National Center on Substance Abuse and Child Welfare

Understanding Substance Use Disorder Treatment:

A Resource Guide for Professionals Referring to Treatment

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Introduction and Purpose

Parental substance use disorders (SUDs) are a significant concern within the child welfare system and are linked to numerous potential adverse effects on children, such as educational problems, anxiety, trauma, abuse (emotional, physical, and sexual), and vulnerability to their own substance use.[1,2] In 2021, nearly 44% of children in out-of-home care involved parental alcohol or drug abuse as a condition associated with removal.[3] It has been shown that higher rates of substance use signs are associated with more complex and severe cases of child maltreatment and could potentially be less likely to result in reunification.[4] Among the 15 other conditions associated with removal that are tracked in the Adoption and Foster Care Analysis and Reporting System (AFCARS) database, between 2007 and 2018, the proportion of removals associated with parent drug use increased by nearly 60%, while almost every other condition decreased.[5]

In 2018, the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) conducted interviews with professionals nationwide and found that child welfare agencies and their community partners are struggling to meet families' needs.[6] Timeliness of substance use assessments and entry into treatment continues to be a challenge for communities. ASPE found that caseworkers, courts, and other providers misunderstand how treatment works and lack guidelines on integrating services into child welfare practices. Research shows that parents who are screened and identified as having a SUD and are engaged in treatment early in their case are more likely to retain custody of their child or reunify.[7] A key component to reunifying children with their families is having collaborative discussions between child welfare, court professionals, and their treatment counterparts to facilitate access to SUD treatment that meets the needs of parents and families.

Navigating the treatment process can be daunting and confusing to individuals with a SUD and the professionals who support them. This TA tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment. The tool includes questions that child welfare or court staff can ask treatment providers to ensure effective service linkages. With the knowledge gained, professionals can make informed referral decisions to ensure services meet parent and family needs.

Substance Use Disorder Treatment

Overview

SUD treatment should be tailored to the individual's needs. The type, duration, and intensity of treatment depend on the severity of the SUD, the substances used, available support systems, past experiences, and various behavioral, physical, cognitive, and social factors. The availability of community treatment options and coverage for care costs are also crucial considerations. Every person entering quality treatment undergoes a comprehensive clinical assessment that evaluates these factors. This thorough assessment enables treatment professionals to provide the most appropriate treatment to meet the individual's needs.

The **National Center on Substance Abuse and Child Welfare** (NCSACW) has various technical assistance resources, including publications, webinars, and tools that child welfare, court professionals, and communities can use to serve families affected by SUDs. Key resources to strengthen an understanding of SUD treatment are:

- ***Understanding Substance Use Disorders: What Child Welfare Staff Need to Know***, part of the ***Child Welfare Practice Tips Series***, highlights practice considerations for child welfare professionals to learn more about SUDs when working with families.

- ***NCSACW Tutorials***: These self-paced, free online tutorials provide discipline-specific information for SUD treatment, child welfare, and legal professionals. They cover parental SUDs, engagement strategies, and the treatment and recovery process for families affected by SUDs. The tutorials also highlight the services needed by children whose parents have an SUD and offer methods to enhance collaboration among substance use treatment, child welfare, and court systems.

Families may also have questions about the treatment process. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the booklet ***What is Substance Abuse Treatment? A Booklet for Families*** to serve as a comprehensive resource that answers questions asked by families of people entering SUD treatment.

The ultimate goal of SUD treatment is recovery. SAMHSA has created a **working definition** of recovery incorporating four major principles: health, home, purpose, and community.

It is helpful for professionals referring to treatment to have a foundational understanding of recovery.

SAMHSA defines recovery as ***"A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."***

-SAMHSA's Working Definition of Recovery

Effective Treatment

It is of utmost importance to help individuals and families locate effective treatment in their community. This section will provide resources on the principles of effective treatment and key ingredients to look for when referring to treatment.

- The National Institute on Drug Abuse's (NIDA) ***Principles of Drug Addiction Treatment: A Research-Based Guide*** presents research-based principles of SUD treatment for various drugs, including nicotine, alcohol, and illicit and prescription drugs, that can inform drug treatment programs and services. The guide provides evidence-based principles that have been found effective in treating SUD.
- SAMHSA's ***Finding Quality Treatment for Substance Use Disorders fact sheet*** serves as a guide for individuals seeking treatment and provides three necessary steps to complete before utilizing a treatment center and the five signs of a quality treatment center. The five signs of quality treatment are:

1. Accreditation: The agency is licensed or certified and is in good standing; staff are qualified and receive training.

To determine if a SUD treatment program is licensed, contact your state licensing board through your state health services. In addition to being state-licensed, quality treatment agencies are accredited. Accreditation provides a framework to help manage risk and enhance the quality and safety of care, treatment, and services. One of the most widely recognizable accreditation organizations is the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Learn more about the **Joint Commission**, its standards, and the most accredited healthcare agencies.

The other nationally known accrediting organization is the **Commission on Accreditation of Rehabilitation Facilities** (CARF).

2. Medication: The agency offers Food and Drug Administration approved medication for recovery from alcohol and opioid use disorders.

Medication for substance use disorders is the use of medications, in combination with counseling, to provide a "whole-patient" approach to the treatment of substance use disorders. A common misconception associated with medication-assisted treatment (MAT) is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, or physical functioning.

- NCSACW, along with the Office of Civil Rights, developed the ***Opioid Use Disorder and Civil Rights Video and Webinar Series*** informs child welfare and court professionals about federal disability rights protections that apply to certain parents with an opioid—or other substance—use disorder who are also involved with child welfare. It is essential for professionals to have an understanding of MAT as a viable option for parents/caregivers who have SUDs, especially opiate dependency disorders.

3. Evidence-Based Practices (EBPs): The agency offers treatments that are proven to be effective.

EBPs are grounded in research and scientific studies, rather than personal experience. SAMHSA provides the **Evidence-Based Practices Resource Center** that aims to provide communities, clinicians, policymakers, and others in the field of substance use treatment with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The **Resource Center** contains scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

The **California Evidence-Based Clearinghouse for Child Welfare** is a database of child welfare-related programs, information, and descriptions of EBPs that provides guidance on selecting programs.

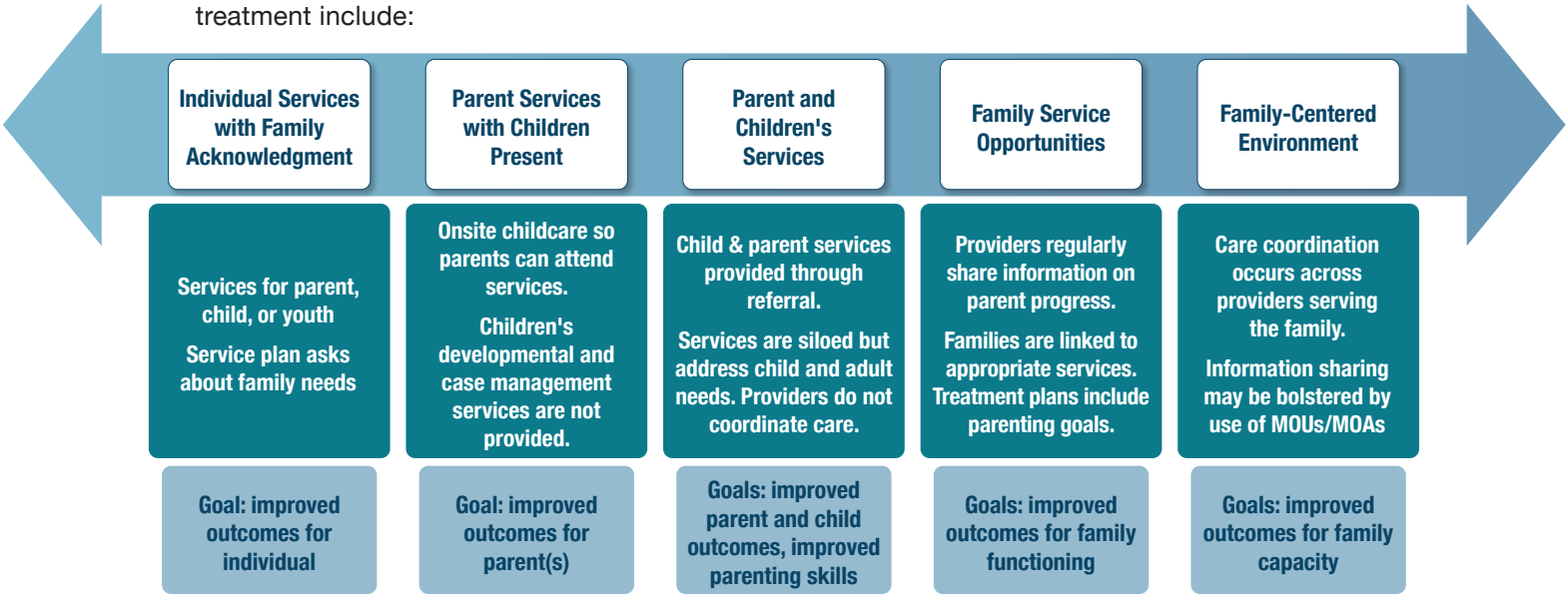
4. Families: The agency includes family members in the treatment process.

A ***family-centered approach*** is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect children while meeting the needs of the parent with a SUD. Child welfare often focuses on children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes. Families are defined broadly to include birth, blended, kinship, foster, and adoptive families. It is important for professionals to understand the importance of this practice to help keep families together.

Guiding Principles of Family-Centered Treatment

- Treatment is **comprehensive** and inclusive of SUD, clinical support services, and community supports for parents and their families.
- Family includes the **supportive network** of relatives and others whom the person with a substance use disorder identifies as part of his or her "family."
- The treatment provider identifies and delivers services to respond to the impact of substance use disorders on **every family member**.
- **Families are dynamic**, and thus treatment must be dynamic.
- **Conflict within families is resolvable**, and treatment builds on family strengths to improve management, well-being, and functioning.
- **Cross-system coordination** is necessary to meet complex family needs.
- Services must be **individualized** and **person driven**.
- **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 the creation of **healthy family systems**.

NCSACW's ***Implementing a Family-Centered Approach Series*** allows state- and agency-level collaborative partners to jointly improve systems, services, and outcomes for children and families affected by SUDs. NCSACW prepared this three-part series on implementing a family-centered approach to help communities move toward family-centered care. Five levels of family-centered treatment include:



(Adapted from Werner et al., 2007)

This treatment approach focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes. While not every program can deliver this level of family-centered care, the guiding principles of family-centered treatment are relevant for all programs.

5. Supports: The agency provides ongoing treatment and supports beyond the substance use issues.

Recovery support services help people enter and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice. Examples of types of support to look for are alumni programs, ongoing counseling, sober living housing, employment support, family engagement, and peer support programs.

NCSACW's ***Peer Support Specialist Programs for Families Affected by Substance Use and Involved with Child Welfare Services: A Four-Module Implementation Toolkit*** offers strategies to develop peer support specialist programs for parents affected by substance use—whose children and families are involved with child welfare. The toolkit, rich with on-the-ground examples and lessons from successful peer support specialist programs, offers practical strategies and resources to promote system-level policy change and practice innovations on behalf of children and families.

SAMHSA's **Bringing Recovery Supports to Scale Technical Assistance Center Strategy** (BRSS TACS) advances effective recovery supports and services for people with mental or substance use disorders and their families.

The Treatment Process

Navigating the substance use disorder treatment process can be overwhelming. A basic understanding of the process is helpful in serving parents and caregivers needing treatment. The first phase of the process begins with screening for substance use.

1. **Screening:** Identifies potential substance use or misuse and the need for a further comprehensive assessment. There are evidence-based screening tools that ask a set of standard questions. Child welfare workers, primary care physicians, and other professionals can use these screening tools to identify a client in need of a referral to substance use disorder treatment. **NIDA's Screening and Assessment Tools Chart** provides a list of evidence-based screening tools and assessments.

Once a client is referred to treatment, the client's movement through treatment can be identified as:[8]

2. **Comprehensive Assessment:** Involves the parent or caregiver meeting with a treatment professional from the treatment agency for a comprehensive assessment. The assessment helps determine the diagnosis and individual needs.
3. **Stabilization**: May include detoxification from substances medically supervised by a physician, psychiatrist, or addictionologist.
4. **Substance Use Disorder Treatment:** Typically includes initial engagement, formulating a treatment plan to guide treatment, group and individual counseling, case management, relapse prevention, MAT (if needed), education about substance use disorders, and care transitions.
5. **Continuing Care and Recovery Support:** The final step of the treatment process is ongoing. This step allows the client and family to continue their recovery and provide family safety and stability through additional supports. Recovery mutual support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Self-Management and Recovery Training (SMART Recovery) are available to individuals during treatment and after. These recovery groups provide a confidential space for those with substance use disorders to speak openly with others who may be living with similar experiences. Al-Anon is available for family members to learn and receive support from others who have faced similar challenges. Alateen is also available for adolescents whose parents have a substance use disorder as a family support.

The **SAMHSA** and **NIDA** websites offer comprehensive information about treatment for SUDs.

Level of Care Assessment

The American Society of Addiction Medicine (ASAM) created the most widely used and inclusive set of guidelines for placement, continued care, transfer, and discharge used by treatment agencies. Child welfare workers and court professionals should be familiar with the ***ASAM Criteria*** to understand how decisions are made about care and the appropriate treatment setting for parents and caregivers.

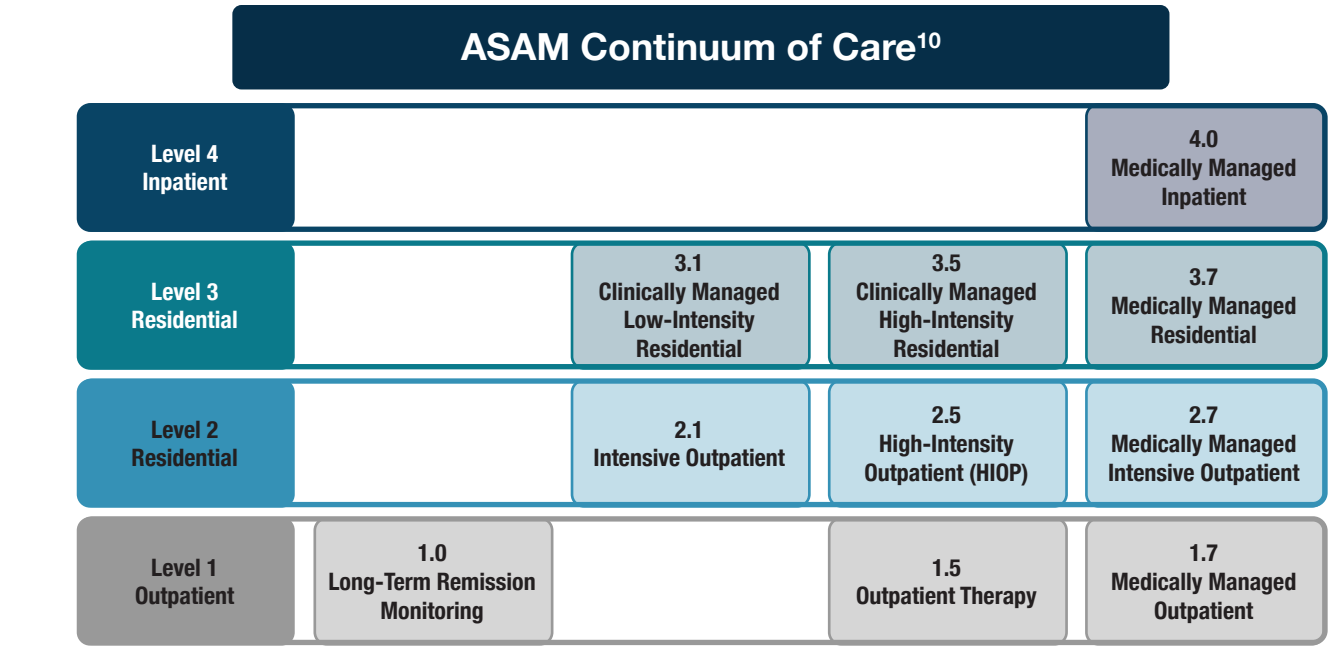
A treatment agency professional determines the appropriate level of care for each patient's needs based on the comprehensive assessment's six dimensions and subdimensions described below.

ASAM Level of Care Assessment[9] Dimensions & Subdimensions		
1	**Intoxication, Withdrawal, and Addiction Medications**	
	• Intoxication and associated risks • Withdrawal and associated risks	• Addiction medication needs
2	**Biomedical Conditions**	
	• Physical health concerns • Pregnancy-related concerns	• Sleep concerns
3	**Psychiatric and Cognitive Conditions**	
	• Active psychiatric symptoms • Persistent disability • Cognitive functioning	• Trauma-related needs • Psychiatric and cognitive history
4	**Substance Use Related Risks**	
	• Likelihood of engaging in risk substance use	• Likelihood of engaging in risky SUD-related behaviors
5	**Recovery Environment Interactions**	
	• Ability to function effectively in current environment • Safety in current environment	• Support in current environment • Cultural perceptions of substance use and addiction
6	**Person-Centered Considerations**	
	• Barriers to care • Patient preferences	• Need for motivational enhancement

Continuum of Care

After completing the *ASAM Criteria* level of care assessment, including establishing diagnostic criteria, practitioners use the information obtained to indicate the most appropriate level of care across the full continuum of substance use and co-occurring disorder treatment services. The continuum ranges from the least restrictive, requiring minimal time and participation, to the most restrictive, demanding more time and involvement. The level of care is determined by the results of a comprehensive assessment conducted by a treatment professional. The *ASAM Criteria* continuum of care consists of four broad levels of treatment: Level 1: Outpatient, Level 2: Intensive Outpatient (also commonly referred to as IOP, including High Intensity Outpatient or HIOP), Level 3: Residential, and Level 4: Inpatient. The continuum of care also demonstrates the possible need for a recovery residence, commonly called a sober living experience, in addition to level 1 and 2 outpatient treatment services.

Within each of the four treatment levels, decimal numbers indicate gradations of intensity and provide information about the type of care offered. For example, levels with decimals .1 and .5 signify treatment managed by clinical staff, involving various hours dedicated to psychotherapy, counseling, and psychoeducational services and supports. In contrast, levels with decimals .7 indicate treatment managed by medical staff, with a greater focus on withdrawal management, biomedical, and psychiatric services for stabilization before engaging in psychosocial services and supports.



Treatment Funding

There are different ways to determine how treatment may be funded. Parents and caretakers may contact their insurer and inquire about accepted providers if they have private insurance. A parent or caretaker may have insurance through **Medicaid**. Medicaid is a joint federal and state program that, together with the Children's Health Insurance Program, provides health coverage to over 72.5 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities.

The **Substance Abuse Prevention and Treatment Block Grant** (SAPTBG) program funds all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 Tribal entity to prevent and treat substance abuse. SAMHSA briefly describes SAPTGB eligibility, service area, and programs. Child welfare workers and court professionals need to be aware of resources available to help parents, as there are priority or targeted populations and service areas (including pregnant women, women with dependent children, and intravenous drug users) who may benefit from services under the Block Grant.

The **Single State Agency** (SSA) is the single agency within the state responsible for administering the state's Medicaid plan on behalf of the state.

The Family First Prevention Services Act allows **Title IV-E** foster care payments for up to 12 months for an eligible child placed with a parent in a licensed residential family-based substance abuse treatment facility. As of October 1st, 2018, Title IV-E foster care maintenance payments can cover specific allowable costs for an eligible child placed with a parent in a qualified residential treatment program. For information about a child's eligibility, the definition of a qualified residential treatment program, and other relevant key information, please review the **Information Memoranda** and **Program Instruction** released by the Children's Bureau.

If individuals do not have insurance, treatment resources may be available through SAPTBG or other funding sources. Each state has funding to provide treatment for people without insurance coverage. Treatment resources can be searched at: https://www.samhsa.gov/find-help.

Discussion Questions: Exploring Treatment Resources in Your Community

Understanding the treatment resources available in your community is essential for creating comprehensive case or service plans for families. Based on decades of practice-based experience, research, and SAMHSA's *5 Signs of Quality Treatment*, NCSACW has developed discussion questions to help child welfare and court professionals understand and explore treatment agencies and their services. These questions cover both outpatient and residential SUD treatment agencies.

Collaboration benefits parents, children, and families. Building collaborative relationships with treatment agencies takes time, but collaboration can result in better referrals to more effective services and ultimately better outcomes for families. Using the discussion questions to frame conversations with SUD treatment agencies, child welfare workers, courts, and other professionals referring to treatment can begin to establish a collaborative relationship with the agency. Child welfare workers can also share information about their agency's policies, protocols, and practices.

Enrollment and Intake Process

Enrollment

- What are the agency's eligibility criteria?
- How quickly do parents/caretakers begin services?
- If there is a waitlist, what interim services are provided?
- What are the admission requirements? Are there special requirements for different settings, such as completing detoxification prior to residential treatment?
- How is the level of care determined?
- What levels of care are available at the agency? How does the transition between levels of care occur?
- What is the average length of stay in the program?
- How are services funded? If insurance is required, what insurance does the agency accept?

Populations Served

- Does the agency serve priority populations (pregnant women, women with dependent children, child welfare, and intravenous drug users)? How are the priority populations prioritized for services?
- Does the agency provide services to respond to the needs of parents or caretakers with different experiences and backgrounds?
- What is the agency's capacity to serve parents/caretakers whose primary language is not English?

Residential Specific Questions

- Can children accompany their parent to treatment? Are there any restrictions on the child's age and number of children? How are the needs of children assessed? Do children receive screening, assessment, and referral to appropriate services (e.g., trauma, mental health, early-intervention, and developmental services)?
- If children cannot accompany their parents, how is visitation or family time coordinated between the agency and child welfare, parents, or caretakers?

Assessment

- What does the assessment process consist of? Who conducts the assessment?
- What assessment tools or instruments are used?
- Does the agency include assessment for co-occurring mental health and other disorders?
- Are parents/caretakers screened for child welfare involvement as part of the assessment?
- Are parents/caretakers screened for domestic violence issues as part of the assessment?
- Are parents/caretakers screened for trauma as part of the assessment?
- What is the agency's procedure to facilitate communication and coordination among professionals working with the parent? Does the agency use written or electronic consent to disclose information that allows the parent to choose the type and amount of information to be shared, as well as the specific individual or entity to whom information is shared?

Accreditation and Staff Training

Accreditation

- Is the agency state-licensed and/or accredited?
- Are clinical staff licensed with the state?

Staff Training

- Are all clinical staff trained in the treatment of substance use and mental disorders?
- What is the average caseload for a clinician?
- Are staff members trained to address the unique needs of parents, including pregnant and parenting women?
- Are staff trained in trauma-informed care?
- What is the agency or staff's experience working with families involved in child welfare and the courts?

Residential Specific Questions

- How are staff members trained to address the needs of children?

Medication

- If medically indicated, is medication-assisted treatment for both substance use and mental disorders offered and available?
  - If yes, who is the prescriber (psychiatrist, doctor, nurse practitioner)? What medications are typically recommended? Are there any medications that are not permitted? How often are parents and caretakers seen for medication monitoring? Are pregnant women able to access medication?
  - Does the agency provide a referral to an appropriate prescriber if access to a prescriber or prescription medication is not available on site?

Treatment Program Specifics

- How does the treatment agency define successful treatment completion?
- Does the program have available data about specific process or outcome measures such as time from assessment to treatment admission, treatment completion, or reasons for discharge?
- What practices are used for overdose prevention?
- Is drug testing used?
  - If yes, under what circumstances, and is testing random? How often are parents/caretakers tested? Are tests done on-site? If so, how often are they sent to a lab for confirmation?
  - Are results shared with child welfare or other professionals working with the family when a signed release of information is in place?
- How does the agency therapeutically handle lapses and returns to use?
- Are physical health screens conducted? Are there linkages to primary health care?
- Does the agency link pregnant women to prenatal care?
- Do treatment staff coordinate with medical providers to provide services to women who are pregnant and prepare to address the needs of the infant and family at the time of birth? Are plans of safe care developed and coordinated with the child welfare agency?

Evidence-Based Practices and Therapies

- What evidence-based therapies does the program provide (e.g., Motivational Enhancement Therapy, Contingency Management, Relapse Prevention, and Cognitive Behavioral Therapy)?
- What evidence-based parenting or family strengthening programs are available?
- Does the parent or caretaker receive individual therapy from a licensed therapist? How often?
- Does the parent or caretaker receive case management services as a component of treatment?
- What trauma-specific treatments are provided?
- What types of women-specific treatments are provided?
- How is treatment delivered in an individualized and person-driven way?

Treatment Plan

- How often is the treatment plan updated?
- Is relapse prevention included in the treatment plan?
- How are any unmet needs identified in the treatment plan (e.g., housing, vocational, educational, medical needs)?
- Is an aftercare plan put in place before discharge or completion of the program?

Communication and Information Sharing

- What communication and information sharing protocols are in place with child welfare and the courts?
- Is the treatment plan coordinated with the child welfare, court, and other service providers' case plan(s)?
- Does the treatment program provide reports on progress to child welfare and the courts (with a signed release of information)? How often?

Families

- Does the agency provide services to the parent or caretakers and their family members (children, spouses, significant others, extended family)?
  - If the agency has services or programs that include family involvement, how are families engaged?
  - What services are available to meet the needs of infants, children, and other family members? Do children and family members receive their own individual treatment plan?
- What services are provided for the specific needs of parents?
- Does the agency coordinate with children's service providers or ensure family therapy?
- What support is available to family members during and after treatment completion?

Residential Specific Questions

- What services are available to children to enhance their short-term and long-term health, safety, and service needs?

Support

- Does the treatment program offer aftercare? What support is available to parents and caregivers during aftercare (peer support, relapse prevention, group therapy participation)? How long is aftercare offered after the completion of treatment?
- Is peer support available for parents and caretakers during treatment?
- Is peer support available following treatment completion?
- Is support available for vocational, educational, and housing needs?
- What other clinical and community support services are available to parents and their children?
- Is there an alumni program?
- Is there a client satisfaction survey available after completion of the program? Are those outcomes available?

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CONTACT US

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Email NCSACW at ***ncsacw@cffutures.org***

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

Call toll-free at ***866.493.2758***

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SAMHSA Substance Abuse and Mental Health Services Administration