FACING THE FACTS:

An In-Depth Look at One of FACT's *Violence at Home* Indicators

Recognizing and Addressing the Connection Between Substance Abuse and Family Violence

This brief was commissioned by the Family and Children's Trust Fund of Virginia (FACT) and authored by Saphira M. Baker, Alison Deich, and Dr. Maryfrances Porter of Communitas Consulting. www.communitasconsulting.com

PREFACE

In 2010, the Family and Children's Trust Fund of Virginia (FACT) published the inaugural edition of The FACT Report: Violence at Home, which brought together in one place, for the very first time, data highlighting conditions for Virginians of all ages who have experienced violence within their families. FACT is now releasing the second edition of The FACT Report in conjunction with this in-depth look at one indicator of violence. Facing The FACTS brings together national research and practices in order to (1) increase understanding of the indicators of violence; (2) identify effective practices for addressing family violence; and (3) provide information to help communities develop action plans to address family violence in the Commonwealth of Virginia. In 2011, Facing the FACTS turns the spotlight on substance abuse[1] and its relationship to family violence across the lifespan.

Introduction

For many Virginians, home is not a safe or comforting place—it is a place where they live in constant fear of abuse or neglect that endangers their health, their well-being, and even their lives. Across the Commonwealth, communities are mobilizing themselves to break the cycle of family violence and make home a safe place for all Virginians.

This brief provides the leaders of these efforts with data on an important and concerning pattern: **substance abuse and family violence are linked at multiple points across the lifespan**. By acknowledging and addressing these links, service providers can help individuals and families prevent and decrease the violence within their homes.

Family violence and substance abuse coexist in many homes. Coordinated treatment and prevention efforts can compound effectiveness.

[1]Substance abuse is reflected in *The FACT Report* by the indicators titled: "Arrests for Drug- and Alcohol-related offenses for Juveniles, and for Adults" These are community context indicators—measures of community health and well-being shown to be connected with the prevalence of family violence.

What We Know:
THE RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND FAMILY VIOLENCE

Researchers and practitioners alike have long noticed that alcohol and substance abuse are common in violent homes. While research does not confirm that substance abuse *causes* violence in the family, or vice versa, what it does illustrate is a strong and overlapping connection:

Parents who abuse substances are more likely than others to abuse or neglect their children; and this abuse may set children up to perpetuate an intergenerational cycle of substance abuse and family violence when they reach adulthood.

➲ Parents who abuse substances are up to three times as likely as others to abuse or neglect their children.[i]

➲ Victims of child abuse are at increased risk of becoming substance-abusing adults, as well as of abusing their own children.[ii,iii]

➲ Childhood abuse, neglect, and exposure to substance use are all part of a set of adverse childhood experiences that put children at risk for substance abuse problems later in life. Alarmingly, these adverse childhood experiences may account for one half to two thirds of serious drug use problems nationwide.[iv,v]

Teenagers who use drugs and alcohol are more likely to use violence against their dating partners; victims of teen dating violence are more likely to use drugs and alcohol.

➲ Drug and alcohol use is higher among adolescent boys and girls who use violence against their partners than among other teens.[vi]

➲ Female victims of teen dating violence tend to engage in unhealthy and self-destructive behaviors—including drug use—more often than their peers.[vii]

➲ According to the Centers for Disease Control, "rates of drug, alcohol, and tobacco use are more than twice as high in girls who report physical dating violence or sexual abuse than in girls who report no violence." [viii]

Adult perpetrators and adult victims of intimate partner violence are more likely to have substance abuse problems.

- By some estimates, 25 to 50 percent of men who use violence against family members (including intimate partners) have substance abuse problems.[ix]
- Up to half of partnered men entering substance abuse treatment have battered their partners within the last year.[x]
- Up to 41 percent of women in shelters and domestic violence programs report substance abuse problems.[xi]
- Up to 80 percent of women in substance abuse programs report that they have experienced domestic violence.[xii]

Elder abuse may be more likely to occur when older adults or their caretakers are substance abusers.

- Individuals with substance abuse problems may be more likely than others to abuse older adults in their care.[xiii]
- Older adults who are substance abusers may face a greater risk of abuse or neglect, particularly self-neglect, than other adults who do not abuse substances.[xiv]

ACTION ITEMS

☑ Screen Service Clients

☑ Strengthen Referral Networks

☑ Create Collaborative Service Delivery Models

What We Can Do:

ADDRESSING CONNECTIONS BETWEEN SUBSTANCE ABUSE AND FAMILY VIOLENCE

By approaching substance abuse and family violence as interrelated problems, practitioners in Virginia communities can respond to both more effectively.

Screen Service Clients

The most important first step service providers can take to address the connections between substance abuse and family violence and decrease both problems is to **screen** every individual participating in substance abuse treatment for a history of family violence, and **screen** every individual receiving family violence services for substance

abuse problems. The benefits of routine screening are tremendous:

- Screening allows service providers to address threats to clients' safety that might otherwise have gone unrecognized.[xv]

- Screening may help practitioners distinguish between symptoms of substance abuse and symptoms of other trauma-related disorders (characteristic of victims of family violence). Making this distinction may allow practitioners to provide more appropriate and targeted treatment.[xvi]

- Screening allows service providers to identify potential barriers to recovery. For example, women who live with abusive partners may be unable to complete substance abuse treatment because their partners force them to use substances, keep substances in their home, prevent them from going to program meetings, or threaten to use violence against them if they do not leave treatment.[xvii]

Strengthen Referral Networks

Service providers can also improve outcomes for individuals and families by **strengthening and formalizing referral networks**. Most agencies and organizations lack the resources needed to address the range of obstacles faced by individuals struggling with substance abuse *and* family violence and must rely on other agencies and organizations to provide clients with additional services.[xviii] Brokering and ensuring formal interagency linkages is "particularly important in isolated rural communities where lack of resources and distance from services are significant problems."[xix]

Strong referral networks among multiple agencies and organizations—such as healthcare providers, mental health and substance abuse treatment providers, child protective services, elder care providers, the criminal justice system, and community shelters, among others—allow service providers to:

- Connect their clients to the individualized care they need at any particular point in time.

- Enable staff to follow up and facilitate service use to make it more likely that clients will access and take advantage of treatment and other resources.

Create Collaborative Service Delivery Models

By moving from an approach in which many agencies and organizations operate relatively independently to a **system in which agencies and organizations collaborate**[xx] to provide a **seamless array of services for individuals and families**, communities can increase their ability to respond to substance abuse and family violence. Collaborative efforts are most effective when they are supported by clear agreements with designated roles and responsibilities for each partner, and shared accountability for the results. To fully gauge whether a multi-agency effort is performing as intended, partners in effective collaborations agree to track the outcomes—changes in behavior or conditions—for the individuals they serve. As noted in *Managing to Outcomes*, this often requires a team that values "continuous, rigorous collection and use of

information for guiding the management of their organization."[xxi]

Individuals and families battling substance abuse *and* family violence often need a wide variety of services to improve their circumstances. Families and individuals may have a pressing need to find a safe haven, get treatment for substance abuse, find affordable and quality health and mental health care, or obtain legal assistance. They may also seek housing stability, employment, affordable child care, parenting support, or professional or peer counseling.[xxii] For some families, accessing all of the services they need is a difficult, if not impossible, task—service providers may be located in different places with different hours of operation, limited access to public transportation, or have differing eligibility requirements.[xxiii]

- By **coordinating their efforts**, service providers can help clients access a seamless package of services that fits their individual needs, and ensure that clients are not overwhelmed by multiple or conflicting demands by agencies and organizations.[xxiv]

- For some families, addressing substance abuse and family violence effectively may mean **providing supportive services for multiple family members**. In this case, coordination allows service providers to take multiple family members into consideration as they design a continuum of services that is accessible to and fits the needs of the family as a whole.

- To provide individuals or families with sets of services that are as streamlined as possible, service providers have found it beneficial to **centralize case management and create shared databases** that allow multiple agencies and organizations to access, track, and use information on shared clients, while maintaining appropriate client privacy and confidentiality protections.

Effective collaborative alliances engage multiple agencies and organizations in delivering a highly coordinated set of services and pooling resources to address the needs of families in a comprehensive way.

Despite the benefits for families, interagency collaborations can be challenging to establish and sustain. Agencies must often weave together disparate funding requirements, share credit and accountability, and move from managing programs independently to a shared management and decision-making structure. Yet the benefits for communities can include more effective use of scarce resources, a more comprehensive and sustainable level of services, and the ability to reach greater numbers of individuals and families in need. For resources on building successful interagency collaborations, see page ten.

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SPOTLIGHT Southwest Virginia

Southwest Virginia is one region that is making inroads in implementing an effective collaborative approach to preventing and addressing family violence and substance abuse.

The Southwest region of Virginia stands out for its high rates of family violence and disproportionate amount of substance use.[xxv] Indeed, recent data show that the region has drug-related death rates that are three times as high as other regions, and the highest regional rate of foster care due to parental substance abuse.[xxvi,xxvii] However, in several of the region's towns and localities, what also stands out is the degree to which human services, health care providers, law enforcement professionals, faith-based agencies, and volunteers have **established coalitions,** and have committed to put effective practices to work to address these problems together. As Mary Adams Norris, Child Protective Service Program Consultant with the Virginia Department of Social Services Western Region, noted, "With few resources available, we have pride in each other as a resource."

One of the catalysts for **collective action** came when the local Departments of Social Services saw a spike in foster care rates—a 64% and 65% increase from 2003 to 2007 in Bristol and Washington County, respectively.[xxviii] Upon further investigation, they found that the increase was linked directly to an influx of illegal drug use in their locality. During the period between 2004 to 2006, drug related deaths "far exceeded the rates in other regions," particularly for Fentanyl, Hydrocodone, Methadone, and Oxycodone.[xxix]

In addition to the impact on children in foster care, the community has seen the abuse of prescription drugs, illegal drugs, and alcohol affecting residents all ages, including older adults. Carol McCray of the Western Region Department of Social Services noted that it was fairly routine for an older adult to be left outside or unsafe by a family member who may have used drugs or taken the older adult's prescribed narcotics. "Part of the challenge is to trying to get people to see this as a problem that can be reported."

Within the region, one group has formed under the name "Planning District Three Substance Abuse Coalition," and has spent the last three years **building coalitions in every locality** in the region, raising awareness, engaging new sectors, and seeking to bring resources to the region. According to Mike Hall, Chair, and Director of Social Services in Wythe County, as members have come to understand the problem more deeply; they are paying more attention to family violence in the context of families' patterns of substance abuse.

In addition to the Substance Abuse Coalition, the community has forged a range of responses to address substance abuse and family violence in a more comprehensive way.

A local prosecutor has formed a Coordinated Community Response Team that involves practitioners from 25 agencies collaborating to **share information** and **strategies for cross-training service providers**, developing a **community referral resource**, and planning for an expedited court process. This prosecutor's office has also mandated a mental health and substance abuse **screening assessment** as a routine matter for any domestic violence or first time offender case that comes before that office. As appropriate, individuals are referred to the local Community Services Board and are court-ordered to comply with treatment. The Legal Aid Society of Southwest Virginia and the Bristol Department of Social Services have also teamed up to **coordinate services** by putting social service clients with domestic violence or housing issues on a "fast track" for free legal services to resolve issues quickly.

In addition to these emerging efforts, Bristol/Washington County is the site of the first **Children's Advocacy Center** in Virginia. When children and their families come into the Center, they participate in a detailed "genogram" that assesses the relationships and history of those within the family, including questions about substance abuse, family violence, and mental health. Says Executive Director Kathy Roark, "child abuse is rarely the only problem."

SPOT LIGHT

Children's Advocacy Centers

Children's Advocacy Centers (CACs) are child-friendly facilities that coordinate a range of services for child abuse victims and their non-offending family members. Children's Advocacy Centers bring together law enforcement officers, prosecutors, social workers, and mental health professionals to form collaborative, interdisciplinary teams that meet regularly to track and manage child abuse cases in a holistic way. These teams conduct centralized forensic interviews, make decisions about investigations and prosecutions, and provide needed referrals for children and their non-offending family members. The services and referrals provided to each family are coordinated by a CAC case manager. According to The National Children's Advocacy Center, "Communities that have developed a CAC experience many benefits: more immediate follow-up to child abuse reports; more efficient medical and mental health referrals; reduction in the number of child interviews; increased successful prosecutions; and consistent support for child victims and their families."[xxx]

At a community conversation sponsored by the Family and Children's Trust Fund (FACT) on June 30, 2011, in Abingdon, Virginia, stakeholders representing public and private health and human service agencies, law enforcement, local government, legal and faith-based organizations, and citizens in Southwest Virginia met to review the connection between family violence and substance abuse and to reflect upon the strengths and challenges of their existing coalitions to address these interrelated issues. Participants identified regional strengths, such as a **strong referral network**, a collective sense of urgency in addressing these problems, commitment to the use of **evidence-based interventions**, and the engagement of a broad group of stakeholders and citizens in improving conditions—particularly in the area of substance abuse prevention and treatment. Areas where participants noted that additional attention was needed included: better evaluation and tracking of results; more consistent tools for interagency screening and referrals; clearer lines of accountability within coalitions, and better communication among county governments.

In the Counties of Bland, Carroll, Grayson, Smyth, Washington, and Wythe and the independent Cities of Bristol and Galax, **collaborative coalitions** of stakeholders are meeting together to tackle dramatic raises in substance abuse and family violence—and they are doing so with relatively few resources. By meeting together regularly, cross-training staff, applying for new funding sources, and being creative about leveraging resources and existing programming, they are beginning to make inroads in their local communities.

Participants at the community conversation took an important step toward strengthening their coalitions by agreeing upon key outcomes they were col-

SPOT LIGHT

Family Treatment Drug Courts

Family Treatment Drug Courts (FTDCs) are specialized courts that hear cases of child abuse and neglect brought against substance abusing parents or caregivers. These courts have proven to be effective on the national level [xxxi,xxxii] although more research is needed within the Commonwealth of Virginia to evaluate the long-term impact of family drug treatment courts statewide. The Family Drug Treatment Court model includes care coordinators who bring together interdisciplinary teams (including the FTDC judge, legal representation and guardians ad litem, substance abuse counselors, and child welfare specialists) that work to protect children's safety and well-being, while helping their parents maintain sobriety. As part of the court process, the teams assess each family's situation and develop individualized case plans that address the needs of parents and their children. Early research suggests that Family Treatment Drug Courts may help parents enter drug treatment, stay in treatment for more days, complete treatment, and be reunified with their children more quickly.

lectively intending to change—including reducing child and adult abuse and decreasing the number of children in foster care and infants exposed to substances. Participants also agreed to share information about cross-training opportunities among public and private agencies and review the structure of their collaborations—formal and informal—to ensure they are designed and staffed to achieve these results.

Questions for all effective nonprofits that seek to have and sustain social impact, are:
- *Which results will we hold ourselves accountable for?*
- *How will we achieve them?*
- *What will results really cost, and how can we fund them?*
- *How do we build the organization we need to deliver results?* [xxxiii]

Bradock, Tierney and Stone, *Harvard Business Review*, 2008

The Way Forward

The most effective interventions for individuals and families struggling with substance abuse and family violence span more than one agency and more than one age group, and do so through collaborative working relationships. Moving forward, stakeholders must work to create effective inter-agency collaborations so that communities can strengthen and expand opportunities to most effectively address the complex, interrelated problems of substance abuse and family violence and bring about measurable change in the people's lives. Working together to effect community-level change, stakeholders can make real progress in breaking the cycle of substance abuse and family violence.

COLLABORATIVE APPROACH

The "Systems of Care" approach relies on partnerships among state and local agencies, communities, and families to plan, facilitate, and deliver a broad and flexible set of services and supports to individuals and families in need. [xxxiv] ***"Systems of Care" is guided by principles such as: interagency collaboration; individualized care that recognizes and utilizes the unique strengths of individuals and families; cultural sensitivity; client/family driven care; evidence-based and community-based services; and individual, provider, and system-level accountability.*** [xxxv] ***This kind of value-driven collaborative approach provides an organizing structure for agencies to develop and deliver effective coordinated services.***

COLLABORATIVE RESOURCES

Digital Resources

- Self-Assessment Worksheet: Assessing Local Governance Partnership (LGP) Performance. 2001. Farrow, Frank, Cheryl Rogers, and Phyllis Brunson. In *Setting a Community Agenda: Building Capacity for Local Decision Making*, 111-116. Center for Social Policy. Available at http://www.cssp.org/publications/constituents-co-invested-in-change/community-decision-making/setting-a-community-agenda-learningguide_3.pdf.
- Nonprofit Collaboration Database. A project of the Foundation Center, this website provides "models and best practices of exceptional nonprofit collaboration efforts drawn from projects presented for consideration for the 2011 and 2009 Collaboration Prizes." Available at http://collaboration.foundationcenter.org/search/searchGenerator.php.
- Wilder Collaboration Factors Inventory, a research-based assessment tool for effective collaborations, http://wilderresearch.org/tools/cfi/index.php
- National Council of Nonprofits, a page on "Collaboration, Mergers and Partnering," http://www.councilofnonprofits.org/knowledge-center/resources-topic/administration-and-management/partnerships-and-collaboration

Books and Articles

- "Collective Impact." 2011. Kania, John and Mark Kramer. *Stanford Social Innovations Review,* (winter) 35-41. Available at **http://www.ssireview.org/pdf/2011_WI_Feature_Kania.pdf**.
- "Forming Alliances: Working Together to Achieve Mutual Goals." 2005. Hoskins, Linda and Emil Angelica. In *The Fieldstone Alliance Nonprofit Guide.* Fieldstone Alliance.
- *The Nonprofit Mergers Workbook, Part I: The Leader's Guide to Considering, Negotiating, and Executing a Merger*. 2000. La Piana, David, Fieldstone Alliance.
- *The Nimble Collaboration: Fine-Tuning Your Collaboration for Lasting Success*. 2003. Ray, Karen. Amherst H. Wilder Foundation.
- *Working Across Boundaries: Making Collaboration Work in Government and Nonprofit Organizations*. 2002. Linden, Russ. Jossey-Bass, John Wiley and Sons, Inc.

[i] Brenda Smith and Mark F. Testa, "Prevention and Drug Treatment," in "Preventing Child Maltreatment," *The Future of Children* 19, no. 2 (Fall 2009), http://futureofchildren.org/futureofchildren/publications/journals/article/index.xml?journalid=71&articleid=515&sectionid=3517&submit, (accessed February 8, 2011); Mark Chaffin, Kelly Kelleher, and Jan Hollenberg, "Onset of Physical Abuse and Neglect: Psychiatric, Substance Abuse, and Social Risk Factors from Prospective Community Data," *Child Abuse & Neglect* 20, no. 3 (1996), http://www.ncbi.nlm.nih.gov/pubmed/8734549 (accessed February 8, 2011).

[ii] Judy Howard, et al., *TIP 36: Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues*, SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series (Rockville, MD: U.S. Department of Health and Human Services, 2000), http://www.ncbi.nlm.nih.gov/books/NBK23880/ (accessed February 28, 2011).

[iii] Linda Chamberlain with contributions from Peggy Brown, *Assessment for Lifetime Exposure to Violence as a Pathway to Prevention (Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence, 2006),* http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=301 (accessed February 8, 2011).

[iv] Shanta R. Dube, et al., "Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study," *Pediatrics* 111, no. 3 (March 2003), http://pediatrics.aappublications.org/cgi/content/full/111/3/564 (accessed February 8, 2011).

[v] For more information on Adverse Childhood Experiences (ACE) data, please see the following link from the Centers for Disease Control and Prevention: http://www.cdc.gov/ace/index.htm.

[vi] Maura O'Keefe with contributions from Leah Aldridge, *Teen Dating Violence: A Review of Risk Factors and Prevention Efforts (Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence, 2005),* http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=409 (accessed February 8, 2011); Maura O'Keefe, "Predictors of Dating Violence Among High School Students," *Journal of Interpersonal Violence* 12, no. 4 (August 1997), http://jiv.sagepub.com/content/12/4/546.short?rss=1&ssource=mfc (accessed March 23, 2011).

[vii] Jay G. Silverman, et al., "Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality," *Journal of the American Medical Association* 286, no. 5 (2001), http://jama.ama-assn.org/content/286/5/572.abstract (accessed February 8, 2011).

[viii] "Dating Violence Facts," Centers for Disease Control and Prevention, 2010, http://www.cdc.gov/chooserespect/understanding_dating_violence/dating_violence_facts.html (accessed February 8, 2011).

[ix] Patricia Anne Fazzone, et al., *TIP 25: Substance Abuse Treatment and Domestic Violence*, SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series (Rockville, MD: U.S. Department of Health and Human Services, 1997), http://www.ncbi.nlm.nih.gov/books/NBK14419 (accessed February 28, 2011).

[x] Larry Bennett and Patricia Bland, *Substance Abuse and Intimate Partner Violence (Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence, 2008),* http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=1324 (accessed February 8, 2011).

[xi] Sara E. Gutierres and Christina Van Puymbroeck, "Childhood and Adult Violence in the Lives of Women Who Misuse Substances," *Aggression and Violent Behavior* 11 (2006): 500.

[xii] Ibid.

[xiii] Mary Joy Quinn and Susan K. Tomita, *Elder abuse and neglect: Causes, Diagnosis, and Intervention Strategies* (New York: Springer Publishing Company, 1997), 111-112; Bonnie Brandl and Loree Cook-Daniels, *Domestic Abuse in Later Life (Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence, 2002),* http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=376 (accessed February 8, 2011).

[xiv] Richard J. Bonnie and Robert B. Wallace, eds., *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America* (Washington, DC: National Academies, 2003), http://www.nap.edu/openbook.php?record_id=10406&page=357 (accessed March 9, 2011).

[xv] Patricia Anne Fazzone, et al., *TIP 25: Substance Abuse Treatment and Domestic Violence*, SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series (Rockville, MD: U.S. Department of Health and Human Services, 1997), http://www.ncbi.nlm.nih.gov/books/NBK14419 (accessed February 28, 2011).

[xvi] Judy Howard, et al., *TIP 36: Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues*, SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series (Rockville, MD: U.S. Department of Health and Human Services, 2000), http://www.ncbi.nlm.nih.gov/books/NBK26348/ (accessed February 28, 2011).

[xvii] Loretta J. Stalans, "Substance Use/Abuse and Intimate Partner Violence," in *Encyclopedia of Domestic Violence*, ed. Nicky Ali Jackson (New York: Routledge, 2007), 700.

[xviii] Patricia Anne Fazzone, et al., *TIP 25: Substance Abuse Treatment and Domestic Violence*, SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series (Rockville, MD: U.S. Department of Health and Human Services, 1997), http://www.ncbi.nlm.nih.gov/books/NBK26162/ (accessed February 28, 2011).

[xix] Ibid.

[xx] "Collaboration occurs when people from different organizations produce something together through joint effort, resources and decision making and share ownership of the final product." Russ Linden, *Working Across Boundaries*, Jossey-Bass, 2002.

[xxi] Mario Marino, *Leap of Reason: Managing to Outcomes*

in an Era of Scarcity, Venture Philanthropy Partners Publication, 2011.

[xxii] Patricia Anne Fazzone, et al., *TIP 25: Substance Abuse Treatment and Domestic Violence*, SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series (Rockville, MD: U.S. Department of Health and Human Services, 1997), http://www.ncbi.nlm.nih.gov/books/NBK26162/ (accessed February 28, 2011).

[xxiii] Ibid.

[xxiv] Ibid.; "Service Delivery Models: Approaches to Addressing Joint Substance Abuse and Child Maltreatment Problems," *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection* (April 1999), http://aspe.hhs.gov/hsp/subabuse99/chap7.htm (accessed March 1, 2011).

[xxv] In 2009, according to the *FACT Report: Violence at Home*, Southwest Virginia ranked 8th out of the eight regions for its substantiated Adult Protective Services reports of abuse and neglect and Child Protective Services founded investigations of abuse and neglect by a family member, as well as 6th in the number of arrests for drug and alcohol-related offenses.

[xxvi] VDSS Research Brief: Parent Substance Abuse and Foster Care Entry by Region in Virginia, 10/15/10, VDSS Office of Research and Planning, Beth Jones, page 4.

[xxvii] Ibid., 2.

[xxvii] Ibid., 2.

[xxviii] "Regional Substance Abuse: The Growing Impact on Families and Communities and Potential Strategies for a Solution," April 2009, Planning District III Substance Abuse Coalition, page 6. "The Western region had the highest percentage of foster care entries with parental substance abuse [between 2008–2010], and these differences were statistically significant compared to other regions." (VDSS Research Brief: Parent Substance Abuse and Foster Care Entry by Region in Virginia, 10/15/10, VDSS Office of Research and Planning, Beth Jones)

[xxix] "PDC 3 Coalition—The Impact of Substance Abuse: Nationally, in Virginia and the Southwest Region of Virginia", www.OneCare,org, page 5 (accessed May 2011).

[xxx] "The CAC Model," The National Children's Advocacy Center, http://www.nationalcac.org/professionals/model/cac_model.html (accessed March 14, 2011).

[xxxi] Looking at a Decade of Drug Courts, Rev. 1999, Prepared by the Drug Court Clearinghouse and Technical Assistance Project, American University, sponsored by the Drug Courts Program Office of the Office of Justice Programs, U.S. Department of Justice.

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[xxxiii] Delivering on the Promise of Nonprofits" by Jeffrey L. Bradach, Thomas J. Tierney, and Nan Stone, Harvard Business Review, December 2008, page 1.

[xxxiv] "Defining Systems of Care," in An Overview of Systems of Care in Child Welfare (National Technical Assistance and Evaluation Center for Systems of Care, 2009), http://www.childwelfare.gov/pubs/acloserlook/overview/overview2.cfm (accessed March 14, 2011); "Guiding Principles of Systems of Care," *Child Welfare Information Gateway* (U.S. Department of Health and Human Services Administration for Children and Families), http://www.childwelfare.gov/management/reform/soc/history/principles.cfm (accessed March 14, 2011).

[xxxv] "Guiding Principles of Systems of Care," *Child Welfare Information Gateway* (U.S. Department of Health and Human Services Administration for Children and Families), http://www.childwelfare.gov/management/reform/soc/history/principles.cfm (accessed March 14, 2011);
C. K. Sheedy and M. Whitter, *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What Do We Know From the Research?* HHS Publication No. (SMA) 09-4439 (Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009), accessed from http://partnersforrecovery.samhsa.gov/rosc.html (accessed March 14, 2011).