

Child Abuse and Substance Abuse: Addressing the Critical Overlap

Inter-agency data and collaboration are crucial to identifying and controlling the pattern of referral, deferral and blame.

By Sid Gardner, President, Children and Family Futures

CHILD ABUSE AND SUBSTANCE ABUSE ARE NO strangers to each other. The federal government has documented substance abuse in at least one-third of families in which child abuse and neglect were reported and in two-thirds of families in which children were removed from their parents' custody.

The government monitors child welfare outcomes in such cases through its Child and Family Services Review (CFSR). Using this process, each state tracks its federally mandated outcomes—how many families are reunified once children have been removed from their homes; how many children are affected by a recurrence of abuse or neglect once reunified; and so on.

But the fly in the ointment is that child welfare outcomes are not entirely under the control of the child welfare system. The CFSR process uses the phrase “array of services” to refer to substance abuse treatment, parent education, mental health treatment and other services required to ensure that some families can be reunified. If parents are not in compliance with court orders to seek such treatment, their parental rights can be terminated permanently.

So a classic situation is established in which one set of agencies depends on another for a portion of its results and funding, but without direct-line control over that agency. The better the connections, transmission of vital information and essential “handoffs,” the more likely the outcomes for children and families will be positive.

Decisions to remove or reunify children can profoundly affect the lives of the children and other family members. But because the extent of the overlap among agencies is only estimated, agencies cannot gauge how widely they need to collaborate, so they tend to revert to a pattern of referral, deferral and blame. Clients are referred from child welfare to treatment agencies; the child welfare staff then defers monitoring the clients until they come back to court; and often the treatment agency is blamed for not having the appropriate treatment slot or program for the client.

What can improve on this catch-22 setup? The three groups involved—child welfare, treatment agencies and the courts—must be able to track clients through each process with a common identifier or negotiated protocol that allows accurate, timely information to move from one agency to another. This allows client progress and compliance to be tracked in a single system or in three separate but well-linked systems. As a result, the extent of overlap across the three systems can be summarized regularly, using Venn diagrams or similar tools to illustrate the inter-agency dependencies. The agencies can then determine to what degree they need to collaborate to achieve their desired outcomes for specific clients.

Cost Analysis: The Missing Component

Once the extent of overlap is known, the extent of shared costs can be developed, as can the extent of shared clients. But cost analysis is still in a primitive state in most human services agencies. Dividing the total cost of a project or process by the number of clients to determine the unit costs of an innovation is a hopelessly crude method of answering the question any potential funder is entitled to ask: What does the innovation cost and how many clients can you serve?

The obvious but more difficult question is: How many clients are better off as a result of the innovation? That's a cost-benefit or cost-offset question. But within human services, cost analysis must precede cost-effectiveness analysis—and many agencies cannot do even rudimentary cost analysis.

What does that have to do with interoperability? When two or more agencies are required to work together to change the lives of children and families, the degree of interoperability in tracking clients across systems helps determine whether the cost of multi-agency outcomes (which is typically greater than single-agency efforts) is worthwhile. But it also takes strong interoperability agreements and mechanisms to accurately count and track the clients who need multiple, integrated services.

It is difficult for a single agency to capture its fixed and variable costs in human services. To do so across agencies is far more challenging, but the payoff in determining where investments are optimum is much greater.

Making Interoperability Count

The intersection between child welfare and substance abuse treatment is only one of many arenas in which interoperability is starting to pay dividends. But hundreds of thousands of children and families are affected by how well these systems, working with the dependency courts, can connect to provide services needed to keep a family together—or to make a timely decision about removing a child to safety and stability. This is a high-stakes interoperability setting, and it needs appropriate attention to ensure that advances in related environments can be successfully tested and transferred when appropriate.

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Cautionary Tales

While interoperability is essential in addressing the needs of children and families who require services from two or more agencies or programs, challenges abound. Some examples:

- **Culture Shock** It takes more than adding a few questions or check boxes on a form to achieve interoperability. Many workers are averse to using new inter-agency forms because they lack knowledge and understanding of new systems and new screening methods. They are also concerned about potential ramifications for their clients if they note the presence of substance abuse. Training is critical to ensure familiarity and comfort, which leads to consistent, accurate use.
- **Complexity** Narrow silos are ideal for conducting gold-standard evaluations, but they don't lend themselves to interoperability. Evidence-based practice is tougher to apply to comprehensively structured, client-centered inter-agency programs that go beyond testing a single approach.
- **(Mis)Trust** Interoperability discussions are often constrained by perceptions that confidentiality and privacy issues are involved. But in our experience with more than 30 states and 50 localities, these concerns are rarely based on true legal impediments. They are far more often the by products of a lack of trust and a team not trained to work across agency lines in consumer interests. The good news: Many states and localities have developed protocols enabling teams of inter-agency workers to share information about family services needed and received. (You can find some of these protocols listed at www.ncsacw.samhsa.gov/products-examples.asp#1.)