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# Illinois DCFS IV-E AODA Waiver

## “The Recovery Coach Project”

An Effective Collaboration between  
Child Welfare & Substance Abuse Services

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National TASC Conference

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**Presenter:**

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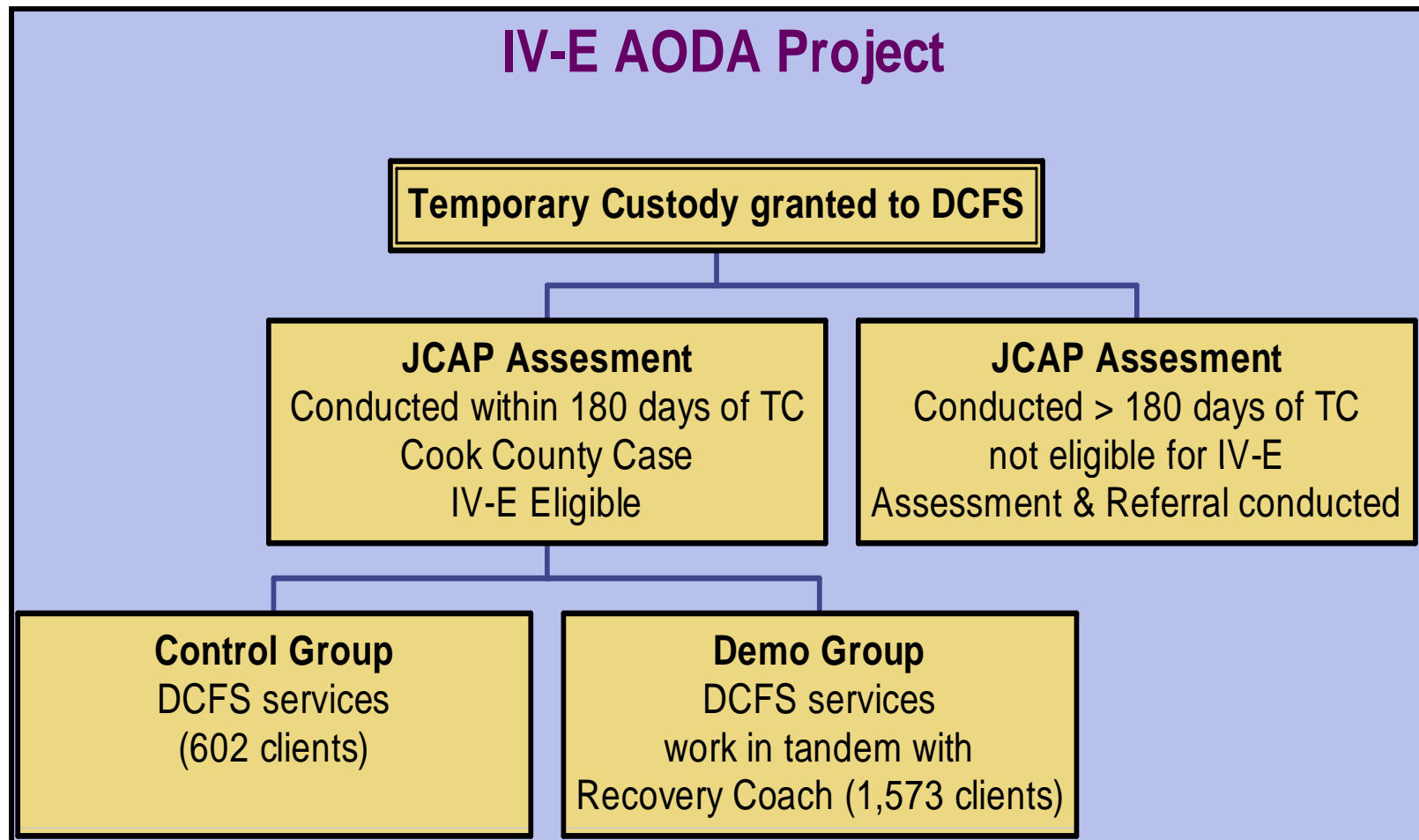
## IV-E AODA Waiver

### Illinois Substance Abuse Demonstration Project

#### Operated through a Title IV-E Waiver from the U.S. Department of Health & Human Services

- The waiver allows IDCFS to provide enhanced AODA services:
    - **Juvenile Court Assessment Project (JCAP)** – Standardized AOD assessment based on DSM IV & ASAM criteria
    - Specialized Outreach & Case management support staff known as **Recovery Coaches**
  - Eligible on a randomized selection basis
  - Recovery Coaches work in collaboration with the family, child welfare case manager, and AODA treatment provider
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# Eligibility and Random Assignment



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# Juvenile Court Assessment Project (JCAP)

- **On site AODA assessment and Referral services at Cook County Juvenile Court**
    - Provide Diagnostic impression based on DSM-IV criteria & determine Level of Care base on American Society of Addiction Medicine patient placement criteria
    - Schedule intake appointment for the parent
    - Provide the courts with results of the assessment
    - Notify case workers of missed intake appointments
    - Track clients for 30 days or until parent successfully enters treatment
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## IV-E AODA Waiver -

# “Recovery Coach Project”

- The waiver allows DCFS to provide enhanced AODA services to parents who have lost custody of their children
  - Parents enter project once assessed at JCAP
  - Recovery Coaches = Specialized outreach & intensive AODA/MISA (mentally ill & substance abuse) case management & support
  - Master Recovery Plan:
    - Implement screening tools to identify Domestic Violence, Mental Health, & Housing issues
    - Make appropriate referrals & linkages
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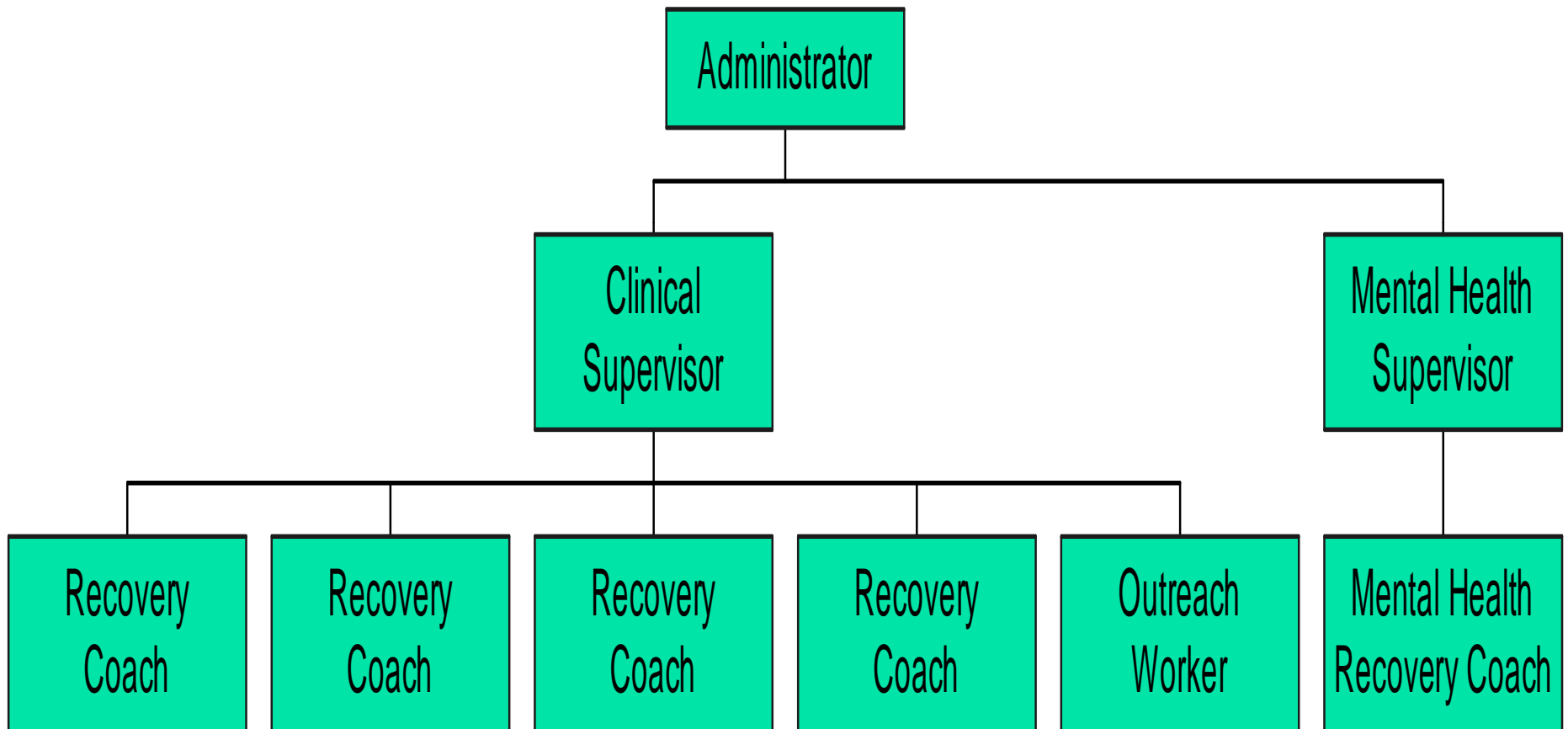
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# Recovery Coach Roles and Responsibilities

- Contracted through an independent agency (TASC)
  - Works in collaboration with caseworker; not a replacement
  - Coaches provide overall case management regarding all AODA aspects of the case for the life of the case
    - Before, during, and after treatment & reunification;
  - Provide ongoing assertive outreach, engagement, and re-engagement
  - Coordinate all AODA planning efforts
  - Standardized, regular (monthly) reporting to worker
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# Recovery Coach Staffing



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# Specific Recovery Coach Interventions

- Provide ongoing assertive outreach and re-engagement efforts, i.e....transportation to initial intake appointment
  - Assist in removing any barriers in engaging, retaining and re-engaging parents who have discontinued treatment
  - Provide ongoing assessments to evaluate the need for mental health, parenting, housing, domestic violence and family support services & make service linkages
  - Coordinate AOD planning efforts, arrange staffings, participate in family meetings, testifying in court;
  - Urinalysis testing
  - Standardized, regular (monthly) reporting to worker & the courts
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# Recovery Coach Credentials:

- ✓ **Certified Alcohol & Drug Counselors (CADC)**
  - ✓ **Certified Assessment & Referral Specialists (CARS)**
  - ✓ **Some experience in Child Welfare**
  - ✓ **Bachelor Level Degree – Human Services Field**
  - ✓ **Supervised by Master Level Degree with Child Welfare & Substance Abuse Experience**
  - **Caseloads:**
    - Average 20 - 25 clients per Recovery Coach**
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# Project Extension-Downstate

- Expansion to 2 downstate counties
  - Madison & St. Clair
- Assessment & Recovery Coach services to less urban less centralized setting
- Integrate drug court model into process
- Confront methamphetamine abuse and production in rural populations

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## Context for AODA Demonstration

### Estimates of Substance Abuse

- 11% of children (8.3 million) live with at least one parent who is either alcoholic or in need of treatment for the abuse of illicit drugs
  - 3.8 million live with a parent who is alcoholic
  - 2.1 million live with a parent whose primary drug abuse
  - 2.4 million live with a parent who abuses alcohol and drugs
  - Wide range of estimates for families involved with child welfare (25% to 80%)
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# Concern for Substance Abuse in Child Welfare

## Parenting Practices

- Compromises appropriate parenting practice
- Significantly increases the risk of physical abuse and child neglect (3 times more likely)

## Child Development

- Alcohol abuse associated with learning deficits, behavioral problems, poor academic performance, and adult alcohol problems
  - Research on Illicit drug abuse is less conclusive
  - What happens in the home is the **MOST** important
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## Is Traditional Response Working?

- Only 14% of all substance exposed infants entering care in 1994 achieved reunification by 2001 (Illinois)

### **Possible Explanation?**

- Families are unable to access necessary treatment services
  - The system is designed with many yet few sticks. What might happen when caregivers lose custody and possible parental rights?
  - Recovery takes a long time – and complete recovery must be achieved so as not to compromise developmental outcomes.
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# Illinois AODA Waiver Demonstration

**Primary Objectives of Illinois AODA Waiver:** Increase timely access to substance abuse treatment and thus speed up time to family reunification

## **How Can this be Accomplished:** Recovery Coaches

- Contract with an independent agency
  - Work in collaboration with caseworker; not a replacement
  - Assigned to family for the life of a case
  - Provide assertive outreach, engagement, and re-engagement
  - Coordinate AOD planning efforts
  - Provide caseworkers and courts with detailed information with regards to recovery
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## Evaluation of the Demonstration

**Eligibility:** (1) foster care cases opened after April 2000, and (2) parents must be assessed at the Juvenile Court Assessment Program (JCAP) within 90 days of the temporary custody hearing

**Assignment:** Substance abusing caregivers were randomly assigned to either the control (regular services) or demonstration group

**Treatment:** Parents in the demonstration group received regular services plus intensive case management in the form of a Recovery Coach

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# Evaluation of the Demonstration

## *Research Questions*

1. Are parents in the demonstration group more likely to access AODA treatment services?
  2. Are families in the demonstration group more likely to achieve reunification?
  3. Are families in the demonstration group less likely to experience new reports of maltreatment?
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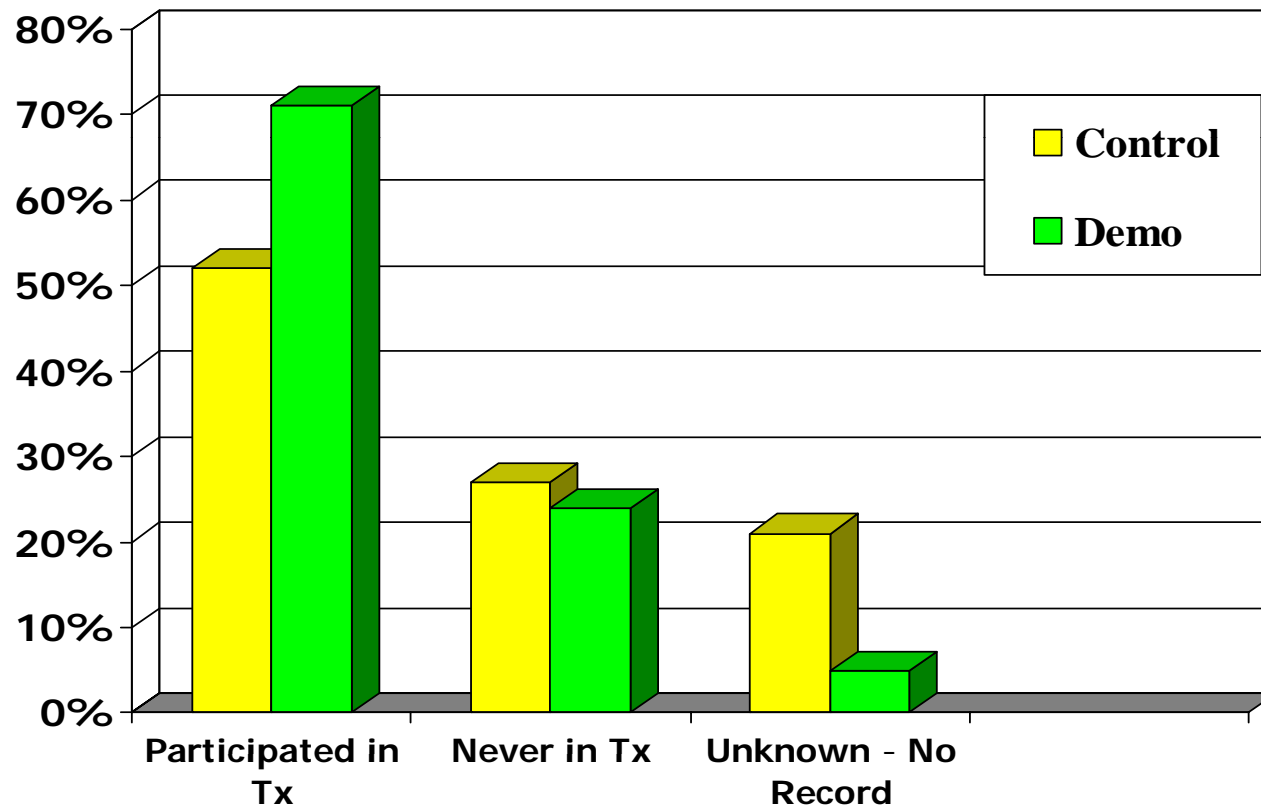
## Evaluation of the Demonstration

<b>Parent Characteristics</b>	<b>Demo</b>	<b>Control</b>
African American	80%	82%
White	12%	12%
Unemployed	70%	65%
Previous SEI	63%	64%
Age of Youngest Parent	32	32
Primary Drug Cocaine	37%	37%
Primary Drug Heroin	26%	25%
Primary Drug Alcohol	21%	22%

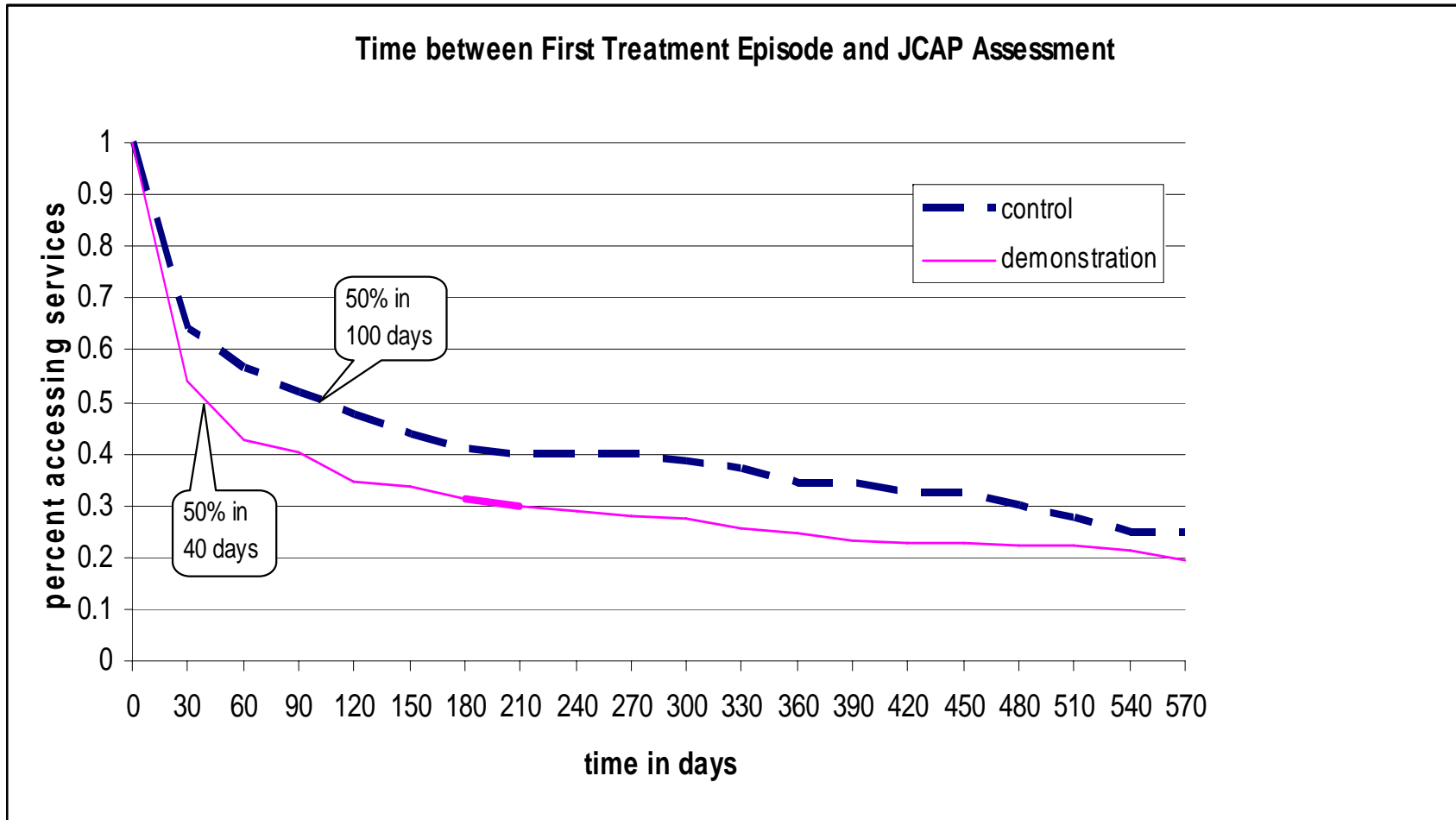
# Treatment Access

**Control = 52%**      **Demonstration = 71%**

*Data from three sources: caseworkers, AODA treatment providers and recovery coaches*



# Time to First Treatment Episode



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## Permanency Outcome

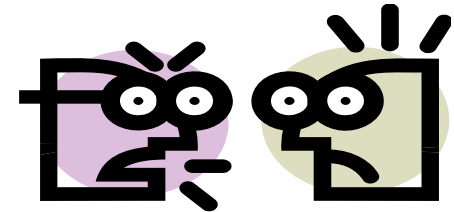
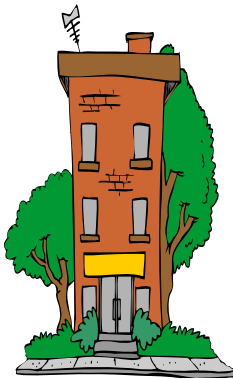
Living Arrangement Type	Control	Demonstration
Home of Parent	13%	18%
Home of Adoptive Parent	23%	23%
Subsidized Guardianship	11%	9%

Allegation	Control	Demonstration
<b>Any</b> New Allegation	31%	25%
New <b>SEI</b>	20%	13%

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# Families with Co-occurring Problems

## Substance Abuse (SA)



56% Housing

30% Mental Health

30% Domestic Violence.

62% report SA and at least 2 additional problems

27% report SA and all 3 additional problems

## Co-occurring Problems and Reunification

The *Problems* and the *Progress* are Important

Problems indicated by Caseworker	Not Reunified	Reunified	Totals
Substance abuse only	79%	21%	8%
One additional problem	89%	11%	30%
Two additional problems	88%	12%	35%
Three additional problems	89%	11%	27%
Totals	88%	12%	100%

## Co-occurring Problems and Reunification

The *Problems* and the *Progress* are Important

Problem Area	% progress	Not Reunified	Reunified
<b>Substance Abuse</b>			
Complete	18%	74%	26%
Substantial	24%	87%	13%
Reasonable effort	15%	91%	9%
Unsatisfactory	43%	93%	7%
<b>Domestic Violence</b>			
Complete	15%	75%	25%
Substantial	9%	76%	24%
Reasonable effort	18%	90%	10%
Unsatisfactory	58%	95%	5%

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## Controlling for Other Important Factors

- Families unable to make sufficient progress in SA are 42% less likely to achieve reunification
  - Families unable to make sufficient progress in DV are 53% less likely to achieve reunification
  - Families unable to make sufficient progress in MH are 39% less likely to achieve reunification
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## Conclusions

- Recovery coach model increases treatment participation, reduce the risk of maltreatment, and increase the likelihood of family reunification – but effects are small
  - Substance abusing families report a variety of co-occurring problems and these problems decrease the likelihood of reunification.
  - Progress in these co-occurring areas increases reunification
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## Questions that Remain Unanswered

- How much time should child welfare agencies spend working with substance abusing families before moving aggressively towards the termination of parental rights? What happens post TPR?
  - What is the role of the court? How can we provide judges with enough information to make an informed decision? Are some courts simply reluctant to return children to substance abusing families? Can this be modified?
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Questions?

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