ISSUE BRIEF

STRONG FAMILIES

How can the child welfare system **support families affected by substance use disorder?**

This brief was developed in partnership with Children and Family Futures. For additional information about substance use disorder and child welfare, see Casey Family Programs resources on the topic.

Parental substance use is a key factor associated with infants and children (particularly young children) coming into foster care.[1,2] The opioid epidemic and increases in substance-related deaths have resulted in increases in the number of families coming to the attention of child protective services and in the number of children entering out-of-home care.

Raising children can be complicated for any parent, and substance use may pose challenges to meeting children's physical, psychological, and emotional needs. However, several misconceptions exist, including the conflation of risk with substance use, which **can often lead to policies and practices that disadvantage families coming to the attention of child welfare**. This may include decision-making about child safety based solely on the presence of

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substance use and the results of a drug test rather than an assessment of how the substance use affects child safety.

Substance use disorders are a disease of the brain that can be effectively treated and managed. A prevention-based approach in which families affected by parental substance use are engaged in assessment and treatment services (when clinically necessary) as *early* as possible can reduce reactive, crisis-based responses, including child welfare investigation and family separation. Of course, a single system does not have all the resources necessary to mitigate the complex effects of substance use on families. Collaborative relationships among professionals in child welfare, community organizations, courts, healthcare, mental health, and substance use services and disorder treatment are necessary. Systems partnerships can implement a comprehensive approach that includes a clinical assessment to determine the presence and severity of a substance use disorder, and a comprehensive assessment of the family's strengths and needs.

This brief offers an overview of how parental substance use and substance use disorders can affect children and families. It also discusses challenges facing the child welfare system, a framework to guide collaboration, and relevant examples, strategies, policies, and funding opportunities to improve outcomes for families affected by substance use disorders.[3]

Effects of substance use disorders on children and families

Substance use disorders can result in trauma and disruption in the lives of children and families. The stigma surrounding it can keep families from seeking the treatment they need before problems escalate to the point of involvement of the child protection agency. Structural inequities based on race/ethnicity and socioeconomic factors present additional roadblocks. It is critical to ensure equity in access to treatment for all communities.[4,5,6]

Without efforts to eliminate stigma and inequities, we will continue to see disproportionality in which families are referred to child welfare, which families receive substantiated allegations of child maltreatment, and which families are separated and reunified.[7,8,9] (See: *Disproportionalities and Disparities in Child Welfare, A Supplement to Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*.)

Substance use disorder is costly both in terms of the financial costs of increased child welfare utilization and the ripple effect of its impacts on children, families, and society at large, including the trauma of children being removed from their parents. For families involved with the child welfare system, substance use disorders often result in challenges in making reasonable and active efforts to keep children in their home or achieve permanency quickly. Reasonable and active efforts for families affected by substance use and substance use

> There is stigma with both child welfare involvement and substance use, and a lot of shame. Family planning would be an ideal time to gather everyone together — the whole support system — and create a safe space where people know they can turn for help. But it's a hard step forward because there is just so much guilt and shame. And the power and authority of professionals to remove your children is scary. If you really want a parent to succeed, they need to have a safe space.
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> **— RAUL ENRIQUEZ,**
> KINSHIP CAREGIVER, IDAHO

disorders include timely access to assessment services to determine the appropriate evidence-based treatment plan for each family, including family-centered care and recovery support.[10]

Grandparents and other family members often face financial, social, physical, and mental health challenges, particularly when they become long-term or permanent caregivers.

Challenges facing the child welfare system

The child welfare system faces numerous challenges in effectively responding to cases affected by substance use and substance use disorders, including:

- **Increased caseloads:** Jurisdictions with higher rates of drug-related hospitalizations and deaths have higher child welfare caseload rates. In general, indicators of substance use disorders also correlate with higher rates of more complex child welfare cases. According to fiscal year 2020 Adoption and Foster Care Analysis and Reporting System (AFCARS) data, "drug abuse (parent)" was a circumstance associated with out-of-home placement for more than one-third (35%) of children entering foster care and "alcohol abuse (parent)" was a circumstance for 6% of children entering foster care. It is widely understood that these data are an undercount, with studies finding up to 90% of child welfare cases to involve families affected by substance use disorders.
- **Biases and disparities in reporting and surveillance:** Various racial and socioeconomic factors impact the well-being of infants and families affected by prenatal substance exposure. Black and Native American women are more likely to be tested for substance use,[11] and Black women were reported to local health departments at approximately *10 times the rate* of white women, *despite similar rates of substance use*.[12] Black women and women who give birth in communities with a high proportion of Medicaid beneficiaries also are more likely to be reported to child welfare for substance use during pregnancy.[13,14]
- **Need for coordination:** Although a multi-system approach is needed to address substance use and substance use disorders among parents and other caregivers, collaboration between the child protection agency, the courts, and substance use disorder treatment programs is hindered by differences in agency approaches and priorities and challenges in sharing client information and program data.[15] These challenges are further compounded when working across state lines.
- **Inaccurate understanding or application of criteria:** There is a lack of sufficient understanding of substance use versus substance use disorders, or conflating the two, as well as a lack of accurate assessment of the impact of either one on indicators of child safety.
- **Overreliance on drug testing:** Drug testing (particularly urine and toxicology testing, which often produce inaccurate results[16]) is overused as a diagnostic indicator or as a measure of safety. The overreliance on testing leads to decisions being made that can have serious, irreversible, and inequitable consequences for families, particularly

> Having programs or supports readily accessible and available to meet people where they are — that is critical. And there are so many ways to do that effectively in the community, including guidance counseling, therapy, mentoring, life coaching, and so on. Parents are more likely to make that critical decision to move to treatment if they feel safe and have the right supports in place for themselves and their families.
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