

## **Virginia**

### **Safe Families in Recovery Project – Programmatic Summary**

# SAFE FAMILIES IN RECOVERY PROJECT: Programmatic Summary

## **Background**

The National Center on Substance Abuse and Child Welfare (NCSACW) is an initiative of the U.S. Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment and the Administration on Children, Youth and Families, Children's Bureau's Office on Child Abuse and Neglect. NCSACW's goals are to develop and implement a comprehensive program of information gathering and dissemination, to provide technical assistance, and to develop knowledge that promotes effective practice, organizational, and system changes at the local, state, and national levels. A consortium of organizations has been developed to support the implementation of the NCSACW. Consortium members include: American Public Human Services Association, Child Welfare League of America, National Association of State Alcohol and Drug Abuse Directors, National Council of Juvenile and Family Court Judges, and National Indian Child Welfare Association.

Virginia was one of four states awarded a NCSACW technical assistance grant in 2003-04. In addition to developing an interagency Memorandum of Understanding and corresponding strategic plan, Safe Families in Recovery Project (SFRP) efforts also contributed to the following initiatives:

### ***Virginia's Best Practice Courts/Family Treatment Drug Courts***

The Cities of Richmond and Charlottesville were each recently awarded \$450,000 from the U.S. Bureau of Justice Assistance to support their family treatment drug courts over the next three years. These jurisdictions have higher rates of foster care than the state average. Alexandria also has a family treatment drug court.

DSS has applied for a Title IVE Waiver to provide intensive case management services for substance using parents of children involved in Virginia's family treatment drug courts with the goal of reunification, to birth parents and foster kinship care families that provide care for children of substance abusers. If awarded, one intensive case management position will be allocated to each of Virginia's 3 family treatment drug courts in the first year of the grant enabling them to expand the services they offer. Over the 5 years of the waiver, up to 11 additional positions will be made available to additional juvenile and domestic relations district courts, so they may develop family treatment drug courts and provide similar intensive case management services.

### ***Education and Training***

- DMHMRSAS is contracting with the Mid-Atlantic Technology Transfer Center (MATTC) to develop a web based distance-learning curriculum on family focused treatment for substance abuse treatment providers.
- DSS, DMHMRSAS and the Virginia Department of Health (VDH) in collaboration with the National Technical Assistance Center for Children's Mental Health at Georgetown University's Center for Child and Human Development developed a children's mental health and well being screening curriculum for substance abuse, social service in-home health care and other service providers.
- The Commonwealth Partnership for Women and Children Affected by Substance Use is coordinating regional trainings on substance abuse and child welfare in rural areas not typically targeted for training.

### ***State-level Strategic Planning***

Virginia's DSS Program Improvement Plan (PIP) includes strategies to improve access to substance abuse services, service availability, substance use screening procedures, substance use training for child welfare staff and foster parents and concurrent planning training in partnership with the goals, objectives and deliverables of the SFRP initiative. OES has incorporated the SFRP in their 2004-2006 strategic plan and DMHMRSAS in their 2004-2010 Comprehensive State Plan.

## **STATE AND FEDERAL POLICY ISSUES**

HB1041: In 2004, Virginia legislation expanded the definition of “abused or neglected child” to include a child who is present during the sale or manufacture of certain illegal substances.

CAPTA: The 2003 reauthorization of the Child Abuse Prevention and Treatment Act added several new eligibility requirements for States, including: triage procedures for referral of children not at imminent risk of harm to community or prevention services; training for CPS workers on their legal duties and parents’ rights; provisions to refer children under age three who are involved in a substantiated case to early intervention services; and a requirement that health care providers notify CPS when they are involved in the delivery of care to an infant born and identified as affected by illegal substance abuse.