



# Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment

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# Introduction and Purpose of the Technical Assistance (TA) Tool

In 2017, it was estimated that 8.7 million children aged 17 or younger lived in households with at least one parent who had a substance use disorder (SUD) in the past year.<sup>i</sup> Interactions that occur between parents with SUDs and their children may have prolonged effects on their children. Ineffective parenting due to SUD may be due to physical or mental impairments caused by substances; reduced ability to respond to a child's needs; difficulty regulating emotions, anger, and impulsivity; spending limited funds on alcohol and or drugs; incarceration; estrangement from family and other social supports; and out of home care for the child.<sup>ii</sup> 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.<sup>iii</sup>

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 from across the country and found that child welfare agencies and their community partners are struggling to meet families' needs.<sup>iv</sup> 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 how to incorporate services into child welfare practices. Research shows that parents who are screened and identified as having a substance use disorder and who are engaged into treatment early in their case are more likely to retain custody of their child or reunify.<sup>v</sup> A key component to reunifying children with their families is having collaborative discussions between child welfare, court professionals with 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 professionals that 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 a list of questions child welfare or court staff can ask treatment providers to ensure effective linkages are made. With the knowledge gained, professionals will be able to make informed referral decisions to make informed referral decisions for services that are a good fit to meet the parent and family's needs.

# Substance Use Disorder Treatment

## Overview

SUD treatment is dependent on the needs of the individual. The type, length, and intensity of treatment is determined by the severity of the SUD, type of substances used, support systems available, prior life experiences and behavioral, physical, gender, cultural, cognitive and/or social factors. Additional factors include the availability of treatment in the community and coverage for the cost of care. Everyone entering quality treatment receives a clinical assessment that examines these factors. A complete assessment of an individual is needed to help professionals offer the best type of treatment that meets the needs of the individual.

The [National Center on Substance Use and Child Welfare](#) (NCSACW) offers a variety of technical assistance resources including publications, webinars, and tools that child welfare, court professionals and communities can use to better serve families affected by SUDs. Key resources to strengthen an understanding of SUD treatment are:

- [Understanding Substance Abuse Recovery: A Guide for Child Welfare Workers](#) aims to help child welfare workers understand SUD and how to support and facilitate treatment and recovery, enhance collaboration with SUD treatment partners, and improve outcomes for children of parents with SUDs.
- [NCSACW Tutorials](#) are self-paced, free online tutorials that offer discipline specific (substance abuse treatment professionals, child welfare professionals and legal professionals) information about SUDs and the impact on parenting; engagement strategies, and the treatment and recovery process for families affected by SUD. The tutorials highlight services needed by children whose parents have an SUD and offer methods of improving collaboration among substance abuse treatment, child welfare and court systems are offered.

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](#) which is 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 that incorporates four major principles: health, home, purpose, and community.

It is helpful for professionals referring to treatment to have a foundational understanding of [recovery](#).

## Effective Treatment

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

- National Institute on Drug Abuse’s (NIDA) revised [Principles of Drug Addiction Treatment: A Research-Based Guide](#) presents research-based principles of SUD treatment for a variety of drugs, including nicotine, alcohol, and illicit and prescription drugs that can inform drug treatment programs and services. This guide provides evidence-based principles that have been found effective in the treatment of SUD when researching appropriate treatment agencies.
- SAMHSA’s [5 Signs of Quality Treatment fact sheet](#) serves as a guide for individuals seeking treatment and explains the key ingredients to look for when seeking a quality SUD 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. As well as being state licensed, quality treatment agencies are also 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 healthcare agencies that are most currently accredited.

The other nationally known accrediting organization is the [Commission on Accrediting of Rehabilitation Facilities](#) (CARF).

- 2) **MEDICATION**—*The agency offers Food and Drug Administration approved medication for recovery from alcohol and opioid use disorders.*

[Medication-Assisted Treatment](#) (MAT) is defined as 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 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 created a [webinar](#) that explains MAT and its efficacy. Presenters provide an overview of MAT for various issues and explore medications currently available and offer discussion on how stigma around MAT can affect child welfare practice. It is essential for professionals to understand MAT as a viable option for parents and caregivers that have SUDs, especially opiate dependency disorders.

**3) EVIDENCE-BASED PRACTICES (EBP)**—*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 with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The [Resource Center](#) contains a collection of 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 which provides guidance on how to make decisions selecting programs.

**4) FAMILIES**—*The agency includes family members in the treatment process.*

**Family-centered treatment** 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 will often focus 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, and foster and adoptive families. It is important for professionals to understand the importance of this practice to help keep families together.

SAMHSA explains the effectiveness of family-centered treatment in [Family-Centered Treatment for Women with Substance Use Disorders—History, Key Elements and Challenges](#) the effectiveness of family-centered treatment. There are five levels of family-centered treatment that include: 1) parent's treatment with family involvement; 2) parent's treatment with children present; 3) parent's and children's services; 4) family services; 5) and family-centered treatment. Family-centered treatment addresses the impact of substance use disorders on every family member. 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 is able to deliver this level of family centered care, the guiding principles of family-centered treatment is relevant for all programs.

## Guiding Principles of Family-Centered Treatment

- Treatment is **comprehensive** and inclusive of substance use disorder, clinical support services, and community supports for parents and their families.
- Family is **inclusive** of 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 **gender- and culturally responsive**.
- **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**.

Learn more about [family-centered approach](#).

**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 support include alumni programs, ongoing counseling, sober living housing, employment support, family engagement, as well as peer support programs.

The NCSACW developed [The Use of Peers or Recovery Specialists in Child Welfare Settings](#), a brief that provides an overview of two types of models of support for families: peer support by persons with lived experience of substance use disorders and child welfare involvement and professionally trained recovery specialists

SAMHSA’s [Bringing Recovery Supports to Scale Technical Assistance Center Strategy](#) 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:** The first step involves identifying potential substance use/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 Assessments Tools Chart](#) provides a list of evidence-based screening tools and assessments.

Once a client is referred to treatment, their movement through treatment can be identified as:<sup>vi</sup>

2. **Comprehensive Assessment:** The second step of the process includes the parent or caregiver meeting with a treatment professional from the treatment agency for a comprehensive assessment. The assessment helps determine the diagnosis and their individual needs.
3. **Stabilization:** The third step of the treatment process is stabilization, which may include detoxification from substances that are medically supervised by a physician, psychiatrist or addictionologist.
4. **Substance Use Disorder Treatment:** This step is typically comprised of initial engagement, formulating a treatment plan to guide treatment, group and individual counseling, case management, relapse prevention, medication assisted treatment (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 the course of 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 of parents with a substance use disorder as a family support.

The [SAMHSA](#) and [NIDA](#) websites offer comprehensive information about treatment for SUDs.

The American Society of Addiction Medicine’s (ASAM) [Treatment Criteria for Addictive, Substance Related, and Co-Occurring Conditions](#) is 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 criterion to understand how decisions are made about care and the appropriate treatment setting for parents and caregivers.

Determining level of care is done in a comprehensive assessment by a treatment agency professional. The purpose of the assessment is to determine the appropriate level of care for their individual needs based on six dimensions of comprehensive assessment described below.

<b>Dimension 1</b>	<b>Acute Intoxication and/or Withdrawal Potential:</b> Assessing an individual’s past and current experiences of substance use and withdrawal
<b>Dimension 2</b>	<b>Biomedical Conditions and Complications:</b> Assessing an individual’s health history and current physical condition
<b>Dimension 3</b>	<b>Emotional, Behavioral, or Cognitive Conditions and Complications:</b> Assessing an individual’s thoughts, emotions, and mental health.
<b>Dimension 4</b>	<b>Readiness to Change:</b> Assessing an individual’s interest and readiness for change
<b>Dimension 5</b>	<b>Relapse, Continues Use, or Continued Problem Potential:</b> Assessing an individual’s relationship with relapse, continued use, or problems with use.
<b>Dimension 6</b>	<b>Recovery/Living Environment:</b> Assessing an individual’s recovery and living situation including people, places, and things.

The “continuum of care” refers to the different levels of care available for substance use disorder treatment. Services are based on a continuum starting with the least restrictive requiring less time and participation to the most restrictive requiring more time and participation. The level of care is determined by the outcome of the comprehensive assessment done by a treatment agency professional.

<p><b>Level 0.5</b></p>	<p><b>Early Intervention Services:</b> This level of care is for individuals who are at risk of developing substance-related problems or for whom there is not yet sufficient information to document a diagnosable substance use disorder</p>
<p><b>Level 1</b></p>	<p><b>Outpatient Services (OP):</b> This level of care typically consists of less than 9 hours of service per week (adults), less than 6 hours per week (adolescents) for recovery or motivational enhancement therapies and strategies</p>
<p><b>Level 2</b></p>	<p><b>Intensive Outpatient Services (IOP):</b> This level encompasses services that are capable of meeting the complex needs of people with substance use disorders and co-occurring conditions. It is a structured outpatient service that delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends. Intensive Outpatient Services consist of 9 or more hours of service per week (adults) or 6 or more hours per week (adolescents).</p>
<p><b>Level 2.5</b></p>	<p><b>Partial Hospitalization (PHP):</b> This level of care includes 20 or more hours of service per week, but not requiring 24-hour care. It is an organized outpatient service that delivers treatment services usually during the day as day treatment or partial hospitalization services.</p>
<p><b>Level 3</b></p>	<p><b>Residential/Inpatient Services (RTC):</b> This level encompasses residential services that typically provide a 24-hour living support and structure with support from trained substance use disorder treatment, mental health, and general medical personnel. Low-intensity residential services include at least 5 hours of clinical service per week.</p>
<p><b>Level 4</b></p>	<p><b>Medically Managed Intensive Inpatient Services:</b> This level of care includes intensive, 24-hour nursing care and daily physician care for severe, unstable problems. This level of care is often uncommon in the public sector.</p>

## Treatment Funding

There are different ways to determine how treatment may be funded. If parents/caretakers have private insurance, they may contact their insurer and inquire about accepted providers. 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 provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, six Pacific jurisdictions, and one tribal entity to prevent and treat substance abuse. SAMHSA provides a brief description of SAPTGB eligibility, service area, and programs. It is important for child welfare workers and court professionals be aware of resources available to help parents as there are targeted populations and service areas (including pregnant women, women with dependent children, 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 the administration of 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 be used to 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 parents/caretakers do not have insurance, treatment resources may be available through the SAPTBG or other funding sources. Each state has funding to provide treatment for people without insurance coverage. Treatment resources can be explored using SAMHSA's [Find Treatment](#) page.

# Discussion Questions: Exploring Treatment Resources in Your Community

Understanding the treatment resources provided in your community is critical to developing comprehensive case or service plans for families. Using the treatment process, SAMHSA's *5 Signs of Quality Treatment*, and years of practice-based experience NCSACW developed discussion questions to use to learn about local treatment agencies and the services they provide. Questions for both outpatient SUD and residential treatment agencies are included.

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 share information about their agency policies, protocols and practices as well. 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.

## ***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 needing to complete detoxification prior to residential treatment?
- How is level of care determined?
- What levels of care are available at the agency? How does 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 insurances 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 parent or caretakers with diverse cultures, experiences and backgrounds?
- What is the agency capacity to serve parent or 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 and 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 agencies procedure to facilitate communication and coordination among professionals working with the parent?
- Does the agency use a written or electronic consent for disclosure of information that allows the parent to choose the type and amount of information to be disclosed, 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/or mental disorders? The use of evidence-based, or evidence-informed treatment?
- 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 in working with families involved in child welfare and/or 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/caretakers seen for medication monitoring? Are pregnant women able to access medication?
  - If access to a prescriber or prescription medication is not available on site, does the agency provide a referral to an appropriate prescriber?

## Treatment Program Specifics

- How is successful treatment completion defined by the treatment agency?
- 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 circumstance 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 there is a signed release of information in place?
- How are lapses/relapse addressed therapeutically?
- 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 by 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 gender-responsive or gender specific treatments are provided?
- How is treatment delivered in a manner that is linguistically, culturally sensitive and appropriate when needed?

### **Treatment Plan**

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

### **Communication and Information Sharing**

- What communication and information sharing protocols with child welfare and/or the courts are in place?
- 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/or the courts (with a signed release of information)? How often?



## **Families**

- Does the agency provide services to the parent or caretaker 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 provided to address the specific needs of infants, children and other family members? Do children and family members receive their own treatment plan?
- What services are provided to address 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 the course of treatment 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 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/caretakers during treatment?
- Is peer support available following treatment completion?
- Is support available for vocational and educational needs? 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?

# References

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- <sup>i</sup> Lipari, R.N. and Van Horn, S.L. *Children living with parents who have a substance use disorder*. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.  
[https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)
- <sup>ii</sup> Child Welfare Information Gateway. (2014). *Parental substance use and the child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.  
<http://centerforchildwelfare.org/kb/subabuse/ParentSubAbuseAndCW.pdf>
- <sup>iii</sup> Ghertner, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). *The relationship between substance use indicators and child welfare caseloads*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.  
<https://aspe.hhs.gov/sites/default/files/private/pdf/258831/SubstanceUseCWCaseloads.pdf>
- <sup>iv</sup> Radel, L., Baldwin, M., Crouse, G., Ghertner, R., & Waters, W. (2018). *Substance use, the opioid epidemic, and the child welfare system: Key findings from a mixed methods study*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.  
<https://aspe.hhs.gov/sites/default/files/private/pdf/258836/SubstanceUseChildWelfareOverview.pdf>
- <sup>v</sup> Lee, E., Esaki, N., & Greene, R. (2009). Collocation: Integrating child welfare and substance abuse services. *Journal of Social Work Practice in the Addictions*, 9(1), 55-70.  
<https://doi.org/10.1080/15332560802533612>
- <sup>vi</sup> American Society of Addiction Medicine. (2014). The ASAM performance measures: For the addiction specialist physician. <https://www.asam.org/quality-care/clinical-guidelines/standards-and-performance-measures>