Report from the Colorado Survey Regarding a Protocol for Use By Substance Abuse, Child Welfare, and Dependency Court Staff - Needs Assessment Survey

DRAFT

REPORT FROM THE COLORADO SURVEY REGARDING A PROTOCOL FOR USE BY SUBSTANCE ABUSE, CHILD WELFARE, AND DEPENDENCY COURT STAFF

January 23, 2004

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OVERVIEW:
COLORADO SURVEY REGARDING PROTOCOL FOR SUBSTANCE ABUSE, CHILD WELFARE, AND DEPENDENCY COURTS

As part of the In Depth Program of Technical Assistance offered by the National Center on Substance Abuse and Child Welfare (NCSACW), the Colorado Steering Committee prepared a survey aimed at soliciting information from child welfare, TANF, substance abuse, court, and non-profit agency staff.

The survey results will inform the development of a Protocol that will guide activities and methods of communication among substance abuse, child welfare, and court staff. The survey identified a range of issues that might be included in such a Protocol and asked respondents to indicate whether each issue is of high, moderate, or low interest to them. It also asked respondents to indicate the two methods by which they prefer to receive new information.

After review and approval by the Steering Committee, the survey report will be finalized and presented at a series of eight regional meetings to be held across the state from March 2004 through May 2004. These regional meetings are designed to secure additional input from people in all areas of the state and to present the Steering Committee's preliminary core elements of the Protocol.

The survey was released in November 2003 and responses were accepted through December 22, 2003. Surveys were completed either on-line via internet and returned to NCSACW, or, for jurisdictions without internet access, surveys were sent as an email attachment and returned to a central location in Colorado. Those responses were incorporated into an Access database and sent to NCSACW, where they were combined with the on-line responses.

The surveys were accompanied by an "Introduction to the Survey" describing the goals and rationale behind the survey. A copy of the Introduction and the survey itself are included at the end of this report.

Data Analysis

A qualitative analysis was performed on the questionnaires. Common themes regarding topics of interest were summarized. The quantitative data resulting from the web-based surveys was cleaned and then transferred to SPSS for the analyses. Descriptive statistics (means, frequency, standard deviation) and summary statistics provided useful information about group characteristics. In addition, group comparisons were conducted using Analysis of Variance (ANOVA).

RESPONDENTS

Highlights:
- *302 people responded*
- *54.1% of respondents identified themselves as "Front Range/Urban"*
- *55% of respondents identified themselves as "Child Welfare"*

Table 1 provides a summary of all respondents. Figures 1, 2, and 3 following Table 1 present respondents by region, organizational focus, and role, respectively.

Table 1: Respondent Characteristics

	N	%
Geographic Audience of Organization (n=296)		
Entire State	28	9.5
Front Range, Urban	160	54.1
Eastern Plains	32	10.8
Mountain, Rural	18	6.0
Western Slope, Urban	7	2.4
Western Slope, Rural	30	10.1
Reservation	0	0.0
Other	21	7.0
Organizational Focus (n=299)		
Substance Abuse Treatment	50	16.7
Child Welfare	165	55.2
Colorado Works/TANF	20	6.7
Other Court	8	2.7
Training	3	1.0
Research and Evaluation	0	0.0
Domestic Violence	0	0.0
Mental Health	12	4.0
Juvenile/Family Court	31	10.4
American Indian Child Welfare	1	0.3
Policy	0	0.0
Other	9	3.0
Primary Role (n=299)		
Court	19	6.4
TANF Worker/Supervisor	13	4.3
Administration and/or Policy & Research	57	19.1
Mental Health Service Worker	12	4.0
Substance Abuse Worker	28	9.4
Advocate (Family, CASA, etc)	1	0.3
Child Welfare Worker/Supervisor	129	43.1
Attorney	14	4.7
Other	26	8.7
Average Years of Experience (SD)	11.50 (8.40)	

Figure 1: Geographic Audience of Respondents

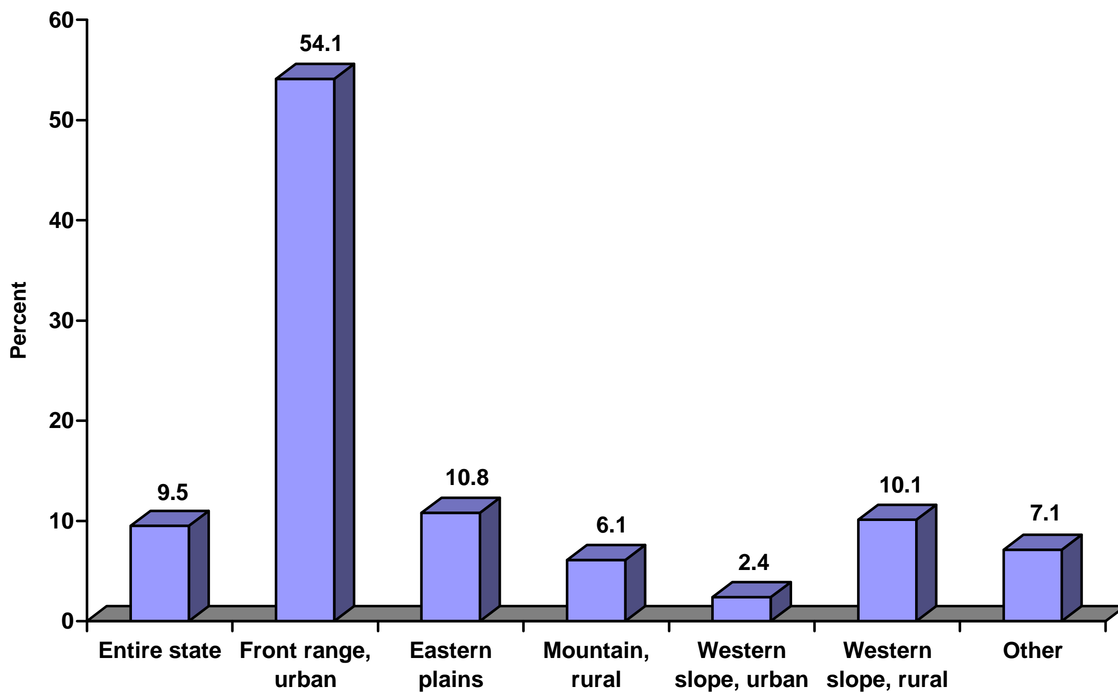


Figure 2: Primary Focus of Respondent's Organization

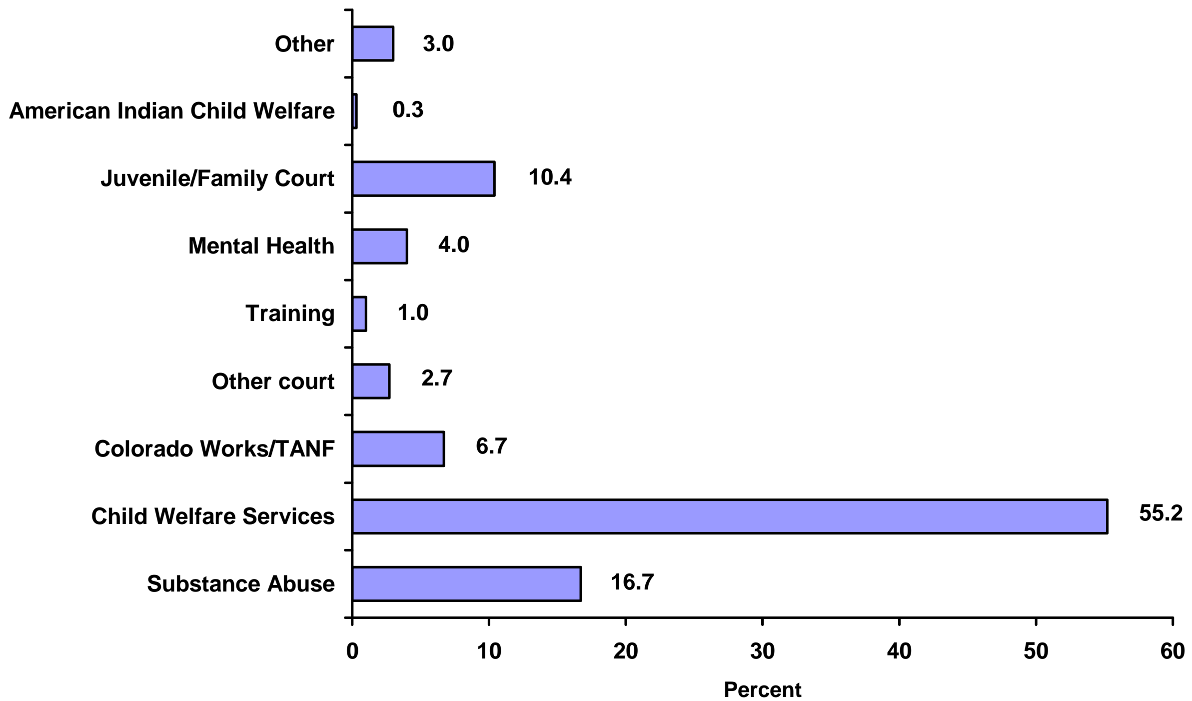
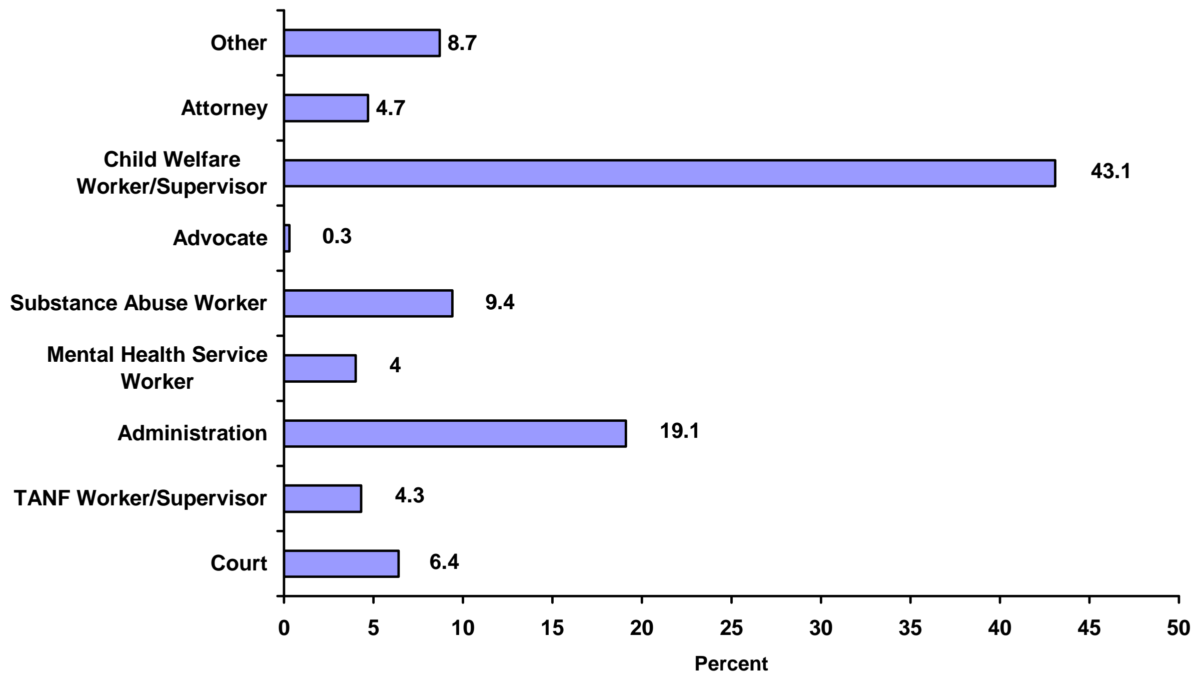


Figure 3: Primary Role of Respondents



RESULTS OVERALL AND RESULTS BY SYSTEM

The survey questions fell into one of four categories regarding ways way substance abuse, court, and child welfare agencies might relate to each other:

- Practice and Clinical Issues
- Children's Issues
- Training Issues
- Collaboration and Systems Issues

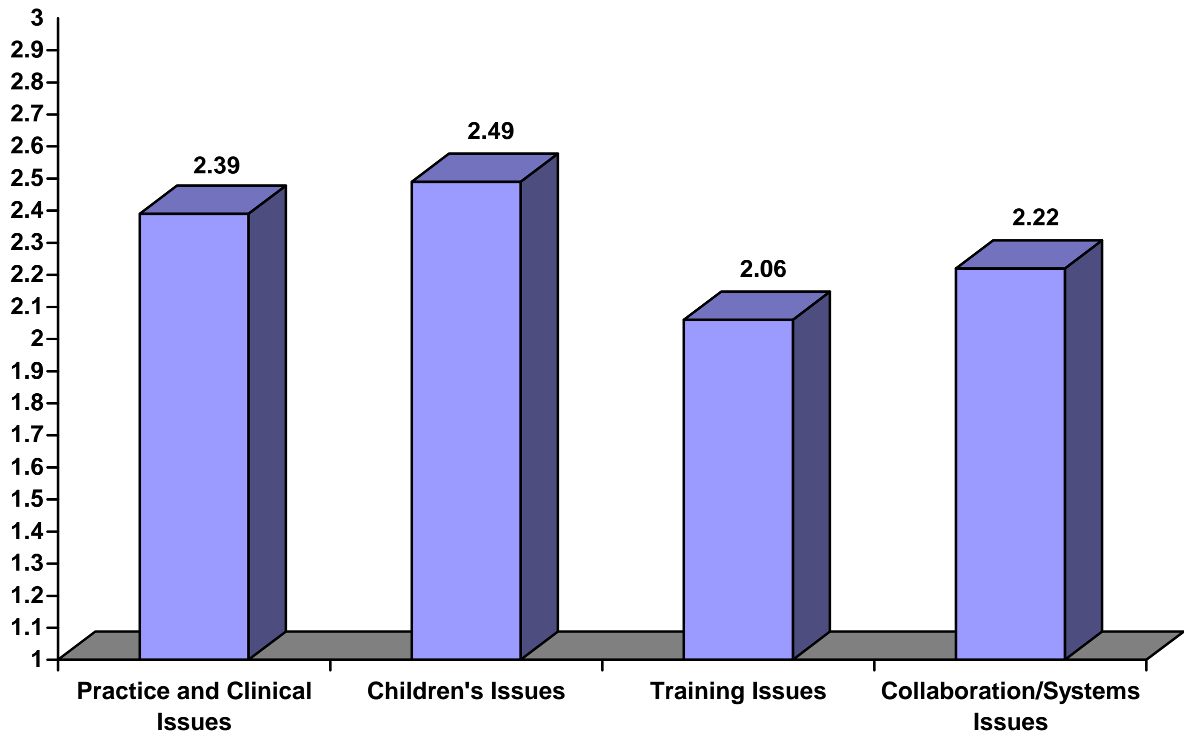
Respondents were asked to rate their level of interest in having the Protocol address a variety of topics within each of these four categories. The level of interest scores were: 1=little or no interest, 2=moderate interest, and 3=extremely interested. Scores of 2.50 or higher indicate high interest, scores of 2.0-2.50 indicate moderate interest, and scores of less than 2.0 indicate low interest. Mean scores were computed for each category as a whole and for individual items within the category. Respondents were also asked to identify the top two methods that they prefer to use when receiving new information.

Overall Results by Category

Overall, respondents indicated a slightly higher level of interest in Children's Issues, followed by Clinical and Practice Issues, Collaboration and Systems Issues and Training Issues. These results may be reflective of the 55% of respondents who identified themselves as working in the child welfare arena.

Figure 4 summarizes mean scores across the four categories.

Figure 4: Mean Scores by Category



Overall Results by Individual Survey Item—All Respondents

When examining the mean scores on each individual item in the survey (across all four categories), we see that the highest levels of interest relate to clinical issues involving parents and children.

The highest scores in the survey related to:

- Engaging parents and families in changing risky behaviors (2.69);
- Tools and techniques to assess risks to children in the context of parental substance abuse (2.68);
- Working with parents with co-occurring mental health, domestic violence, and sub stance use disorders (2.63);
- Assessing child safety in the home of a caretaker who uses/abuses substances (2.61); and
- Child development in the context of parental substance abuse and the effect of parental substance abuse on children (2.59); and
- Improving retention of parents and families in substance abuse treatment (2.59).

Table 2 provides mean scores of each survey question, in rank order from highest to lowest.

Table 2: Mean Scores for All Respondents (N=302) in Rank Order	
	Mean Score
Engaging parents and families in changing risky behaviors	2.69
Tools and techniques to assess risks to children in the context of parental substance abuse	2.68
Working with parents with co-occurring mental health, domestic violence, and substance use disorders	2.63
Assessing child safety in the home of a caretaker who uses/abuses substances	2.61
Child development in the context of parental substance abuse and the effect of parental substance abuse on children	2.59
Improving retention of parents and families in substance abuse treatment	2.59
Improving access to services for evaluating and intervening with children affected by parental substance abuse	2.51
Tools and techniques to assess the nature and extent of substance abuse problems	2.50
Tools and techniques to screen for substance abuse problems	2.50
Strategies to maximize funding resources	2.46
Developing service delivery models for children of alcoholics and children of substance abusers	2.45
Tools and techniques for incorporating strengths-based philosophies into services	2.42
Strategies of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts	2.40
Techniques for preventing substance abuse among children	2.38
Working with parents with past traumatic experiences	2.33
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.32
Effects and interventions for alcohol related birth defects	2.31
Strategies for communication and confidentiality procedures	2.27
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court	2.25
Strategies to identify and measure desired outcomes	2.24
Mandatory training on substance abuse treatment modalities and services available to families involved with child welfare	2.19
Techniques for assuring cultural competency in child welfare and substance abuse treatment	2.18
Indicators and attributes of gender specific substance abuse and child welfare services	2.17
Statements of agreed upon principles that cross systems and that guide practice	2.16
Specification of cross-system outcomes	2.11
Mandatory training regarding services available to families through the child welfare system	2.10
Specification of how cross-system programs will be evaluated	2.09
Substance abuse and child welfare services to families with limited English proficiency	2.07
Statements of agreed upon value that cross systems	2.03
Mandatory training on diversity and cultural competence related to gender and ethnicity	1.90
Mandatory training on family and dependency courts	1.89
Substance abuse and child welfare services to refugee and immigrant families	1.84
Mandatory training on dependency drug courts	1.77

Overall Results—Child Welfare Respondents

The following Figure and Table indicate how people who indicated they worked in child welfare responded to the general categories and for each survey item.

Figure 5: Mean Scores for Child Welfare by Category

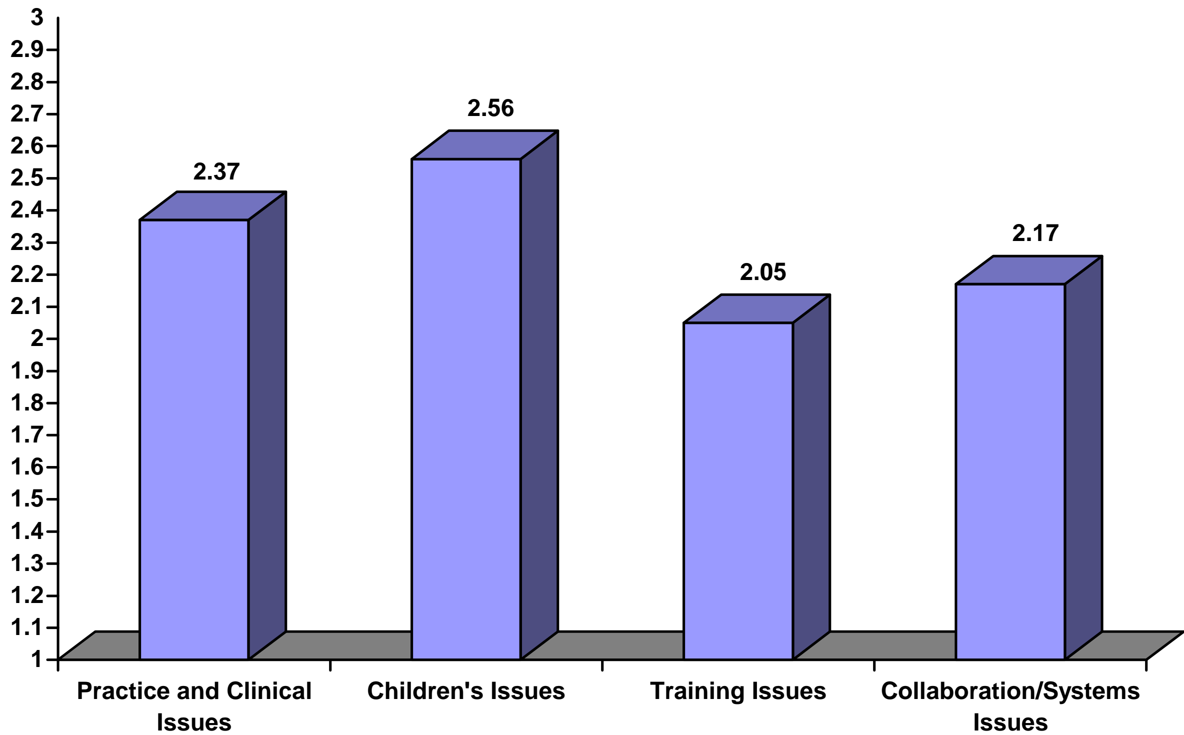


Table 3: Mean Scores by Child Welfare Staff (N=165) in Rank Order	
	Mean Score
Tools and techniques to assess risks to children in the context of parental substance abuse	2.76
Assessing child safety in the home of a caretaker who uses/abuses substances	2.73
Engaging parents and families in changing risky behaviors	2.68
Child development in the context of parental substance abuse and the effect of parental substance abuse on children	2.65
Working with parents with co-occurring mental health, domestic violence, and substance abuse problems	2.64
Improving access to services for evaluating and intervening with children affected by parental substance abuse	2.58
Improving retention of parents and families in substance abuse treatment	2.55
Developing service delivery models for children of alcoholics and children of substance abusers	2.46
Statements of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts	2.44
Tools and techniques to assess the nature and extent of substance abuse problems	2.43
Tools and techniques to screen for substance abuse problems	2.42
Tools and techniques for incorporating strengths-based philosophies into services	2.42
Strategies to maximize funding resources	2.40
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.39
Effects and interventions for alcohol related birth defects	2.37
Working with parents with past traumatic experiences	2.35
Techniques for preventing substance abuse among children	2.33
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court	2.27
Mandatory training on substance abuse treatment modalities and services available to families involved in child welfare	2.17
Strategies for communication and confidentiality procedures	2.17
Techniques for assuring cultural competency in child welfare and substance abuse treatment	2.15
Strategies to identify and measure desired outcomes	2.14
Statements of agreed-upon principles that cross systems and that guide practice	2.13
Indicators and attributes of gender specific substance abuse and child welfare services	2.12
Mandatory training regarding services available to families through the child welfare system	2.10
Substance abuse child welfare services to families with limited English proficiency	2.07
Specification of cross-system outcomes	2.06
Specification of how cross-system programs will be evaluated	2.00
Statements of agreed-upon values that cross systems	1.98
Mandatory training on family and dependency courts	1.86
Substance abuse and child welfare services to refugee and immigrant families	1.85
Mandatory training on diversity and cultural competence related to gender and ethnicity	1.81
Mandatory training on Dependency Drug Courts	1.75

Overall Results---Substance Abuse Respondents

The following Figure and Table indicate how people who indicated they worked in substance abuse responded to the general categories and for each survey item.

Figure 6: Mean Scores for Substance Abuse by Category

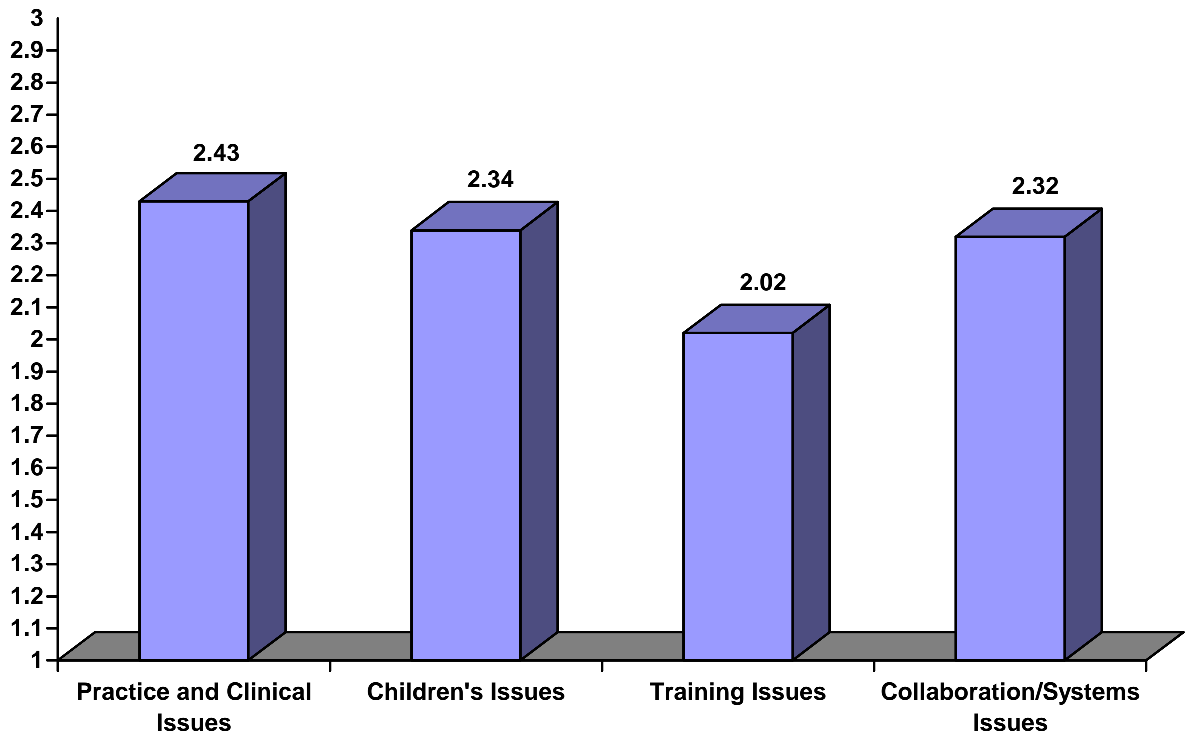


Table 4: Mean Scores by Substance Abuse (N=50) in Rank Order	
	Mean Score
Improving retention of parents and families in substance abuse treatment	2.84
Engaging parents and families in changing risky behaviors	2.72
Tools and techniques to assess the nature and extent of substance abuse problems	2.60
Tools and techniques to assess risks to children in the context of parental substance abuse	2.60
Tools and techniques to screen for substance abuse problems	2.58
Strategies to maximize funding resources	2.58
Working with parents with co-occurring mental health, domestic violence, and substance abuse problems	2.56
Tools and techniques for incorporating strengths-based philosophies into services	2.52
Working with parents with past traumatic experiences	2.48
Child development in the context of parental substance abuse and the effect of parental substance abuse on children	2.44
Strategies to identify and measure desired outcomes	2.42
Strategies for communication and confidentiality procedures	2.42
Indicators and attributes of gender specific substance abuse and child welfare services	2.42
Assessing child safety in the home of a caretaker who uses/abuses substances	2.40
Statements of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts	2.38
Techniques for preventing substance abuse among children	2.38
Developing service delivery models for children of alcoholics and children of substance abusers	2.36
Improving access to services for evaluating and intervening with children affected by parental substance abuse	2.28
Techniques for assuring cultural competency in child welfare and substance abuse treatment	2.26
Specification of how cross-system programs will be evaluated	2.26
Specification of cross-system outcomes	2.24
Statements of agreed-upon principles that cross systems and that guide practice	2.20
Effects and interventions for alcohol related birth defects	2.20
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.16
Mandatory training on substance abuse treatment modalities and services available to families involved in child welfare	2.16
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court	2.16
Statements of agreed-upon values that cross systems	2.08
Mandatory training regarding services available to families through the child welfare system	2.02
Mandatory training on diversity and cultural competence related to gender and ethnicity	1.96
Substance abuse child welfare services to families with limited English proficiency	1.94
Mandatory training on family and dependency courts	1.92
Mandatory training on Dependency Drug Courts	1.78
Substance abuse and child welfare services to refugee and immigrant families	1.74

Overall Results---Court Respondents

The following Figure and Table indicate how people who indicated they worked in the court system responded to the general categories and for each survey item.

Figure 7: Mean Scores for Court by Category

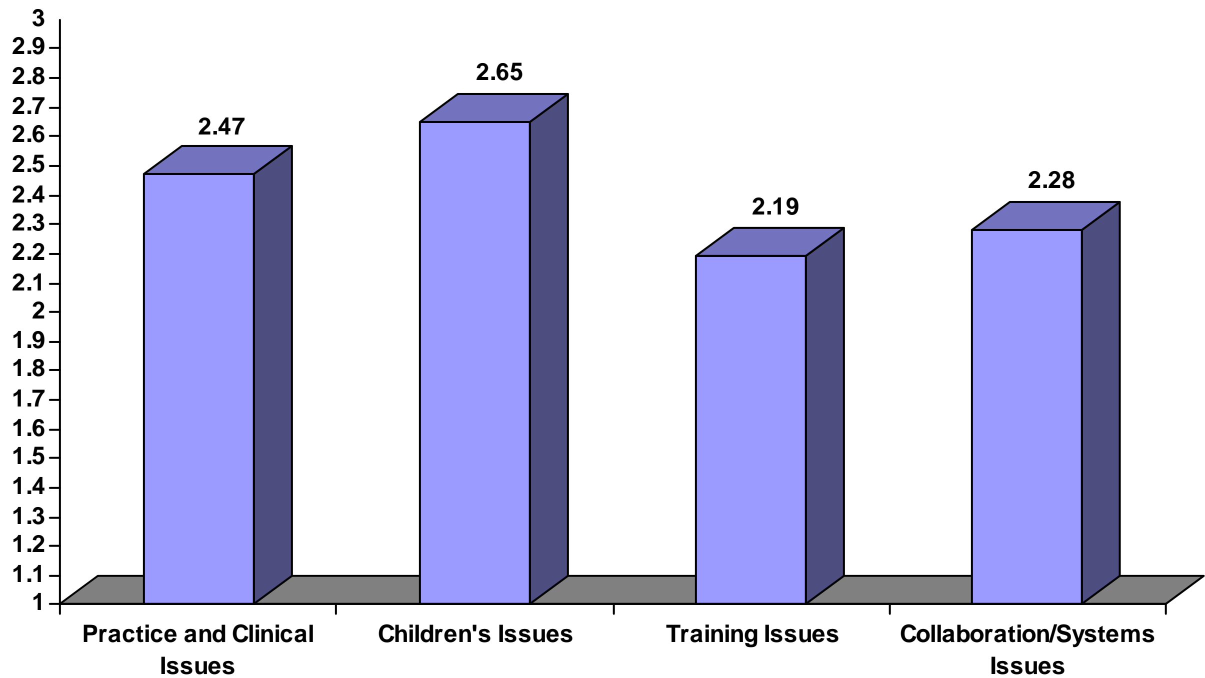


Table 5: Mean Scores by Court (N=30) in Rank Order	
	Mean Score
Engaging parents and families in changing risky behaviors	2.85
Improving retention of parents and families in substance abuse treatment	2.79
Tools and techniques to assess risks to children in the context of parental substance abuse	2.74
Improving access to services for evaluating and intervening with children affected by parental substance abuse	2.74
Child development in the context of parental substance abuse and the effect of parental substance abuse on children	2.74
Tools and techniques to assess the nature and extent of substance abuse problems	2.72
Assessing child safety in the home of a caretaker who uses/abuses substances	2.72
Working with parents with co-occurring mental health, domestic violence, and substance abuse problems	2.72
Strategies to maximize funding resources	2.69
Techniques for preventing substance abuse among children	2.69
Developing service delivery models for children of alcoholics and children of substance abusers	2.67
Tools and techniques to screen for substance abuse problems	2.62
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.44
Strategies for communication and confidentiality procedures	2.41
Strategies to identify and measure desired outcomes	2.38
Mandatory training on substance abuse treatment modalities and services available to families involved in child welfare	2.38
Effects and interventions for alcohol related birth defects	2.38
Techniques for assuring cultural competency in child welfare and substance abuse treatment	2.33
Statements of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts	2.33
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court	2.31
Substance abuse child welfare services to families with limited English proficiency	2.28
Mandatory training regarding services available to families through the child welfare system	2.26
Specification of how cross-system programs will be evaluated	2.21
Tools and techniques for incorporating strengths-based philosophies into services	2.18
Statements of agreed-upon principles that cross systems and that guide practice	2.15
Working with parents with past traumatic experiences	2.13
Specification of cross-system outcomes	2.10
Indicators and attributes of gender specific substance abuse and child welfare services	2.10
Mandatory training on diversity and cultural competence related to gender and ethnicity	2.05
Mandatory training on family and dependency courts	2.00
Statements of agreed-upon values that cross systems	1.95
Substance abuse and child welfare services to refugee and immigrant families	1.95
Mandatory training on Dependency Drug Courts	1.90

Overall Results---Other Respondents

The following Figure and Table indicate how people who indicated they worked in a system other than child welfare, substance abuse, or the courts responded to the general categories and for each survey item.

Figure 8: Mean Scores for Other by Category

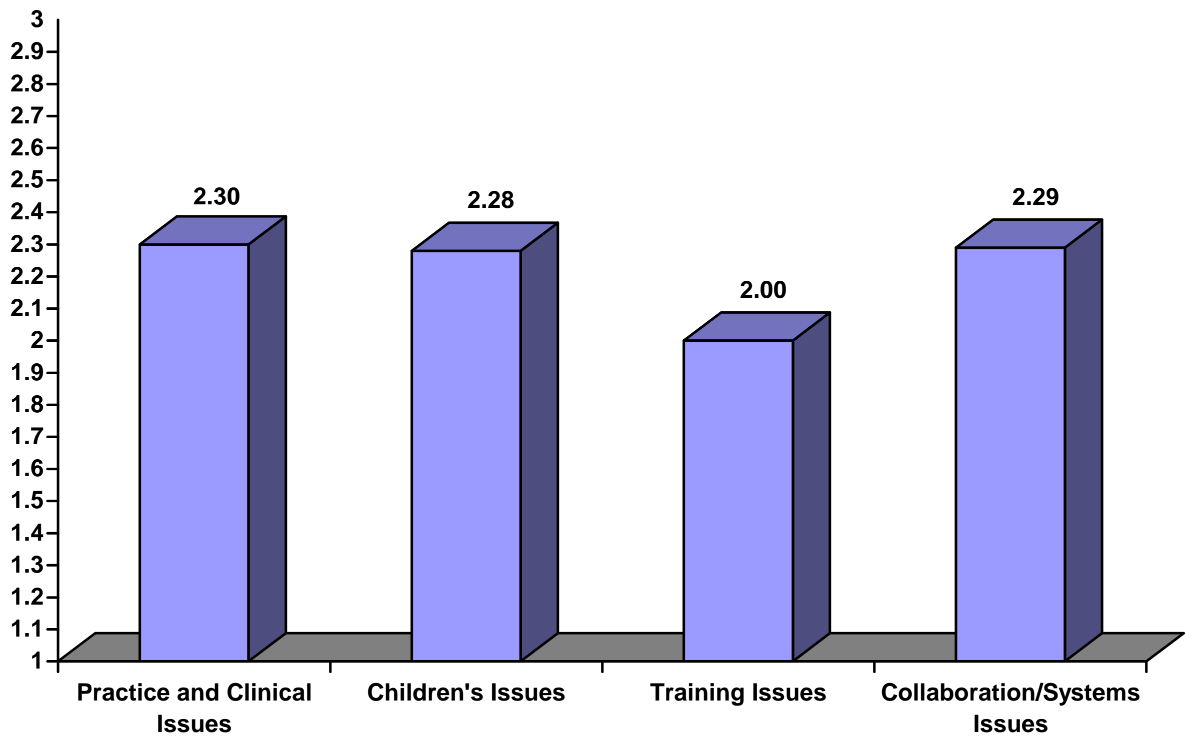


Table 6: Mean Scores by Others (N=45) in Rank Order	
	Mean Score
Working with parents with co-occurring mental health, domestic violence, and substance abuse problems	2.58
Tools and techniques to screen for substance abuse problems	2.58
Engaging parents and families in changing risky behaviors	2.53
Tools and techniques for incorporating strengths-based philosophies into services	2.51
Tools and techniques to assess the nature and extent of substance abuse problems	2.47
Strategies for communication and confidentiality procedures	2.42
Statements of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts	2.41
Child development in the context of parental substance abuse and the effect of parental substance abuse on children	2.41
Strategies to maximize funding resources	2.40
Tools and techniques to assess risks to children in the context of parental substance abuse	2.36
Improving access to services for evaluating and intervening with children affected by parental substance abuse	2.32
Strategies to identify and measure desired outcomes	2.31
Developing service delivery models for children of alcoholics and children of substance abusers	2.30
Techniques for preventing substance abuse among children	2.29
Improving retention of parents and families in substance abuse treatment	2.29
Assessing child safety in the home of a caretaker who uses/abuses substances	2.27
Working with parents with past traumatic experiences	2.24
Statements of agreed-upon values that cross systems	2.23
Specification of cross-system outcomes	2.22
Statements of agreed-upon principles that cross systems and that guide practice	2.22
Specification of how cross-system programs will be evaluated	2.18
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court	2.18
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.16
Mandatory training on substance abuse treatment modalities and services available to families involved in child welfare	2.11
Indicators and attributes of gender specific substance abuse and child welfare services	2.11
Effects and interventions for alcohol related birth defects	2.09
Techniques for assuring cultural competency in child welfare and substance abuse treatment	2.07
Mandatory training regarding services available to families through the child welfare system	2.04
Substance abuse child welfare services to families with limited English proficiency	2.02
Mandatory training on diversity and cultural competence related to gender and ethnicity	2.00
Mandatory training on family and dependency courts	1.84
Substance abuse and child welfare services to refugee and immigrant families	1.80
Mandatory training on Dependency Drug Courts	1.69

RESULTS BY CATEGORY, REGION AND ROLE

This section of the report presents findings within each of the four categories: Practice and Clinical Issues; Children's Issues; Training Issues; and Collaboration/Systems Issues. For each category, findings are presented for respondents as a whole, and then they are summarized by geographic region and by role of responder. The findings are presented in order in which the questions appear in the survey. For each table, the highest mean score is shaded and italicized.

At the end of this section, Table 11 (pp. 23-25) presents complete findings for each individual survey question broken down by geographical region, and Table 12 (pp. 26-28) presents complete findings for each individual survey question broken down by role of responder. For the sake of simplicity, these findings are only summarized in this section.

Practice and Clinical Issues

There was a moderately high level of interest in having the Protocol address Practice and Clinical Issues (M=2.3, SD=.41). The following table indicates mean scores from all respondents regarding Practice and Clinical Issues.

Table 7: Mean Score for Practice and Clinical Issues—All Respondents	
	Mean Score
Practice and Clinical Issues	
Tools and techniques to screen for substance abuse problems	2.50
Tools and techniques to assess the nature and extent of substance abuse problems	2.50
Tools and techniques to assess risks to children in the context of parental substance abuse	2.68
Techniques for preventing substance abuse among children	2.38
Techniques for assuring cultural competency in child welfare and substance abuse treatment	2.18
Indicators and attributes of gender specific substance abuse and child welfare services	2.17
Substance abuse and child welfare services to refugee and immigrant families	1.84
Substance abuse and child welfare services to families with limited English proficiency	2.07
Engaging parents and families in changing risky behaviors	*2.69*
Improving retention of parents and families in substance abuse treatment	2.59
Working with parents with past traumatic experiences	2.33
Working with parents with co-occurring mental health, domestic violence, and substance use disorders	2.63
Tools and techniques for incorporating strengths-based philosophies into services	2.42
Overall Practice and Clinical Issues Mean	**2.39**

Practice and Clinical Issues by Geographic Region

Summary

- There were no differences in responses to Practical and Clinical Issues based on geographic region, with interest ranging from a low of 2.24 (Western slope, rural) to a high of 2.51 (entire state).

In examining individual questions according to region:

- Respondents from the entire state (M=2.29, SD=.76) and Front range, urban areas (M=2.24, SD=.74) reported slightly higher levels of interest in "techniques for assuring cultural competency in child welfare and substance abuse" than respondents from the Eastern plains (M=19.4, SD=.76) and Western slope, rural areas (M=1.87, SD=.73) (F=2.12, p=.051).
- Respondents from the entire state (M=2.46, SD=.74) and Front range, urban areas (M=2.21, SD=.67) reported more interest in "indicators and attributes of gender specific substance abuse and child welfare services" than did respondents from the Eastern plains (M=1.87, SD=.71), Mountain, rural (M=2.00, JSD=.77) and Western slope, urban areas (M=1.71, SD=.76) (F=2.83, p<.05).
- Respondents from the entire state (M=2.00, SD=.67) and Front range, urban areas (M=1.91, SD=.71) reported more interest in "substance abuse and child welfare services to refugee and immigrant families" than those from the Eastern plains (M=1.63, SD=.55), Western slope, urban (M=1.43, SD=.53) and Western slope, rural areas (M=1.57, SD=.57) (F=2.71, p.=.05)
- Respondents from the entire state (M=2.29, SD=.71) and Front range, urban areas (M=2.13, SD=.74) reported significantly more interest in "substance abuse and child welfare services to families with limited English proficiency" than respondents from the Western slope, urban area (M=1.57, SD=.53), Mountain, rural (M=1.83, SD=.86) and Western slope, rural areas (M=1.90, SD=.61) (F=2.25, p<.05).

Practice and Clinical Issues by Primary Role of Respondent

Summary

There were differences in interest based on the role of the person responding to the question:

- TANF workers/supervisors (M=1.97, SD=.67) reported significantly lower levels of interest in Practice and Clinical Issues than all other respondents except mental health service workers (F=2.27, p<.01).
- TANF workers/supervisors (M=2.08, SD=.76) reported the lowest level of interest in "tools and techniques to assess the nature and extent of substance abuse problems" compared to all other respondents.
- Court workers (M=2.89, SD=.32) reported significantly more interest in "tools and techniques to assess the nature and extent of substance abuse problems" than

administration and policy/research respondents (M=2.46, SD=.6) and child welfare workers/supervisors (M=2.45, SD=.60) (F=2.62, p<.01).
- attorneys (M=2.93, SD=.27), court workers (M=2.89, SD=.32), and child welfare workers/supervisors (M=2.75, SD=.50) reported significantly higher levels of interest in "tools and techniques to assess risks to children in the context of parental substance abuse" than TANF workers/supervisors (M=2.00, SD=.91), administration and policy/research (M=2.54, SD=.60), and mental health service workers (M=2.25, SD=.75) (F=5.13, p=.000).

There was also a difference in level of interest in techniques for preventing substance abuse among children by the primary role of the respondent:

- Court workers (M=2.74, SD=.45), attorneys (M=2.64, SD=58), and substance abuse workers (M=2.50, SD=.64) rated "tools and techniques for preventing substance abuse among children" the highest compared to the other respondents (F=2.44, p<.05).
- Court workers, attorneys, substance abuse workers, and administration workers reported more interest in "engaging parents and families in changing risky behaviors" (F=2.64, p<.01) and "improving retention of parents and families in substance abuse treatment" than the other respondents (F=4.00, p=.000).
- Administrators/policy/research respondents (M=2.60, SD=.53) reported significantly higher levels of interest in "tools and techniques for incorporating strengths-based philosophies into services" compared with court workers (M=2.16, SD=.60), TANF workers/supervisors (M=2.15, SD=.69), and attorneys (M=2.21, SD=.70) (F=2.27, p<.05).

Children's Issues

Overall, there was moderately high interest in having the Protocol address Children's Issues. The following table indicates mean scores for each question, from all respondents regarding Children's Issues.

Table 8: Mean Score for Children's Issues—All Respondents

	Mean Score
Child development in the context of parental substance abuse	2.59
Assessing child safety in the home of a caretaker who uses/abuses substances	*2.61*
Effects and interventions for Alcohol Related Birth Defects	2.31
Developing service delivery models for children of alcoholics and children of substance abusers	2.45
Improving access to services for evaluating and intervening with children affected by parental substance abuse	2.51
Overall Children's Mean	**2.49**

Children's Issues by Geographic Region

Summary

- Children's Issues received the highest mean score overall (M=2.49, SD=.52).
- No group differences were found by geographic audience, with moderate to high levels of interest in receiving TA in this area expressed by all respondents (means ranged from 2.34 to 2.66).

There were some geographic differences to individual survey items, however:

- Respondents from the entire state (M=2.61, SD=.63) reported significantly more interest "effects and interventions for alcohol-related birth defects" than respondents from the Front range, urban (M=2.32, SD=.73), Eastern plains (M=2.19, SD=.70) and Western slope, urban areas (M=1.76, SD=.69).

Children's Issues by Primary Role

Summary

There were significant differences based on primary role of responder, in all items of this category. In particular, court and legal staff rated Children's Issues higher than people in all other roles.

- Attorneys (M=2.77, SD=.32) and court workers (M=2.71, SD=.32) indicated significantly higher levels of interest in this area than TANF workers/supervisors (M=1.97, SD=.80), administrators/research or policy staff (M=2.38, SD=.54), and mental health service workers (M=2.18, SD=.77) (F=4.81, p=.000).
- Court workers and attorneys indicated a significantly higher level of interest in "child development in the context of parental substance abuse and the effect of parental substance abuse on children" (F=3.51, p<.01), "assessing child safety in the home of a caretaker who uses/abuses substances" (F=5.23, p=.000), "the effects and interventions for alcohol-related birth defects (F=2.18, p<.05)", "developing service delivery models for children of alcoholics and children of substance abusers" (F=2.18, p<.05), and "improving access to services for evaluating and intervening with children affected by parental substance abuse" (F=3.86, p=.000) than the other respondents, with child welfare workers ranking these items as moderately high.

Training Issues

Overall, there was relatively moderate interest in having the Protocol address Training Issues. However, based on the narrative comments that were included in some surveys (included at the end of this report), it is unclear whether there is low interest in Training Issues or low interest in having training Mandatory.

Table 9: Mean Score for Training Issues—All Respondents	
	Mean Score
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court	2.25
Mandatory training regarding services available to families through the child welfare system	2.10
Mandatory training on substance abuse treatment modalities and services available to families involved with child welfare	2.19
Mandatory training on family and dependency courts	1.89
Mandatory training on diversity and cultural competence related to gender and ethnicity	1.90
Mandatory training on dependency drug courts	1.77
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.32
Overall Training Mean	**2.06**

Training Issues by Geographic Audience

Summary

The overall level of interest in training issues averaged 2.06 (SD=.59), indicating moderate interest. Interest in training differed significantly according to geographic region of the respondent:

- Overall, respondents from the entire state (M=2.32, SD=.61) reported a higher level of interest in training issues than respondents from all the Front range, urban (M=2.01, SD=.60), Eastern plains (M=2.03, SD=.43), Western slope, urban (M=1.76, SD=.44), and Western slope, rural areas (M=1.97, SD=.67)(F=2.13, p=.05).
- Respondents from the entire state (M=2.29, SD=.81) reported higher interest in "mandatory training on diversity and cultural competence related to gender and ethnicity" than respondents from all other geographic areas except for Mountain, rural (F=2.57, p. <.05). This was the only individual item that differed by geographic region.

Training Issues by Primary Role

Summary

No group differences were found by primary role, with interest in ranging from 1.70 to 2.38.

When examining individual items, however, there were two that yielded different responses based on the role of the respondent:

- Attorneys (M=2.64, SD=.63) reported higher interest in "mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court" than all other respondents.

- TANF workers/supervisors (M=1.62, SD=.77) reporting significantly less interest in "mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court" than other respondents except mental health workers (F=2.64, p<.05).
- Attorneys (M=2.64, SD=.63) rated "mandatory training on the long-term effects on children who are prenatally exposed and/or who are living with substance abusing parents" as of extremely high interest, contrasted with TANF workers/supervisors (M=1.77, SD=.83) and mental health service workers (M=2.00, SD=.95) (F=2.32, p<.05).

Collaboration and Systems Issues

Overall, there was moderate interest in having the Protocol address Systems and Collaboration Issues.

Table 10: Mean Score for Collaboration and Systems Issues—All Respondents

	Mean Score
Statements of agreed upon value that cross systems	2.03
Statements of agreed upon principles that cross systems and that guide practice	2.16
Strategies of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts	2.40
Strategies for communication and confidentiality procedures	2.27
Strategies to maximize funding resources	*2.46*
Specification of cross-system outcomes	2.11
Strategies to identify and measure desired outcomes	2.24
Specification of how cross-system programs will be evaluated	2.09
Overall Collaboration/Systems Issues Mean	**2.22**

Collaboration and Systems Issues by Geographic Region

Summary

Overall, there were no differences found based on geographic region of respondent, with levels of interest ranging from 2.09 (Western slope, urban) to 2.46 (Other). There was a significant difference in responses to one individual item, however:

- Respondents from the Eastern plains (M=2.47, SD=.57) reported the highest level of interest in "strategies for communication and confidentiality procedures" compared to respondents from the Front range, urban areas (M=2.17, SD=.78) (F=2.4,4 p<.05).

Collaboration and Systems Issues by Primary Role of Respondent

Summary

There was a significant difference in the level of interest in collaboration and systems issues by the primary role of the respondent:

- TANF workers/supervisors (M=1.76, SD=.61) indicated significantly less interest in this area than all the other respondents;
- Administration/policy/research staff (M=2.41, SD=.44) indicated a higher level of interest in collaboration and systems issues than child welfare workers/supervisors (M=2.15, SD=.57) (F=2.95, p<.01).

There were also differences in several of the individual items in this category by the primary role of the respondent:

- Administration/policy/research staff reported the highest level of interest in “statements of agreed-upon values that cross systems”, while attorneys and TANF workers/supervisors expressed the lowest level of interest (F=2.22, p<.05) in this item
- Administration/policy/research staff and substance abuse workers expressed the highest level of interest in “statements of collaborative policies” and “methods to link substance abuse treatment, child welfare, and the courts” (F=2.34, p<.05), “strategies for communication and confidentiality procedures” (F=2.46, p<.05), and “specification of how cross-system programs will be evaluated” (F=2.04, p<.05) compared to TANF workers/supervisors who expressed the lowest level of interest.
- Attorneys and administration/policy/research staff reported significantly higher levels of interest in “strategies to maximize funding resources” compared to TANF workers (F=3.29, p<.01).

Table 11: Means Scores by Geographic Audience

	Entire State	Front Range, Urban	Eastern Plains	Mountain, Rural	Western Slope, Urban	Western Slope, Rural	Other
	n=28	n=160	n=32	n=18	n=7	n=30	n=21
Practice and Clinical Issues							
Tools and techniques to screen for substance abuse problems	2.75	2.45	2.56	2.39	2.71	2.37	2.67
Tools and techniques to assess the nature and extent of substance abuse problems	2.71	2.51	2.44	2.39	2.57	2.33	2.67
Tools and techniques to assess risks to children in the context of parental substance abuse	2.75	2.68	2.78	2.67	2.43	2.47	2.76
Techniques for preventing substance abuse among children	2.54	2.37	2.38	2.50	2.57	2.07	2.57
*Techniques for assuring cultural competency in child welfare and substance abuse treatment**	*2.29*	*2.24*	*1.94*	*2.22*	*2.00*	*1.87*	*2.43*
*Indicators and attributes of gender specific substance abuse and child welfare services**	*2.46*	*2.21*	*1.87*	*2.00*	*1.71*	*2.13*	*2.38*
*Substance abuse and child welfare services to refugee and immigrant families**	*2.00*	*1.91*	*1.63*	*1.83*	*1.43*	*1.57*	*2.10*
*Substance abuse and child welfare services to families with limited English proficiency**	*2.29*	*2.13*	*1.94*	*1.83*	*1.57*	*1.90*	*2.29*
Engaging parents and families in changing risky behaviors	2.71	2.65	2.78	2.72	2.57	2.63	2.86
Improving retention of parents and families in substance abuse treatment	2.71	2.55	2.75	2.72	2.86	2.40	2.62
Working with parents with past traumatic experiences	2.36	2.33	2.22	2.33	2.14	2.31	2.52
Working with parents with co-occurring mental health, domestic violence, and substance use disorders	2.50	2.62	2.66	2.78	2.57	2.53	2.86
Tools and techniques for incorporating strengths-based philosophies into services	2.61	2.40	2.26	2.39	2.14	2.50	2.52
Overall Practice and Clinical Issues Mean	**2.51**	**2.39**	**2.34**	**2.37**	**2.25**	**2.24**	**2.56**
Children's Issues							
Child development in the context of parental substance abuse	2.71	2.59	2.48	2.50	2.43	2.53	2.76
Assessing child safety in the home of a caretaker who uses/abuses substances	2.64	2.65	2.55	2.50	2.29	2.50	2.67

	Entire State	Front Range, Urban	Eastern Plains	Mountain, Rural	Western Slope, Urban	Western Slope, Rural	Other
*Effects and interventions for Alcohol Related Birth Defects**	*2.61*	*2.32*	*2.19*	*2.39*	*1.86*	*2.00*	*2.48*
Developing service delivery models for children of alcoholics and children of substance abusers	2.68	2.40	2.42	2.56	2.71	2.33	2.57
Improving access to services for evaluating and intervening with children affected by parental substance abuse	2.61	2.48	2.61	2.44	2.43	2.40	2.81
Overall Children's Mean	**2.65**	**2.49**	**2.45**	**2.48**	**2.34**	**2.35**	**2.66**
Training Issues							
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court	2.39	2.18	2.31	2.22	2.29	2.20	2.52
Mandatory training regarding services available to families through the child welfare system	2.36	2.06	2.00	2.33	1.71	1.97	2.29
Mandatory training on substance abuse treatment modalities and services available to families involved with child welfare	2.36	2.14	2.09	2.39	2.00	2.20	2.29
Mandatory training on family and dependency courts	2.21	1.79	1.84	2.06	1.71	1.87	2.14
*Mandatory training on diversity and cultural competence related to gender and ethnicity**	*2.29*	*1.92*	*1.78*	*1.89*	*1.29*	*1.67*	*2.05*
Mandatory training on dependency drug courts	2.07	1.70	1.72	2.00	1.29	1.73	2.00
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.57	2.27	2.44	2.50	2.00	2.17	2.43
Overall Training Mean	**2.32**	**2.01**	**2.03**	**2.20**	**1.76**	**1.97**	**2.24**
Collaboration/Systems Issues							
Statements of agreed upon value that cross systems	2.25	1.99	1.87	2.00	2.00	2.07	2.29
Statements of agreed upon principles that cross systems and that guide practice	2.50	2.10	2.16	2.17	2.00	2.17	2.24
Strategies of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts	2.46	2.41	2.48	2.44	2.29	2.17	2.52

	Entire State	Front Range, Urban	Eastern Plains	Mountain, Rural	Western Slope, Urban	Western Slope, Rural	Other
*Strategies for communication and confidentiality procedures**	*2.43*	*2.17*	*2.47*	*2.44*	*2.00*	*2.27*	*2.62*
Strategies to maximize funding resources	2.50	2.46	2.41	2.39	2.00	2.50	2.76
Specification of cross-system outcomes	2.29	2.08	2.19	2.11	2.00	1.93	2.38
Strategies to identify and measure desired outcomes	2.39	2.21	2.34	2.22	2.29	2.00	2.48
Specification of how cross-system programs will be evaluated	2.25	2.07	2.06	1.94	2.14	1.93	2.43
Overall Collaboration/Systems Issues Mean	**2.38**	**2.18**	**2.23**	**2.22**	**2.09**	**2.14**	**2.46**

Note: *$p<.05$

Table 12: Means Scores by Primary Role of Respondent

	Court	TANF Worker/ Supervisor	Administration and/or Policy & Research	Mental Health Service Worker	Substance Abuse Worker	Child Welfare Worker/ Supervisor	Attorney	Other
	n=19	n=13	n=57	n=12	n=28	N=129	N=14	n=26
Practice and Clinical Issues								
Tools and techniques to screen for substance abuse problems	2.84	2.46	2.47	2.67	2.57	2.44	2.64	
*Tools and techniques to assess the nature and extent of substance abuse problems***	*2.89*	*2.08*	*2.46*	*2.67*	*2.68*	*2.45*	*2.71*	*2.42*
*Tools and techniques to assess risks to children in the context of parental substance abuse****	*2.89*	*2.00*	*2.54*	*2.25*	*2.71*	*2.75*	*2.93*	*2.73*
*Techniques for preventing substance abuse among children**	*2.74*	*2.00*	*2.32*	*2.00*	*2.50*	*2.34*	*2.64*	*2.54*
Techniques for assuring cultural competency in child welfare and substance abuse treatment	2.32	1.62	2.12	2.08	2.25	2.15	2.29	2.50
Indicators and attributes of gender specific substance abuse and child welfare services	2.05	1.77	2.23	2.17	2.50	2.11	2.21	2.27
Substance abuse and child welfare services to refugee and immigrant families	2.05	1.62	1.82	1.50	1.79	1.85	2.07	1.77
Substance abuse and child welfare services to families with limited English proficiency	2.37	1.69	1.98	1.83	1.96	2.12	2.21	2.08
*Engaging parents and families in changing risky behaviors***	*2.84*	*2.23*	*2.73*	*2.50*	*2.82*	*2.67*	*2.93*	*2.58*
*Improving retention of parents and families in substance abuse treatment****	*2.84*	*1.92*	*2.72*	*2.50*	*2.79*	*2.50*	*2.79*	*2.58*
Working with parents with past traumatic experiences	2.00	2.00	2.30	2.33	2.50	2.37	2.36	2.42
*Working with parents with co-occurring mental health, domestic violence, and substance use disorders**	*2.79*	*2.08*	*2.67*	*2.50*	*2.61*	*2.67*	*2.79*	*2.46*
*Tools and techniques for incorporating strengths-based philosophies into services**	*2.16*	*2.15*	*2.60*	*2.50*	*2.50*	*2.45*	*2.21*	*2.19*
Overall Practice and Clinical Issues Mean**	**2.52**	**1.97**	**2.38**	**2.27**	**2.48**	**2.38**	**2.52**	**2.38**
Children's Issues								
*Child development in the context of parental substance abuse***	*2.84*	*2.00*	*2.52*	*2.17*	*2.64*	*2.64*	*2.86*	*2.62*

	Court	TANF Worker/ Supervisor	Administration and/or Policy & Research	Mental Health Service Worker	Substance Abuse Worker	Child Welfare Worker/ Supervisor	Attorney	Other
*Assessing child safety in the home of a caretaker who uses/abuses substances****	*2.95*	*2.23*	*2.43*	*2.08*	*2.50*	*2.74*	*2.86*	*2.42*
*Effects and interventions for Alcohol Related Birth Defects**	*2.32*	*1.77*	*2.21*	*2.00*	*2.29*	*2.41*	*2.50*	*2.23*
*Developing service delivery models for children of alcoholics and children of substance abusers**	*2.74*	*2.00*	*2.36*	*2.17*	*2.50*	*2.48*	*2.71*	*2.35*
*Improving access to services for evaluating and intervening with children affected by parental substance abuse****	*2.68*	*1.85*	*2.37*	*2.50*	*2.39*	*2.57*	*2.93*	*2.58*
Overall Children's Mean**	***2.71***	***1.97***	***2.38***	***2.18***	***2.46***	***2.57***	***2.77***	***2.44***
Training Issues								
*Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court**	*2.26*	*1.62*	*2.30*	*2.08*	*2.36*	*2.27*	*2.64*	*2.04*
Mandatory training regarding services available to families through the child welfare system	2.26	1.77	2.04	2.08	2.11	2.11	2.50	2.00
Mandatory training on substance abuse treatment modalities and services available to families involved with child welfare	2.26	1.92	2.14	2.08	2.29	2.20	2.50	2.08
Mandatory training on family and dependency courts	2.00	1.54	1.84	2.00	2.11	1.84	2.21	1.81
Mandatory training on diversity and cultural competence related to gender and ethnicity	2.05	1.77	1.89	2.00	2.04	1.81	2.00	2.04
Mandatory training on dependency drug courts	1.74	1.54	1.68	1.83	1.96	1.75	2.14	1.69
Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents	2.26	1.77	2.21	2.00	2.39	2.43	2.64	2.31
Overall Training Mean	**2.12**	**1.70**	**2.02**	**2.01**	**2.18**	**2.06**	**2.38**	**1.99**
Collaboration/Systems Issues								
*Statements of agreed upon value that cross systems**	*2.00*	*1.62*	*2.23*	*2.00*	*2.18*	*1.98*	*1.57*	*2.08*
Statements of agreed upon principles that cross systems and that guide practice	2.11	1.62	2.35	2.08	2.29	2.13	2.00	2.12

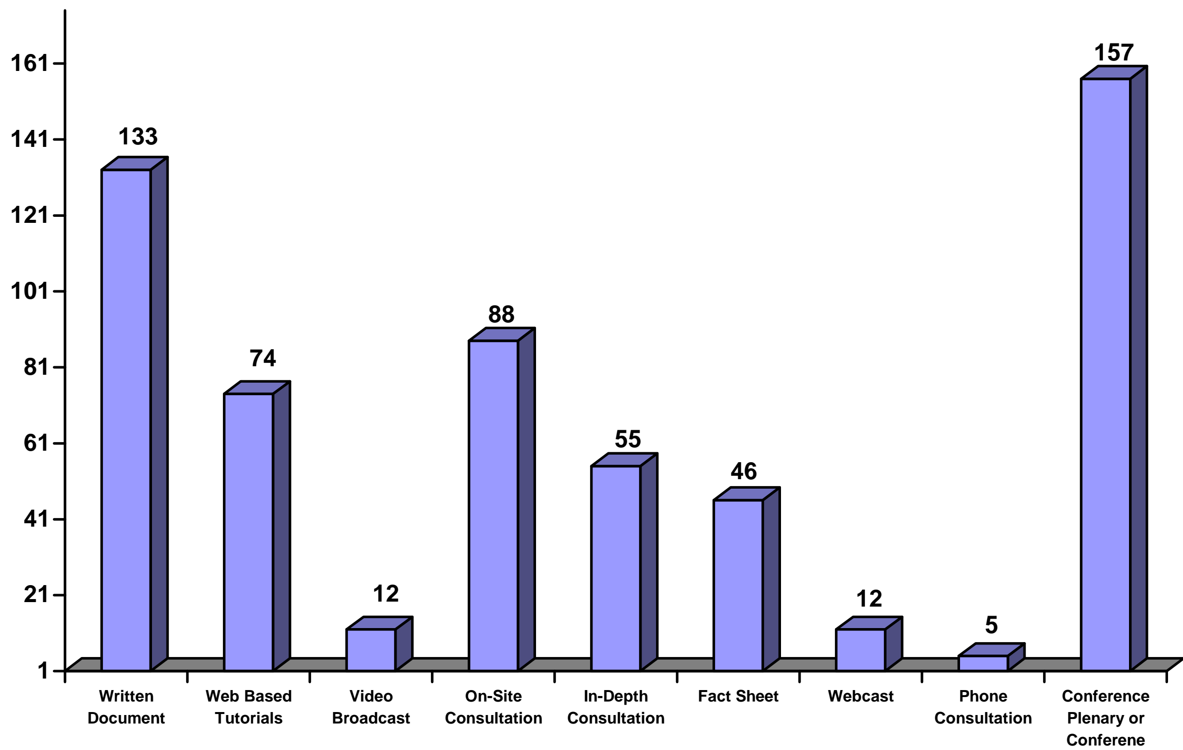
	Court	TANF Worker/ Supervisor	Administration and/or Policy & Research	Mental Health Service Worker	Substance Abuse Worker	Child Welfare Worker/ Supervisor	Attorney	Other
*Strategies of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts**	*2.21*	*1.77*	*2.55*	*2.42*	*2.50*	*2.42*	*2.29*	*2.38*
*Strategies for communication and confidentiality procedures**	*2.37*	*1.92*	*2.54*	*2.33*	*2.43*	*2.14*	*2.36*	*2.19*
*Strategies to maximize funding resources***	*2.58*	*1.77*	*2.63*	*2.50*	*2.57*	*2.36*	*2.71*	*2.46*
Specification of cross-system outcomes	2.26	1.77	2.32	2.08	2.29	2.02	1.93	2.08
Strategies to identify and measure desired outcomes	2.26	1.92	2.42	2.08	2.39	2.13	2.43	2.15
*Specification of how cross-system programs will be evaluated**	*2.16*	*1.69*	*2.28*	*2.08*	*2.32*	*2.00*	*2.21*	*1.92*
Overall Collaboration/Systems Issues Mean*	***2.24***	***1.76***	***2.41***	***2.20***	***2.37***	***2.15***	***2.19***	***2.17***

Note: *p<.05, **p<.01, ***p<.000

RESULTS: PREFERRED METHOD OF RECEIVING INFORMATION

Respondents consistently preferred Conference Plenary or Workshops and written documents.

Figure 9: Preferred Method of Receiving Information



NARRATIVE COMMENTS RECEIVED FROM RESPONDENTS

Some respondents offered narrative comments. These comments are presented below:

Training

- I would like to see more opportunities to gain CAC training in the child welfare system.

- I am not sure Interest vs. the Need to Increase skills is the right question. Many workers may have moderate interest but have a higher need for training.

- There is not enough education for workers addressing the difference between the addict/alcoholic and the self-medicating trauma or crime victim. Many battered women, for example, come into the system with a substance use problem. They are misdiagnosed with an addiction. Better assessments must be developed to address the self-medicating victim. Throughout my career, I worked with battered women who had an "addiction" coming in for services. HOWEVER, once the abuse and violence was out of their life, they no longer had to self-medicate the trauma, and the substance use subsided. We need to do a better job with this. Also, we as a society are very hard on the poor parent who uses substances. We must acknowledge that the middle class and upper class kids in this city are subjected to abuse and neglect related to substances. However, these parents rarely come under our scrutiny because they possess more resources. If we are leaving no child behind, outreach to the non-welfare population should be part of this plan.

- Need for interventions for unmotivated clients, so called voluntary clients.

- How to identify and address the common (mental health or other) factors underlying both substance abuse and child abuse?

- I am interested in training, but do not support the idea of "mandatory"

- My responses are made within the awareness that training and getting collaborative groups together is not as easy in a mid or small county as it is in a large urban area. Most of my collaborative partners are not in this county so it becomes an issue of time and location to meet. Also training via teleconferencing will garner much greater participation Statewide. Mandatory training involving travel to another county creates problems - coverage to assure that we have adequate staff to respond to intake, to staff court-ordered visits and/or to attend court on the day(s) when training is scheduled.

- I have already had much training on most of the issues mentioned. Also concerned with over-emphasis on substance abuse. We should only treat if directly related to abuse or neglect.

- I don't think any more training should be mandated for child welfare workers, so the above areas need to be incorporated into the existing mandated Core training. I am concerned that this process will result in more mandates and no more resources. We already struggle to keep up with the many tasks already required of us. Being in a rural,

western county, we don't often see a lot of relevance in protocols and MOUs that are developed on the Front Range for the metro areas. The protocol needs to keep in mind the limitations of resources and geography in different parts of the state.

Methamphetamine

- We need a fool-proof method of detecting methamphetamines at all times with individuals involved in the child welfare process and the funding to utilize the same.

- I think the impact on substance abuse in the Dependency or Neglect area is huge. When I attend training on methamphetamines and the increase in the number of meth labs and arrests in Colorado in recent years, I can only assume that the impact of substance abuse on our families is going to increase as well. I welcome your analysis and any proposals you may have for improving the assessment of substance abuse problems and the provision of appropriate services.

- In our county we are facing a meth epidemic. Our D&N load, out of home placements, and parental terminations have nearly doubled in six months. We need information on how to combat this problem.

Testing

- We are using hair tests on children removed from homes. The tests are coming back at high levels for one and two year old children. We need some type of training on how to read the drug tests and the effects those levels have on the children both physically and emotionally so that the appropriate evidence can be presented to the court.

- I think it would be very important to have access to funds to do toxicology screens on children that are exposed to drug labs. It would also be important to have the decontamination equipment to use if a drug lab and children are present.

Parenting

- There needs to be an emphasis on a philosophical shift from parents' rights to the parental responsibility to provide an appropriate nurturing environment. With such an overlay, issues of drug exposure (including prenatally) becomes much clearer and separate from any fundamental rights individuals may have with respect to control of their own bodies.

- I believe that there is a lack of knowledge across the board regarding the specific ways that substance use/abuse has a negative impact on children. Few people involve with these families recognize or pay attention to the developmental stages of the child or the family and what the child's needs are at each of these stages. educating parents about these stages can help them to understand how their substance use has a negative impact on their ability to effectively parent. this awareness can also enable the parent to be more attentive to these stages and more able to help the child with healthy development.

Systems

- There often seems to be a disconnect between statements of values and principles and the budgetary means of accomplishing or implementing strategies that would operationalize those statements. Also, It seems that in many CO Counties the service delivery is system 1st rather than person 1st. (E.g., fitting people into existing services rather than fitting services to a person's needs). perhaps training on creating funding streams which follow people rather than services would be beneficial and allow for a more flexible and higher fidelity service delivery system.

- As mentioned above, the biggest problem right now is cross systems coordination of services, and it's getting worse! Every department is trying to minimize their expenses and therefore cutting out services that are not mandated. E.g. County welfare departments are now stating they will only serve D&N children, not delinquents. Courts are addressing legal concerns but not the corollary mental health needs. MHASA's have cut out any services to Conduct Disordered children including substance abuse or sexually reactive youth. In all this mess there is still an uncertainty who pays for various things. For example, Colorado does not allow Medicaid to pay for Substance Abuse treatment or for treatment of sex offenders, in which populations there is a very high correlation. For most children placed out of home or accessing services through child welfare Medicaid is the only insurance coverage they have. To complicate things further, children and families often enter the "system" for one thing, e.g. child abuse or some legal involvement, only to be identified as needing a myriad of other services, of which they have a difficult time accessing due to the "door" in which they entered. In addition, each county has different policies and procedures, the state is different from each of them, DYC has their own way of doing things and the MHASA's have no idea how to interact with a Child Welfare paradigm. ADAD has remained rather ineffective in this whole process since it carries no real funding source. I have been active in seeking solutions for the past 15 years to no avail, primarily due to the various "departments" not being willing to effectively work together. I will be very interested in how you hope to address all these concerns.

- When I have left messages offering to provide free training to DSS or services to clients, there has been no response. I believe that DSS should be aware of all available resources in their counties. I recommend increased interagency networking and cross referrals.

- We need leadership to address funding issues. Behavioral health funding in Colorado is pitiful. The Western slope needs access to residential treatment for women and children that focuses on gender specific treatment, including socio economic issues, education, day care, health, housing, etc. A therapeutic community for long term aftercare is also needed to support success in chronic, problematic multigenerational families as well as for those affected by methamphetamine.

Treatment

- Addressing: how long to work with substance abusers; how long should children have to wait for parents to detox.

- Long term treatment facilities for juveniles are in very short supply on the west slope. There needs to more cooperation with tribal resources for native children to access those facilities which are available and use culturally valid treatments. Also, I would like to learn more about methamphetamine, the physiology of addiction and what types of treatment is working for juveniles in other areas.

- My interest is in the growth and development of the treatment programs. What is the evolution of these programs? What is the quality, and expertise of the staff involved? How do they treat clients?

- Too many times women and men enter treatment and expect to retain parental rights. This can inhibit behavior change as the person in treatment is not focused on treatment but on "complying" with social service. The person is difficult to engage in treatment. More collaborative work is needed to engage these people or allow them to leave treatment without regaining their child(ren).

- I have experienced the inability to work with children and families that encounter substance abuse related trauma and problem and to develop effective assessment criteria specifically for children because of the lack of money. I don't have the financial resources to work with children who have no financial resources or with the parents who are suffering from substance abuse related problems that usually do not have financial resources. In saying this, I would definitely like to see more funding in this particular area. Especially those court ordered for domestic and or anger management to have more of a mergence between treatment for substance abuse and dealing with domestic violence and anger management. These families should not be expected to have to pay the fees for services for anger management/domestic violence and substance abuse separately. They simply can't do it.

- Substance abuse issues effect most of our families in one way or another, either historically or presently. In order to adequately and successfully treat these families, it would be helpful to know what strategies work best, and assist the worker in identifying which families would most successfully benefit from treatment.

- The importance of involving substance abuse prevention programs in providing services to the families. Many prevention programs already work with high risk families who are also served by social services so it would be a major oversight not to involve them in the planning and implementation.

<u>Other</u>

- Good Work! We need this...one thing that comes up--in d&n cases the law requires permanency planning within one year for children under 6, often drug/alcohol treatment takes longer than this and it can be hard to reconcile the needs of the child for permanency with a parents struggle to get clean/sober....

- Your survey seems to assume that providers are either in the mental health or substance abuse fields, not both.

- Your survey perpetuates the notion on non-integrated mental health and substance abuse services when you ask the respondent to identify 1 area of focus but not the other.

- Please continue to help us present substance abuse as what it is and not separate from alcohol abuse. Alcohol is a substance.

- I worked as a GAL before working as assistant county attorney, and in one of those cases the child kept missing school. The underlying, but unknown problem, was her mother's substance use. So I believe better screening for substance abuse could greatly improve treatment plans for families. Another difficult piece is proving to the Court how substance abuse by a parent impacts children, especially if the parent claims that they always find an appropriate caregiver before they go party with whatever substance they prefer.

- I believe these are very important issues....issues which can be very difficult to assist folks in resolving. Any assistance around how to identify and effectively work with these issues so that we can help our families move forward would be greatly appreciated!

- I marked little interest on the ones I did because it is not needed since we already cover those areas extensively.

- This is badly needed. Thank you.

- I believe that learning all we can about these issues will help us to assist our families in moving forward. Any assistance you can provide to assist us in identifying and effectively working with these difficult issues would be greatly appreciated.

- I think a regularly updated "Fact Sheet" of statistics related to the correlation of Substance Abuse and Legal/Human Services involvements could be a powerful "real life" indicator to at risk families.

- I have been an attorney involved in the Child Welfare System for 27 years. I retired from the Denver City Attorney's Office in 2001 after 17 years as the chief attorney advising the Denver Department of Human Services. Since then I now work as a consultant to train social caseworkers on "Eliminating Intimidation When Testifying" throughout Colorado. I have trained about 5% of all social caseworkers in the State so far. I am concerned about the clash between the amount of time and resources needed to get a parent's substance abuse issues under her/his control when the Expedited Permanency Process requires permanency within one year for children who are under six years of age at the time the petition in Dependency is filed. My experience leads me to conclude that it takes much longer for the parent to be "cured" sufficiently to resume parenting. I think the Children's Code may need to be amended to resolve the conflict. I have participated in efforts to amend over 95% of the Children's Code over the past 25 years so I know how difficult it can be to try and offer an Amendment. I would encourage you to include the leading experts in Substance and Alcohol Abuse in your efforts as they can provide much needed knowledge on the state of their field at this time. It is hard to change parents' destructive behavior even when they might lose their parental rights. I have seen it happen but I do not know what factors offer promise to these parents.

- Those of us in social/human service programs spend far too much time catering to mission statements and outcome measures. It's easy to see that we've become less and less effective as our services and clients have become more complex. We need to quit busting our brains coming to come up with catchy acronyms that symbolize idealized programs that never quite succeed. We need to simplify what we do and get back to basics. We need to hold our government accountable and ourselves as well. We need to support out workers and make sure they're well-trained. We need to acknowledge the limits of what we can and can't do for our communities. We need to stop filling in the service gaps for other agencies.

- As an Intake worker I have found through talking with the families that they have a difficult time accessing services if they are not insured and they also seem to become easily frustrated with the intake process. (Length of time it takes to get appointments, availability of appointment times, location, child care while they attend) Also when it comes to families the family is seldom included. Any significant substance abuse problem or addiction in general involving a family system should be treated as such. When families are involved the need is different than when an Individual alone is the focus. Family member have their place in the dynamics and should have some role in the therapeutic process. As for MY very personal opinion the need for LISCENSED CLINICAL intervention with an emphasis in Substance Abuse is needed.

- "Mandatory" and "MOU" lead me believe that procedures may be required and inflexible irregardless of the location or availability of services and the individual needs of the client. This affected the way I responded the questions.

- Substance abuse is a pervasive problem among families with child protection issues. Funds need to be available for the primary treatment of parents with substance abuse problems.

- Rural communities have such limited resources that Training should be rural specific. When rural counties train with urban counties (esp. Denver area and Colorado Springs), we come away frustrated because we don't have the same plethora of resources that bigger communities do.

- Keep in mind that in some areas there are limited resources and the process by which the court intervenes may be different than in other areas. There needs to be a focus on what resources are available and what education the courts will receive.

- In other positions, I have been directly responsible for the development of mission statements, policies, and procedures. My experience is that all the policies will not insure that anything happens without adequate, clear, and consistently followed procedures. In addition, my experience with mandated training (e.g. CORE) is that policies and procedures differ extensively between counties and judicial districts, significantly decreasing the value of statewide mandated training.

INTRODUCTION AND OVERVIEW: THE COLORADO SURVEY

Hello! The National Center on Substance Abuse and Child Welfare (NCSACW) was created by the US Department of Health and Human Services and is funded by the Center for Substance Abuse Treatment (CSAT) and the Children's Bureau's Office on Child Abuse and Neglect (OCAN). After a competitive application process, Colorado was one of four states chosen to receive In-Depth Technical Assistance from the NCSACW in its first round of assistance.

The Colorado Steering Committee of the NCSACW In-Depth Technical Assistance Project wants to know your thoughts and insights about the connections between substance abuse, child maltreatment, and the dependency and neglect courts in Colorado; and about children of families involved in these systems. We are seeking your opinions through this survey and a series of focus groups, teleconferences and regional meetings that will take place early in 2004. The Colorado Steering Committee includes representatives from state and county child welfare, substance abuse treatment and prevention, court staff and facilitators, mental health, American Indian services, managed service organizations, and others. A list of the Steering Committee members is included on the next page.

By July 2004, Colorado will have a Protocol for screening, assessing, engaging, and retaining families who are involved with the child welfare, TANF and court systems. The Protocol will be incorporated into a Memorandum of Understanding (MOU) to guide program implementation.

The Protocol will help child welfare staff make decisions regarding not only whether substance abuse exists but also whether and how substance use affects child safety and permanency decisions. It will help substance abuse treatment staff match treatment services to the needs of individuals, reduce treatment dropout, and improve treatment outcomes. It will assure that judges and court staff receive complete and timely information about family progress and challenges, and information that represents consensus among service providers.

In order to insure that the Protocol is helpful in these ways, we need to draw from your knowledge and beliefs; and to learn from you about areas where you would like more guidance or support. Your insights will help us be sure that the Protocol makes the best use of your time, does not duplicate things you already do, and gives you useful, practical information.

We urge you to complete this survey, which should take no longer than 15 minutes to complete. We are sending this survey to all child protective services and TANF staff, licensed substance abuse treatment providers and managed service organizations; judges, magistrates, court facilitators, Court Appointed Special Advocates (CASA), and several non-profit service provider agencies. When the results are tabulated and analyzed, we will provide feedback to you about the results via email, and via the content for the focus groups, teleconferences and regional meetings.

We urge you to complete the survey and return it by no later than **December 15.** To access the survey, please go to http://www.cjbconsulting.com/ncsacw and complete the survey on line.

Thank you for participating in this project.

Colorado In Depth Technical Assistance Steering Committee

Michael Allen	Signal Behavioral Health Network
Arthur Atwell	Office of Performance Improvement CO DHS
Brenda Bellonger	North American Indian Legal Services
Jane Beveridge	Office of Child and Family Services, CO DHS
Phyllis Bigpond	Denver Indian Family Resource Center
Palmer Boyette	Second Judicial District
Cynthia Butler	Eighteenth Judicial District
Melinda Cox	Child Welfare Division, CO DHS
Steven Clifton	Fremont County DSS
Fredrick Crawford	Logan County DSS
Jacqui Cunningham	Colorado Works, CO DHS
Daniel Gallagher	Office of Planning & Analysis, CO State Court Administration
Jennifer Green	University of Colorado Health Sciences Center
Carol Johnson	Adams County DSS
George Kawamura	Office of Behavioral Health & Housing, CO DHS
Sherry Kester	Office of Planning & Analysis, CO State Court Administration
Barbara Mattison	Court Appointed Special Advocates (CASA)
Karen Mooney	Alcohol and Drug Abuse Division, CO DHS
Carmelita Muniz	CO Association of Alcohol and Drug Service Providers
Mary Nakashian	National Center on Substance Abuse and Child Welfare
Amy Naes	First Judicial District
Charles Perez	Child Welfare Division, CO DHS
Julia Polland	Savio House
Shirley Rhodus	El Paso County DHS
Theresa Spahn	Office of the Child's Representative
Michael Schiferl	Sixteenth Judicial District
Melinda Taylor	CO State Judicial
Ted Trujillo	Child Welfare Division, CO DHS
Mary VanderWall	Alcohol and Drug Abuse Division, CO DHS
Carol Wahlgren	Child Welfare Division, CO DHS
Regina Walter	Fourth Judicial District
Janet Wood	Alcohol and Drug Abuse Division, CO DHS
Claudia Zundel	Mental Health Services, CO DHS

Welcome to the National Center on Substance Abuse and Child Welfare and the Colorado In-Depth Technical Assistance Steering Committee

THE COLORADO SURVEY

This survey is intended to gather information about areas you feel are most important in dealing effectively with families who are involved in the child welfare system and dependency and neglect courts, and who also have problems related to substance abuse. The survey gathers information that will be incorporated into a Colorado Protocol and Memorandum of Understanding for screening, assessing, engaging, and retaining families who are involved with the child welfare, TANF and court systems. Survey results will help us insure that the Protocol addresses the practical needs of staff in Colorado, makes the best use of staff time, and enables staff to better serve children and families. Before completing the survey, please read the Introduction and Overview that was attached to the email you received regarding the survey. That document also lists members of the In Depth Technical Assistance Steering Committee.

Results of this survey will remain confidential and will be reported in aggregate form. We will email tabulated results when all the responses have been received; and you will receive additional information during the focus groups, teleconferences, and regional meetings to be held across the state early in 2004. Thank you for taking the time to complete this short survey.

1. What is the geographic audience of your organization?

___Entire State
___Front Range, Urban
___Eastern Plains
___Mountain, Rural
___Western Slope, Urban
___Western Slope, Rural
___Reservation
___Other

2. What is the primary focus of your court, organization or division?

___Substance Abuse
___Child Welfare Services
___Colorado Works/TANF
___Other Court
___Training ___
___Research and Evaluation
___Domestic Violence
___Mental Health
___Juvenile/Family Court
___American Indian Child Welfare Policy
___Other

3. What is your primary role?

___Court
___TANF worker
___Administration and/or Policy & Research
___Mental health service worker
___Substance abuse worker
___ Advocate (Family, CASA, etc.)
___Child welfare worker
___Other
___Attorney

4. **Total years of experience in this role (at this and other agencies) _____years.**

5. **Please indicate your level of interest in having the Protocol and Memorandum of Understanding to address the following issues (note that all of these items pertain to families who are involved with substance abuse and child welfare, and not to families in general or substance abusers in general):**

Practice& Clinical Issues	**Little/No Interest**	**Moderate Interest**	**High Interest**
Tools and techniques to screen for substance abuse problems			
Tools and techniques to assess the nature and extent of substance abuse problems			
Tools and techniques to assess risks to children in the context of parental substance abuse			
Techniques for preventing substance abuse among children			
Techniques for assuring cultural competency in child welfare and substance abuse treatment			
Indicators and attributes of gender specific substance abuse and child welfare services.			
Substance abuse and child welfare services to refugee and immigrant families			
Substance abuse and child welfare services to families with limited English proficiency			
Engaging parents and families in changing risky behaviors			
Improving retention of parents and families in substance abuse treatment			
Working with parents with past traumatic experiences			
Working with parents with co-occurring mental health, domestic violence and substance abuse problems			
Tools and techniques for incorporating strengths-based philosophies into services			

Other			

Children's Issues	**Little/No Interest**	**Moderate Interest**	**High Interest**
Child development in the context of parental substance abuse and the effect of parental substance abuse on children			
Assessing child safety in the home of a caretaker who uses/abuses substances.			
Effects and interventions for Alcohol Related Birth Defects			
Developing service delivery models for children of alcoholics and children of substance abusers			
Improving access to services for evaluating and intervening with children affected by parental substance abuse			
Other			

Training Issues	**Little/No Interest**	**Moderate Interest**	**High Interest**
Mandatory multidisciplinary training in the areas of substance abuse, poverty, child welfare, and family court			
Mandatory training regarding services available to families through the child welfare system			
Mandatory training on substance abuse treatment modalities and services available to families involved with child welfare			
Mandatory training on family and dependency courts			
Mandatory training on diversity and cultural competence related to gender and ethnicity			
Mandatory training on Dependency Drug Courts			

Mandatory training on long-term effects on children who are prenatally exposed and/or who live with substance abusing parents			
Other			

Should the Protocol Make Reference to the Following Collaboration/Systems Issues	**Little/No Interest**	**Moderate Interest**	**High Interest**
Statements of agreed-upon values that cross systems			
Statements of agreed-upon principles that cross systems and that guide practice			
Statements of collaborative policies and methods to link substance abuse treatment, child welfare, and the courts			
Strategies for communication and confidentiality procedures			
Strategies to maximize funding resources			
Specification of cross-system outcomes			
Strategies to identify and measure desired outcomes			
Specification of how cross-system programs will be evaluated			
Other			

6. **In general, in learning about new policies or procedures or in participating in training, how would you prefer this information be delivered to you? Please choose only two.**

___Written Document
___Web Based Tutorials
___Video broadcast
___On-site Consultation
___In-Depth Onsite Consultation
___Fact Sheet
___Webcast
___Phone Consultation
___Conference Plenary or Workshop