, stymie progress, or even hamper one another's efforts. There are some key differences in programmatic perspectives that contribute to these problems.

One of these differences is the definition of who "the client" is. In the child welfare system, the child is clearly considered the client, while in the substance abuse arena, the adult who is referred for treatment is considered the client. Building on this first difference, a second difference relates to the concept of what outcomes are expected during the frequently differing time lines for the client. Specifically, the timeframes to achieve a safe and stable home for the child may not be and, often, are not congruent with the timeframes associated with the successful completion of substance abuse treatment. Finally, there are potentially conflicting responses to setbacks. Relapse in substance abuse treatment is expected and may not be considered a negative event in the recovery process, while from the child welfare perspective, a substance abuse relapse may well contribute to an unsafe living environment for the child. Each of these differences contributes to the problem of collaboration between child welfare and substance abuse programs.[3]

In a report made to Congress in 1999 by the Department of Health and Human Services, the issues associated with parental substance abuse and child abuse were explored, and a number of recommendations were made for initiatives that would improve the collaborative provision of needed services by child welfare and substance abuse programs. Florida is one of several states that have begun implementing some of the recommended initiatives.

Direction to prioritize parents of children in the child protection system for substance abuse services was provided by the Legislature through the provisions of the 1998 Florida Appropriations Act. This Act established a performance measure: Number of adults in child welfare protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.

In order to report a benchmark for this measure, the Family Safety Program Office conducted a statewide survey of open protective supervision cases in February, 1999, which substantiated that too few parents identified as needing substance abuse treatment were receiving the service and even fewer of the parents needing services successfully completed treatment. Specifically, the survey results indicated that 52 percent of the total cases reviewed included substance abuse treatment as a requirement of the case plan. Of the individuals identified as needing treatment, fewer than half (47.6 percent) were admitted and actually received treatment. Further, only 41 percent of those who were admitted for treatment successfully completed treatment.

Since 1999, there has been an improved service system

[2] U.S. Department of Health and Human Services, *Supra*.

[3] Karoll, B.R., and Poertner, J. Judges Case Workers' and Substance Abuse Counselors' Indicators of Family Reunification with Substance-Affected Parents, *Child Welfare League of America*, 2002.

response to providing integrated services that includes major funding efforts directed toward system improvement and expansions targeted at adults involved in the child protection system. Examples of funding and system improvements include the following:

- With the 1999 Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, $17.8 million was directed to adults, prioritizing families at-risk of or currently involved with Florida's child protection system.
- In October 1999, eligibility for Temporary Assistance to Needy Families (TANF) funding for alcohol and drug treatment was expanded to include individuals at risk of being involved with TANF, significantly expanding substance abuse services for Family Safety Program clients.
- In 2000, the Department of Children and Families (DCF or the department) established joint system goals for an integrated and coordinated response to address the problem of parental substance abuse in child maltreatment and neglect cases. The goals identified for the Family Safety and Substance Abuse Programs were to further protect children, remediate the consequences of substance abuse on families involved in protective supervision, reunify healthy families, and support families in recovery.[4]
- Of particular importance, the Florida Legislature appropriated $2.5 million for FY 2000-01 in order to expand substance abuse and family intervention case management and support services. This funding made possible the implementation of 35 FIS contracted positions statewide to serve up to 1,218 families annually. The Family Intervention Specialists (FIS) are frequently co-located with Child Protective Investigation or Protective Supervision staff.

With the creation of the FIS positions, the department identified its target population as families in protective supervision with caretakers needing substance abuse treatment. At least two FIS positions were allocated per district. Discretionary funding in the amount of $20,000 per FIS was also allocated to help eliminate barriers to substance abuse treatment for this target population.[5]

The Legislature funded the FIS position to increase the number of adults in the child welfare system needing substance abuse treatment who actually receive treatment. The FIS were intended to provide an in-house resource in situations where caretaker substance abuse is suspected as a contributing factor in cases of child abuse and neglect; to take referrals; provide initial screening and assessment; provide the linkage for further assessment or treatment as indicated; case manage, track, and report on the progress of individuals referred for substance abuse services; and perform a key role in providing information for development and case management of the family service plan. [6] Nearly all of the FIS have degrees in the area of social work, counseling or psychology, and more than half hold professional certifications.[7]

The 2003 Legislature funded 35 additional FIS positions yielding a total of 70 statewide. However, no additional discretionary funding was allocated. Most of the new FIS positions were in place and operational by the end of October, 2003.

Given the Legislature's investments and DCF's efforts since 1999 to improve the coordination and integration of substance abuse services with the child protection system, there is a need to determine the outcomes these initiatives have achieved. This interim project examined the effectiveness of substance abuse and family safety initiatives to expand, enhance, and improve the integration and quality of services for families with substance abusing parents who are involved with child protective services, with particular focus on improved outcomes for children and families that have been achieved through funding for the FIS positions.

METHODOLOGY

In order to examine the effectiveness of substance abuse and family safety initiatives in improving outcomes for families with parental substance abuse issues, information was obtained from a variety of sources:

- Departmental documents including operating procedures, guidelines, and reports were reviewed.
- Information from HomeSafenet and the substance abuse data base was obtained and analyzed.

[4] Substance Abuse and Family Safety: Developing an Integrated System of Care for Children and Families, Policy Paper, DCF Substance Abuse Program Office.

[5] State Mental Health and Substance Abuse Plan: 2000-2003, April 2001, A Report to the Governor and Legislature.

[6] Guidelines for Substance Abuse Family Intervention Specialists, 2002.

[7] Family Intervention Specialist Survey, DCF, 2001.

- Staff members from DCF, community-based care lead agencies, and substance abuse providers were interviewed.
- A selected case record review was conducted in selected counties in order to examine the provision and impact of substance abuse services on specific cases.

The counties were selected for a site visit and case record review to reflect variety and based upon geographic proximity. Thirty-nine case records were examined from counties located in District 2 and the Sun Coast Region. These counties included Leon, Bay, Madison, Taylor, Jefferson, Pinellas, and Hillsborough.

FINDINGS

This interim project's examination of the outcomes for children and families involved in the child welfare system where substance abuse is involved confirmed that substance abuse is a major contributor to child abuse and neglect in Florida. It also found that many parents are not actually receiving and completing substance abuse treatment, but that FIS positions and identified discretionary funds, when used effectively, appear to have the potential to improve parents' follow-through with substance abuse treatment. Based on project findings, when FIS services were provided to families, reunification was achieved more quickly than in cases not receiving services. However, despite the importance of parents receiving and completing substance abuse services, DCF has not yet initiated efforts to track and evaluate service delivery although a performance measure was directed by the Legislature in 1998.

Case Record Reviews

Client case records provide insight into family histories and previous involvement with child welfare or substance abuse services. They also contain critical information about individual case plan goals, service delivery, client progress in meeting the case plan goals, and whether or not the eventual reunification of the family occurs.

Thirty-nine child welfare case records involving more than 62 parents or caretakers were reviewed. Most of the cases were closed at the time of review; however, a few remained open. Even though cases were drawn randomly and without regard to whether or not there was substance abuse involvement, twenty-three of the case records reviewed (59 percent) reflected parental substance abuse issues on either the safety assessment or the case plan. Sixteen cases contained no indication of parental substance abuse issues.

There were a number of common characteristics among parents or caretakers with substance abuse issues. These individuals usually had been identified in multiple abuse or neglect allegations prior to the removal of the child. These allegations were frequently associated with substance abuse and may or may not have been verified at the time of investigation. In contrast, parents or caretakers without apparent substance issues tended to have been involved in fewer prior abuse allegations. The substance abusing parents in the cases reviewed also had arrest records which were also frequently associated with substance use or sale. Based upon a review of these cases, it appears that the history of prior allegations combined with parent or caretaker arrest records provides a better indicator of the need for substance abuse services than the Child Safety Assessment.

The case record reviews revealed that while a need for substance abuse service was evident, individuals were often not getting screened to confirm the need for services, and very few individuals were receiving or completing substance abuse treatment. Although 23 of the cases clearly reflected the need for substance abuse services, the records were frequently unclear as to whether or not the individuals were referred for further screening. Referrals for further substance abuse screening were frequently limited to urinalysis testing which only substantiated current alcohol or drug use. Based upon file records, a small number of parents or caretakers exhibiting problems with substance abuse were actually admitted for substance abuse services (seven), and only three of these persons successfully completed the treatment.

Failure to successfully complete treatment was primarily attributed to either refusal or non-compliance with treatment or incarceration of the individual. Although most of these cases appeared to be highly suitable for FIS services, the case records reflect that only a few of the cases actually received any FIS services. More revealing is the fact that when the cases were analyzed comparing cases receiving FIS services to those that did not, the primary reason for treatment failure when the FIS was involved was incarceration of the caretaker, while the primary reason for those who did not receive FIS services was non-compliance with treatment. Parents or caretakers must comply with substance abuse case plan goals in order for children and their families to be reunited. This review provides evidence that receipt of FIS services can improve the

likelihood that parents will successfully complete their case plan goals relating to substance abuse and, in turn, be reunited with their children. Failure to achieve these goals results in the children remaining in the state system.

The case record reviews support the research indicating that cases involving substance abuse issues require a longer period of time to achieve closure than those that do not.[8] Making a decision to reunify or not to reunify the family is frequently more difficult in cases involving substance abuse. The case record review findings indicated that when substance abuse was not a problem, cases were closed in approximately 9 months, and reunification of the family occurred in 64 percent of the cases. When substance abuse issues were present in the family, case closure took 11 months, with the decision to reunify occurring in only 17 percent of the families. While only a few substance abuse cases received services from a FIS, when a FIS was involved, case closure was achieved in a significantly shorter amount of time (8 months), and 40 percent of the families were reunified.[9]

In order to effectively deal with parental substance abuse issues, both timely and appropriate treatment must be provided.[10] However, the case record review found that the amount of time elapsing between the removal of the child and the approval of a case plan was variable. In some areas, the usual amount of time tended to be 1 month, while in other areas nearly 3 months elapsed between the time the child was removed and a case plan developed containing substance abuse goals. Any delay in case planning results in further delay in referring parents to substance abuse services, which is critical to the successful reunification of the family.

The substance abuse case records maintained by the FIS were found to be very thorough, containing client referral, assessment, and treatment information in compliance with the substance abuse licensing requirements as well as the guidelines provided by the program office. However, client referral, screening, and assessment results, or evidence of treatment compliance and progress was not consistently found in the child protective services case records except in the Bay County area.

Statewide Data Analysis

The data compiled and analyzed for the purpose of this project identified 3,970 cases from the 2002 calendar year in which children were removed from their homes due to abuse or neglect and the cases were closed at the time of review. [11] Of these cases, parental or caretaker substance abuse was cited as the reason for protective services 34 percent of the time.

As with the case records reviewed, statewide data indicated that it takes longer to achieve case closure when parental substance abuse is involved than when substance abuse is not an issue. When substance abuse is identified as a reason for service, it takes approximately 11 months to achieve closure while cases that do not involve substance abuse require about 8 months to achieve closure.[12]

An analysis of the data clearly identified gaps between the number of individuals who were identified with substance abuse needs, the number of referrals for substance abuse services, and the number of individuals who actually receive treatment. Specifically, when the parents and caregivers in the data set were compared with the substance abuse program data, it appeared that a number of these parents/caregivers with substance abuse problems were not being referred by the family safety staff but by other service systems such as courts and mental health providers. Although a number of persons were identified with substance abuse service needs, a much lower number of persons were actually referred to and admitted for treatment. The treatment modality provided most often to parents or caretakers involved with child protective services was either intervention or outpatient services.

Family Intervention Specialists-Utilization

Information pertaining to the provision of FIS services is not currently captured by any statewide data system. While various information is being collected and maintained at the district and provider level, a common and consistent set of data elements that is shared by the

[8] See, for example, Gregoire, K.A., and Schults, D.J., Substance-Abusing Child Welfare Parents: Treatment and Child Placement Outcomes, *Child Welfare League of America,* 2001.

[9] Case closure may be achieved with or without family reunification, although the goal is to reunify the family.

[10] See, for example, No Safe Haven: Children of Substance-Abusing Parents, January 1999.

[11] This does not reflect the total number of cases with child removals during the 2002 calendar year. The methodology used for this project limited the number of cases to "closed" protective services cases allowing a more thorough examination of services provided.

[12] This is shorter than the state median of 13.1 months.

Substance Abuse and Family Safety program areas across the state has not been identified or utilized for program evaluation.

While the FIS position's main job functions include the provision of substance abuse and psychosocial assessments, case management, and the provision of linkages to referrals, the positions have been used for a wide range of functions across the districts and even within districts. As noted in the reviews of client records, the utilization of the FIS positions appears to affect the outcomes of substance abuse treatment.

Discretionary Funds

The Legislature provided for discretionary funds in order to give the FIS a tool to remove barriers to treatment for clients. Guidelines have been provided by the Substance Abuse Program Office that specify that "the funds may be used for any number of reasons as long as those reasons may pose some sort of barrier to that person's successful participation and completion of treatment. Some examples may be the provision of childcare, transportation, assistance with housing, urinalysis testing, etc." These guidelines also provide procedures for accessing the funds and address the development of mechanisms to account for expenditures to be developed cooperatively with the provider, the FIS, and the contract manager.

Innovative uses of this funding noted during this review included: helping to pay rent for housing while the client completed substance abuse treatment, paying for child care, paying for transportation to substance abuse treatment, paying rent for half-way houses, and providing the required co-pay for clients to receive other needed evaluations such as mental health assessments. Utilization of the funding in this manner is supported by studies indicating that clients who do not have their primary needs (food and shelter) met are less successful in completing substance abuse treatment than those who do.[13]

Unfortunately, discretionary funding has not always been used to its best potential. An example of this is the almost exclusive use of this funding in one area for urinalysis testing, whether or not the client was receiving any other substance abuse intervention or treatment services. There are currently other sources of funding available to pay for urinalysis testing that should be used prior to accessing the discretionary funds.

[13] Family Intervention Service Discharge Study, August 1, 2003, Central Florida Behavioral Health Network.

Following are descriptions of how sample districts and counties have used the FIS positions.

SunCoast Region

In the SunCoast Region, FIS services in Hillsborough and Pinellas counties are managed through an Administrative Services Organization (ASO) which, in turn, sub-contracts with local substance abuse agencies for direct service delivery by a FIS. Interviews revealed a number of benefits to using this type of contractual arrangement including providing a consistent framework for FIS services and ensuring standardization of practice across the region, as well as providing funding flexibility that allows the "blending" of funds to provide a broader array of services. Quality assurance and monitoring requirements have been built into the contract as well.

In the Hillsborough County area, district staff felt strongly that the FIS initiative, when first funded, would be beneficial to client treatment and utilized available funding to introduce the position earlier than in the rest of the state. Currently, there are six FIS positions in this county that are co-located with the community-based care lead agency, Hillsborough Kids, Inc. (HKI). The FIS positions fulfill the intended responsibilities and provide feedback to the child welfare case managers regarding treatment progress.

In Pinellas County, the FIS positions primarily work in conjunction with the Sheriff's protective investigations office. Although there were earlier attempts to negotiate the co-location of the FIS with the Family Continuity Program (FCP, the community-based care lead agency), negotiations were not successful. However, during the site visit, all of the FCP protective supervision staff who were interviewed felt the provision of FIS services offered them a valuable resource and were beneficial to their clients. Recently, there has been renewed interest in the co-location and utilization of the FIS position in conjunction with the community-based care lead agency.

District 2

Five counties were visited in District 2, including Leon, Bay, Madison, Taylor, and Jefferson. The Madison, Taylor and Jefferson county areas are rural counties and are capable of accessing a very limited array of substance abuse services.

In the Leon county area, the FIS position has been minimally utilized. Staff interviews indicate that despite many planning meetings, the service was never used by the Family Safety staff for treatment

coordination. During interviews with the Family Safety staff, many of them did not know a FIS position existed or how to access its services. The case files reviewed from Leon County confirmed that there was little or no utilization of the FIS, although discretionary funding was utilized for urinalysis testing.

In the Bay county area, the FIS position was co-located in the Family Safety program offices and provided services to both the protective investigations and protective supervision units. The FIS interviewed was newly hired but reported having a good working relationship with the family safety staff and being accessible for referrals. At the time of review, the FIS was primarily being used to conduct urinalysis testing, a practice that fails to realize the professional potential of the position. There is an opportunity for improvement in this area by expanding the scope of services currently provided by the FIS to become more congruent with those outlined in the state guidelines.

A successful model for the utilization of the FIS position was noted in the Madison, Taylor and Jefferson county area. Substance abuse services have been provided in this area by the same person since the inception of the program. The FIS is based in the substance abuse provider office but spends 2 days a week out-posted in the Family Safety offices. The Family Safety workers report having good access to the FIS and are able to schedule client appointments in advance for the days the FIS is scheduled to work in the Family Safety offices. This FIS is responsible for conducting substance abuse screening, assessment, and treatment services. The strengths of this model are the continuity for persons receiving services and the effective communication occurring between the FIS and workers in the Family Safety program.

Evidence of the best utilization of the FIS was found in the case files reviewed from Bay, Madison, Jefferson, and Taylor counties. As additional FIS positions have been allocated in District 2 and new contracts have been developed, contract changes have been made to improve the utilization of the FIS. This is being accomplished by including the FIS guidelines in the contract requirements and providing more specific criteria for accessing discretionary funds. Planning meetings have been held with the Substance Abuse, Family Safety, and Community-Based Care staff to improve effectiveness of the FIS services.

Treatment Linkages and Follow-Up

Cooperation between the Family Safety and Substance Abuse programs and staff is critical for effective outcomes for substance abusing parents. However, the referral and service documentation process necessary to ensure services completion was found not to be fully understood, is inconsistently applied, and there is little evidence that integrative practices are utilized.

As a part of the staff interview process, the linkages between the two program areas supporting the collaborative provision of substance abuse services were identified. Some of the particular mechanisms discussed included the utilization of meetings with both substance abuse and child welfare staff, the referral and information sharing process, and the manner in which treatment progress was communicated back to the child protection worker.

All workers interviewed could broadly describe the circumstances under which they would make referrals for substance abuse services, particularly the FIS services, the process by which these referrals are made, and how feedback regarding referrals is obtained. Most of the referral and tracking process is accomplished through phone contact between the substance abuse liaison and the child protection worker. Although referral forms are used, they did not appear to be consistently utilized or retained in the Family Safety or child protection client record.

The lack of clarity in the criteria for referral to the FIS or other substance abuse services may contribute to child protection workers' failure to make referrals. In some areas, the FIS referrals are reserved for persons who exhibit long-term problems with previous treatment failures while in other areas, cases that "possibly" need services are referred to the FIS. In two of the site visit areas, child protection staff are unaware of the availability of FIS services.

Child protection staff could articulate how treatment information is shared and that evidence should be found in the case record. However, documentation related to the provision of substance abuse services is not consistently found in the family safety case record files.

Some of the FIS responsibilities include ensuring joint case planning, integrating the goals of the family safety case plans and the substance abuse treatment process, and making cooperative decisions whether to close a case or leave it open. However, staff interviews and case record reviews offer little evidence of these integrative practices.

Conclusion

The department has made progress in developing a joint system of care that addresses the needs of substance abusing parents who are also involved in the child welfare system. However, the significant gap between the numbers of parents identified as needing substance abuse services and the number of parents actually referred to and receiving the treatment indicates that further improvements are needed in order to achieve better outcomes for children and families with substance abuse issues.

First, while the FIS initiative offers an innovative way to provide services to a target population that is difficult to serve, the initiative has not been implemented in the most effective manner in accordance with the guidelines provided by the Substance Abuse Program Office. If the FIS position and discretionary funds were clearly targeted to provide assessment, treatment, and follow-up, evidence found in this project suggests that more families would complete their substance abuse case plan requirements and become reunited with their children. That outcome would not only save public funds spent on out-of- home care, it would greatly benefit children and their families.

Second, the collaboration between the Family Safety and Substance Abuse program offices should be strengthened to provide better information and guidance as to the inter-programmatic delivery of services. This alliance provides the infrastructure necessary to ensure the effectiveness of the FIS initiative. Although the performance measure to improve the delivery of substance abuse services to adults involved in the child welfare system was originally shared by both the Substance Abuse and Family Safety Programs, it is currently assigned only to the Substance Abuse Program. One program area cannot successfully impact this measure, as discovered in this project, as both programs share responsibilities associated with service delivery.

Third, it is not clear that enough attention is being paid to parental compliance with case plan goals pertaining to substance abuse evaluation and treatment. In particular, lack of interim follow-up by Family Safety staff in tracking client progress towards meeting substance abuse-related goals contributes to the failure of parents to successfully complete case plan goals and, in turn, to achieve family reunification.

Finally, although DCF has not achieved the level of service integration that had been hoped for, there has been improvement. The department applied for and has been selected as only one of four states to receive In-Depth Technical Assistance, a program sponsored by The National Center on Substance Abuse and Child Welfare. This program will assist the department in developing the cross-system partnership and practice changes that are needed to better address the issues of substance abuse disorders among families in the child welfare system.

RECOMMENDATIONS

The department should establish by rule requirements for the coordination and integration of Substance Abuse and Family Safety services for substance abusing parents who are also involved in the child welfare system. The rule should provide a better definition of the target population to receive FIS services in order to best use that limited resource, address the amount of time that should elapse between child removal and case plan development, define referral processes and formalized mechanisms for sharing treatment progress, specify staff responsibilities, and describe the substance abuse treatment documentation required in the child welfare case records.

The department should further analyze and identify the indicators of needed parental substance abuse treatment and provide written criteria to be used by child protection workers for making referrals for FIS services. Intensive case worker training in the area of substance abuse addiction should be provided to child protection workers.

The department should further refine statewide data systems to collect information across the Substance Abuse and Family Safety program areas that is needed to evaluate the success of the FIS initiative.

The Legislature should consider strengthening ch. 39, F.S., regarding parental compliance with substance abuse goals contained in the case plan including court actions such as, more frequent judicial review or increased substance abuse treatment requirements that may be taken when parents fail to comply with the agreed upon case plan goals.

The Legislature should consider reassigning the performance measure relating to substance abuse treatment for parents in the child protection system to the Family Safety Program, to be shared with Substance Abuse, and strengthen accountability for this

measure by requiring ongoing evaluation and progress reports to the Legislature.

The Legislature should consider directing the Florida Substance Abuse and Mental Health Corporation, Inc., to facilitate a collaborative planning process with key stakeholders to study the relationship between the substance abuse recovery process and the timeframes mandated for family reunification and to make recommendations that will improve family reunification and reduce the incidence of families cycling in and out of the child protection system.

The Legislature should consider continuing and, to the degree funding is available, expanding the FIS initiative to provide services to additional families.