

What Parents Say About...

What Works in Substance Abuse Recovery

to Strengthen Protective Factors in Families and Ensure Children's Safety and Well-Being

The National Alliance of Children's Trust and Prevention Funds (Alliance) joined with the Casey Family Programs Birth Parent Advisory Committee (BPAC) to develop a series of issue briefs in collaboration with the Birth Parent National Network (BPNN). This is the second in a series of issue briefs relating to parenting, addiction and its intersection with child welfare. In this issue, parents with prior experiences with addiction and the child welfare system will share their perspectives on "what works" in substance abuse recovery to strengthen protective factors in families and ensure children's safety and well-being.

Parents experiencing active addiction are not "bad" parents and addiction should not result in certain child removal. Parents are

often doing the best they can and, with the right support and treatment resources, will be better able to achieve successful long-term recovery and provide safety and care for their children. The brief is designed to inform and educate policymakers, caseworkers, child welfare leaders and the general public about strategies and resources that may help parents overcome their addiction while keeping their families together, or, if placement is needed, to work with parents as quickly as possible to reunify. We hope this issue brief will help improve practices and policies that impact families and communities working to address substance use issues and to help create strong, supportive recovery communities.

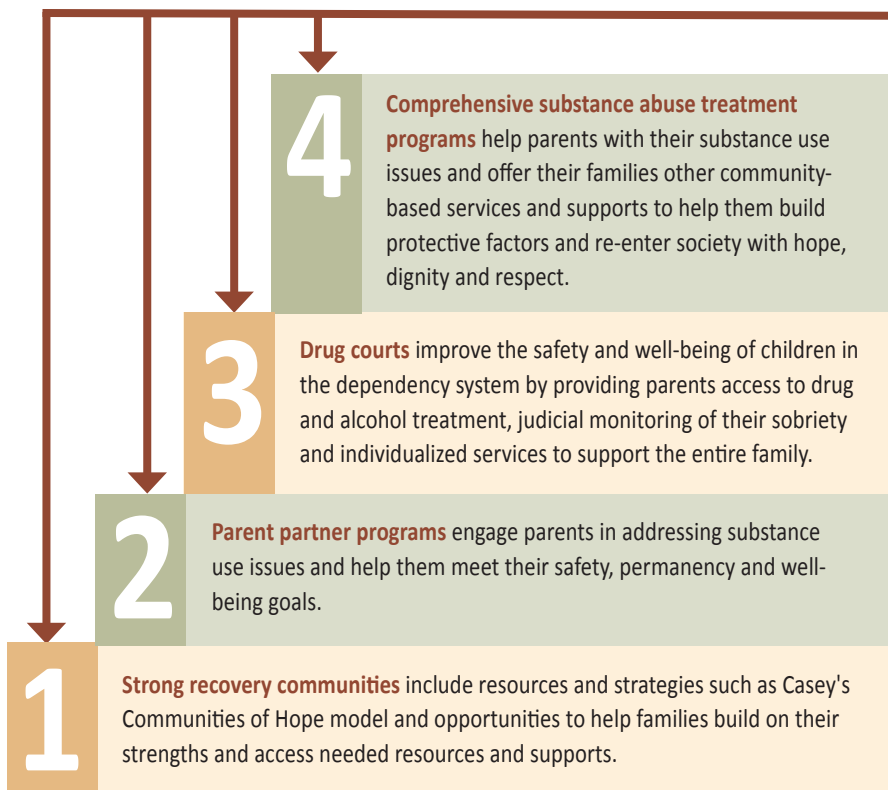


Parents recommend

four successful prevention and treatment approaches to support families with substance abuse issues.

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A common theme

A common theme arose as we talked with parents across the country about what works to help families dealing with substance abuse issues.

Parents need timely access to all types and levels of service that will promote successful recovery for them and positive outcomes for their children. These services include concrete supports such as housing, medical care, clothing, food and financial assistance. It is also vital that the interventions are customized to meet the specific needs of each family. For example, in some situations a child may not need to be removed if the parent has had limited involvement with substance use and is willing to participate in home-based or other appropriate treatment services. Effective and accessible substance abuse treatment programs also provide concrete support for parents in need. For parents with young children, programs that incorporate the children and recognize the parenting role are critically important supports.

Finding a different way to support families

All across the country, communities are looking at new and different approaches to keep children safe, strengthen their families and help communities become more supportive. The Casey Family Programs' *Investing in Hope: Signature Report 2016* talks about creating a better tomorrow by building Communities of Hope where the safety of our children is directly related to the strength of their families and the conditions of the communities in which they live. For example, in one rural Kentucky county, a communitywide partnership was formed based on Casey's Community of Hope approach to help this area struggling with unemployment and substance abuse. The partnership brought together social services, the judicial system, community volunteers, mental health services, substance abuse services, public schools, the local library and the business community, all in support of building stronger families. In just under four years, the county has seen the number of children in foster care reduced by about a third. (<https://www.casey.org/hope>).

In this issue brief, we will be talking about strategies that align with Casey Family Programs' focus on providing preventive, supportive services to help parents suspected or involved with substance abuse issues better care for their children as early as possible. We believe:

"Parents can be more successful in overcoming substance abuse challenges when provided with interventions at the first signs of difficulty."

(<https://www.casey.org/hope2017>)

During the past two decades, innovative programs were developed to address child safety in families where substance abuse is an issue (Parental Substance Use and the Child Welfare System, Bulletin for Professionals, October 2014, Child Welfare Information Gateway, <https://www.childwelfare.gov/pubs/factsheets/parentalsubabuse/>). Examples of four promising prevention and treatment approaches are highlighted in this issue brief.

1 Strong recovery communities

Based on research, practice and the personal experiences of parents living in recovery, we believe that there is a major need to focus on creating strong recovery communities to sustain long-term recovery. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes the essential role of recovery support for persons with substance abuse and addiction in order for them to maintain their overall health and wellness. We recognize that there are many pathways to recovery such as abstinence with approved medications (e.g., methadone, buprenorphine products, etc.), participation in evidence-based/informed treatment services and a wide range of community supports.

We are committed to advancing SAMHSA's efforts in fostering health, wellness and resilience, increasing access to permanent supportive housing, employment, educational opportunities, community recovery supports and reducing the stigma associated with addiction that impact full participation in community life. (<https://www.samhsa.gov/recovery/samhsas-efforts>)

We are interested in expanding public awareness and outreach on issues relating to addiction and addiction recovery with service providers, community leaders

and policymakers through issue briefs such as this one. We plan to work with other networks to motivate individuals and community organizations to take action and create strong, supportive recovery communities. Establishing a strong recovery community will help to support families dealing with substance abuse issues and help families build their protective factors.

② Parent partner programs

Parent partner programs engage parents with experience in the child welfare system as mentors, advocates and/or peer support to parents currently involved with the child welfare system. The goals of parent partner programs may vary, but are typically to partner with parents more fully in the child welfare case planning and services process, and to provide information, guidance and supports to assist families in meeting their safety, permanency and well-being goals. Parent partner programs can be an effective approach to helping address common challenges to family engagement, build on family strengths and needs and contribute to positive outcomes for children and families. More and more child welfare agencies are utilizing parent partner programs to help build relationships with families when they first enter the system.

Parents dealing with substance abuse issues may isolate themselves from others as part of their addiction. They may lack positive social connections needed to support them in their recovery and coping strategies. Peer mentors can provide a vital social connection. The following research studies indicate that peer mentors play a positive role in promoting reunification and maltreatment prevention:

- Dobkin, P. L., Civita, M. D., Paraherakis, A., & Gill, K. (2002). The role of functional social support in treatment retention and outcomes among outpatient adult substance abusers. *Addiction*, 97(3), 347–356.
- Akin, B. A., Brook, J., & Lloyd, M. H. (2015). Co-Occurrence of Parental Substance Abuse and Child Serious Emotional Disturbance: Understanding Multiple Pathways to Improve Child and Family Outcomes. *Child Welfare*, 94(3).
- Grella, C. E., Needell, B., Shi, Y., & Hser, Y. I. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare?. *Journal of substance abuse treatment*, 36(3), 278–293.

The important role of a parent partner

Brejea C., a birth parent from California, began learning about developing the skills to become a parent advocate in 2009 when she first attended a parent leadership support group. She was subsequently hired as a parent advocate at A Better Way, an agency contracted to provide parent partner services for Alameda County Department of Children and Family Services. Brejea believes that it is crucial to have a parent advocate program “because a lot of parents who are going through the child welfare system have no clue what they are in for. I did not have a parent advocate, and when I saw how parent advocates were able to help families by sharing their own lived experiences, it made me want to become one.”

Brejea continues, “I just wanted to be there for parents going through the system – to hold their hand – and assist them in all the areas that they needed. A lot of times we need someone just to listen to us while going through the system because you’re usually by yourself. It is so important to have someone by your

Help families build protective factors

All of the approaches identified in this issue brief help families dealing with substance abuse build their protective factors such as resilience, social connections, concrete supports, parenting knowledge and emotional development of their children. The Alliance is a national leader in promoting and helping others to learn about and use the Strengthening Families™ Protective Factors framework, a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. For more information on protective factors and to access numerous documents, training opportunities, videos and other resources on the protective factors framework, visit the Alliance website at <http://trainers.ctfalliance.org>.

“Today, in my role as a lead parent advocate in Alameda County, I help to bridge a lot of relationships between birth parents, foster parents and child welfare workers. I help support parents in learning to use their voices – it is so important for a parent to feel that their opinions have been heard and that they are part of the decisions being made about their child. The parent advocate plays a critical role in helping to make this happen!”
Brejea C., Birth Parent, California

“All of the families that I work with are referred to the Parent Partner Program by the Louisiana Department of Children and Family Services. I think being a parent partner is amazing. The parents I work with tend to open up more and work on their case plans when they find out that I myself have also been through similar experiences within the system. We need to have more parent partners and other community resources available to help families.”

Raven S., Birth Parent, Louisiana

Illinois Recovery Coaches

As part of Illinois' Title IV-E waiver demonstration, recovery coaches provide intensive outreach and engagement services for families whose children have been placed in foster care because of parental substance abuse and maltreatment. Recovery coaches work with parents, child welfare caseworkers and treatment agencies to remove barriers to treatment, engage parents in treatment and provide ongoing support following reunification. An experimental evaluation (Ryan and Huang, 2012) found that, compared to families who received standard services, parents working with recovery coaches were more likely to access substance abuse treatment and did so more quickly. In addition, they achieved safe family reunification and reduced the length of time children spent in out-of-home care. (https://cfrc.illinois.edu/pubs/rp_20120701_IllinoisAODAIV-EWaiverDemonstrationFinalEvaluationReport.pdf)

side who will listen to you and to know they will understand because they have gone through similar difficulties and have successfully overcome these challenges. It truly helped me see that there is light at the end of the tunnel for many of the families that enter the system with substance abuse issues and have their children removed.”

Another birth parent, Raven S. from Louisiana, shares how she became involved with child protective services because of substance abuse issues and difficulties with parenting: “All five of my children were placed in kinship care. To get my children back, I first participated in an intensive inpatient substance abuse treatment program for about 40 days.”

This treatment program gave Raven the confidence to keep moving forward with her life and focusing on positive steps to become a better parent and provider for her family. She says, “For the next year and a half, I was involved with a half-way house program that significantly helped me develop my skills to become more self-sufficient and responsible. The program helped me get back on my feet by obtaining a job, getting an apartment and saving enough money to buy my very first car. Throughout this time, I worked on my case plan, participated in family team meetings and visited regularly with my children. Eventually, I was able to successfully reunify with my children. Today all of my children are doing well and I have been free of substance abuse for the past 8 years.”

Several months after Raven was reunified with her children, the Louisiana Department of Children and Family Services asked if she was interested in working as a parent partner and helping other parents who had become involved with the child welfare system. She says, “I decided to take the job because I knew from my own life experiences that when my children were removed, I felt very alone, misunderstood and did not know how to work effectively with my social worker and navigate the child welfare system. I wished that I had a parent partner to help me work better with my social worker, help explain the system to me and link me to the various resources that I needed in those earlier years. I became the first parent partner in the state of Louisiana.”

Today, Raven works as a parent partner in Lafayette, Louisiana: “It is a great feeling to let parents know that they are not alone and they can overcome any obstacles in their path. I believe that parent partners advocate for and help support parents in getting linked to needed resources. Parent partners offer reassurance and hope.”

Washington State's Parents for Parents Program

According to Kimberly M., a birth parent from Washington, who helped to develop the first Parents for Parents (P4P) Program in Washington State, parents who struggle with substance abuse and are also involved with the child welfare system need more than just substance abuse education. Comprehensive long-term, inpatient substance abuse treatment, combined with resources to address any mental health issues, financial or housing barriers and relationship issues work better in stabilizing families than providing limited piecemeal services.

Kimberly says, “When I was involved with the system, I really needed someone to identify and work with me on developing a plan to address all of the issues that I was dealing with. Instead, I ended up re-entering the system numerous times and feeling very frustrated and hopeless about my situation.”

She believes parent partner programs should be used to support parents with substance abuse issues. Parent partners are able to:

- Help addicted parents talk and admit that they have an issue with substances.
- Assist parents to take accountability and responsibility for their own recovery.
- Support parents in developing cooperative behavior and complying with suggestions and recommendations that lead to recovery.

Also, it's in the best interest of children and families if families can go to inpatient treatment together. Creating family inpatient facilities allows families to stay together and receive services at the same time. Family members can engage in their individual services, eat together at meals, participate in family counseling and most importantly, heal together.

Kimberly shared that the Washington P4P has been successful in helping families overcome addiction issues by providing peer mentoring for families in the dependency court system. The program offers early outreach and education that helps shift parental attitudes from anger and resentment to acknowledgment and acceptance, and enhances parents' engagement in their court-ordered plans. Mentoring is provided by parent allies (PAs) – parents who have successfully navigated the child welfare system, demonstrate professionalism, accept responsibility for the factors involved in their child's dependency and are eager to help other parents succeed. PAs receive extensive training and supervision. P4P is a promising practice per the University of Washington's Evidence Based Practice Institute based upon the findings of the King County model. (<https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf>)

"It would have been extremely helpful to have one consistent person work with me and help guide me through the process. Many parent partners have had their own issues with substance abuse and are great role models and mentors on what it takes to overcome substance abuse issues and lead productive lives."

Kimberly M., Birth Parent,
Washington

3 Drug courts

Drug courts are problem-solving courts that use a specialized model in which different disciplines such as the judiciary, prosecution, defense, probation, law enforcement, mental health, social service and treatment communities work together to help addicted offenders into long-term recovery.

For example, in California, drug courts are specially designed courts that provide an alternative to traditional criminal justice prosecution for non-violent drug-related offenses. These courts combine close judicial oversight and monitoring with probation supervision and substance abuse treatment services. The goals of these programs are:

- Reduce recidivism and substance abuse among substance abusing offenders
- Increase the offender's likelihood of successful rehabilitation

Adult drug courts provide access to treatment for substance-abusing offenders in criminal, dependency and family courts while minimizing the use of incarceration. They provide a structure for linking supervision and treatment with ongoing judicial oversight and team management. The majority of drug courts combine initial intensive treatment services with ongoing monitoring and continuing care for a year or more. Dependency drug courts address substance abuse issues that contribute to removal of children from the care of their parents. Drug courts in family courts address the impact of substance abuse on child custody and visitation. (<http://www.courts.ca.gov/5979.htm>)

Washington's therapeutic courts

In the state of Washington, the drug court model is known as a "therapeutic court" model. In 2016, there were at least 83 different "therapeutic courts" in Washington state with seven different types: Adult Drug Courts (24); Juvenile Drug Courts (13); Family Dependency Treatment Courts (18); DUI Courts (7); a Domestic Violence Court (DV) (1); Mental Health Courts (13); and Veterans' Treatment Courts (8). Some are Superior courts, some are District Courts and others are Municipal courts (<https://www.counselingwashington.com/FAQS/Therapeutic-Courts-in-Washington-State>)

Outcome Study of American Family Treatment Drug Courts

In 2008, an outcome study was published by Worcel, Furrer, Green, Burrus and Finigan on the American Family Treatment Drug Courts (FTDCs), which are specialized courts designed to work with substance-abusing parents involved with the child welfare system. Overall, the study found that FTDC mothers had more positive treatment outcomes than similar mothers who were not served by the FTDC. The FTDC mothers were more likely to enter substance abuse treatment services than were non-FTDC mothers, entered treatment more quickly after their initial court petition than did non-FTDC mothers, spent twice as much time in treatment than did non-FTDC mothers and were twice as likely to complete at least one treatment episode than non-FTDC mothers. In addition, data from the study indicate that FTDCs influence a key child welfare variable of interest: FTDC children were significantly more likely to be reunified with their mothers than were unserved children.

(Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W., & Finigan, M. W. [2008]. Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review*, Vol. 17: 427–443. Published online 7 November 2008 in Wiley InterScience [www.interscience.wiley.com] DOI: 10.1002/car.1045.)

The King County Family Treatment Court

The King County Family Treatment Court (FTC) was first implemented in Washington State in 2004. The FTC is an alternative to regular dependency court and is designed to improve the safety and well-being of children in the dependency system by providing parents access to drug and alcohol treatment, judicial monitoring of their sobriety and individualized services to support the entire family.

The FTC has four primary goals:

- To ensure that children have safe and permanent homes within permanency planning guidelines;
- To ensure that families of color have outcomes from dependency cases similar to families not of color;
- To ensure that parents are better able to care for themselves and their children and seek resources to do so; and
- To ensure that the cost to society of dependency cases involving substance abuse is reduced.

Through a collaborative, strength-based approach, Family Treatment Court integrates substance abuse treatment and increased accountability into the dependency process. It is expected that parents will remain in the FTC between 12 months and two years. The court's first preference is always to help make families whole or to find children a stable environment with their own relatives. If a parent is unable to engage in services or maintain sobriety, the court seeks a prompt, permanent solution for the children.

The FTC team is comprised of a FTC social worker, a court-appointed special advocate (CASA) who represents the child's best interest, an assistant attorney general representing the state social worker, parent's defense counsel, a treatment specialist who represents the voice of treatment and a family recovery support specialist (FRSS) who is a peer mentor and the FTC Judge. In FTC, the team is trained on addiction and recovery and policies are set up to hold parents accountable for addict behavior such as noncompliance with treatment or relapse and help motivate the parent to move forward in their case and address unmet treatment needs.

The FTC was evaluated by the University of Washington's Division of Public Behavioral Health and Justice Policy in 2011 and a quasi-experimental evaluation found that compared to similar families in the regular dependency court, FTC parents:

- Entered treatment sooner
- Were more likely to successfully complete treatment

Children of parents in the FTC group spent less time in out-of-home care and were more likely to permanently reunite with their parents. All of these positive outcomes were the same for both white families and families of color. (Bruns, E. J., Pullmann, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K [2012]. Effects of a multidisciplinary family treatment drug court on child and family outcomes: Results of a quasi-experimental study. *Child Maltreatment*, 17[3] 218–230.) More information can be accessed at <http://www.kingcounty.gov/courts/superior-court/dependency/family-treatment-court.aspx>.

4 Comprehensive substance abuse treatment programs

Parents with substance abuse issues frequently find themselves stuck in a cycle of denial, mistrust and feeling hopeless. Trauma may also play a major part in the parent's life and using the protective factors framework and a strengths-based perspective can help families address trauma and other key issues. Building parental resilience enables the parent to recover from difficult life experiences, and often be strengthened by and even transformed by those experiences.

Trauma informed treatment works

China D. is a birth mother who lives in Ohio. She is the mother of two children, one that she parents and one that she does not because of her previous addiction issues. She shares some of her challenges and talks about resources that were the most helpful to her:

"I was involved with addiction issues for 16 years using heroin and crack cocaine. When I started at 16, I didn't think there would be any problem, because I was 'Just doing it myself.' Then, like so many, I got pregnant and wanted to parent. No matter how much I loved my child, I couldn't stop using drugs on any consistent basis."

At 32, after having lost custody of her four-year-old seven months earlier, China found out she was pregnant with her second child. She says she was overwhelmed with issues such as:

- How to navigate the complex child welfare system
- Understanding what all the terms mean
- Fear that if she asked questions to clarify information, they would think she was too stupid to parent her child
- Her inability to stop using drugs
- Her experience with mental health issues such as depression and anxiety
- Increased stress

China's shares that her second pregnancy brought her "back" in treatment, but this time it was different. She says, "Because I was pregnant, I received services I never knew of before." They included:

- Trauma-informed programming
- Housing assistance in a recovery oriented therapeutic community ("My child learned that she wasn't alone or the only one with a mother with substance abuse issues.")
- Therapeutic services using a family model of addiction treatment where each person in the family receives services
- Access to medical and behavioral health care
- Assistance with food if needed
- An understanding community
- Help with re-entering society and participating fully as a responsible, productive member

"I was overwhelmed with such issues as how to navigate the complex child welfare system – all those terms and what questions to ask. I was afraid, depressed, anxious and stressed to the max. ALL OF THESE THINGS MADE ME WANT TO USE DRUGS MORE!!"

"If I were to sum up the services that I received in my first two years being clean, it would be HOPE, DIGNITY and RESPECT:

- 1 *It inspired HOPE in a person who believed no effort nor miracle would ever change my path.*
- 2 *It returned a measure of DIGNITY to me...which I then worked hard to increase more and more.*
- 3 *Services were delivered with RESPECT consistently – eventually convincing me I was worthy of that respect."*

China D., Birth Parent, Ohio

As parents shared their perspectives, the consistent message was that parents are more likely to succeed in overcoming their addictions and provide a safe and nurturing environment for their children if they are able to participate in a comprehensive substance abuse treatment program that also includes a host of other community-based services and support to help them build protective factors and re-enter society with hope, dignity and respect. We identified two research-based substance abuse recovery programs – Kentucky START and SHIELDS for Families – that seem to meet these needs for parents and their families.

Kentucky START's goals

- Ensure child safety
- Reduce entry into out-of-home care, keeping children in the home with the parent when safe and possible
- Achieve child permanency within the Adoptions and Safe Families Act (ASFA) timeframes, preferably with one or both parents or, if that is not possible, with a relative
- Achieve parental sobriety in time to meet ASFA permanency time frames
- Improve parental capacity to care for children and engage in essential life tasks
- Reduce repeat maltreatment and re-entry into out-of-home care
- Expand behavioral health system quality of care and service capacity as needed to effectively serve families with parental substance use and child maltreatment issues
- Improve collaboration and the system of service delivery between child welfare and mental health treatment providers

Kentucky Sobriety Treatment and Recovery Teams (START)

Kentucky START, an intensive child welfare program for families with co-occurring substance use and child maltreatment, is delivered in an integrated manner with local addiction treatment services. The program pairs a social worker with a family mentor to work collaboratively with a small number of families, providing peer support, intensive treatment and child welfare services. The program's overall goal is to keep children safe and reduce their placement into state custody, keeping children with their families when appropriate.

Originating in Kentucky in 2006, this community-based treatment model encourages shared decision-making among caseworkers, parent mentors and parents, to create a holistic assessment of the parents' needs and provide quick access to intensive addiction/mental health assessment and treatment. Kentucky START has expanded into Ohio and other states.

Parent mentors have at least three years of sobriety and previous experience with the child welfare system. Each Kentucky START CPS worker-mentor team has a limited number of cases, allowing them to work intensively with families, engage them in individualized wraparound services and identify natural supports, with the goals of child safety, permanency and parental sobriety.

Kentucky START has worked closely with researchers to investigate the program's effectiveness, and several peer-reviewed articles have been published demonstrating these findings. The program has proven to be effective at improving outcomes for mothers. "Sobriety" in the Kentucky START context is defined as abstinence from alcohol and other drugs as indicated by staff observation and drug test results. Also considered as indicators of progress are advancement in substance use treatment; engaging in community-based recovery supports; and improving parental capacity to care for children. Mothers who participated in Kentucky START achieved sobriety at nearly twice the rate of mothers treated without Kentucky START (66 percent and 37 percent, respectively). The program has also proven to be effective at keeping children at home. Children in families served by Kentucky START were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively). This outcome also results in cost-effectiveness – for every \$1 spent on Kentucky START, Kentucky avoided spending \$2.22 on foster care. Kentucky START is listed as a program with promising scientific evidence in the California Evidence-Based Clearinghouse for Child Welfare (CEBC). Visit the CEBC website at www.cebc4cw.org to see a comprehensive description of Kentucky START at <http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed>.

SHIELDS for Families

SHIELDS for Families is one of the leading model programs nationally that has helped vulnerable children and families in Los Angeles County for the past 25 years. The program provides comprehensive services including early intervention, drug court involvement, long-term residential substance abuse treatment, housing, transportation and other related services to strengthen and preserve families. SHIELDS funding is maintained by a combination of federal block prenatal funding, state mental health funding and child welfare grants from both the state and federal government. On average, the cost is about \$25,000 per family, with a 12–18 month stay.

One study on this model looked at 21 long-term, poly-substance abusing mothers who successfully completed an 18-month family-focused residential substance abuse treatment program in southern California that helped them retain or regain custody of their children. They shared their stories and experiences with specific program characteristics and approaches of this rare treatment option. Policy implications for child welfare and parental substance abuse treatment are examined in light of these success stories. (Einbinder, Susan D., *A qualitative study of exodus graduates: Family-Focused residential substance abuse treatment as an option for mothers to retain or regain custody and sobriety in Los Angeles, California*, *Child Welfare*, Vol. 89, No. 4, July/August 2010.)

Conclusion

It is important that the voices of parents be included in the development of new approaches to address child safety for families where substance abuse is an issue. In this document, you heard from many parents who overcame substance abuse challenges and are active advocates, parent partners and recovery coaches for families. It is vitally important that child welfare workers and other service providers participate in trainings to continually build their understanding of parental substance use issues, its signs, its effects on parenting and child safety and realistic expectations relating to a parent's treatment, long-term recovery and possible relapses.

There have been some major improvements in collaborations across systems since the late 1990s. Stronger efforts are being made to coordinate services across systems such as child welfare, courts, mental health and substance abuse treatment services for families. According to Children and Family Futures, (2011), retrieved from www.cffutures.org/files/PracticeModel.pdf, collaborative practices provide a wider array of resources for families to meet their complex needs. Some key strategies to collaborate include cross training of staff, information and data sharing across systems and coordinated services through formal and informal agreements. We are eager to see more early identification of at-risk families with potential substance use issues through prenatal screening initiatives so that prevention services can be promoted as early as possible to ensure child safety and well-being in the home. We are also committed to promoting strong and supportive communities for families that promote protective factors such as social connections, concrete supports and parenting knowledge to help buffer risks.



"It is important for parent voices to be part of the process when developing policies to encourage the provision of services to parents as well as discourage the separation of families of origin where safely possible."
Suzanne S., Birth Parent, Illinois

Additional resources

Casey Family Programs – <https://www.casey.org>

Child Welfare Information Gateway – <https://www.childwelfare.gov/topics/systemwide/>

Children and Family Futures – <https://www.cffutures.org/>

National Abandoned Infants Assistance Resource Center – <http://aia.berkeley.edu>

National Alliance of Children’s Trust and Prevention Funds Protective Factors Training – <http://ctfalliance.org/onlinetraining.htm>

National Center on Substance Abuse and Child Welfare – <https://www.ncsacw.samhsa.gov>

National Registry of Evidence-Based Programs and Practices – <http://www.nrepp.samhsa.gov>

Recovery Month Toolkit – <https://www.recoverymonth.gov/toolkit>

Substance Abuse and Mental Health Services Administration – <http://www.samhsa.gov>

About the Birth Parent Advisory Committee (BPAC)

The **Birth Parent Advisory Committee** (BPAC) is a select group of parents from across the country that have a range of expertise and personal experiences within the child welfare system. They serve as strategic partners with Casey Family Programs and the Alliance. The BPAC members serve in a variety of leadership roles such as parent

mentors, policy advocates, grassroots organizers and organizational administrators. They utilize their advocacy skills to ensure that the voices of parents are heard in the development of policies and practices that affect families.

About the Birth Parent National Network (BPNN)

The **Birth Parent National Network** (BPNN), is a national platform for birth parents to work in partnership with organizations and policymakers to share their life experiences and make recommendations to improve policies and practices that impact children and families. The goal of the BPNN is to strengthen and support families and improve outcomes for families at risk or involved with the child welfare system. Our growing network includes hundreds of parent and organizational members. If you

wish to make a difference locally, in your state or at the national level, join the BPNN. To learn more about this dynamic national network visit the BPNN website:

bpnn.ctfalliance.org

To join the BPNN, submit your membership application to:

bpnn.ctfalliance.org/applications

For questions, please email us at info@ctfalliance.org

