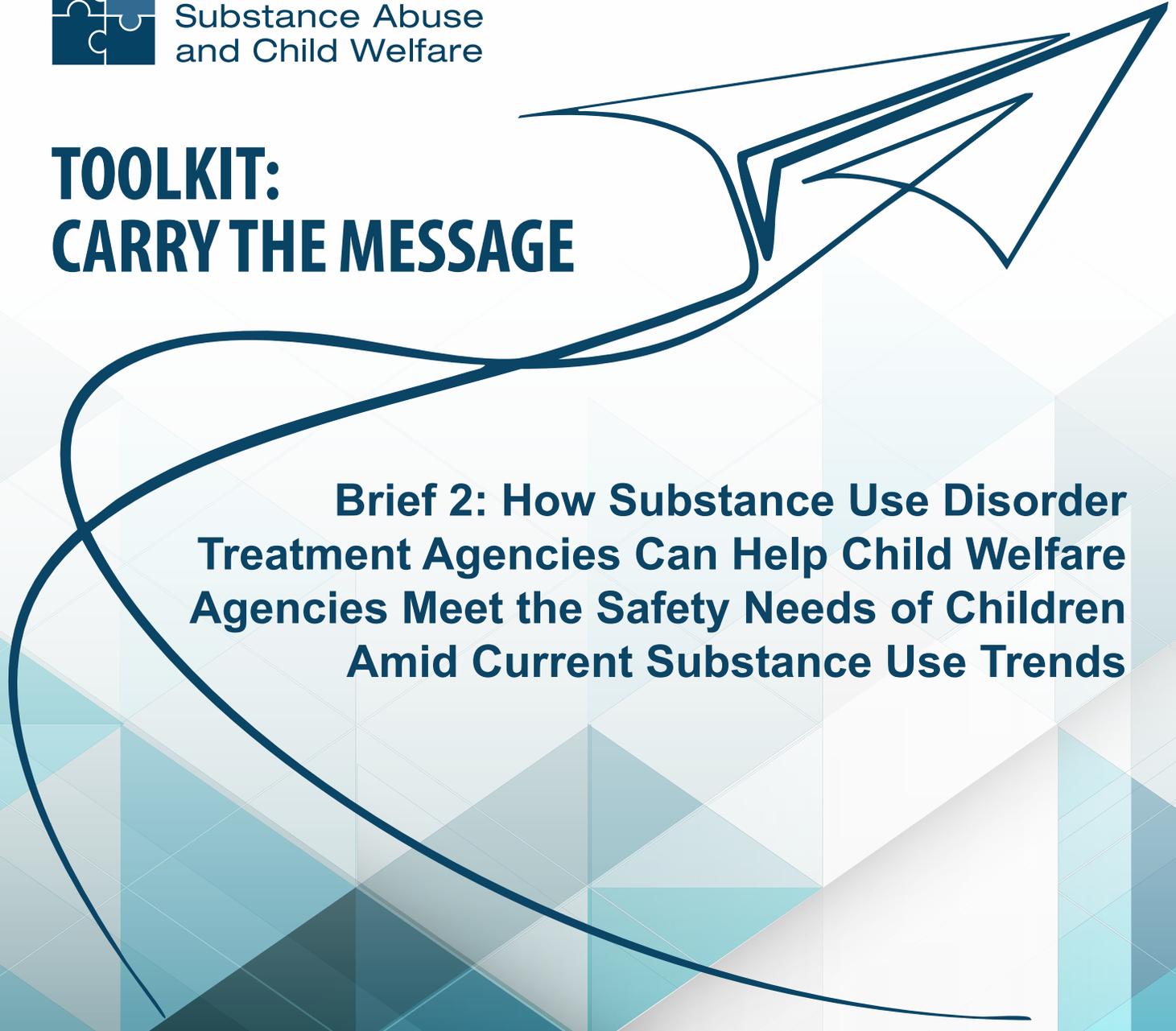




National Center on
Substance Abuse
and Child Welfare

TOOLKIT: CARRY THE MESSAGE



**Brief 2: How Substance Use Disorder
Treatment Agencies Can Help Child Welfare
Agencies Meet the Safety Needs of Children
Amid Current Substance Use Trends**

Table of Contents

Introduction.....	1
Why Partner with the Child Welfare System?.....	3
What Do You Need to Know When Partnering with the Child Welfare System?	3
How Do You Engage and Partner with the Child Welfare System to Mitigate Child Risks and Other Family Harms When Substances are in the Home?.....	6
Summary	9
References	9
Contact Us.....	10

Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) prepared this toolkit to build capacity in the substance use disorder (SUD) treatment and child welfare services workforce to respond efficiently to the safety needs of children when there is substance use in their home. The goal is to strengthen collaboration and provide training to child welfare staff to better understand the safety needs of children and their parents.

Current substance use trends pose challenges for child welfare systems as they strive to ensure child safety.

Examples of these trends include the increased availability

and potency of cannabis, more states considering legalizing medicinal and personal cannabis use, increased prevalence of fentanyl in other substances, large numbers of overdose deaths, and the re-emergence or ongoing use of stimulants, particularly methamphetamine.

In addition to the challenges of assessing child, parent, and family safety, misinformation on risks of staff exposure to substances such as fentanyl may interfere with child welfare workers, first responders, and other service providers' engagement with families. The information in this toolkit: 1) focuses on current substance use trends and their effects on children, parents, and family members; and 2) provides strategies for SUD treatment providers to partner with child welfare to mitigate risks of environmental exposure to children. Risks include child ingestion of potentially harmful substances, particularly related to *young children* who use their senses to explore their environment.

Mitigating risks to families requires a collaborative approach drawing on the resources of many agencies as well as input from those with lived expertise. Building and sustaining partnerships between SUD treatment and child welfare agencies are necessary to ensure an informed and evidence-based approach to child safety when substances are in the home. Given their knowledge, expertise, and experience, SUD treatment providers—particularly those that offer peer and recovery specialist programs—are well-positioned to *carry the message* to child welfare providers on why, how, and what collaborative strategies are critical to mitigate risks to all involved.*

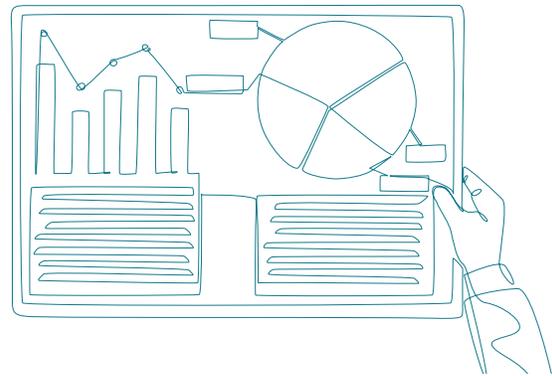
The toolkit includes two briefs and a presentation package for SUD treatment and recovery professionals to strengthen their capacity to provide outreach and training to child welfare agencies.

Integrating peer support professionals (individuals who have the lived expertise as parents in recovery from a SUD who may or may not also have the experiential knowledge of child welfare involvement) into service delivery improves family engagement and increases understanding of the service and system improvements needed to better serve families (see [Peer Support Specialist Programs for Families Affected by Substance Use and Involved with Child Welfare Services: A Four-Module Implementation Toolkit](#) for information on peer support models).

* The concept of “carrying the message” is adapted from the “Twelfth Step” of Anonymous programs: *“Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs...The joy of living is the theme of A.A.’s Twelfth Step, and action is its key word...Here we experience the kind of giving that asks no rewards. Here we begin to practice all Twelve Steps of the program in our daily lives so that we and those about us may find emotional sobriety. When the Twelfth Step is seen in its full implication, it is really talking about the kind of love that has no price tag on it.”*

Toolkit Contents

- [Brief 1: An Overview of Substance Use Trends and Their Potential Effects on Child Safety](#)
- **Brief 2: How Substance Use Disorder Treatment and Recovery Agencies Can Partner with Child Welfare Systems to Deliver Training to Child Welfare Professionals to Ensure Child Safety**
- [Presentation Package: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home](#)



The toolkit materials provide research, best practices, and recommendations based on a review of gray literature[†] and information collected during a national convening of subject matter experts in January 2024. In addition to input from federal, Tribal, state, and local implementation experts in the SUD treatment, child welfare, and legal systems, these resources include insights from persons with lived expertise and understanding of the strengths and opportunities within these systems.

The presentation package includes strategies and resources that allow SUD treatment and recovery professionals to tailor the training based on: 1) geographical considerations (since substance use trends vary both within and across states), and 2) the intended audience (e.g., child welfare administrators, direct service providers).

BRIEF 2: HOW SUBSTANCE USE DISORDER TREATMENT AND RECOVERY AGENCIES CAN PARTNER WITH CHILD WELFARE SYSTEMS TO DELIVER TRAINING TO CHILD WELFARE PROFESSIONALS TO ENSURE CHILD SAFETY



This brief considers three main questions for SUD treatment and recovery^{‡,§} providers:

1. Why partner with the child welfare system to ensure child safety when there is substance use in the home?
2. What do you need to know when partnering with the child welfare system?
3. How do you engage and partner with the child welfare system to train child welfare professionals on understanding and mitigating child risk and other family harms when substances are in the home?

[†] Gray literature includes a variety of resources including government reports (see [Johns Hopkins University Welch Medical Library](#) for a definition).

[‡] *SUD treatment and recovery* includes an array of substance use services, particularly SUD assessment, treatment and recovery support including peer support services. For brevity, SUD treatment and recovery is referenced as *SUD treatment* in this brief.

[§] The brief is intended for administrators or managers of SUD treatment agencies to engage and partner with child welfare agency administrators or managers to deliver a training on understanding and mitigating risks to child safety when substances are in the home. The training (see [Presentation Package: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home](#)) is ideally intended for child welfare professionals who conduct *investigations/child safety and family assessments* (referenced as *child welfare investigations* in the brief). Partnering SUD treatment and child welfare agencies are encouraged to tailor the training based on their jurisdiction's needs, protocols, policies, and practices.

Why Partner with the Child Welfare System?

Substance use can harm family health and well-being and can make it difficult for parents to take care of and bond with their children. The presence of substances in the home can present a risk to child safety and may lead to child welfare intervention. Thus, it is critical that SUD treatment providers understand that their clients may also be involved in the child welfare system. When SUD treatment and child welfare service systems work together, this presents an invaluable opportunity to leverage the resources of both systems to ensure family well-being and reduce child safety risks. The findings below demonstrate the importance of collaboration between service systems:



- On average from 2015 to 2019, an estimated 21 million children under 18 (16.2% of all children) lived with a parent who misused substances in the prior year.¹
- Parental substance use or substance use disorders affect an estimated 60% of child welfare cases.²
- National data from the Adoption and Foster Care Analysis Reporting System (AFCARS)³ indicate the prevalence of parental alcohol or other drug abuse as an identified condition of removal of children and placement in out-of-home care (OOHC) increased from 28.5% in 2010 to 39.1% in 2021.**

Current substance use trends such as increased rates of 1) young children ingesting cannabis products;⁴ 2) pediatric and adult deaths involving opioids, primarily fentanyl;⁵ and 3) overdose deaths involving stimulants, predominantly methamphetamine,⁶ underscore the importance of collaboration among SUD treatment and child welfare systems to ensure child safety. See [Brief 1: An Overview of Substance Use Trends and Their Potential Effects on Child Safety](#) for more information.

SUD treatment providers have a clinical understanding of SUD treatment and recovery. To contribute to child welfare professionals' child safety assessment process, providers can offer case consultation and help engage parents in clinical SUD assessments, treatment, and other services.

What Do You Need to Know When Partnering with the Child Welfare System?

The goal of the child welfare system is to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families.⁷ Child welfare workers respond to reports of child maltreatment to determine if the allegations are true and if child welfare intervention is necessary to protect child safety and well-being.

Child welfare workers conduct a thorough investigation^{††} in response to child maltreatment reports. Investigations involve a multifaceted process to determine if there is an immediate safety threat (also referred to as "impending danger") or risk of future maltreatment. The steps in the process include the identification of risk factors, parental protective capacities, and protective factors.^{8,9} Parental substance use in and of itself does not necessarily mean that a child is unsafe, but it can increase their risk of harm. For instance, it can result in exposure to substances that lead to accidental ingestion or a decrease in the parent's cognitive functioning that affects their ability to properly care for and attend to their child's needs. As the worker completes their investigation, they will determine 1) the strengths and needs of the family, 2) if the allegations are true, 3) if the child is currently safe and next steps if they are not, and 4) if further child welfare intervention is needed.

** These data are understood to be dramatic undercounts due to large variation across states in collecting this item.

†† Child welfare systems vary in use of the terminology (e.g., investigation or family or child assessment) to describe their protocols in responding to reports of child maltreatment. In some jurisdictions, a family assessment references cases that receive a differential or alternative response in which a finding on the child maltreatment allegation is not made. For purposes of this brief, *investigation* is used to prevent misunderstanding of the terminology *assessment* as pertaining to a clinical SUD assessment.

When substances are in the home, comprehensive child welfare investigations consider potential risks to child safety including potential toxicity of substances, nature of the substance use, and the effects of substance use on parenting and child safety and well-being—in addition to the typical domains considered in child welfare investigations (e.g., the child’s age and developmental stage). SUD treatment providers can be important partners when child welfare is conducting their investigations when substances are in the home. For instance, child welfare and SUD treatment systems can collaborate to ensure rapid referral to substance use services. Rapid referral is critical when substances, particularly potentially toxic substances, are in the home. SUD treatment professionals can provide their expertise in engaging parents in a substance use screen and enhance parents’ motivation to complete a SUD assessment. For additional collaborative strategies, see [Brief 1: An Overview of Substance Use Trends and Their Potential Effects on Child Safety](#) and [Presentation Package: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home](#).

Standardized substance use screening tools are intended for use by a wide variety of individuals. Individuals do not have to be licensed SUD treatment professionals to conduct a substance use screen. How the screen is conducted, is critical. This is particularly important for parents who are the subject of a child welfare investigation—they may be fearful of the stigma and the potential responses associated with parental substance use. SUD treatment and recovery professionals, such as those with lived expertise, offer parents empathy, understanding, and hope—paving a path to engagement in treatment and other services. See [Screening for Substance Use in Child Welfare Using the UNCOPE](#) for more information.

If a safety threat or risk factor is identified during the investigation, the child welfare worker will develop a plan with the family—commonly referred to as a safety plan. The plan uses parental protective capacities and protective factors to mitigate the threat and includes specific steps that outline how the child will be protected from harm. For example, parents agree to secure medications and other harmful substances up and out of reach from children and not to engage in substance use in the home or around their children. The safety plan may also include actions for other family members such as ensuring they have and know how to administer naloxone to prevent opioid overdoses. State protocols and procedures for how safety plans are used and developed with families vary so SUD treatment providers are encouraged to partner with their local child welfare agency to better understand how safety plans are used with families in their jurisdiction.

When the child welfare professional determines that ongoing intervention is necessary, services can be provided through a variety of pathways including “in-home” services in which children remain with their parents; “out-of-home care” services in which children are placed with a relative, other caregiver, or into out-of-home care; and differential or alternative response in which families are referred to community-based organizations for services.[‡] Depending on each state’s laws, cases that receive in-home or out-of-home care services may or may not involve court involvement.

When it is determined that out-of-home care, or removal of the child from the parent’s custody, is necessary, federal statute requires the following of child welfare systems:

“...reasonable efforts shall be made to preserve and reunify families

- (i) prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child’s home; and*
- (ii) to make it possible for a child to safely return to the child’s home...”^{10,11}*

[‡] There is variation among child welfare systems in the type of services that are offered. The variation is attributed to several different factors including federal and state statutes that govern child welfare systems and the administrative structure of child welfare systems. For instance, states have their own laws on mandatory reporting requirements regarding child abuse and neglect, what is defined as child maltreatment, and others.

Reasonable efforts in a case where parental substance use is occurring in the home for instance, may include assurances that the parent received a clinical assessment to determine the presence and severity of a SUD and efforts to ensure entry into SUD treatment. Because definitions of what constitutes reasonable efforts vary from state to state it is vital SUD treatment professionals partner with child welfare professionals to fully understand their state laws.^{§§}

It is important for SUD treatment professionals to understand child welfare timetables and how they can coincide with a parent's SUD recovery. Child welfare timetables include the Adoption and Safe Families Act of 1997 (ASFA), which requires "...in the case of a child who has been in foster care under the responsibility of the State for 15 of the most recent 22 months...the State shall file a petition to terminate the parental rights of the child's parents...and, concurrently, to identify, recruit, process, and approve a qualified family for an adoption..."^{2,13} For additional information see [Public Law 105-89-Nov. 19, 1997 Adoption and Safe Families Act of 1997](#). States vary in their implementation of ASFA. Thus, SUD treatment professionals are encouraged to work with their child welfare partners to understand the laws, policies, and practices specific to their jurisdictions.

To enhance the probability of reunification for families affected by SUDs, SUD treatment and child welfare professionals can partner to improve coordination and collaboration to ensure quick referrals to SUD assessment, treatment for parents, and other services for all family members. These service systems can work together to identify and develop strategies to overcome barriers to parents starting and remaining engaged in SUD treatment.

Parents with SUDs experience unique difficulties as they are faced with complex challenges such as managing their own trauma and shame if it is determined that their children cannot remain in their care, helping their children cope with family separation and the trauma of removal, re-learning to parent and be with their children upon reunification—all the while focusing on their own health and SUD recovery. These challenges can affect a parent's ability to fully engage in treatment and sustain recovery. Successful reunification requires a multi-faceted approach that prepares all family members to be together again and helps parents sustain their recovery. Critical components include strategies to help parents and children work through the trauma of separation and the various major transitions that accompany reunification in addition to helping parents build resources, such as family and social support systems, to sustain their recovery.^{***}

To learn more about child welfare systems, see [Tutorials for Substance Use Disorder Treatment Professionals](#), offered by the National Center on Substance Abuse and Child Welfare. The tutorial has been approved by the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) for Continuing Education Units (CEUs). The tutorials include information on the operations of child welfare, effective engagement strategies and treatment practices for families involved with child welfare systems, services needed by children whose parents have SUD, and methods of improving collaboration between SUD treatment and child welfare.

Child welfare and SUD treatment service systems can implement a family-centered approach to ensure that children, parents, and family members are engaged in comprehensive services. Family-centered approaches vary and include residential family SUD treatment in which parents and their children reside together during treatment, and SUD treatment programs that offer childcare or provide treatment services that are attuned to parents' employment schedules (see the [Implementing a Family-Centered Approach Series](#) for more information).

^{§§} There are some exceptions to the reasonable efforts requirement, see the Child Welfare Information Gateway fact sheet, [Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children](#).

^{***} See Substance and Mental Health Service Administration (SAMHSA). (n.d.). [SAMHSA's Working Definition of Recovery](#) and [SAMHSA's Recovery Support Initiative](#)

How Do You Engage and Partner with the Child Welfare System to Mitigate Child Risks and Other Family Harms When Substances are in the Home?

Meeting the needs of families affected by substance use requires collaboration between child welfare and SUD treatment agencies. SUD treatment providers can use these four strategies to build and enhance this partnership:

1. Identify existing child welfare training opportunities and offer to co-develop and co-facilitate training on cases involving substance use
2. Prepare a “pitch” to engage child welfare systems in partnering to ensure child safety when substances are in the home
3. Provide training and education to child welfare agencies regularly
4. Formalize and sustain the SUD treatment and child welfare partnership to ensure child safety and improve outcomes for children, parents, and family members



Identify existing child welfare training opportunities and offer to co-develop and co-facilitate training on cases involving substance use

SUD treatment providers can explore collaborative training opportunities for child welfare through

- **Title IV-E University-Agency Partnerships**, often referred to as “stipend programs,” provide stipends or tuition reimbursement to undergraduate and graduate students. Upon completion of their degree, students must work in a public or Tribal child welfare system in roles funded by Title IV-E. States vary in their eligibility requirements; some require enrollment in social work programs with an emphasis on child welfare, others require the student to be a current child welfare employee, among other requirements. States also vary in the length of time that individuals must work in a public or Tribal child welfare system following completion of the program.

Contacting the individual who oversees the Title IV-E stipend in your jurisdiction could be helpful in efforts to partner with child welfare to deliver training to mitigate child safety risks when substances are in the home. To see whether your jurisdiction offers a Title IV-E stipend program and the program’s contact information see [National Title IV-E Stipends/Paybacks Matrix](#).

- **State and local child welfare training units:** Depending on the administrative structure of the child welfare system in your jurisdiction, a unit or department responsible for training newly hired staff or ensuring ongoing staff development on in-home substance exposure would be a good starting point. You may be able to identify contact information for the training unit by reviewing the website of the child welfare system in your jurisdiction. Another option is to call the general contact information number of the child welfare system in your jurisdiction and ask for the training unit’s contact information.

Leverage Existing Relationships and Collaborative Initiatives: You may already have established relationships or are part of collaborative efforts with child welfare professionals in your jurisdiction. Those relationships are likely opportunities to initiate discussions on partnering to deliver a training on child safety in the context of current substance use trends.

If you are currently not involved in collaborative efforts, questions to help identify potential routes to deliver the training include:

- ‘Is there a SUD treatment professional co-located at child welfare offices or at the dependency court?’
- ‘Which unit or individual oversees cases involving substance use?’
- ‘Is there a family treatment court and what is the contact information?’

- **Bachelor, graduate, and other academic or training programs** that offer a child welfare specialty that are often housed in social work academic programs. To identify social work academic programs and their contact information in your jurisdiction see the [Council on Social Work Education’s Directory of Accredited Programs](#).

 **Prepare a “pitch” to engage child welfare systems in partnering to ensure child safety when substances are in the home**

The following table includes components of a successful “pitch” and supporting information that can be developed into community-specific talking points for SUD treatment providers to engage child welfare providers. The supporting information is intended for administrators of SUD treatment programs to showcase the value of partnerships between SUD treatment and child welfare systems.

Table 1. Components of a Successful “Pitch”

Component	Supporting Information
 <p>Communicate your message succinctly</p>	<p>Many child welfare cases involve parental substance use.</p> <p>In our state approximately <i>(insert state specific data available in the presentation package)</i>^{†††,‡‡‡} of children in foster care are affected by their parent’s substance use.</p> <p>We have also observed an increase in <i>(insert substance use trends specific to your state or other jurisdiction; examples include child ingestion of cannabis and cannabis products, fentanyl, and other substances; parent and adolescent fatal and non-fatal overdoses)</i>.</p> <p>For these reasons, there is an urgent need for collaboration among child welfare, substance use and other service systems.</p> <p>Collaborative efforts can start with a training for child welfare professionals that is co-developed and co-delivered by SUD treatment and child welfare professionals. Given the effect of current substance use trends on families such as the increased numbers of parents and adolescents who experience overdose; and potential risks to child safety due to factors such as increased availability of cannabis and accidental ingestion of toxic substances, it may be helpful to deliver and focus the training for child welfare professionals who conduct investigations in response to child maltreatment reports.^{14,15} Investigative child welfare professionals are tasked with determining what services, if any, that families receive. The child welfare investigation presents an opportunity to identify when substance use poses a risk to child safety and to mitigate those risks using a collaborative approach to ensure quick referrals to and engagement in a clinical SUD assessment and treatment.</p>
 <p>Convey the value of the proposal</p>	<p>Child welfare alone cannot ensure the safety of children, particularly in the context of current substance use trends.</p>

^{†††}SUD treatment professionals are encouraged to tailor the “pitch” based on the context of their state or other jurisdiction.

^{‡‡‡}The data provided in the presentation package is from the Adoption and Foster Care Analysis and Reporting System (AFCARS). State and Tribal child welfare agencies are required to report AFCARS information on children in foster care and who have been adopted. There is variation among states in the number of children in foster care who are affected by substance use. Due to various factors (e.g., point of time during the child welfare involvement the substance use is identified), state data on the number of children in foster care who are affected by substance use often reflects an undercount.

Component	Supporting Information
 <p data-bbox="115 443 306 506">Provide proof of value</p>	<p data-bbox="334 197 1318 226">Collaborative approaches are associated with enhanced outcomes:^{16,17,18,19,20}</p> <ul data-bbox="354 239 1463 506" style="list-style-type: none"> ■ Improved SUD recovery outcomes: Parents start SUD treatment earlier, stay longer, and experience better outcomes, including successful program completion and decreased substance use ■ Increased rates of reunification ■ Less time spent in out-of-home placements for children ■ Fewer re-entries to out-of-home care ■ Decreased recurrence of maltreatment <p data-bbox="334 520 1471 590">What do we know locally? What are the opportunities for local data sharing and ongoing tracking to improve outcomes for children, parents, and family members?</p>
 <p data-bbox="134 737 289 766">Tell a story</p>	<p data-bbox="334 667 1490 697">Putting a “face” to the problem through a case example or personal story is also effective.</p>
 <p data-bbox="110 1010 311 1073">Request a specific action</p>	<p data-bbox="334 779 1438 842">SUD treatment providers can ask direct questions that may lead to a concrete plan of action such as:</p> <ol data-bbox="354 856 1518 1203" style="list-style-type: none"> 1. Can a 45-60-minute training on mitigating risks to child safety and other potential harms in the context of current substance use trends fit into the child welfare department’s training schedule or be integrated into the child welfare department’s current training curriculum on cases involving substance use? 2. Could a child welfare training supervisor, or other related position, be assigned to co-develop and co-facilitate the training? The Presentation Package: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home offers a template training presentation. Jurisdictions are encouraged to review and tailor the presentation based on their community’s needs, policies, and practices.

 **Provide training and education to child welfare agencies regularly**

SUD treatment providers can implement the following strategies to engage child welfare professionals in training:

- Prepare to deliver the training by learning the basics of child welfare systems, including how decisions on child safety and risk are made, effects of SUDs on families, and collaborative-based strategies implemented by SUD treatment and child welfare partnerships (see above *What Do You Need to Know When Partnering with Child Welfare Systems?*)
- Partner with the local child welfare agency to tailor, plan, and co-facilitate the training. Key considerations include
 - Asking child welfare partners about their staff’s training needs related to substances in the home
 - Determining the intended audience for the training: for example, topics for *direct service staff* (particularly those who conduct investigations) could focus on using substance use screening tools and Motivational Interviewing to engage parents in discussions about substance use); training for *child welfare administrators* might include collaborative strategies with other systems serving families affected by parental SUDs to ensure child safety when substances are in the home
 - Developing training materials or co-facilitating training in collaboration with child welfare staff and parents in recovery who have lived expertise with SUD and the child welfare system
- Include persons with lived expertise in training to instill hope and provide a powerful testimony that *recovery is possible*. Strategies include: 1) having a peer recovery support specialist with lived expertise as a co-trainer, and 2) developing peer-led messaging and materials that tell the story of families affected by substance use



Formalize and sustain the SUD treatment and child welfare partnership to ensure child safety and improve outcomes for children, parents, and family members

SUD treatment providers can strengthen and reinforce their partnership with the child welfare system by

- Working with child welfare leadership to institute SUD-related training topics into child welfare training or curriculum
- Implementing regularly scheduled discussions with or strategies to collect information from child welfare direct service staff to obtain feedback on the extent to which collaboration and coordination are working; examples of questions that may lead to improved practices include:
 - Are parents connected to: 1) family peer support services, 2) SUD treatment services to determine the presence and severity of a SUD, and 3) other services to determine potential risk and safety factors to the child in a timely manner?
 - Are families connected to services that ensure their ability to participate in SUD treatment? For example, when barriers such as lack of housing or transportation or conflicting work schedules and service hours prevent parents from engaging in treatment and other services, are families linked to the appropriate services to remove those barriers?
- Exploring other ways that the ongoing collaboration can benefit all children, parents, and family members who need services (e.g., collaborating on public awareness campaigns related to accidental ingestions, co-developing education for families and providers to understand safety risks, co-funding pilot initiatives to increase family receipt of and training on naloxone)
- For resources on how to build and sustain partnerships, see [Building Collaborative Capacity Series: How to Develop Cross Systems Teams and Implement Collaborative Practices](#).

Summary

This brief discussed the importance of the SUD treatment and child welfare partnership, covered the basics of the child welfare system, and provided strategies for SUD treatment and recovery professionals to engage child welfare professionals in collaborative training efforts to reduce risks to child safety when there is substance use in the home.

Next: See [Presentation Package: Advancing a Cross-Systems Collaborative Approach to Support Families Affected by Current Substance Use Trends and Ensure Safety in the Home](#) in this toolkit for training resources that SUD treatment and recovery providers can partner with child welfare professionals on and tailor to their geographical considerations and target audience.

References

- ¹ Ghertner R. (2022). *National and state estimates of children with parents using substances, 2015-2019*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- ² Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12(2), 137-149.
- ³ Center for Children and Family Futures. (2024). *Analyses of the 2021 Adoption and Foster Care Analysis and Reporting System (AFCARS) from the National Data Archive on Child Abuse and Neglect* (file number 274) [Data set]. NDACAN. <https://www.ndacan.acf.hhs.gov/>
- ⁴ Tweet, M.S., Nemanich, A., & Wahl, M. (2023). Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017–2021. *Pediatrics*, 151(2): e2022057761.
- ⁵ Gaither, J.R. (2023). National Trends in Pediatric Deaths From Fentanyl, 1999-2021. *JAMA Pediatr.*, 177(7):733–735.
- ⁶ National Institute on Drug Abuse. (2024). *Drug Overdose Deaths: Facts and Figures*. [Drug Overdose Deaths: Facts and Figures | National Institute on Drug Abuse \(NIDA\)](#)

- ⁷ Child Welfare Information Gateway. (2020). *How the Child Welfare System Works*. How the Child Welfare System Works | Child Welfare Information Gateway
- ⁸ Child Welfare Information Gateway. (n.d.). *The Use of Safety and Risk Assessments in Child Protection Cases*. *State Statutes Current Through March 2021*. <https://www.childwelfare.gov/resources/use-safety-and-risk-assessments-child-protection-cases/>
- ⁹ Capacity Building Center for States. (n.d.). *Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families*. [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families Infographic](#)
- ¹⁰ Public Law 105-89-Nov. 19, 1997, 111 STAT.2115. <https://www.congress.gov/105/plaws/publ89/PLAW-105publ89.pdf>
- ¹¹ Child Welfare Information Gateway. (n.d.). *Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children*. *State Statutes Current Through September 2019*. <https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/reunify.pdf?VersionId=9TZI5le9LWS7Ba4iYpeET8ApUDVXmTh>
- ¹² Public Law 105-89-Nov. 19, 1997, 111 STAT.2115. <https://www.congress.gov/105/plaws/publ89/PLAW-105publ89.pdf>
- ¹³ Child Welfare Information Gateway. (1997). *Adoption and Safe Families Act of 1997 – P.L. 105-89*. <https://www.childwelfare.gov/resources/adoption-and-safe-families-act-1997-pl-105-89/#:~:text=Required%20States%20to%20initiate%20court.unless%20there%20was%20an%20exception>
- ¹⁴ Centers for Disease Control and Prevention, National Center for Health Statistics. (2024). *U.S. overdose deaths decrease in 2023, first time since 2018* https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm
- ¹⁵ Gaither, J.R. (2023). National trends in pediatric deaths from fentanyl, 1999-2021. *JAMA Pediatrics*, 177(7):733–735.
- ¹⁶ Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29(4), 460-473.
- ¹⁷ Bruns, E. J., Pullmann, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). Effects of a multidisciplinary family treatment drug court on child and family outcomes: Results of a quasi-experimental study. *Child Maltreatment*, 17(3), 218-230.
- ¹⁸ Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). The Sacramento Dependency Drug Court: Development and outcomes. *Child Maltreatment*, 12(2), 161-171.
- ¹⁹ Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W., & Finigan, M. W. (2008). Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review*, 17(6), 427-443.
- ²⁰ Worcel, S. D., Green, B. L., Furrer, C. J., Burrus, S. W. M., & Finigan, M. W. (2007). Family treatment drug court evaluation: Final report. Portland, OR: NPC Research

CONTACT US

This resource is supported by contract number 75S20422C00001 from the Children’s Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).

 Email NCSACW at ncsacw@cffutures.org

 Visit the website at <https://ncsacw.acf.hhs.gov/>

 Call toll-free at **866.493.2758**

