



**Evaluation of New Hampshire's
Title IV-E Waiver Demonstration Project
1999-2005**

Final Report

Executive Summary

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Executive Summary

DESCRIPTION OF PROJECT FIRST STEP

This five year evaluation of New Hampshire's IV-E Waiver demonstration project (Project First Step) began in 1999 and targeted families with substance abuse problems linked to maltreatment in two NH DCYF District Offices. Families were targeted prior to substantiation of allegation of abuse/neglect, at the time the allegation was being investigated. The primary aims of the project were to identify and address parental substance abuse problems that may place children at-risk and result in the placement of children in foster care; to reduce the substance abuse risk behaviors of the parent; and to prevent or shorten placement of the children in foster care. The Enhanced model of intervention proposed by the demonstration project was to utilize Licensed Alcohol and Drug Counselors (LADCs) under special contract with DCYF to offer immediate in-depth assessment of substance abuse, assistance in accessing intensive community-based services, and assistance to the Child Protective Services case worker (CPSW) by the provision of ongoing, intensive case management services to targeted families.

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EVALUATION DESIGN

An experimental evaluation design was used in which a total of 437 families were randomly assigned by the evaluation team at the time of intake to Enhanced or Standard service groups. Detailed study protocols were developed. Extensive data were collected from DCYF case files, NH's SACWIS system, and assessments by Project LADCs. The evaluators conducted interviews with 74% of study respondents at baseline, and 49% of the latter initial participants at follow-up. In addition, the evaluation included an analysis of process, costs and diverse other outcomes.

SAMPLE CHARACTERISTICS

Analysis of demographic data collected by DCYF showed that the participants were ethnically similar to the majority of NH residents. Most caregivers were Caucasian mothers, about 30 years of age, and children averaged 8 years of age. The most prevalent family risk factors identified at intake, other than substance abuse, were domestic violence, adult mental illness and homelessness. Over half of the allegations involved neglect and almost half of the families had previously been referred to DCYF.

Data from the interview sample were analyzed to better understand the nature of risk, trauma and co-occurrence among substance-abusing families involved with NH DCYF. The sample of 212 baseline interviews represented 49% of the total eligible sample. The major ways in which the samples differed were that allegations of physical abuse were significantly more common for interviewed family caretakers, relative to non-interviewed, and significant differences were also found between interview status and groups in the areas of risk factors. Interviewed families had a history of significantly more prior referrals regardless of group;

interviewed caretakers had a history of more mental illness than non-interviewed particularly among Enhanced group caretakers; and the analyses showed that more child behavioral problems had been identified at intake for the interview sample, particularly among the Enhanced group. The findings indicated that greater risk factors were present, or at least had been identified among the interviewed sample relative to non-interviewed.

One third of the sample was fully employed, notable because it provides a dramatic contrast with the NH unemployment rate of 5%. The lack of education, and most likely low job skills, in combination with substance abuse posed difficult barriers for families to surmount, and challenges to service providers who attempt to effect changes.

Marital Status

Over half of the interview sample described themselves as currently involved in a romantic relationship, and of those 80% were living with a partner. Enhanced group members were significantly more likely than Standard group members to have been living with an intimate partner, and almost 90% of the Enhanced group lived with an intimate partner at the time of the baseline interview.

Employment Status

Approximately a third of the interview sample families were receiving TANF at baseline and 40% were unemployed, with approximately another 10% working less than full time. Only one third of the sample was fully employed, and this is notable because it provides a dramatic contrast with the NH unemployment rate of 5%. The lack of education, and most likely low job skills, in combination with substance abuse, doubtless posed difficult barriers for families to surmount, and challenges to service providers who attempt to effect changes.

Over half of the respondents report having been physically attacked by someone they know at some time in their life; a third had been physically abused by a caretaker or parent; half were emotionally abused and 26% reported having been sexually assaulted by a stranger.

Risk Factors

The interview data supported a large body of research indicating that substance abusing parents are a multiply victimized and traumatized population. We found extremely high rates of abuse, assaults and trauma exposures. Over half of the respondents report having been physically attacked by someone they know at some time in their life; a third had been physically abused by a caretaker or parent; half were emotionally abused and 26% reported having been sexually assaulted by a stranger. These rates mirror the findings of several other studies concerning the history of sexual assault among individuals with substance abuse disorders. Furthermore, we found that that 36% were reporting current violence by an intimate partner, and almost 60% had obtained a prior police order of protection from an abusive spouse.

40% reported drinking heavily, and over 50% of partners were reported to be heavy drinkers.

Substance Abuse

Not all of the persons we interviewed at baseline reported substance abuse behaviors, and just over a third of those assessed by LADCs fell in the “high probability” range of Substance

Dependence Disorder. However, the rates reported by the interview sample were quite high. We found that 40% of respondents reported drinking heavily, and over 50% of partners were reported to be heavy drinkers. These results are consistent with a pattern of excessive alcohol consumption, which is likely to be correlated with other forms of family violence (e.g., Kaufman Kantor & Straus, 1987). Women reported high rates of alcohol-related problems such as alcohol-related relationship problems, including fights while drinking and previous drunk driving arrests. Over 20% of the women had a prior arrest for driving under the influence.

Prevalence rates of self-reported illicit drug use were lower than reports of alcohol abuse but there was still a high degree of illicit drug use among the DCYF population interviewed. Marijuana was the most common drug reported, and this was prevalent for about a fifth of respondents.

Crack/Cocaine was the next most common illicit drug of abuse, self-reported by over 8% of respondents. Notably, 44% of respondents reported a lifetime history of five or more uses of at least one hard drug (any drug other than marijuana). Similar but higher rates of illicit drug use were reported for partners. However, because of the criminal nature of hard drug use, we expect that the rates of hard drug use understate the actual prevalence rates.

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Substance Abuse in Both Parents

There was a significant correspondence between the substance abusing patterns of partners. For example, we found that 70% of respondents reporting heavy alcohol use, reported similar heavy use for their partners and intimate partners' illicit drug use patterns were also significantly correlated ($r = .501, p < .001$).

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Co-Morbidity

A major finding that supports the challenges of intervening with these families and keeping children safe is the presence of co-morbidity—substance abuse and mental illness. Almost half of those assessed as "high-probability" of having a Substance Dependence Disorder had a prior diagnosis of mental illness, and within the interview sample, 40% had clinical levels of depression. Using just DCYF records suggested lower rates of co-morbidity and lower rates of mental illness, however, these findings probably underestimate

the true extent of co-morbidity because they reflect those known to CPSW or those assessed by the project substance abuse therapist.

PROCESS EVALUATION

The LADC Model

LADCs were co-assigned to child abuse/neglect investigations with child protection assessment workers when alcohol or other drug abuse was identified as a factor in the assessment, and when the family had been randomly assigned

Each LADC was to be involved at the onset of risk and safety assessments so that better decisions could be made about child safety and possible child placement at the time of assessment of abuse/neglect referrals.

to the Enhanced group. Each LADC worked with assigned child protection service workers on a consultant basis, providing training, information and recommendations regarding treatment. Also, each LADC was to be involved at the onset of risk and safety assessments so that better decisions could be made about child safety and possible child placement at the time of assessment of abuse/neglect referrals. The LADCs directly assessed family members for substance abuse, made recommendations for treatment, and in some instances provided direct treatment. A treatment framework was created to standardize the quality and scope of substance abuse services to families, and to insure consistency in the goal orientation of LADCs across the District Offices (D.O.). Multiple types and sources of data were utilized to examine the process of implementation, and challenges to implementation such as attrition, district office cultures, the conduct of research in a child welfare environment, and engagement of clients. We also looked at similarities and differences in implementation according to LADC practices, sites, and district office environments.

Engagement of Clients

Even prior to project implementation, there were shared concerns about clients' readiness to change and the willingness of clients to acknowledge substance abuse problems and engage in treatment without the weight of the court's mandates. Over time, some client barriers were eroded and later data showed that a total of 60% of eligible clients were assessed, and defensiveness scores (measured by the Substance Abuse Subtle Screening Inventory or SASSI) declined. Analyses also showed the following:

- Low defensiveness was associated with a greater probability of being categorized as having a substance abuse disorder consistent with clinical criteria, and the opposite was true for highly defensive clients. Thus, clients who were willing to be honest about their substance abuse problems, or at a level of "readiness to change" were significantly more likely to be substantiated for maltreatment, receive services, and be involved with the LADC. However, other risk factors such as abusive and neglectful behaviors also affect the likelihood of engagement and substantiation.
- The fact that defensiveness declined and assessments increased over time seems to support the impressions of Project LADCs that substance abusing clients can be accessible and amenable to some early intervention even prior to court involvement.

OUTCOMES

Child Safety & Stability

We examined several aspects of child placements for study families and children with substantiated cases because of their relevance to the safety and stability of the child's living arrangements over time, and ultimately child well-being. Several indicators point to positive effects of Enhanced group assignment on placement stability that are consistent with federal guidelines and in the hypothesized direction.

Re-Allegations of Abuse. Children in all Project First Step families that had been removed from a substance-abusing parent, and then reunified with families, had low rates of subsequent maltreatment allegations. Similar to findings for Illinois's Title IV-E substance abuse waiver study (Ryan, Louderman, & Testa, 2004), just 3%, or three families total that had cases substantiated and closed had re-allegations of abuse that resulted in a new open case. There were no significant differences between study groups for these events. It should also be noted that about half of all study families ended up with repeat allegations of maltreatment, and this occurs because few of the families received services

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Among those children who experienced any transitions in foster care, there were fewer placements, and the differences approached statistical significance ($p < .10$), in a direction supporting the hypothesis of greater stability for Enhanced group children. The number of placements for Enhanced group children in care also met federal standards for placement stability.

as substantiated cases. Nationally, and in New Hampshire the majority of maltreatment allegations are not substantiated. A corollary to this is that the more prior referrals (maltreatment allegations), the more likely the family is to come to the attention of NH DCYF again.

Stability of Placements. Greater numbers of children and a greater proportion of families from the Enhanced group maintained children in kinship care. Such types of placements are considered desirable because they provide continuity and linkages for children that must be separated from their parents (Geen, 2004), and may potentially be less traumatic

for the child.

Another important finding is that children placed in foster care from Enhanced group families had fewer placements relative to Standard group families. Among those children who experienced any transitions in foster care, there were fewer placements, and the differences approached statistical significance ($p < .10$), in a direction supporting the hypothesis of greater stability for Enhanced group children. The number of placements for Enhanced group children in care also met federal standards for placement stability, i.e., two or fewer placements for children in less than 12 months (Children and Family Research Center, 2004).

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Duration of Placement. An initial study hypothesis was that children in Enhanced study families would have shorter stays in placement than their Standard group counterparts. However we did not find that was so, rather, stays were somewhat longer for the Enhanced group but not to a statistically significant degree. Several factors relevant to the characteristics of children and parents may have contributed to this finding. For example, there were more children in group homes from the Enhanced group, and group home placements tend to be correlated with greater placement instability, and

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use from baseline interviews, were somewhat higher in Site B (16.5%) relative to Site A (10.4%) though the differences were not statistically significant. In addition, we found that Enhanced group families with substantiated cases were significantly more likely than Standard group families to receive long-term inpatient substance abuse services. Any one of these factors, or some combination could have contributed to these differences. Furthermore, the small numbers of cases in each of the groups increases the likelihood that these cases represent statistically non-normal distributions, with large standard deviations, making it even more difficult to demonstrate reliable or meaningful differences.

Exits From Care. Many regard reunification of children with their birth parents as the most desirable goal of child welfare services (e.g., Wulczyn, 2004). Overall, more Enhanced (44%) than Standard (39%) families were reunified, and this was more clearly delineated for Site A study families where half of the families were unified with children.

Data from the Child Behavior Check List showed a greater decrement, as measured by change scores, for children in the Enhanced group; this occurred for six out of eight of the behavioral problem categories, and the largest decrement was for Enhanced children in regard to aggressive behavior, a change which approached statistical significance for group effects.

Termination of parental rights is at the opposite end of the continuum of desired goals for families, but it is sometimes appropriate and in the best interest of children when their developmental needs are compromised by a parent's protracted and difficult recovery process. We had hypothesized that along with better decision making about the safety of children, some terminations of parental rights might be an inevitable consequence, and we anticipated that with better and earlier assessments these could occur more promptly so that children would not languish in care. Indeed, the data showed that terminations were more common for Enhanced families than for Standard families, but for the families where this was necessary, the overall time to termination occurred over a briefer span of time for Enhanced families relative to Standard families. We also found higher rates of families abandoning or relinquishing their rights to children among Standard group families (12%) compared to Enhanced group families (4%) and differences approached significance ($p < .10$). Some children in the study (about 11% of children placed) achieved permanence and stability through adoption. Adoption rates were approximately equivalent across groups with slightly higher rates for Standard

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Child Well-Being

Caregiver interviews with a sample of study families provided information on the maltreated child (if just one child was involved) or a randomly selected index child, regardless of whether a case had been substantiated by NH DCYF. Several measures of well-being were used to assess the health, social well-being and school status of children. Enhanced group children in this sample had higher problem scores relative to Standard group children when caregivers were first interviewed.

Changes in Behavioral Problems. Data from the Child Behavior Check List showed a greater decrement, as measured by change scores, for children in the Enhanced group relevant to the Standard group; this occurred for six out of eight of the behavioral problem categories, and the largest decrement was for Enhanced children in regard to aggressive behavior, a change which approached statistical significance for group effects. Only social problems and rule breaking categories showed a greater decrease for Standard group children. Multivariate analyses found no significant effects of group status on scores and initial scores accounted for the significant effects on behavioral change.

On three indicators of school status, Enhanced group children fared better than Standard group children at follow-up. A notable finding was that Enhanced group children were significantly less likely to repeat a grade than Standard group children ($p < .05$).

Health Status. An examination of health status at two points in time found that Enhanced family children were more likely to have had new illnesses requiring medical attention, and more overnight hospital stays during the follow-up period. Overall, Enhanced group children were equivalent or slightly better health-wise, compared to Standard group children, for four of the six health outcomes examined, but differences were not statistically significant.

School Adjustment. Analysis of children's school functioning found that on three indicators of school status, Enhanced group children fared better than Standard group children at follow-up. A notable finding was that Enhanced group children were significantly less likely to repeat a grade than Standard group children ($p < .05$).

Viewed in their entirety, the findings on child well-being are encouraging because they are in the hypothesized direction of better well-being for Enhanced group children relative to Standard group children. The findings are important because they suggest the appropriateness of the Enhanced model of early assessment and intervention with substance-abusing parents. For example, we found substantial flexibility in the types of arrangements and placements that children experienced. Enhanced group children had fewer placements, more kinship placements, and were somewhat more likely to be reunified with birth parents. Some research suggests that these factors may be associated with fewer compromises to developmental outcomes

Parental Well-Being

Service Utilization. A major premise of the Project First Step model was that early assessment and intervention would reduce the substance abuse behaviors of the primary caretaker. We hypothesized that parents in the Enhanced group would utilize more services and

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would demonstrate improved recovery from substance abuse problems and higher levels of personal functioning. Analyses of group effects on treatment utilization in the interview sample showed that mothers in the Enhanced group were more likely than their Standard group counterparts to have received help with their drinking problems at follow-up. This was most marked for utilization of self-help groups and past year hospitalization. The findings are also consistent with results showing that Enhanced

parents with substantiated cases were significantly more likely to have been in long-term residential care for substance abuse treatment.

Mental Health and Substance Abuse Status. We found few declines in substance-abusing behaviors of mothers, and rates of depression were basically the same at follow-up for all women regardless of group. These results indicate the protracted nature of recovery for women with chemical dependency problems, and their needs for long-term and intensive intervention and support. Further, the findings underscore the barriers that women must overcome in regard to comorbidity, that is substance abuse and mental illness. The interview data supported a large body of research indicating that substance abusing parents are a multiply victimized and traumatized population. Transitions to recovery are also further complicated by the presence of an intimate partner that is a substance abuser.

Rates of full time employment increased for Enhanced group parents during the Project, and they were significantly more likely to be employed full time at follow-up than Standard group parents ($p < .05$). Enhanced group parents were more likely to be enrolled in an educational or vocational program at follow-up than Standard group parents, even taking TANF requirements into account. Enhanced group mothers were substantially more likely to be enrolled in school or job training even when TANF considerations are considered.

Employment and Education. Interview sample findings also underscored the impoverishment and the lack of resources among these families. Approximately one third of the interview sample families were receiving TANF at baseline and 40% were unemployed, with approximately another 10% working less than full time. An important finding of this evaluation was that the rates of full time employment increased for Enhanced group parents during the Project, and they were significantly more likely to be employed full time at follow-up than Standard group parents ($p < .05$). Enhanced group parents were also more likely to be enrolled in an educational or vocational program at follow-up than Standard group parents, even taking TANF requirements into account. Enhanced group mothers were substantially more likely to be enrolled in school or job training even when TANF considerations are considered.

COST BENEFITS

Cost Benefits

In our determination of cost benefits we focused on examining the monetary savings from not removing children from their families, and the savings from keeping children with kin providers. Based on that analysis we concluded the following:

- The net costs of the Enhanced Model are somewhat less than those of the Standard Model. Specifically, the Ratio of Enhanced to Standard = 1.16 with benefits favoring Enhanced (slightly lower costs).

CONCLUSIONS

Families with co-morbidity—substance abuse, mental illness and domestic violence predominated in this study and were likely to be at the most severe end of the continuum, requiring the most intensive services for adults and children. This intensity of need is likely to make achieving cost neutrality particularly difficult, when services are optimally tailored to needs. Analyses of the characteristics of cases substantiated by DCYF, along with case studies, illustrated the severity of the problems present in the families served by DCYF and provided some explanation of the reasons underlying the costs of these families to state systems. One or both of the parents in the most severely afflicted group (and costliest group) had serious substance abuse and mental health problems.

Emotional disturbances, mental illness and behavioral disturbances were part of the profile of many of the youth, and may predate the youth's placement in state systems of care. Furthermore, because alcohol and drug dependencies are chronic, relapsing diseases, many of the parents encountered in this study are likely to have been impaired for quite a lengthy period of time. Because the primary parent was

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usually the mother, it is also very likely that there was prenatal exposure to drugs and or alcohol. Families represent the extreme ends of the continuum of co-morbidity and severe chemical dependency problems, as well as costs. The structure of family relationships is typically complex. Further, many of the parents have been incarcerated during the course of the study, and many children had criminal justice system involvement that pre-dated or followed the family's involvement with DCYF. These multiple serious problems are not without costs to DCYF.

We expected to find cost savings from the Enhanced model because we found evidence for greater stability of placements related to kinship care, fewer placement transitions, and because we found that children were somewhat more likely to be reunified with birth parents. Like many other findings, results were more clear-cut for one site more than the other with results favoring the greater effectiveness of the Enhanced model. Specifically, we found the following:

- Site A was much more likely to follow Project protocols as to correct assignment of subsequent referrals to the assigned Enhanced caseworker and LADC.

- The Site A LADC was significantly more likely than the Site B LADC to conduct a substance abuse assessment with a Project client.
- The Site A LADC made significantly more referrals to self-help groups, and short-term in-patient and out-patient substance abuse services than the Site B LADC.
- Enhanced group families at Site A were more likely to have maltreatment substantiated than their Standard group counterparts.
- The average number of children in placement per family was lower for Enhanced families at both sites but more notable at Site A.
- The proportion of Enhanced group children reunified with parents was substantially greater than for Standard group children at Site A but the opposite was true at Site B.

Did the Project Make a Difference in the Short Term?

Evidence for the most intense effects of Project effectiveness was shown in the assessment phase. The ability to demonstrate significant differences and changes over time were undermined by a number of factors such as the weakening of effects due to site differences like resistance to the design, problems of role negotiation and integration of the LADC model. Some elements of the model may have diffused into Standard district office CPSW practices and minimized the expected group differences in approach as well as outcomes. It is important to

note that the strongest effects were apparent for the site that consistently had a LADC available, and modified office staffing to promote consistency with the random assignment model. ~~was faithful to the model as designed.~~ Some of the differences found between sites may be attributable to differences in therapist approaches or an interaction between therapist approaches and other factors such as contextual differences in the District Offices. Also plausible is that the differences are attributable to the gaps in service, especially in Site B, where the initial LADC position was lost for over one year. ~~The differences can also be attributed to~~ staff turnover resulting in periodic shortages while new staff were hired and trained, and different approaches to child abuse and neglect cases by connected systems, such as the Courts. Finally choices in how and when to involve the LADC as defined by the Project varied by site, and varied within each sites well as the failure to use the LADC as defined by the Project. These problems, which were encountered early in the study, may have made it difficult to demonstrate an effect of the Project at Site B, at Project end. However, despite the problems enumerated and the fact that the sample was statistically underpowered because of the low numbers of substantiated cases, the findings also demonstrate the promise of early intervention with substance abusing clients even without court involvement.

In sum, Project First Step made a number of strides in overcoming the challenges and barriers faced by substance-abusing parents, in a manner that showed some important benefits to parents and children. Most of the findings though modest in scale, were in the hypothesized direction. The Project seems to have succeeded in providing a mechanism for bridging the diverse goals of two systems—child protective services and substance abuse treatment—and in proving for the complex needs of the most afflicted and vulnerable families coming to the attention of child protective services.

In sum, Project First Step made a number of strides in overcoming the challenges and barriers faced by substance-abusing parents, and it did so in a manner that showed some important benefits to parents and children. Most of the findings though modest in scale, were in the hypothesized direction. The Project seems to have succeeded in providing a mechanism for bridging the diverse goals of two systems—child protective services and substance abuse treatment—and in proving for the complex needs of the most afflicted and vulnerable families coming to the attention of child protective services.

Because parents in the Enhanced group were significantly more likely to have been enrolled in long term residential treatment than Standard group parents, benefits are likely to accrue to society and individuals in regard to decreased criminal justice expenditures, and the increase in economic independence.

Potential Long-Term Benefits to Parents and Society

Research has shown that reductions in costs of crime to society during and after treatment surpass the cost of treatment in both long term residential treatment and shorter term out-patient drug free treatment. Because parents in the Enhanced group were significantly more likely to have been enrolled in long term residential treatment than Standard group parents, benefits are likely to accrue to society and individuals in regard to decreased criminal justice expenditures, and the increase in economic independence. For example, SACWIS data and data from file reviews showed that Enhanced group parents were significantly more likely to be involved in Long term Residential Treatment than were Standard group parents. Long term treatment may

be more costly to DCYF in the short-run because children are in care longer, but in the long-run there is the potential for greater economic benefits accruing to the state and society.

An improvement in substance abuse status can remove a major barrier to obtaining legitimate employment. Our analysis of educational status and employment transitions for the interview sub-sample of mothers found that mothers in the Enhanced group were significantly more likely than Standard group mothers to be employed full-time at follow-up. Enhanced group mother were also more likely to be taking steps to improve their earning capacity relative to Standard group mothers

Potential Long-Term Benefits to Children and Society

We hypothesized that children who developed a more stable home life might benefit by having higher academic achievement, and fewer behavioral problems. The analyses of data on children from the interview sample provided some evidence that these benefits were occurring. For one example, we found somewhat greater declines (though not statistically significant) in behavioral problems for Enhanced group children relative to Standard group children over time. Also, children in the Enhanced group were significantly less likely than Standard group children to have repeated a grade. Only 10% of Enhanced children had done so compared to 29%. This has potentially important long-term implications for children and society if these trends continued over time and children became

Many benefits to children, by reducing parental substance abuse, may not be realized until children become adults [such as]:

- ~Reduced juvenile delinquency and adult criminal behavior*
- ~Greater earning power and job stability due to improved school performance*
- ~Better parenting skills with their children*

high-school graduates. Many benefits to children, by reducing parental substance abuse, may not be realized until children become adults. Examples of such benefits, extrapolated into maturity, include, but are not limited to:

- Reduced juvenile delinquency and adult criminal behavior
- Greater earning power and job stability due to improved school performance
- Better parenting skills with their children

Placing a dollar valuation on these kind of longitudinal potential benefits and issues of human capital is speculative, particularly when generalizations are being made based on a study of such a small sample as this one. However, the clearest evidence for this type of benefit is provided by Cohen (1998) who estimated that preventing just one youth from leaving high school would reduce the costs of crime and drug abuse to society in an amount of \$1.7-2.3 million.

Many of these possible benefits represent larger savings than any of the short term benefits that were realized by the end of the study. Potentially, these families could be followed in a longitudinal research study to confirm *actual* rather than *predicted* cost savings. Consider the issue of adult criminal behavior in children of substance abusers. It has been hypothesized that children of substance abusers are more likely not only to have troublesome childhood issues but, in addition, will have more significant criminal as adults than children from similar families without substance abuse problems. While this is a long term cost which will accrue to the New Hampshire Department of Corrections rather than to the DCYF directly, it ultimately is still a cost to be shouldered by the taxpayers of New Hampshire.

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RECOMMENDATIONS

There are important recommendations to be considered in regard to costs and in regard to the human faces behind the numbers. Although many of the actual gains that could be demonstrated are modest, they do point to the importance of this program and **programs which programs that** provide early interventions with substance abusers. The data clearly demonstrated the importance of intervening with families who come to DCYF attention earlier, rather than later. Multiple allegations of child maltreatment, particularly when substance abuse is part of the picture must receive prompt and intensive interventions, before chemical dependency is entrenched, and children age into patterns of delinquency. Primary prevention programs and early intervention must engage in better detection of risk factors such as depression, domestic violence and substance abuse, and also stress the impact of these factors on future generations.

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