



Understanding Substance Use Disorder Treatment in Your Community

***A Draft Discussion Guide for Child Welfare and
Court Professionals to Identify the Best
Treatment Fit for Families***

Introduction and Purpose of the Tool

Many families involved with child welfare and family courts (e.g., dependency courts or family drug courts) are affected by parental substance use disorders. Research indicates that between 60 to 80 percent of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian.¹ Sixty-one percent of infants and 41 percent of older children involved in the child welfare system have one or more caregivers with active alcohol and/or drug abuse.² Parents with substance use disorders are least likely to successfully reunify with their children, and their children often stay in the foster care system longer.³

A parent's successful treatment engagement, retention, completion, and transition to recovery and on-going disease management is essential to positive child welfare and court outcomes. Yet, many child welfare and court professionals lack sufficient knowledge and understanding about the range, quality, and effectiveness of existing substance use disorder treatment in their communities—particularly services that best meet the unique and complex needs of families.

To help determine if available treatment aligns with a family's needs and is a "good fit" for a given family, child welfare and court professionals need to have a solid understanding of what is effective treatment. But knowledge about treatment best practices is just one aspect of making this determination; this knowledge needs to be in a larger context of a collaborative and ongoing relationship with treatment providers. By strengthening partnerships, communication and information sharing with community treatment providers, child welfare and court professionals can ensure the optimal level of support for the entire family's recovery and well-being.

When families become involved with the child welfare system or the courts, workers may conduct the initial substance use disorder screen and then link parents to a community treatment provider for further assessment and initiation of treatment. But once a parent is connected with a treatment agency, how do they know if clients are receiving effective treatment that meets their specific needs? What kinds of questions should they ask to help identify the treatment program that can best address their client's immediate treatment and longer-term recovery needs?

This discussion guide is designed to help child welfare and court professionals increase their knowledge and capacity to better meet their clients' needs. It is organized into two major parts:

- **Part 1: Overview of Effective Treatment** – This section provides a brief summary of the principles of effective substance use disorder treatment and comprehensive family-centered care. Understanding the basics of what constitutes quality treatment is a necessary first step for all child welfare and court professionals. This overview provides useful context for the second part of the guide.
- **Part 2: Discussion Questions** – Child welfare and court professionals can use these questions to begin an ongoing dialogue with community treatment providers about their operations and services – specifically those for families involved with child welfare and the court. These questions will help professionals to gain a better understanding of the available treatment in the community and how it may (or may not) align with their clients' needs. These questions are "conversation starters" that can be used to establish or strengthen collaborative relationships with community providers and identify areas for further practice and policy changes.

An Important Note about this Discussion Guide

This discussion guide is not intended to be a “score sheet” or validated assessment tool used to score, rate or evaluate a treatment program. Rather, it is intended to be a resource to help generate ongoing conversations and stronger relationships with community providers. Through increased communication and information sharing, child welfare and court professionals can help ensure families are receiving evidence-based treatment strategies and best practices that lead to positive outcomes.

Part 1: Overview of Effective Treatment

Substance use disorder treatment typically occurs with a range of biopsychosocial services, delivered in an array of intensities and a variety of settings, and with recognizable steps that generally occur at various junctures. Although treatment needs to be individualized for the unique needs of each client, treatment programs generally share common overall goals that include improved biopsychosocial functioning, reduced substance use and increased sobriety, and reduced frequency and severity of relapse.

Treatment is one component of an individual’s overall and sustained *recovery*, which the Substance Abuse and Mental Health Services Administration (SAMHSA) currently defines as the “process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” SAMHSA identifies four major dimensions that support a life in recovery: health, home, purpose and community. The foundation of recovery is hope – the belief that these challenges and condition can be overcome.

Nearly four decades of scientific research and clinical practice have yielded a solid knowledge base on effective approaches to substance use disorder treatment. Research shows that treatment works, but an individual’s treatment outcomes depend on the:

- Extent and nature of the client’s disorder
- Appropriateness of treatment and related services used match the client needs
- Quality of interaction between the individual and her/his treatment providers
- On-going monitoring that follows after the initial acute care phases of treatment
- Treatment approaches based on long-term disease management

This section briefly highlights the: (1) treatment process and key elements of a comprehensive continuum of care, (2) universal principles of effective treatment (that apply to all individuals with substance use disorders), and (3) guiding principles to address the specific needs of parents who are involved in the child welfare system.

Treatment Process

Treatment is an individualized and dynamic process designed to meet the specific and unique needs of each client. Certain processes are commonly found at the beginning of treatment.

- Early identification, screening and brief interventions
- Comprehensive assessment of an individual’s substance use disorder and co-occurring health, mental health and other strengths and challenges
- Stabilization via medically supervised detoxification, when necessary
- Timely and appropriate substance use disorder treatment
- Continuing care and recovery support

These processes are described in detail in the following table.

Identification, Screening and Brief Interventions	Comprehensive Assessment	Substance Use Disorder Treatment
<ul style="list-style-type: none"> • Done at earliest point possible • Identifies safety risks to child • Standardized process • Protocol for identifying need for further assessment • Gender-specific and culturally responsive • Screens for mental disorder symptoms and trauma • Involves motivational interviewing techniques and substance-related education • Done by range of trained professionals and clinicians 	<ul style="list-style-type: none"> • Addresses substance use disorder and co-occurring health, mental health and other issues, including: <ul style="list-style-type: none"> ○ Extent and severity of the disease ○ Determination of a clinical diagnosis ○ Contributing social, family and personal factors ○ Impact on each family member, including children • Results in development of a tailored treatment plan • Uses reliable and valid interview-based instruments and biological tests as needed • Ongoing process throughout treatment – not a one-time event • Strength based • Done by trained clinician 	<ul style="list-style-type: none"> • Addresses full range of individual’s needs – substance use and associated medical, psychological, social, vocational and legal problems • Evidence-based pharmacotherapy and/or psychosocial treatments • Treatment for co-occurring health and mental health conditions, as needed • Medically-supervised detoxification, when necessary • Trauma-informed and trauma-specific services • Culturally appropriate and gender-specific • Outreach and engagement • Parenting and family strengthening • Intensive case management • Treatment and discharge planning for on-going disease management • Drug use monitoring • Substance abuse education and counseling • Delivered by qualified professionals

Continuing Care and Recovery Supports

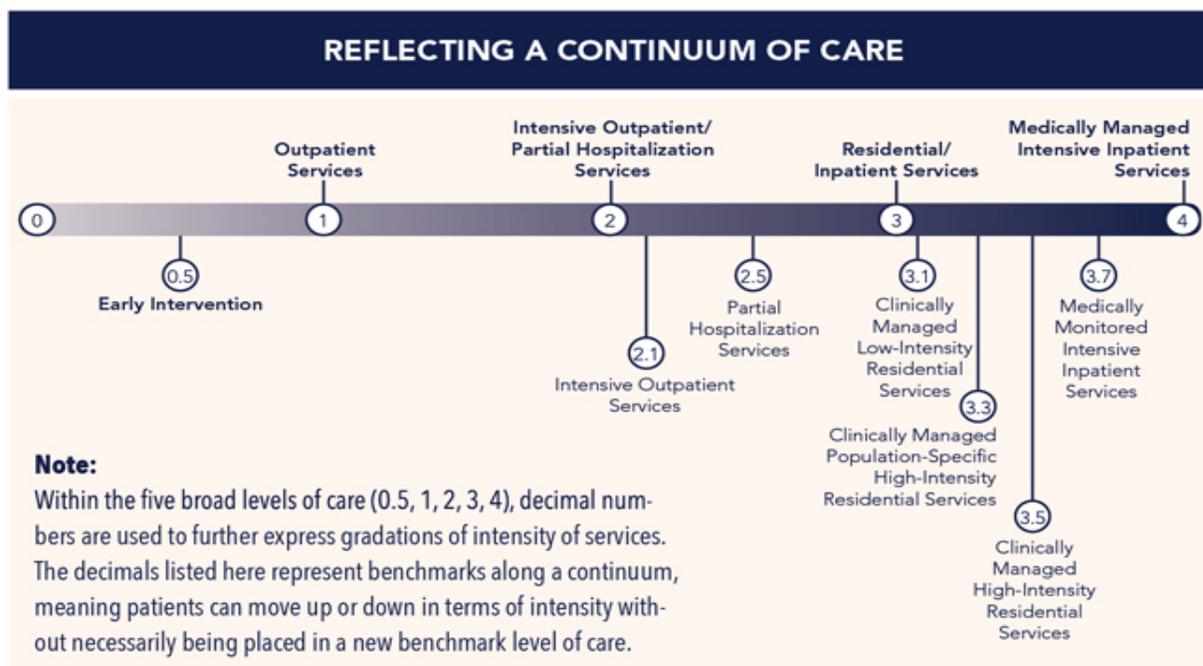
<i>What is Continuing Care and Recovery Support?</i>	<i>Examples of Recovery Support Services</i>
<ul style="list-style-type: none"> • Provided both during treatment and outside of treatment (i.e., in the community) • Assist in engagement and retention of families • Provide a support system for the recovering individual and their family • Help parents sustain their recovery and maintain family safety and stability • Some community-based supports may be provided by paraprofessionals and non-clinically trained and credentialed counselors 	<ul style="list-style-type: none"> • Parenting education and family programs • Primary health care and medical services • Employment and/or vocational-educational services • Legal services • Life skills • Housing support and services • Child care/early childhood education • Transportation • Faith-based organization support • Advocacy/systems navigation support • Linkages with other service systems

Continuum of Care

Treatment is an individualized and dynamic process designed to meet the specific and unique needs of each client. Placing patients in the appropriate level of treatment involves matching the patients' treatment needs with treatment services designed to specifically meet those needs. Determining the level of care is a collaborative process with information sharing between treatment professionals, child welfare professionals, and the parent. This process can be guided by using standardized patient placement tools.

The most widely used and comprehensive set of guidelines for placement, continued stay, and transfer or discharge for clients with substance use disorders and co-occurring conditions is the American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. ASAM's criteria uses six dimensions to create a holistic, biopsychological assessment of an individual to be used for service planning and treatment across all services and levels of care.⁴ More than 30 states require ASAM's criteria; other states use their own placement criteria that are often a modified version of the ASAM Criteria.

The ASAM Criteria describe five broad levels of treatment services across a continuum of care, as shown in the following graphic and described below¹:



Source: American Society of Addiction Medicine (2016)

- **Level 0.5: Early Intervention Services** – Criteria for assessment and education services for individuals with problems or risk factors related to substance use, but for whom an immediate substance use disorder cannot be confirmed. Further assessment is warranted to rule in or out a substance use disorder. Settings for this level of treatment may include clinical offices or permanent facilities, schools, worksites, community centers, or an individual's home.

¹ *Opioid Treatment Services* is a treatment category that covers various pharmacologic and non-pharmacologic modalities; it is a separate service that can be provided at any of the five levels of care.

- **Level 1: Outpatient Services** – Consists of less than 9 hours of service per week (adults), less than 6 hours per week (adolescents) for recovery or motivational enhancement therapies and strategies.
- **Level 2: Intensive Outpatient/Partial Hospitalization Services** – Consists of 9 or more hours of service per week (adults) or 6 or more hours per week (adolescents) to treat multidimensional instability. Partial Hospitalization would include 20 or more hours of service per week for multidimensional instability not requiring 24-hour care.
- **Level 3: Residential/Inpatient Services** – Treatment in a variety of residential settings designed to achieve stability and foster recovery skills.
- **Level 4: Medically Managed Intensive Inpatient Services** – Intensive, 24-hour care in a medically managed setting is the foundation of this level of intervention.

Universal Principles of Effective Treatment

The following universal principles, developed by the National Institute on Drug Abuse, apply when addressing the complex needs of any individual with a substance use disorder:^{5,6}

- Addiction is a complex but treatable disease that affects brain function and behavior.
- Addiction is a chronic disease that requires long-term management.
- No single treatment is appropriate for everyone – interventions must be tailored, individualized and matched to an individual's particular problems.
- Treatment needs to be readily available – access to treatment within 7 days results in better outcomes.
- The disease of addiction typically involves multiple substances and underlying behaviors – effective treatment must address an individual's multiple needs, not just his or her primary substance abuse.
- Remaining in treatment for an adequate period of time is critical – a minimum of 90 days of residential or outpatient treatment is needed for most individuals, but the best outcomes occur with longer time in treatment. For methadone maintenance, 12 months of treatment is usually the minimum.
- Behavioral therapies—including individual, family or group counseling—are the most commonly used forms of substance abuse treatment.
- Medications are an important element of substance use disorder treatment for many individuals, especially when combined with counseling and other behavioral therapies.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- Individuals with substance use disorders frequently have other co-occurring mental health and health conditions that need to be treated concurrently with the substance use disorder.
- Medically-assisted detoxification, where appropriate, is only a first stage of and precursor to longer-term treatment – by itself, detoxification does little to change chronic substance use.
- Treatment does not need to be voluntary to be effective – an established system of rewards and sanctions can increase treatment engagement and retention.

- Substance use during treatment must be monitored continuously, as lapses during treatment do occur.
- Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, as well as provide targeted risk-reduction counseling and link patients to treatment if necessary.

Suggested Resource

The National Institute on Drug Abuse's (NIDA) [Principles of Drug Addiction Treatment: A Research-Based Guide](#) is a fundamental go-to resource for information about effective treatment approaches and their implementation.

Guiding Principles of Effective Treatment for Parents Involved with Child Welfare

Many parents involved with child welfare are dealing with multiple challenges and risks that can negatively affect safety, permanency, well-being and recovery outcomes. Identification and effective treatment of parental substance use disorders for these families is thus critical. These challenges include:

- Limited educational, vocational and fiscal resources or a history of poverty, which may affect a parent's ability to earn a living and provide for their children.
- Mental illnesses (e.g., post-traumatic stress disorder, depression, other anxiety disorders, bipolar disorder), which can affect parents' daily behavior toward their children and their ability to focus on children's needs.
- Physical illnesses, which can affect parents' stamina and their ability to sustain nurturing care over a continuous period of time.
- Family history of substance use disorders, including prenatal and childhood experiences of substance exposure, which can exacerbate a parent's substance use.
- Difficult and traumatic life experiences, including childhood experiences of abuse or neglect, domestic violence, or homelessness, which may have interrupted parents' development as children and may have deprived them of positive, nurturing parental role models and life experiences.

There is a growing body of knowledge gained from evidence-based practice, collaborative practice models, and field research on how to best serve families affected by substance use and who are involved in the child welfare system. Research and practical experience have demonstrated that:

- ***The parenting role of both women and men with substance use disorders is a complex matter that cannot be separated from their treatment*** – Effective treatment programs integrate parenting practices into their treatment models. Attachment-based treatment practices for parents and their children have been shown to produce positive outcomes for women and their children both within a residential program and in outpatient programs.^{7,8,9} After participation in attachment-based parenting interventions in a residential treatment setting, it was also found that mothers had significant improvements in maternal sensitivity, reflective functioning, and parent-child bonding.¹⁰
- ***Addressing the needs of both parents and children (individually and as a family unit) contributes to successful family outcomes*** – Family-focused treatment is found to produce improvements in treatment retention, parenting attitudes and psychosocial functioning.¹¹ Women who participated in treatment programs that included a “high” level

of family and children's services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a "low" level of these services.¹² A 2015 study conducted in a residential treatment program for women and their children found that mothers who participated in the Celebrating Families! Program and received improved integrated case management system showed significant improvements in recovery, including reduced mental health symptoms, reduction in risk behaviors, and longer program retention.¹³

- **Parents do better in treatment when their children remain with them** – In a cross-site evaluation of residential treatment programs for pregnant and parenting women with substance use disorders, it was found that postpartum women who had their infants living with them in treatment had the highest treatment completion rates and overall longer stays in treatment, when compared with women whose children did not live with them.¹⁴
- **Two-generation interventions for parents and children affected by substance use disorders also save money** – The Strengthening Families Program (SFP) demonstrated that, with average out-of-home care rate of \$86 per child per day in the mid-west state in which it was implemented, SFP saves approximately \$16,340 per participating child in out-of-home care costs.¹⁵ From a cost-benefit perspective, every \$1 invested in SFP yields an average savings of \$9.83 in this state. SFP has also demonstrated that families who participated in the program were significantly more likely to reunify than comparison cases.¹⁶

The Sobriety Treatment and Recovery Teams (START) is an integrated model that pairs child welfare workers with family mentors and substance use disorder treatment providers. Evaluation data demonstrates that mothers who participated in the program achieved sobriety at 1.8 times the rate of typical treatment and children were less likely to experience recurrence of child abuse or neglect within 6 months or re-enter foster care at 12 months.^{17,18}

Currently, there is no universally-accepted definition of "family-centered treatment." Provider approaches may differ along a continuum, from *family involvement* (a minimum standard of service) to *family centered services* (in which children or other family members may receive their own services) to *full comprehensive family-based treatment* (in which all members of the family have individualized case plans and share an integrated family plan). Despite this variation, common principles underlying family-centered treatment include:

- It is comprehensive and includes clinical treatment for substance use disorders, clinical support services and community supports for parents and their families.
- It focuses on the entire family unit as opposed to the individual parent with a substance use disorder. Women/parents define their families and treatment identifies and responds to the impact of substance use disorders on every family member.
- Treatment is based on the unique needs and resources of individual families.
- Families are dynamic, and thus treatment must be dynamic.
- Conflict within families is inevitable, but resolvable. Treatment offers whole family services that build on family members' strengths to improve family management, well-being and functioning.
- Meeting complex family needs requires coordination across systems.
- Services must be gender responsive and specific and culturally competent.

- Family-centered treatment requires an array of professionals and an environment of mutual respect and shared training.
- Safety of all family members comes first.
- Treatment must support creation of healthy family systems.

Suggested Resources

→ Take the free online tutorials provided by the National Center on Substance Abuse and Child Welfare (NCSACW) on understanding substance use disorders, treatment and family recovery. These free trainings provide both [child welfare professionals](#) and [legal professionals](#) with an overview of the treatment process and effective treatment elements for families involved with child welfare.

→ To learn more about the characteristics, components, and different levels of family-based treatment, read [Family-Centered Treatment for Women with Substance Use Disorders – History, Key Elements and Challenges](#).

→ To learn more about effective gender-responsive treatment for women, read [Substance Abuse Treatment: Addressing the Specific Needs of Women](#), Treatment Improvement Protocol (TIP) 51 from SAMHSA's Center for Substance Abuse Treatment.

Part 2: Discussion Questions

Instructions

This section provides discussion questions to help child welfare and court professionals determine if a treatment program can effectively meet the needs of the parents, children and families with which they work. These questions are appropriate for all types of treatment settings. To begin the collaborative process, child welfare and court professionals should contact providers in their community to request a tour of their facility and a convenient time to meet with staff. They should not expect to learn everything in one visit; it may take a series of visits and meetings to build a trusting relationship and work through these questions together. Professionals should approach these initial meetings as the beginning of the ongoing partnership with treatment providers.

During an agency visit, child welfare and court professionals should speak with different individuals to gather this information. For example, they can speak with an intake worker to understand the screening, assessment, intake and enrollment process. They can talk to counselors and clinicians to learn about the available treatment modalities for families, levels of care, evidence-based practices, and how ongoing assessments are used to ensure the program meets the needs of the parent. Finally, they can meet with treatment agency directors or managers to discuss program policies and protocols. The staff responsible for these processes may differ between agencies.

Discussion Questions

The questions below are designed to guide the conversations treatment provider partners and help child welfare and court professionals determine whether a given program is a good fit to meet their clients' needs. While a treatment provider may not address each and every one of these treatment components, they may have particular strengths in some areas and other areas that they are working on improving. Remember that this discussion guide is not a "scorecard" to assess and rate the quality of a treatment center.

The questions are categorized by the continuum of substance use disorder treatment, specific services and overall treatment program operations.

Assessment

1. Does the program use a standardized, valid and reliable substance use assessment tool?

Why is this important? – Using a standardized assessment tool ensures that the client is appropriately diagnosed and matched to the right level of care and services. Some jurisdictions may integrate several tools.

2. How are individuals matched to the appropriate level of care?

Why is this important? – Determining the level of care that matches a parent's treatment needs should be a collaborative process involving information sharing between treatment professionals, court staff, child welfare workers and the parent. The ASAM Criteria described in Part I represent one evidence-based process for determining the most appropriate placement. Providers may also use collateral information to inform their recommendations.

3. How often are clients reassessed to meet their changing treatment plan needs?

Why is this important? – Assessments and treatment plans should be routinely reviewed to identify emerging and unmet needs, as well as changes in the client's family and support systems, to determine if changes in the level of care are needed.

Enrollment

1. What are the program's eligibility criteria?

Why is this important? – Identifying the eligibility criteria can help child welfare and court professionals understand if the program meshes with the target population of families served by child welfare and the courts. For example, it is important to know if the provider serves individuals with co-occurring disorders, those receiving medication-assisted treatment, and pregnant and parenting women.

2. How are families screened for child welfare involvement and how is it documented?

Why is this important? – Treatment providers need to know which of their clients are involved in child welfare so they are able to communicate with child welfare about a family's progress and how it might affect permanency decisions.

3. Do families involved in child welfare have priority treatment access?

Why is this important? –The child welfare and court systems are driven by the Adoption and Safe Families Act (ASFA) permanency timelines, which are often at odds with a parent's more lengthy recovery timeline. The relatively short time span of a child welfare case makes priority access critical so that parents can meet their overall treatment and permanency goals. Treatment facilities that receive Substance Abuse Prevention and Treatment (SAPT) Block Grant funds must prioritize access to treatment for vulnerable populations, including pregnant and parenting women, injection drug users, individuals with HIV/AIDS, and individuals with tuberculosis (TB). Pregnant women must be given priority in treatment admissions, and those that are referred to the state for treatment must be placed within a program or have interim arrangements made within 48 hours.¹⁹

4. How quickly do clients with an identified substance use disorder start treatment? If there is a waitlist, what interim services are provided?

Why is this important? – Research shows that the most positive treatment outcomes occur when clients begin treatment within 7 days of identification; however, treatment admission within 24 to 72 hours is ideal. Providers that receive SAPT Block Grant funding must be placed within a program or have interim arrangements made within 48 hours.²⁰ Interim services may include referrals for prenatal care and counseling on the effects of alcohol and drug use on the fetus.

Engagement and Retention

1. On average, how long do clients stay in treatment?

Why is this important? – Research shows that clients with severe substance use disorders require a minimum of three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. For families involved in child welfare due to a parent's substance use disorder, treatment retention and completion are the strongest predictors of reunification.^{21,22}

2. What percentage of clients complete initial phases and transition to on-going care or discharge successfully?

Why is this important? – Discharge data are a core indicator of a treatment program's effectiveness. If your jurisdiction has numerous treatment options for your clients, then knowing their average length of stay in and treatment completion rates can help ensure your clients are accessing the most effective treatment.

3. What strategies are used to engage and retain clients in treatment? What strategies are used with clients who drop out or miss appointments?

Why is this important? – Many parents in early recovery—particularly those involved with child welfare—may struggle with ambivalence toward treatment due to high levels of shame, guilt, fear and anger. These families often need intensive or specialized outreach to initially engage and then stay in treatment. Strategies proven to be effective include motivational interviewing and enhancement techniques, contingency management (i.e., therapeutic incentives and sanctions), and treatment engagement staff co-located or out-stationed at child welfare offices or the dependency court.²³

4. Does the program use peer mentors, recovery support specialists or recovery coaches to engage and retain clients?

Why is this important? – Substance abuse specialists (substance use counselors placed in child welfare offices), recovery coaches, peer mentors and similar types of engagement specialists have been shown to be especially effective for parents involved with child welfare. Research has shown that parents who received intensive case management and a recovery coach stayed in substance use disorder treatment twice as long and completed treatment at much higher rates than those parents who did not receive those services.²⁴

5. How does the program monitor and respond to relapse?

Why is this important? – For many parents, the journey toward long term recovery will include a lapse in their sobriety or relapse to continued use. Treatment programs need to conduct ongoing screening and drug testing to monitor clients for relapse and adjust an individual's treatment plan as needed to ensure an appropriate level of structure and support is provided.

Mental Health and Trauma

1. How are clients assessed for co-occurring mental health and other problems?

Why is this important? – Roughly 7.9 million adults had co-occurring disorders in 2014.²⁵ Just over 42% of persons seeking substance use disorder treatment have been diagnosed as having a co-occurring mental and substance use disorder.²⁶ Treatment providers should screen for mental illness and link clients with appropriate services for co-occurring disorders if they do not provide it in-house.

2. Does the program treat co-occurring substance use and mental health disorders concurrently? What evidence-based mental health and psychiatric services does the program provide?

Why is this important? – People with co-occurring disorders are best served through integrated treatment, which is a means of actively combining interventions intended to address substance use and mental disorders to treat both disorders, related problems, and the whole person more effectively.²⁷ With integrated treatment, practitioners can address mental and substance use disorders at the same time, often lowering costs and leading to better outcomes.

3. Are the treatment provider's staff members trauma-informed?

Why is this important? – SAMHSA estimates that up to two-thirds of men and women in substance use disorder treatment have a history of childhood abuse and neglect.²⁸ Studies with women with substance use disorders have shown a 30% to 59% rate of dual diagnosis with PTSD, most commonly stemming from a history of childhood physical and sexual abuse.²⁹ Failure to understand and address parent trauma may lead to lack of engagement in treatment services, an increase in symptoms, re-traumatization, an increase in relapse, withdrawal from the service relationship, and poor treatment outcomes. Being a trauma-informed organization means that every part of the organization—from management to service delivery—has an understanding of how trauma affects the life of an individual seeking services.

4. What evidence-based trauma-specific services are provided?

Why is this important? – Addressing a parent's history of trauma is an important engagement and healing strategy in substance use disorder treatment. Examples of evidence-based, trauma-specific interventions include Seeking Safety, the Sanctuary Model, Trauma Recovery and Empowerment Model (TREM), and Addiction and Trauma Recovery Integration Model (ATRIUM).

Family-Centered Treatment

Why is this important? – Families involved with child welfare come to treatment with unique needs and they require a treatment modality that is designed to engage and serve the whole family. Parents likely need to develop parenting skills, their children likely need interventions related to pre- or post-natal substance exposure, and their families need to strengthen relationships within the context of sobriety. Child welfare professionals should be aware of what parenting programs may be offered at a treatment center (and their effectiveness), as parenting training is often a required component of child welfare case plans.

1. Is treatment specialized for clients and families who are involved in the child

welfare system or family drug court?

2. **What referral relationships does the agency have to connect families with other community services that may be needed?**
3. **What kinds of questions does the program ask about the children of clients? Are there standard protocols for responding to child safety risks?**
4. **What services are provided to address the specific needs of parents?**
5. **What services are provided to address the specific needs of children and other family members?**
6. **Do children and family members receive their own case plan?**
7. **Do children receive screening and assessment and referral to appropriate services (e.g., trauma, mental health, developmental services)?**
8. **Can children accompany their parent to treatment? If so, are there any restrictions on age and number of children?**
9. **What evidence-based parenting or family-strengthening programs are provided?**

Evidence-Based Interventions and Best Practices

1. **Is medication-assisted treatment for both substance use and mental disorders offered and available to all clients (if clinically indicated), including pregnant and parenting women? If so, what medications does the program provide?**

Why is this important? – Medications are an important element of treatment for many clients, especially when combined with counseling and other behavioral therapies. Medication-Assisted Treatment (MAT) includes the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Medications can reduce the cravings and other symptoms associated with withdrawal from a substance, block the neurological pathways that produce the rewarding sensation caused by a substance, or induce negative feelings when a substance is taken.³⁰ Research shows that methadone, buprenorphine, and naltrexone are effective in helping individuals with a heroin or other opioid use disorder to stabilize their lives and reduce their drug use. Naltrexone and other medications are appropriate for parents with alcohol use disorders. It's important that a physician evaluates each patient to determine if medications can assist in the parent's recovery. If MAT is not offered by the treatment agency, it is important that the treatment provider communicates regularly with the MAT providers or prescribing physician to share information about progress.

2. **What evidence-based behavioral therapies does the program provide?**

Why is this important? – Behavioral therapies, including individual, family, or group counseling, are the most commonly used forms of substance use disorder treatment. Some examples of evidence-based behavioral therapies include Cognitive Behavioral Therapy, the Matrix Model, Motivational Enhancement Therapy using Motivational Interviewing approaches, and Contingency Management. For more information on evidence-based practices, visit SAMHSA's [National Registry of Evidence-based Programs and Practices](#).

3. **What type of gender-responsive or gender-specific treatment is provided?**

Why is this important? – Effective treatment must be tailored to the needs of the individual and take into account the parent’s gender and cultural background. Research shows that women who participated in a gender-responsive substance abuse treatment program had significantly greater reductions in drug use and remained in treatment longer than those in a standard treatment.³¹

4. Is treatment culturally sensitive and appropriate?

Why is this important? – Consideration of culture is important in all levels of treatment and stages of recovery. By providing culturally-responsive services, treatment providers can improve relationships between clients and providers, encourage client engagement and improve retention in treatment.³²

Other Treatment Services and Supports

1. What other clinical and community support services are available to parents and their children and families?

Why is this important? – Clinical and community support services—such as life skills training, vocational-employment services, housing support, transportation, child care and recovery support services—assist clients in achieving and maintaining their recovery. Women who participated in treatment programs with a high level of family and children’s services and employment or education services were twice as likely to reunify with their children than those in programs with a low level of such services.³³

2. Does the program test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases?

Why is this important? – According to NIDA’s Principles of Effective Treatment, treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

3. Does the program link pregnant women with prenatal care?

Why is this important? – Use of drugs, alcohol and tobacco during pregnancy can be associated with medical concerns for both the woman and the developing fetus, and therefore identification, comprehensive case management and integrated care are essential.³⁴ Timely and adequate prenatal care for women who use drugs and alcohol provides a significant buffer against adverse pregnancy outcomes, including premature births, small for gestational age status, and low birth weight.^{35,36}

Coordinated Treatment and Case Plan Services

1. What levels of care are available?

Why is this important? – Clients need access to a continuum of care, from early intervention to outpatient to residential, to address their specific needs, and they may need to step up or down on the continuum during their time in treatment. A treatment provider that offers multiple levels of care may be more successful and effective for clients that need to transfer between levels.

2. Does the treatment center offer intensive case management services?

Why is this important? – Families involved with child welfare and the courts have multiple, complex needs and are typically involved with many different service systems. Research has shown that families who received intensive case management services from a recovery coach had a significantly higher rate of engagement in substance use disorder treatment and were more likely to achieve family reunification.³⁷

3. What cross-systems communication and information-sharing protocols with child welfare and/or the court are in place?

Why is this important? – Research suggests that promising collaborative models between the child welfare system and the substance use disorder treatment system typically include using protocols for sharing confidential information.³⁸ Increased information sharing between treatment, child welfare, the courts, and the regular contact between judges and participants is important to program success, specifically in improving the quality of case monitoring, relapse support and team members' ability to provide resources to parents.³⁹

4. How is the parent's treatment plan coordinated with the child welfare, court and other service providers' case plan(s)?

Why is this important? – Because families often have multiple case plans from different providers, cross-systems communication is important to ensure services for the family are coordinated, integrated and not duplicated. Treatment professionals should weave shared information, including family reunification goals, into the treatment plans of the families with which they work. Coordinated treatment plans can be built around family reunification that include parenting, children's needs and family counseling.

5. How often do treatment program clinicians (or other staff) attend child welfare/court team meetings, case staffings or court hearings?

Why is this important? – Attending team meetings and staffings can provide opportunities to conduct joint case planning for families and to ensure ease of cross-system information sharing. In addition, it is important that treatment providers are present at the table to provide essential information about the client's progress as well as answer treatment-related questions.

Continuing Care/Aftercare

1. Is there a formal aftercare phase as part of the treatment continuum? What type of continuing care (including relapse prevention and recovery supports) are provided during and after treatment and how long is involvement in continued care monitored?

Why is this important? – Recovery is a lifelong process, and while a parent's treatment episode may have ended, his or her recovery needs have not. The aftercare phase offers support for parents' recovery through linkages to support services, such as a sober community, alumni group or self-help group meetings, home visits from counselors, education and employment services, safe and sober housing environments, mental health and medical services, income supports, and individual and family counseling.

2. How long is continuing care available and required after treatment discharge?

Why is this important? – Research shows that continuing care should extend for a minimum of 3 to 6 months; and that a prolonged period of up to 12 months is even more

effective at supporting recovery.⁴⁰

Staff Qualifications and Training - General

1. Is the agency run by state-accredited, licensed, and/or trained professionals?

Why is this important? – Clinicians should ideally be professionally credentialed or hold an advanced degree in a related field.

2. What is the average caseload for clinicians?

Why is this important? – The recommended client to clinician ratio for effective provision of treatment is no more than 50:1 if providing clinical case management, 40:1 if providing individual therapy or counseling, and 30:1 if providing both services.

3. Are clinical staff regularly supervised and monitored to ensure fidelity to evidence-based practices and treatment models?

Why is this important? – The effectiveness of the program and desired outcomes for families can be impacted by the level of adherence to the original components and approach of the evidence-based practice. Thus regular supervision and monitoring is an important practice to ensure program fidelity.

4. What is the average turnover rate of direct service staff?

Why is this important? – The client-clinician relationship is key to achieving positive treatment outcomes. If the agency experiences a high turnover rate, then it can be disruptive to clients to establish trust with new staff. High staff turnover rates can also contribute to poor preparation of staff members to meet the complex and diverse needs of families involved with child welfare. Treatment agency staff development initiatives should ideally ensure that staff have appropriate support and on-going learning opportunities regarding serving families.

Staff Qualifications and Training – Specific to Child Welfare and the Courts

Why is this important? – Families affected by substance use disorders and child maltreatment have unique and complex needs, and thus treatment staff should have access to training on the child welfare and court systems and processes and the specific considerations for working with children and families.

1. Are staff members trained to address the unique needs of parents, including pregnant and parenting women?

2. Are staff members trained to address the needs of children?

3. Are staff trained on the effects of parental substance use disorders on children, the parent-child relationship and family functioning?

4. Are staff members trained and knowledgeable about the child welfare and court systems?

5. What is the staff's experience in working with families involved in child welfare and/or the courts?

Program Monitoring and Evaluation

1. What are the treatment agency's main treatment goals for clients? How do they define successful treatment?

Why is this important? – Different treatment agencies may define success differently (e.g., abstinence versus harm reduction, improved family functioning, increased employment). It is important to ensure that a treatment program's definition of successful treatment is appropriate for families involved in the child welfare system and the courts, and align with their child welfare case plan and court requirements.

2. How (and how often) does the program assess its effectiveness?

Why is this important? – Regular performance monitoring and evaluation are critical to determine what works and what does not work; identify any new or emerging issues or trends that need to be addressed; and develop program or policy improvements or modifications, as needed, to improve the program's effectiveness.

3. What type of process and outcomes data are collected and reported? How often is the program evaluated?

Why is this important? – Treatment providers should collect data that indicates how clients are progressing in their recovery and achieving their behavioral goals, as well as progress after discharge. On a micro scale, these outcome measures will inform decisions about reunification and whether a treatment plan needs to be modified. On a larger scale, these outcome measures can be used to identify how the program is doing as a whole and determine practice and policy changes that need to be made to improve outcomes.

4. How is treatment funded?

Why is this important? – As many parents involved in the child welfare system and the courts have limited financial resources, it is important to know if the program is publicly or privately funded, what insurance is accepted or if there are other payment considerations to be aware of. In addition, understanding the extent to which a treatment program is funded through traditional federal and state funding (e.g., substance abuse block grants, Medicaid reimbursement, state general funds) or other public and private sources may help shed light on the sustainability of the program's treatment and supportive services. For instance, it is helpful to know if a particular service, such as a parenting program, is grant-funded and will end once funding runs out.

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