



## Recovery Coaches for Substance-Abusing Parents

This program – for suspected substance abusers who have temporarily lost custody of their children – was found in a well-conducted randomized controlled trial to produce a 14% increase in families being reunified, a 15% increase in foster care cases being closed, and net savings to the state of \$2500 per child, over an average follow-up period of five years.

### I. Description of the Program

This Illinois state program provides the case management services of a Recovery Coach to parents who have temporarily lost custody of their children to the state, and are suspected substance abusers. The Recovery Coach works with the parent, child welfare caseworker, and substance-abuse treatment agencies to (i) remove barriers to treatment, (ii) engage the parent in treatment, (iii) provide outreach to re-engage the parent if necessary, and (iv) provide ongoing support to the parent and family through the duration of the child welfare case. Recovery Coaches have a bachelor-level degree and are trained and supervised in the program. A description of the program is [linked here](#) (pages 14-18).

### II. Evidence of Effectiveness

**Evaluation Method: A randomized controlled trial of 60 child welfare agencies in Illinois, working with 2,763 parents, conducted 2000-2009.**

The program has been evaluated in a well-conducted randomized controlled trial of 60 child welfare agencies, working with 2,763 parents who had temporarily lost custody of their children to the state and been assessed as having a substance abuse problem. The agencies were located primarily in Chicago and suburban Cook County. They were randomly assigned to (i) a group that provided Recovery Coach services, or (ii) a group that provided services as usual.

**Effects of the program when parents had been in the study an average of five years (compared to the control group):**

- A statistically-significant 15% increase in the likelihood children returned home to live with their parent (31% of treatment group children returned home vs. 27% of control group children);
- A statistically-significant 14% increase in the likelihood of children’s foster care cases being closed within three years (50% for the treatment group vs. 44% for the control group);
- No significant difference in the likelihood of children experiencing a new child maltreatment allegation, suggesting the program’s higher reunification rates and quicker case resolution did not adversely affect children’s safety; and
- Net cost savings to the state of approximately \$6.7 million – or \$2,400 per parent – over the course of the study.

In addition, an earlier study follow-up – when parents had been in the study an average of 3 years – found that the program produced a 29% reduction in the likelihood of the mothers delivering a substance-exposed infant (15% of treatment group mothers did so vs. 21% of control group

mothers). However, the statistical significance of this effect, using tests that account for group-level random assignment, is not reported.

#### **Discussion of Study Quality:**

- The study evaluated the program as delivered on a sizable scale in an urban community setting, thus providing evidence of its effectiveness under real-world implementation conditions.
- The study had no sample attrition, as outcomes were measured for all families through state administrative records.
- At the start of the study, the treatment and control groups were highly similar in their observable pre-program characteristics (e.g., demographics, employment status, primary substances used).
- The study appropriately sought to measure outcomes for all parents assigned to the treatment group, regardless of whether or how long they participated in the program (i.e., the study used an “intention-to-treat” analysis).
- The study’s statistical analysis appropriately accounted for the fact that agencies, rather than individual parents, were randomly assigned (with the one possible exception noted above).
- Study limitations:
  - The study sample, although large, was geographically concentrated in a single site – Cook County, Illinois.
  - One of the outcomes – mothers’ delivery of a substance-exposed infant – is captured by state records in an imprecise way, suggesting the need to confirm the program’s effect on this outcome in future research. (Specifically, not all sample women who gave birth were tested for substances – only those suspected by their doctor of being a substance user.)

#### **Thoughts on what more is needed to build strong evidence:**

Replication of the above findings in a second trial, in another setting and population, would be desirable to confirm the initial findings and establish that they generalize to other settings where the program might normally be implemented.

### **III. References**

- *Profiles of the Title IV-E Child Welfare Waiver Demonstration Projects*, James Bell Associates: Arlington, Virginia, June 2010, pp. 52-56.
- Testa, Mark F., Joseph P. Ryan, Pedro M. Hernandez, Hui Huan, *Illinois AODA IV-E Waiver Demonstration Interim Evaluation Report*, University of Illinois at Urban-Champaign, School of Social Work, Children and Family Research Center, September 2009.

- Ryan, Joseph P., Sam Choi, Jun Sung Hong, Pedro Hernandez, and Christopher R. Larrison, "Recovery Coaches and Substance Exposed Births: An Experiment in Child Welfare," *Child Abuse & Neglect*, vol. 32, 2008, pp. 1072-1079.
- Ryan, Joseph P., Jeanne Marsh, Mark Testa, and Richard Louderman, "Integrating Substance Abuse Treatment and Child Welfare Services: Findings from the Illinois AODA Waiver Demonstration," *Social Work Research*., vol. 30, no. 2, 2006, pp. 95-107.