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Child Welfare and Substance Abuse

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Author Note

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Abstract

Children are affected by their parent’s substance abuse; either by emotional, physical, mental and/or behavioral issues throughout life. In the long-run children with parents whom have substance abuse in the home are at higher risk of becoming dependent on drugs themselves, due to the exposure of such an environment. Studies have shown this to be four times more likely compared to children that grow up with parents who do not suffer from substance abuse. Parents with substance abuse tend to come to the attention of the system; due to negligence or the parent’s ability to adequately care for their children when under the influence of drugs. Families participate in getting assistance with programs offered to address the issues to avoid removal of the children. The capstone project consists of gathering data from questionnaires that were answered by the clients involved in the programs. The material gathered helps with finding ways to help decrease the number of referrals from child negligence and see how effective and beneficial the Community Case Management program is. During the interview process with the intern and client, it was noticed that engaging and serving families by developing a plan together (social worker and participant) is beneficial for non-re-entry to the CPS system and reduces the risk concerns of the children. It is recommended to continue to provide referrals/references and support to the participants in the program after the 6 month term.
Agency & Communities Served

The Action Council of Monterey County, Community Case Management (CCM), is a preventative program that works side by side with the Voluntary Family Maintenance (VFM) program, through Monterey County Child Protective Services (CPS). CCM provides case management services to families and children under the age of 18 years old. CCM and VFM services are offered for 6 months initially and can be extended up to a maximum of 12 months, if the social worker feels it is best for the child’s safety, parents have made progress, and with a risk assessment of the situation. Social workers determine if the families land in the category of ‘safety concern’ for VFM and CCM assistance, and then make the proper referral rather than removal or court proceedings (Action Council, 2018).

The CCM and VFM program serves a diverse population with combination of various issues that need to be addressed, in order to create a safe environment for the child(ren). The programs are to help those families that require some type of intervention, by providing them with the resources available to reduce the safety risk to the children. The mission for the Action Council of Monterey County is, “to enhance the quality of life and empower the people of Monterey County” (Action Council, 2018).

The VFM and CCM programs are offered to clients through a variety of resources with the goal of keeping the children in the home, while the parents are being monitored on a monthly basis to show improvement. Parents work on attending parenting classes, developing coping skills, getting AOD assessments, getting connected to social support and getting counseling for
themselves and their children. Families have to be willing to participate in services provided to them. A lot of people get the misconception after hearing the word voluntary once they are in the VFM program, then if they do not want to follow the steps they are not required to. They have to be reminded that the reason they were offered the VFM program is to prevent them from taking the next step and being referred to the court system and possibly having their child(ren) removed. Children need to have a safe, secure environment to grow in.

**Problem Description**

The child abuse and neglect rate is too high. The welfare of children is the main concern for the Action Council of Monterey County, CCM. According to data from the Centers for Disease Control and Prevention (CDC), there were 676,000 victims of child abuse and neglect that were reported to child protective services (CPS) in the year 2016 (CDC, 2018). Monterey County faces a lot of difficulties in providing adequate treatment for children and families.

**Contributing Factors**

There are many risk factors that can contribute to child abuse and neglect, however the ones that will be discussed will be drug abuse, lack of resources and language barrier/cultural difference. According to the National Center on Substance Abuse and Child Welfare (NCSACW) (2016):

In the past three decades, the United States has experienced at least three major shifts in substances of abuse that have had dramatic effects on children and families. However, the increase of opioid misuse has been described by long-time child welfare professionals as having the worst effects on child welfare systems that they have seen.
It is reported the reason for the largest increase for child removal and entering foster care had to do with a parent's drug abuse. When parents are under any source of substance abuse their ability to function effectively is not realistic. “Parental alcohol or other drug use as a contributing factor for reasons for removal increased from 18% to over 35% in the last 16 years” (NCSACW, 2016). A contributing factor such as drug use/abuse produces short/long term consequences for the victim. Parental drug abuse is known to increase the risk of child abuse and the cycle carries on. According to NCSACW, “child welfare workers report that most children in child welfare, and the overwhelming majority of children placed in out-of-home care, have a parent with an alcohol or substance use disorder” (2016). Research is clear that the ongoing abuse of alcohol will only lead to the cycle being repeated.

During assessments there are a few resources available and not enough prevention programs designed for children at school. However, most require several qualifications that make it difficult for the clients/families to get assistance. Shortage of resources are among child abuse and neglect factors; one can distinguish children that have had support from parents, family, community, counselors, friends, school programs etc. “Positive and negative influences found among individual child characteristics, within the family environment, and in the child's broader social context all interact to predict outcomes related to child abuse and neglect” (Petersen AC, NCBI 2014). Children who live with parents that have substance abuse are at higher risk to repeat the parents behavior etc. Parents using drugs are not involved and neglect their children which leaves them with a lack of assistance for resources. Children need love, support and to be confident to succeed. However, studies show that children who get adequate
care and live in a non-stressful toxic environment do not have to worry what will happen to them if they will be safe and make it another day.

Among drug abuse and lack of resources, the poor language barrier/cultural differences has a big impact on the child's welfare and removal as well. 62% of children here in Monterey County that are living with one or more foreign-born parents and in California there are 49.3% (US Census Bureau, 2019). Monterey County face’s a lot of difficulties in providing adequate treatment for children and families. Let that sink in on how one's point of view of parenting, education and daily life struggles are a contributing factor for these children/families that lead to child welfare system. In the U.S., neglect accounts for 78% of all child maltreatment cases, far more than physical abuse (17%), sexual abuse (9%), and psychological abuse (8%) combined (Neglect, 2010).

**Consequences**

It was found that at around 25 percent of children that have been abused and neglected in their lifetime are 4 times more likely to be going through problems such as acting out in school/home, low grades dropping out of school, anxiety, violence, behaviour issues, teen pregnancy or being incarcerated (CDC, 2018).

About 1.5 of these children are more likely to begin to get addicted at around age 15 years and up to cope and deal with the pain (Child Trends, 2018). Children who experience abuse and neglect are at a higher risk to begin smoking, drinking (alcohol), engaging in high risk sexual behavior, running away, getting into trouble, committing crimes, suicidal, mental health problems, using illicit drugs that can all lead to drug abuse as an adult (CDC, 2018).
According to the National Survey of Children’s Exposure to Violence there is 1 in 4 children who have experienced child abuse or neglect of any kind of form whether it be emotional, physical, sexual etc. at some point in there lives (National Survey of Children’s Exposure to Violence, 2015). The consequences are that “these incidents of child abuse and neglect entail a substantial risk for deleterious consequences that can hinder child development and lead to problems that persist across the life course” (Currie, 2010). Many of these children growing up will exhibit many problems such as depression, anxiety, violence, suicide attempts, drug abuse, become vulnerable, insecure and act out. In a long ongoing 17 year study, 80% of them ages from 15-21 years old who had been abused and neglected met the diagnostic criteria for at least one psychiatric disorder by age 21 (Silverman AB).

There was a research done by The National Survey of Child and Adolescent Well-Being knowns as NSCAW, data showing 28% of children had a chronic health condition during the 3 years following a maltreatment investigation (Administration for Children and Families, Office of Planning, Research and Evaluation [ACF/OPRE], 2007). The consequences to being abused can range from low severity to high severity that can last a lifetime.

Child abuse and neglect can cause major damage to one's physical and mental health. Around 1,750 children died from child abuse and neglect in the United States in the year 2016 (CDC, 2018).
**Problem Model**

<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Problem</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of resources</td>
<td>Child abuse and neglect rate is too high</td>
<td>Addiction</td>
</tr>
<tr>
<td>Drug abuse</td>
<td></td>
<td>Mental Health Issues</td>
</tr>
<tr>
<td>Language Barrier/Cultural differences</td>
<td></td>
<td>Chronic Health Issues</td>
</tr>
</tbody>
</table>

**Project Purpose**

Amongst other risk factors, substance abuse is a major challenge in the child welfare system. After investigation, a majority of clients require referrals for drug treatment, however the services are limited compared to the need and some clients do not begin treatment right away or others just do not finish due to various barriers in which this project will help gather information. That is why this capstone project idea is to gather and analyze data for a solution to help decrease the number of referrals from child negligence that are involved in drug abuse.

Raising awareness early on to children and the abuser is a great way of prevention. Every child should have a safe and secure life style. No child should have to witness, care for a parent or be a part of any type of drug abuse in its home/environment. Without any support a child that lives in a home with drug abuse is more likely to begin using drugs at an early age, suffer from mental/physical/emotional health and behavioral health problems, poor academics at school, no social life, gang involvement, incarcerated, run away, crime involvement, teen pregnancy, sexual abuse, low self-esteem and various other reasons.

By having a social network support or by building a support group will eventually have a positive and maintained outcome for everyone involved. Since we know it not only impacts the
abuser but it impacts everyone involved. It will help the abuser maintain sobriety and achieve family safety and security. Not is it only important for the person that has a drug abuse problem to have a social network support, but for everyone that is involved. That is including the child(ren), husband/wife etc.

A social network can include and is not limited to just one individual, such as a family member (brother, sister, mom, aunt/uncle), priest, counselor, therapist, doctor, nurse, co-worker, friend, neighbor, teachers, coaches etc. By accepting and having assistance, the child(ren) will be able to get help sooner and have a better chance to a better life before it lead to a more serious problem.

**Project Justification**

How are children supposed to have a safe and secure living when their parents are abusing drugs and do not have a support system to help with the problem? According to American Addiction Center,

To make matters worse, growing up in a home affected by substance abuse can damage a child's self-esteem, however many parents seem to be aware of that but also are aware that if any one knows of their substance abuse or they try and seek help they risk the fact of getting reported to child protective services (CPS) and then possibly removing the child(ren) from them and being placed elsewhere, losing legal custody or going to jail. (Guide for children of addicted parents, 2018)

A study was conducted by the National Institute of Drug Abuse for Teens “estimates that 25 percent of American kids grow up in households where substance abuse is present” (Guide for children of addicted parents, 2018). There are many reasons behind the contributing factors of
drug abuse, how they contribute to the problem of child abuse and neglect. People who experience drug abuse/addiction create a lot of setbacks for the entire family by having difficulties to provide basic needs for children in the home. Some of these basic needs include health care, clothing, food, child care, loveable, hygiene, a clean environment, a home etc.

Once an individual begins to use drugs all those basic needs are being taken away from the child(ren). One becomes stressed, careless, homeless, loses their job and ends up unemployed and unable to provide for a child. Then CPS be involved if a call is made and can be assigned to a social worker then a possible child remover, drug addiction, homelessness and child safety etc.

The project will be based on asking a series of questions to the current clients and possibly to the discharged clients on how or why was the drug treatment program successful or not. What are some of the barriers the clients have and continue to face to be able to complete or not complete the program within a certain time period. Hopefully by creating great questions to conduct the interviews, gathering the reasons why the clients are not completing a goal that was implemented on there plan.

**Project Implementation**

There have been several referrals for child negligence that are referred to Monterey County Action Council for community case management services involvement from Voluntary Family Maintenance also known as (VFM). A considerable quantity of referrals that were often seen were those that involved drug abuse in the home. The capstone idea was to gather and analyze data to develop a prevention focus for the community, to decrease the number of referrals from child negligence that involve drug abuse.
Two face to face interviews with current participants were conducted one week apart. The participants were chosen due to being referred to the VFM and CCM program for being suspected of having substance abuse in the home that was a safety risk for the children. The project consisted of searching and gathering data on the past year on how many referrals have been made to Action Council of Monterey County through Voluntary Family Maintenance pertaining to substance abuse.

The intern began on a late start by searching and gathering data then anticipated. The intern began searching the file data in October 2019, that is listed from June 2018 to July 2019. As well as the current referrals from July 01, 2019- current (October 2019). The intern focused on determining the total number of referrals that involved substance abuse involvement being referred for CCM services.

In the month of September and October 2019, the intern and mentor discussed potential clients that would be good candidates to take place in the interview process for the questionnaires. The intern reviewed the potential participants with the VFM social worker for input or if they believe other participants would be open to participating. Hopes to find those potential clients that were open and willing to share their stories with us and answer the 2-3 page questionnaire.

During the first week of June 2019 and the month of September 2019, the process consisted of analyzing, brainstorming questions that will not make anyone feel uncomfortable but that will help understand the reason behind the problem. By gathering with the professor’s and mentor to guide and provide input on some of the questions that will be asked. The questions that were asked to the participants provided more descriptive questions with a yes or no question
along with explanations. The reason for this was to avoid a yes or no answer and instead get more informative answers.

The mentor assisted the intern by providing names of possible participants that would be open to being interviewed. The intern was hoping by analysing which of the potential participants to interview it would maybe help with thinking of a few other questions to ask the participants where we will be able to get more clear and precise answers/data. This would allow us to have a more effective outlook of the problem and find a better wiser solution for CCM, VFM participants and the community. The mentor reported asking some potential clients during her home visits whether they would be open to it or if interested in participating in the interns project for school. If the participants were interested then the intern contacted them to set up a date and time for an interview.

The hope was to have completed and formulated the questionnaire by the summer of July 2019. However, it was completed in September 2019. Some of the questions that were formulated were on how or why was the drug treatment program referred to by VMF and CCM successful or not, what are some of the barriers they faced to be able to complete or not able to complete the program within a certain time period. One of the questions was “From being referred to the programs/classes you attended, did they help you develop some new skills and understanding to better care for your children?”.

The project was searching and obtaining verbally release of information for the clients that were open willingly to having an interview, answering questions and obtaining information for the project. Once obtain the potential clients, the next step from there was to call and schedule a day and time for the intern to interview those that had agreed to be
interviewed/surveyed. This would hopefully allow the company to find, obtain other resources
to assist them to achieve better outcomes for the children's safety and family. A list of the
activities in the implementation plan and time frame can be seen in the Scope of Work in
Appendix A.

Assessment Plan & Expected Outcomes

The intern was hoping to interview four clients that were referred to Action Council of
Monterey for CCM that involved substance abuse in the home. The participants interviewed
were in the process of completing the assessment or had completed the assessment for part of the
program case plan objectives. The participant completed an Alcohol and Other Drugs (AOD)
assessment plan that was part of there objective in the case plan in order to have a successful
closed case. The participants would currently be in the program, had a closed case, middle of the
program.

After getting some valuable data from the 1 interview and analyzing the files for that year
July 2018-present ,the intern began to try and narrow down ways to help solve the
problem/solution. Whether it be from not having a safe and secure safety network, available
resources, child care, language barrier, continuing drug abuse/drug addiction, no means of
transportation, embarrassment, money issues, stress, time management, daily life
struggles/problems or whatever else it may be that we may not even think would be a problem
that will help understand why the participants were in that situation they are in. Some of those
reasons were the reason why they become part of the system and the AOD assessments are not
being fully completed. Once getting the resources to assist the participants were able to complete
the AOD assessment that will help them get help with their substance abuse problem. This needs
assessment will hopefully allow the company to gather data and achieve better outcomes for the children's safety and family.

This will help the participants to learn the consequences when being under the influence under any substance abuse and being with their children, they are placing the children in danger. When a person is under any substance abuse the child/children around is not being properly cared for. In a case were the child becomes ill, the parents are capable to fully comprehend and care for the child making it a neglect.

Can one of the problems for drug abuse referrals be that we are not providing essential services to families before the issue arises or leads to a bigger problem? Maybe offering an incentive will make the clients interact and look forward to participate in parenting classes. Having a variety of parenting classes open at all times during the week. Having monthly meetings with all the support staff in the person’s case. Focusing on the drug problem to begin with more support. From previous research while out in the community and online, there seems to not be enough resources available to meet everyone's needs. It is either because one does not meet the qualifications for the program, does not have child care, does not want to go to classes etc. Some clients that qualify for some programs do not take advantage of them, and the ones who are willing to go to programs and do not qualify, that is where we are not following up on their success. Those clients are the one that return back to the system.

**Project Results**

The project that was organized by the intern, was to create a questionnaire of yes or no questions, with an “please explain” why after. Interviews were conducted with current clients that are suspected of drug abuse that have been referred to Voluntary Family Maintenance
(VFM) along with Community Case Manager (CCM) for assistance. In order to search for potential clients, we must first search for clients that were brought to the system (VFM & CCM) that had substance abuse involvement.

After research for the four participants to interview were conducted in Oct.2019, of course with assistance from the (CCM) mentor at Action Council, we were able to make phone calls to 4 candidates to ask for face to face interviews with potential clients. So far the intern was only able to only interview one candidate and will meet with the other 3 candidates to be interviewed no later than 11/30/19. The intern would also continue to search, gather and collect all data on how many referrals made in Monterey County, to Action Council pertained the involvement to substance abuse.

The questionnaire would have allowed the intern to see how substance abuse is part of a safety concern when a parent is abusing. Is a parent suitable to care for the child if the child were to get sick, if something were to occur will parents be suitable to care for the child in any circumstances just as if one was sober. Substance abuse is a very tricky situation on how child abuse and neglect play a huge rule in the lifes of everyone even in the community.

Once the questionnaire interviews get conducted, the questionnaires would be compared. The intern will then collect more clear and precise answers/data to have a more effective outlook of the problem to find a better and wiser solution. The only interview the intern was able to conduct had great answers to the questionnaires. There was a late start on the project due to the fact that the intern was not able to attend the internship site “The Action Council of Monterey County” during the summer of June 2019 as planned.
After the sit down for the questionnaire review with the mentors and instructors, the intern was able to complete a two-page questionnaire. Intern conducted one complete interview in October 2019. The intern was hoping to have interviewed the rest of the potential participants to be able to analyze, compare and find the risk preventions, barriers and how the clients/participate in the child and welfare decision making affects. The interview was conducted in the client’s home and interview ranged from 25-45 minutes. The realistic goal was to conduct the interviews for 20 minutes or less. However, with more time during interviews I was able to engage with the client and able to gather more clear understanding of the questions and answers. I was able to see the client's point of view about VFM and CCM and how much of an impact they have made in their life to reduce the risk of removal of the kids. Hoping Results will be in by October 21, 2019 after conducting all data from the questionnaire and searching all the files for more information..

**Conclusion & Recommendations**

In conclusion the internship program provides a positive reinforcement for future social workers to obtain the experience that they will need and also use to draw back on in order to become productive caseworkers that ultimately benefit the community.

The lack of awareness of available services to families creates an obstacle that otherwise would be avoided if there was proper education and awareness on how to access affordable quality services. There are so many families who aren't aware of all the services nor treatment options out there. Until, unfortunately they become part of the system. The intern was given a great opportunity to gain knowledge, assess and begin a project to better assist the CCM program with assisting the participants referred by VFM. Unfortunately due to the intern coming across
some of her own barriers, as well as the potential participants during the final days to interview were no longer interested in answering the needs assessment.

During the interviews with the participant, the one participant was able to answer the 2 page questionnaire and provided very good information that can be used to take into consideration on how the program is going on and what can be looked at with previous participants. The participant was open with expressing suggestions that were helpful to them and believed would be helpful to others. Would be that, the participants (those with successful cases) expressed wanting to have CCM available for a few months after the case is closed. To be able to get assistance with things that were pending after the case is closed.

Based on the data the intern was able to gather by the needs assessment from one participants full complete interview, it would be suggested to maybe consider that the ccm program be offered for an extended period of time after completion of services. To continue to provide certain services that were offered during the time with the program. This will allow past clients some kind of safety net and resources to prevent re-entry to the system.

The reason for the recommendation, is that it will provide a service beyond the current time frame that will allow certain participants to utilize these resources to prevent from re-entering into the system. Ultimately the goal is to provide a service for clients to allow them to be productive and independent at the same time preventing repetition into the system.

Base on the one survey, and reviewing all other case notes of other participants and while at home visits. It seems that they would like more assistance after the case is closed with referrals that were pending. The intern was hoping to give Action Council a recommendation that would
be useful but is hoping maybe the next intern can take over and finish the interviews and be able to provide precise feedback.
References


## Appendix A

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline/Deadlines</th>
<th>Supporting Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online research</td>
<td>Jan.-Nov.2019</td>
<td>Intern</td>
</tr>
<tr>
<td>Community research</td>
<td>Feb.-Aug. 2019</td>
<td>Intern</td>
</tr>
<tr>
<td>Home Visits</td>
<td>Jan.-Dec.2019</td>
<td>Intern, SW, (CCM) mentor</td>
</tr>
<tr>
<td>Review with Mentor the capstone project</td>
<td>February 2019</td>
<td>Mentor, teacher, Intern</td>
</tr>
<tr>
<td>Talk with Mentor about questions</td>
<td>March-Dec.2019</td>
<td>Mentor and Intern</td>
</tr>
<tr>
<td>Draft questions</td>
<td>July-August 2019</td>
<td>Intern, mentor</td>
</tr>
<tr>
<td>Attended a CTF meeting</td>
<td>March 2019</td>
<td>Intern, sw, mentor, supervisor</td>
</tr>
<tr>
<td>Research drug abuse effects on child neglect</td>
<td>Feb.01,2019- Nov.2019</td>
<td>Intern</td>
</tr>
<tr>
<td>Searching for drug abuse referrals</td>
<td>August 2019</td>
<td>Intern</td>
</tr>
<tr>
<td>Coming up with suitable questions for clients</td>
<td>August 2019</td>
<td>Intern and mentor</td>
</tr>
<tr>
<td>Make a list of suitable clients for interview purposes</td>
<td>August 2019-September 2019</td>
<td>Intern and mentor</td>
</tr>
<tr>
<td>Interview clients</td>
<td>October 2019-November 2019</td>
<td>Intern</td>
</tr>
<tr>
<td>Review data of past and current clients referrals involving drug use</td>
<td>Nov.2019-Dec. 2019</td>
<td>Intern</td>
</tr>
<tr>
<td>Provide recommendations to the agency</td>
<td>Nov.-Dec. 2019</td>
<td>Intern</td>
</tr>
</tbody>
</table>