National Center on Substance Abuse and Child Welfare

# IMPROVING EARLY CHILDHOOD OUTCOMES AND SYSTEMS FOR FAMILIES AFFECTED BY PARENTAL SUBSTANCE USE, SUBSTANCE USE DISORDERS, AND CO-OCCURRING MENTAL HEALTH DISORDERS





## Fact Sheet 1: Early Childhood Practice and Policy for Child Welfare Agencies

This fact sheet provides an overview of: 1) the importance of intervening with young children and their caregivers in early childhood, 2) common challenges to meeting families' early childhood needs, and 3) practice and policy strategies for child welfare agencies to connect with early childhood service providers and other family-serving partners and respond to identified needs.

**Facts about Early Childhood Among Children with Prenatal Substance Exposure (PSE) or Affected by Parental Substance Use Disorder (SUD)**

Data[1] from the National Survey on Drug Use and Health found that in an average year from 2015-2019,

**Children under 3** were the most likely age group to live with a parent who misused substances or had a SUD (not including alcohol-related SUDs)

**Children under 6** were more likely than **children 6 and older** to live with a parent who misused substances

**More children under 6** lived with a parent who used or misused opioids (4.6%) compared to children 12 and older (3.7%)

**Children affected by PSE or exposure to parental substance use—including alcohol—remain vulnerable to serious health consequences, developmental delays, socio-emotional consequences, and adverse childhood experiences (ACEs).[2,3,4]**

For young children, this could result in: 1) suspension or expulsion from preschool or daycare settings, and 2) disruptions to out-of-home care placements, resulting in *multiple* placements.[5] The instability caused by these disruptions further place young children at risk of experiencing negative consequences. Child welfare professionals can use this information to understand what families need and connect children to early intervention services.

Parent-child strengthening interventions are very important for the socio-emotional health of young children. These interventions help parents understand and respond to their children's needs and encourage family activities such as eating meals together. Child welfare professionals can partner with early intervention professionals to ensure that families are engaged in these programs and that young children receive interventions designed to promote their socio-emotional growth and reach developmental milestones (e.g., communication, gross motor, fine motor, cognitive skills).

**Parent Perspectives:** Click on this link to view a brief video featuring a subject matter expert share how important parent-child strengthening interventions were for her recovery as well as for her child's well-being. She also discusses other interventions she found instrumental.

To ensure a comprehensive approach that considers families' strengths, agencies can focus on positive childhood experiences (PCEs).[6] These are parts of a child's environment and relationships that can help protect against the negative effects of child trauma.[i] This could include maintaining and strengthening young children's relationships with their parents and family members.

**Families need services in a "life cycle" framework because children's growth and adults' recovery are interconnected lifelong processes.[7,8,9]**

Intervening early with a family-centered continuum of care can

- Promote optimal child development and strengthen families
- Engage families as early as possible
- Keep families connected to a network of care, support, and services throughout a child's development and a parent's recovery

See *Infants and Families Affected by Prenatal Substance Exposure: Five Points of Family Intervention* for information on intervention points to prevent PSE and respond to the needs of families affected by parental substance use, SUDs, and co-occurring mental health disorders.

**Unmet basic needs (e.g., housing, food, employment, transportation) can disrupt parents' treatment for—and sustained recovery from—SUD and mental health concerns.**

Meeting those needs *as defined by families* helps parents successfully take part in and complete treatment. It also allows service providers to better engage and build relationships with families. This way, providers can better understand the child's developmental needs and assess how to meet them.

It is important to meet families' basic needs at various points in time. Housing instability, for example, is often considered a risk factor—particularly for families with young children. When combined with other potential risk factors (e.g., parental SUD, mental health) families might be identified as "high-risk" **without** a comprehensive assessment (i.e., a clinical assessment to determine parental substance use or mental health treatment needs, or a screen or assessment to identify the developmental needs of young children).

**Parent Perspectives:** Click on this link to view a brief video featuring a subject matter expert discuss basic needs, including child care and transportation, that must be met for parents to focus on their recovery as well as to ensure that their children receive early intervention and other services. Learn about strategies such as telehealth that service systems can implement to ensure that families obtain services.

[i] The HOPE (Healthy Outcomes from Positive Experiences) National Resource Center organizes PCEs into four broad categories including relationships, environment, engagement, and emotional growth. This resource provides information about PCEs and the strategies to promote them.

Housing instability can also delay reunification—further affecting the socio-emotional development of young children—even though a parent has already met the goals of their case plan including completion of SUD treatment.

# Challenges and Strategies for Serving Families Affected by Parental SUD in the Early Childhood Period

Lessons learned from persons with personal expertise, practice experience, and academic research highlight a critical need to increase information, education, and training for the family-serving workforce. The following section: 1) highlights common barriers to meeting the needs of children, parents, and family members affected by PSE or parental substance use; and 2) provides strategies for child welfare agencies to strengthen collaboration, and shift to a more family-centered approach to improve child and family safety, well-being, and early childhood outcomes.

## A family-centered approach:

While interventions in SUD and mental health treatment typically focus on adults, services related to child welfare, early childhood, and education services are often exclusively for children. Rarely are these services equally attentive to both parents *and* children, which is critical to ensuring the best outcomes for families. Existing treatment, parenting, and children's services often fail to recognize that SUD recovery happens within the context of the family, meaning that strengthening the parent-child relationship is crucial as well as ensuring that treatment and other services are attuned to the needs of the entire family. A family-centered approach also offers the opportunity to leverage and build on the strengths of families, including engagement of all family members (e.g., mothers, fathers, father figures, aunts, uncles, grandparents, nonrelative extended family members) in supporting parents' recovery as well as in ensuring young children's safety and well-being. Providing a more holistic approach to: 1) service availability for all family members; and 2) coordination in service delivery that improves family functioning and overall child, parent, and family well-being (see the *Implementing a Family-Centered Approach (Companion Modules) Series*). Having families identify their needs and goals and engaging them as collaborative partners in shared decision making during service delivery and case planning remains critical.

**Parent Perspectives:** Click on this link to view a brief video featuring a subject matter expert share her experiences as a relative caregiver of young children affected by substance use.

### *Strategies*

- **Collect and apply feedback, perspectives, and lessons** from families, including kinship and foster caregivers with young children served by the various service systems. For more information on how to move toward family-centered care for children, parents, and family members affected by SUDs, see the *Implementing a Family-Centered Approach (Companion Modules) Series*.
- **Assist all caregivers, including foster and kinship caregivers** with navigating systems by offering education and training on trauma and substance use and supporting reunification efforts. The Child Welfare Information Gateway (CWIG) developed a 2022 fact sheet, *Kinship Care and the Child Welfare System*, with information on how kin caregivers and child welfare systems can work together to decrease trauma, improve placement stability, promote sibling ties, and improve behavioral outcomes for children removed by the child welfare system due to safety concerns in their biological family.[10]

To implement and strengthen a family-centered approach, see *Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children 1-6 and Affected by Parental Substance Use Disorders and Co-Occurring Mental Health Disorders*. In addition to discussion questions on collaborative practice, it includes questions for agency leaders of child welfare, early childhood, and SUD and mental health treatment systems to initiate discussion on family-centered policies and practices within their individual systems.

- **Prioritize building recovery capital and communities of support** for children, parents, and families to promote sustained substance use and mental health disorder recovery. For information about recovery capital, see *How Can a Peer Specialist Support My Recovery From Problematic Substance Use? For People Seeking or In Recovery*.
- **Provide economic support to families** to help meet their basic needs and improve their mental health and well-being. Ensure that eligibility for these concrete supports does not exclude families involved in child welfare or affected by parental substance use or mental health disorders.

## Sufficient policies and practices to ensure early identification of families with young children affected by PSE or parental substance use:

The absence of policies and practices that ensure early identification of young children with PSE or affected by parental substance use is a critical gap in improving outcomes for families. Opportunities include universal screening for substance use during pregnancy, at prenatal health appointments, and at frequent early childhood pediatric health physicals. Without early identification protocols, families face delays in starting services and sometimes, may never be aware that services are necessary to support their children's development. The key is to *ensure that families are engaged in supportive services* following the universal screen.

Challenges to implementation of universal screening include insufficient training and resources for pediatricians, preschool staff, early intervention and other early childhood professionals on parental substance use, SUDs, and mental health concerns. Service providers may feel discomfort while discussing substance use with parents, particularly when there is a lack of clarity in follow-up such as what services the family should be referred to following the universal screen.[11]

### *Strategies*

- **Ensure young children affected by parental SUD and co-occurring mental health disorders receive a comprehensive developmental assessment.** The Child Abuse Prevention and Treatment Act (CAPTA) requires child welfare agencies to refer children under the age of three who are the subject of a substantiated case of child maltreatment to early intervention services under the Individuals with Disabilities Education Act (IDEA), Part C.[12]
- **Implement universal SUD screening for parents and caregivers**

Nurses in prenatal care

Social workers at labor and delivery

Pediatricians during well-child visits

Obstetrician gynecologists at postpartum follow ups

Child care providers or administrators at child care intake

Child welfare workers at investigation and during placement decision making with new caregivers

Primary care physicians during routine medical care

(see *Screening for Substance Use in Child Welfare Using the UNCOPE*) at numerous points along a family's development.

- **Equip service providers with resources to have conversations with parents about substance use and its potential effects on child development.** Resources include use of a standardized screening tool incorporated into intake appointments, such as during intake for daycare programs, with families; child welfare family assessments; or other types of interactions with families. Service providers can consider various tools such as case vignettes, talking points, and scripts to use when working with families. (See *Screening for Substance Use in Child Welfare Using the UNCOPE* for an example). For instance, service providers could begin a conversation on PSE with parents by exploring various factors (e.g., nutrition, changes in routine) that could affect a young child's socio-emotional development.

- **Prioritize substance use and mental health, developmental, and trauma assessments for children, parents, and extended family members** to ensure that child welfare staff and partner agencies identify the service needs of young children and families.
- **Provide training to child welfare staff**, including administrative and leadership, on substance use, recovery, mental health, trauma, positive childhood experiences, and empathy. Ensure training incorporates experiential activities, voices from people with personal experience, cross-training among professionals from multiple family-serving disciplines or fields, and focused content on family systems.[13,14] The National Center on Substance Abuse and Child Welfare (NCSACW) provides training resources to help professionals increase their knowledge and skills to work with families affected by SUDs.

Child welfare agencies can conduct a systems walkthrough—a structured process designed to identify effective practices, gaps, and barriers that either facilitate or hinder achieving desired outcomes for the families served—of the child welfare care process from the client's perspective to inform program and policy changes.

## Coordination in service delivery across multiple agencies, and administrative and policy support needed for coordination:

When substance use is identified, multiple service providers can work together to ensure the best outcomes. Parents can receive a clinical SUD treatment assessment to determine the presence of a SUD and treatment needs. It is critical that parents are also prepared to care for a child who may require additional care. The child can receive ongoing early intervention services to determine their developmental needs. Each of these services is provided by different systems, so a collaborative approach is required to meet the family's comprehensive needs.

The range of services (e.g., quality early education, early intervention, nutrition) necessary to ensure optimal outcomes for young children are provided by different service systems who interact with families. These services sometimes are provided at different and sometimes at overlapping points of time, providing opportunities for service systems to work together to: 1) identify families with young children affected by PSE or parental substance use, and 2) make sure families get the help they need for the best outcomes.

### *Strategies*

- **Collaborate with substance use and mental health disorder treatment agencies to co-locate persons with personal expertise** of substance use and mental health disorders, recovery, and child welfare involvement in child welfare agencies.
- **Work with early childhood service providers** to make sure all the needs of children, parents, and family members are met. To do this, providers can: 1) share information regularly and solve problems together, 2) set common goals and share data to track progress, and 3) create agreements and rules to clarify everyone's roles and responsibilities.[15] This helps agencies fill service gaps and provide better care for families.
- **Ensure that supervision, mental health support, and feedback loops between frontline staff and leadership are in place** for staff with personal expertise. Prioritizing mental health and self-care for direct service workers can help mitigate staff turnover and improve family engagement.[16]
- **Improve collaboration between different service providers** to make it easier for families to obtain services. This includes: 1) simplifying and streamlining referrals, eligibility, insurance, and funding; 2) using warm hand-offs and closed-loop referrals to ensure families smoothly transition to the various services they need; and 3) developing strong, trusting relationships between agencies.[17] For more information on creating communication protocols, data sharing agreements, and shared goals, check out the *Building Collaborative Capacity Series*.

Referrals to services in a fully collaborative system require follow-up to determine enrollment and outcomes. Referrals alone are not linkages—they are just the act of sending someone to another agency without verifying that intended benefits were received. A deeper level of collaboration needed for true linkage, requires building relationships and developing trust between different partner agencies to ensure full transparency and identify referral challenges as they arise.

## Availability of services for families:

Examples of widespread challenges faced by families include long waitlists for early childhood programs and transportation barriers that hinder families' ability to participate in services—especially in rural areas.

### *Strategies*

- **Understand the quality and scope of resources in the community for early childhood support and intervention, along with SUD and mental health treatment**. Seek to understand the scope of services provided by each partner agency, the populations served, and eligibility requirements that may exclude or discourage families from participating in those services (e.g., family size or age restrictions, sobriety time limits). Use high-quality evaluations gathered from partner agencies to determine the outcomes of services provided specifically to families referred to child welfare and affected by parental substance use and mental health disorders.
- **Explore treatment readiness and drop-in groups for individuals waiting to get into substance use and mental health disorder treatment** as a way to maintain engagement when on-demand treatment is not readily available due to capacity issues.
- **Implement substance use and mental health treatment interventions** that reflect the needs of the community. Ensure that programs consider the experiences and direct voices from the families the agency intends to serve in all aspects of program development, implementation, evaluation, and funding.
- **Monitor length of time between: 1) first contact to referral, and 2) referral to enrollment** and create a system to share this information at the leadership and direct services staff levels for discussion and problem solving of families who disengage from services.

## System support for effective service coordination:

Insufficient efforts by funders, policy makers, and agency leaders to connect various service systems and community providers to each other reduce the ability to improve outcomes for families. The stigma of substance use may also contribute to a lack of system support, which may result in staff reluctance to work with families affected by PSE or parental substance use.[18]

### *Strategies*

- **Implement key service linkage strategies for effective referral connections**. For instance, co-location of peer support specialists at child welfare settings could help families navigate early intervention services. Peer support specialists could be tasked with ensuring that parents with young children receive information on their developmental needs and help parents and other caregivers navigate service systems to ensure that families receive screening, assessment, and intervention services.

  Another strategy includes developing a memorandum of understanding (MOU) that outlines expedited protocols for young children involved with child welfare to receive a developmental assessment and services. MOUs could also ensure continuity of services as children grow or as families transition to different service systems. For instance, the transition from early childhood to school-age is often a point of time in which there is a discontinuity of services. Early childhood developmental services are typically overseen by early intervention systems of care while developmental services for children as they reach school-age are typically overseen by educational systems.[ii]
- **Develop partnerships with community-based organizations** for families who are at risk before child welfare cases are opened to ensure they receive the appropriate services and prevent unnecessary separation and trauma.
- **Engage funders and insurance providers** (e.g., local managed care agencies) to better support programs and services based on community need by weaving perspectives of families with personal expertise into: 1) funding planning and decisions, 2) requests for proposal (RFP) development, 3) application assessment, and 4) ongoing service quality monitoring. Funding for select services (e.g., peer

[ii] IDEA governs how states and public agencies provide: 1) early intervention services for eligible children with disabilities from birth through age 2 under Idea Part C and 2) special education and related services for youth ages 3-21 under IDEA Part B.

support) remains a common challenge and often varies by state, county, and community. Collaboratives can develop a funding workgroup comprised of local experts to understand the various funding streams that are available in their communities to improve outcomes for young children affected and their families (see *Building Community Capacity: A Toolkit for Comprehensive Service Delivery to Families Involved in Child Welfare Affected by Substance Use and Mental Health Disorders* for more information).

*Funding Behavioral Health Work Through ACF Grants* offers a compilation of funding opportunities through the Administration for Children & Families (ACF) to support work in the areas of mental health and substance use. See this Children's Bureau *Dear Colleague Letter* which includes suggested actions for child welfare leaders to partner with Medicaid agencies to ensure that children 1-6 enrolled in Medicaid receive comprehensive and preventive mental health and other services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit (also see *Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements*).

- **Leverage community partnerships** to identify opportunities for expansion and integration of comprehensive early childhood services including funding, human resources, and targeted programs and supports for families with young children affected by PSE.

## *Summary*

This fact sheet covered the importance of meeting the early childhood needs of children, parents, and family members affected by PSE or parental substance use and provided strategies for child welfare agencies and their partners to resolve barriers. Effective implementation of these strategies requires strong collaboration and coordination across the family-serving workforce to improve outcomes for families. For more resources on early childhood to help build capacity for providers, refer to

- *Fact Sheet 2: Family-Centered Approaches in Early Childhood for Substance Use Disorder Treatment Programs* for information on how to implement a family-centered approach and provide early support to families
- *Fact Sheet 3: Cross-System Collaborative Strategies for Early Childhood Service Providers* for details on how to coordinate with community partners to meet the needs of families
- *Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children 1-6 and Affected by Parental Substance Use and Co-Occurring Mental Health Disorders* for guidance on questions to initiate discussion with partners in preparation for action

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