



"Patterns of Health Care Use That May Affect Young Children Who Are at Risk for Maltreatment," by Eron Freidlander, David Rubin, Elizabeth Alpern, David Mandell, Cindy Christian, Evaline Alessandrini, PEDIATRICS, December, 2005 reports on a research study of 157 seriously abused or neglected children during the year before their first maltreatment report. These children were matched by age, gender and number of months of Medicaid eligibility with 628 children in a control group. The study found that "Sixteen percent of cases changed their primary care providers, compared with 10% of the control subjects." "Multivariable modeling demonstrated that maltreated children were 2.62 times more likely than control subjects to have had 1 previous change in primary care provider and 6.87 times more likely to have changed providers 2 or more times during the year before their first maltreatment report." There was no difference between the groups in the frequency of emergency room visits.

The DSHS Office of Research and Data Analysis (ORDA) has published a study of Safe Babies, Safe Moms, a comprehensive treatment program for substance abusing pregnant women and mothers in Washington State which found that prenatal involvement in the program reduced the rate of accepted CPS referrals from 52% of infants (n equals 134 infants born in 2000-2001) whose mothers entered the program after delivery to 33.6% of infants (n equals 227) whose mothers enrolled before delivery. This same study found that 45.2% of infants whose substance abusing mothers (n equals 2449) who received no prenatal chemical dependency treatment had an accepted CPS referral during the first year of life; 4.5% of Medicaid eligible parents (n equals 64,386) without a known substance abuse problem had an accepted CPS referral within their infant's first year of life. This is one of the few studies I know of which demonstrates that child abuse and neglect prevention oriented services can be successful with substance abusing adults. Anyone interested in obtaining this study can contact DSHS Research and Data Analysis at (360) 902 - 0707.

In September 2005, the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau published Synthesis of Findings: Substance Abuse Child Welfare Demonstrations, a summary of IV -E substance abuse assessment and treatment waiver demonstration projects in Delaware, New Hampshire, Illinois and Maryland. Three of these states (Maryland, Illinois and New Hampshire) employed random assignment for their outcome evaluation.

Some major findings: "All four states faced serious problems with referrals and enrollments in their demonstrations." Maryland's criteria for enrollment actually excluded parents with known mental health problems. In Delaware, CPS units which had supervisors who reviewed cases for indications of substance abuse problems had the highest referral rates. Illinois' demonstration utilized criteria requiring that a parent obtain a substance abuse assessment within 90 days of the shelter care hearing; only

50% of otherwise eligible parents met this requirement. New Hampshire depended on the voluntary participation of parents; only 55% of parents referred for a substance abuse assessment completed the assessment. Each of these projects overestimated the numbers of parents identified as needing substance abuse treatment and underestimated the barriers to enrollment in treatment. Furthermore, the projects compounded the problem by adopting eligibility criteria (such as parent's lack of mental health problems) which excluded large numbers of parents needing treatment. It appears that the lesson the Children's Bureau took from this experience was to be more skeptical regarding agency claims about the prevalence of substance abuse in child welfare caseloads and child welfare parents' unmet treatment needs.

Two states, Delaware and New Hampshire, "studied the effects of their substance abuse waivers on foster care placement rates..." "To date, neither state has found conclusive evidence that access to enhanced substance abuse treatment reduces rates of foster care placement." None of these states was able to demonstrate an effect on placement stability; however, Illinois was able to reduce children's length of stay in out of home care by a large amount with enhanced substance abuse services.

The major disappointment of these projects is that "To date, no state has recorded conclusive positive results regarding the effects of its substance abuse demonstration on reunification or overall permanency rates," given the probability that one of the reasons for funding this research was to develop programs which could reverse the post - AFSA trend to reduced reunification rates.