Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Collaborating With Community Agencies to Support Children of Parents With Substance Use Disorders

Introduction

In 2017, more than 70,000 Americans died from drug overdoses, and 68 percent of those deaths involved either prescription or illicit opioids.[1,2] As the opioid and drug epidemic spans the nation, more and more children are exposed to drug dependence in their households.[3] The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that approximately 8.7 million children in the United States are growing up in homes in which at least one parent reported having a substance use disorder (SUD) in the past year.[4]

Substance abuse is known to negatively affect the mental and physical health of individual users, and it has also been proven to increase the risk for a variety of negative outcomes in users' social networks—most notably among their children.[5] Children who have at least one parent with a substance-related problem are roughly twice as likely as their non-substance-affected peers to develop SUDs themselves.[6] Children whose parents have SUDs are more likely to experience maltreatment[5,7] and be exposed to violence.[7] In addition, relative to their non-substance-affected peers, these children face a heightened risk for developing emotional and behavioral issues,[8] performing poorly in school, and experiencing depression or anxiety;[9] and they are likely to experiment with alcohol and drugs at an earlier age.[10]

COSSAP Spotlight

The Delaware Criminal Justice Council (DE CJC) plans to use its FY 2019 COSSAP grant to increase services for youth affected by opioid overdoses through its long-standing collaborative response to the opioid crisis in Delaware. The DE CJC is building on current relationships in each of the state's three counties to create community partnerships to provide better services to children and youth affected by SUDs. Grant funds are being used to design a coordinated approach in which case managers implementing diversion efforts at the local and state levels also receive referrals from law enforcement officers who have responded to opioid overdoses in which children are present. In addition, case managers will engage with communities for additional referral options such as family services, schools, and community providers. DE CJC will provide services in both clinic and home settings, and—to reach as many children as possible—in schools, child welfare facilities, and mental health facilities.

Grantees in BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) are developing and implementing programs to support children exposed to violence and trauma. Improving collaboration among community organizations such as law enforcement agencies, mental health providers, child welfare agencies, and schools will play a critical role in this approach. Each community partner's expertise will help tailor interventions to the needs and issues affecting children and families affected by SUDs. These partnerships may include school districts that can provide COSSAP initiatives with an additional avenue to prevent mental health and substance use problems among children. This article explores ways that schools can engage as partners with justice, public health, and child welfare agencies to address the effects of parental substance use.

Engaging With Schools Supporting Children Whose Parents Have SUDs

The effective functioning of multiple systems is critical to support children who have parents with SUDs. Child welfare agencies; local, state, and federal justice systems; and public health organizations are all widely recognized for their ability to contribute to children's well-being.[11] Yet despite increased evidence acknowledging the significance of school systems in supporting child wellness, schools are often left out of the conversation about promoting children's social and emotional health.[12] School systems offer a unique contribution to that conversation, since school staff members are often the first to notice behavioral disorders in children.[4] However, because of structural limits on schools' financial and operational capacity to fully meet their students' mental health needs, they must leverage community resources and engage as partners to support the health of especially vulnerable children, such as those whose parents have SUDs.[4,11,13]

The effectiveness of intersystem collaboration in promoting the mental and behavioral health of children with parents with SUDs has been well-documented. The Whole School, Whole Community, Whole Child (WSCC) model developed by the Centers for Disease Control and Prevention uses an ecological, cross-system collaboration approach to address children's social, emotional, and physical well-being. This model asserts that while schools are well-positioned to improve child health because of their ability to engage this population, extramural support from additional systems such as community partners may help to optimize child health even further.[11] When individual schools, school districts, and communities combine their resources and influences, the likelihood of effectively addressing all the needs of a child increase as different systems contribute distinct forms of assistance to each student.[14] For example, school-based case management allows licensed mental health professionals to provide counseling and social-emotional learning guidance, services that are typically absent in schools.[12] By partnering with these external agencies and inviting them into schools, school administrators meet children's needs faster and more effectively.[15,16] In addition, cross-system collaboration is a symbiotic relationship that works to benefit each institution within the network: partnerships among local organizations, schools, and school systems increase accountability for children's well-being and foster a supportive, enriching environment for the whole community.[11]

COSSAP Spotlight

The Commonwealth of Kentucky is using both its COSSAP funding and an Opioid Impacted Children Grant to reach children who are currently being affected by substance abuse. Children can be referred to the program through involvement with the family court system; Kentucky's Legal Training for Dependency, Neglect, and Abuse Cases Program; or school-based family resource centers. These programs leverage existing relationships as well as local champions to educate stakeholders and increase involvement of local school systems in providing specialized services for youth. Efforts include working with local schools' coordinators for families in transition, who provide help when students change schools or need additional support to remain in their current school system. Using existing programs such as family resource centers also increases collaboration and ensures that the needs of these youth are addressed in a variety of ways. These positive, collaborative relationships have also enabled the pilot project to use word of mouth between school systems to maintain engagement and raise awareness. In addition, Kentucky will conduct community meetings to hear from other professionals in the pilot communities regarding youths' needs and what solutions are planned to identify challenges.

Abbreviations

ESSA: Every Student Succeeds Act; 2015 law to define standards for education in the United States

FERPA: Family Educational Rights and Privacy Act; defines student record-sharing laws

HIPAA: Health Insurance Portability and Accountability Act of 1996, refined in 2000 and 2002; defines health care PII-sharing laws

LEA: local education agency, often a school district or school system

PII: personally identifiable information

SEA: state education agency, usually the state department of education

Factors in Cross-Agency Collaboration

Successful collaboration across child-serving agencies, including schools, is most likely to occur when there is a clear division of responsibilities between agencies with positive and strong leadership working toward the same goals.[16] Regular and planned communication between agencies is a strong facilitator of successful support of programmatic goals. Formal data-sharing agreements are one facet of such communication that help to monitor each child's progress and identify needed educational and mental health services.[17] Communication plans should engage not only agencies but also families; for example, a family-based recovery program in Connecticut requires parents to identify and sign an agreement identifying adults who will watch children if a parent takes any substances.[18]

Two primary legal considerations informing the interface between agencies serving parents with SUDs and their children's schools are the Health Insurance Portability and Accountability Act of 1996 (HIPAA19) and the Family Educational Rights and Privacy Act (FERPA20) regulations. HIPAA and FERPA regulate the sharing of personally identifiable information in health care and education settings, respectively. A recent publication of the U.S. Department of Health and Human Services provides guidance about how to maintain student and family continuum of care across agencies. It specifically recommends sharing information across providers and schools, especially if a child or parent is unsafe.[21]

In addition to sharing information about students, agencies are more likely to be successful when they share similar theoretical approaches and value systems. Contentious relationships between agency staff members pose a significant barrier to collaboration by fostering mistrust and misunderstanding of another's intentions. Studies show that students have better educational outcomes when agency staff members are respectful and professional[16] and recommend developing consistent processes and expectations and breaking down siloed ways of thinking.[22] A separate study found that agencies that managed disagreements well through established process of discussion reduced out-of-home placement for children in homes with substance abuse.[18]

Child Welfare System Considerations to Support Children Whose Parents Have SUDs

Children whose parents have SUDs are more likely to be involved in the child welfare system. The number of children in foster care has risen since 2012, after more than a decade of decline.[23] The proportion of home removal cases attributable to parental drug use has also increased,

Program Spotlight

SAMHSA's Project AWARE (Advancing Wellness and Resilience in Education) has funded many local education agencies (LEAs) and state education agencies (SEAs) since 2014 to work with their communities to coordinate service provision from a variety of sectors to address students' behavioral health needs in schools. Participating SEAs established statewide management teams (SMTs) and LEAs established community management teams to gather leaders from child-serving organizations on the state and local levels, respectively. For example, in Ohio, SMTs brought together leaders from the Ohio Department of Youth Services (juvenile justice), Office of Families and Children (child welfare), Department of Mental Health and Addiction Services (behavioral health), Department of Health, and Department of Education to discuss the opioid crisis in the state and its effects on children of parents with SUDs.

Program Spotlight

FosterEd, an initiative of The National Center for Youth Law, aims to improve the educational experience and outcomes of children and youth in foster care. By directly engaging individual youths, FosterEd's education liaisons help them bring together important adults in their lives, such as their case workers, favorite teachers, or coaches, to form a support team. At the systems level, FosterEd facilitates cross-sector collaborations by helping states and local jurisdictions develop and implement policies to support the educational success of all students in foster care. Examples include outreach activities and trainings to inform education and justice professionals about the unique educational needs of foster youth. FosterEd has been piloted in counties in Arizona, California, Indiana, and New Mexico with promising results: Students served by FosterEd improved their grades and attendance. Partly on the basis of the pilot program's success, Arizona lawmakers voted in 2016 to expand the program statewide.

reaching 36 percent in 2017.[24] Children in foster care are among the most educationally disadvantaged students in the country. Compared with peers who are not in foster care, students in foster care experience school suspensions and expulsions at higher rates, score lower on standardized reading and math tests, and have higher rates of grade retention and lower rates of high school and college graduation.[25]

Children involved with child welfare agencies are part of multiple systems that share responsibility for ensuring children's safety and growth. Student identification is the first step toward support. Several national policies have facilitated information sharing between agencies. The Uninterrupted Scholars Act (USA)[26] in 2013 authorized schools to release student education records to child welfare agencies without prior written consent from parents. Most recently, the ESSA[27] requires that, at a minimum, schools and child welfare agencies develop clear written procedures for transportation, consider all factors when conducting a best-interest determination, and request and transfer records immediately when a student changes schools.[28] Before the enactment of this legislation, which is discussed in more detail below, school districts often did not know which students were involved in child welfare systems or whether districts even had the right to that information. Despite these advances, much more communication is required for successful interagency collaboration.[28]

Federal child welfare and education laws have established a legal framework for enabling collaborations between schools and child welfare agencies. The Fostering Connections to Success and Increasing Adoptions Act of 2008[29] specifies that child welfare agencies must include "a plan for ensuring the educational stability of the child while in foster care" as part of every child's case plan. Specifically, an agency must work with the LEA to ensure that the child remains in the school in which the child was enrolled at the time of placement, if that is in the child's best interest. If it is not, the child welfare agency must work with the LEA to provide immediate and appropriate enrollment in a new school. The 2013 Uninterrupted Scholars Act amended FERPA to facilitate information sharing between child welfare and educational agencies by relaxing the need for parental permission for education agencies to release foster children's education records to child welfare agencies. The ESSA complements many of the provisions of the Fostering Connections Act by requiring that SEAs and LEAs work with child welfare agencies to ensure the educational stability of children in foster care. In addition, the ESSA requires that every SEA and LEA provide a point of contact for its peer child welfare agency to streamline interagency communication. The ESSA also requires, for the first time, that SEAs report annually on student achievement and graduation rates for students in foster care.

Considered together, these child welfare and education laws make clear that the educational success of children in foster care is a joint responsibility of both systems, and professionals will need to collaborate continuously. Social workers who have access to a child's education records can monitor and support the educational success of the child, assist with transitions, and make sure the child is receiving appropriate services and interventions. Similarly, when schools know which of their students are in foster care, educators have a better understanding of all children's unique needs and can better assist them in reaching their full academic potential.[30]

Additional Resources Highlighting Interagency Collaboration

The following resources provide additional guidance about how to collaborate across community agencies to support children affected by parental substance use:

- *Fostering Education, National Working Group on Foster Care and Education*[25] http://fostercareandeducation.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=1279&Command=Core_Download&method=inline&PortalId=0&TabId=124.
- *Every Student Succeeds Act Implementation Toolkit, Legal Center for Foster Care and Education*[31] http://www.fostercareandeducation.org/AreasofFocus/EducationStability.aspx.
- *National Curriculum on School Mental Health for Providers and Districts, SAMHSA Mental Health*[32] https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/national-school-mental-health-projects.
- *Community-Partnered School Behavioral Health Implementation Modules*[33] https://mdbehavioralhealth.com/training.
- *Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records*[21] https://www.hhs.gov/sites/default/files/2019-hipaa-ferpa-joint-guidance-508.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=.
- *Ohio Project AWARE Information Briefs, Ohio Department of Education*[34] http://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Project-AWARE-Ohio/Project-AWARE-Ohio-Statewide-Resources.

Resources

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