What Works for Families Affected by Substance Use
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Topics

Data and Assumptions

Prenatal Substance Exposure

What Works

Where do we Go
8.3 million children

Determining how parental SUDs affect family safety, permanency, well-being is a key task

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
Drugs of the Decades

1960s

1980s

1990s

2010s
Re-thinking Substance Use Disorders, Treatment and Recovery Support
“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”
A Chronic, Relapsing Brain Disease

- Brain imaging studies show physical changes in areas of the brain that are critical to:
  - Judgement
  - Decision making
  - Learning and memory
  - Behavior control
- These changes alter the way the brain works, and help explain the compulsion and continued use despite negative consequences.
A Treatable Disease

- Substance use disorders are preventable and are treatable brain diseases

- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives

- Similar to other chronic diseases, addiction can be managed successfully

- Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain areas of life function
Two Aspects of Parental Substance Use that may Affect Child Well-Being

**Pre-natal** opioid and other substance use exposure when it is determined that there are *immediate safety factors* resulting in the newborn being placed in protective custody.

**Post-natal** opioid and other substance use that affects parents’ ability to safely care for their children.
Estimated Number of Infants* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder

*Approximately 4 million (3,952,841) live births in 2012

<table>
<thead>
<tr>
<th>Substance</th>
<th>Estimated Number</th>
<th>Incidence</th>
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</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>640,000 (15.9%)</td>
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<tr>
<td>Alcohol</td>
<td>340,000 (8.5%)</td>
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<tr>
<td>Illicit Drugs</td>
<td>240,000 (5.9%)</td>
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<tr>
<td>Binge Drinking</td>
<td>108,000 (2.7%)</td>
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<tr>
<td>Heavy Drinking</td>
<td>12,000 (0.3%)</td>
<td>30,000 (0.5-7 per 1,000 births)</td>
</tr>
<tr>
<td>FAS/ARND/ARBD</td>
<td>12,000 (0.3%)</td>
<td>30,000 (0.5-7 per 1,000 births)</td>
</tr>
<tr>
<td>NAS</td>
<td>22,000 (5.8 per 1,000 births)*</td>
<td></td>
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</tbody>
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Past Month Substance Use by Pregnant Women

Includes nine categories of illicit drugs, including heroin and the nonmedical use of prescription medications.

Neonatal Abstinence Syndrome

• An expected and treatable condition that follows prenatal exposure to opioids

• Symptoms begin within 1-3 days after birth, or may take 5-10 days to appear

• Symptoms include blotchy skin; difficulty with sleeping and eating; trembling, irritability and difficult to soothe; diarrhea; slow weight gain; sweating; hyperactive reflexes; increased muscle tone

• Timing of onset is related to characteristics of drug used by mother and time of last dose

• Most babies exposed to opioids are exposed to multiple substances – Tobacco plays a role in NAS

NAS occurs with notable variability, with 55-94% of exposed infants exhibiting symptoms

Medication is required in approximately 50% of cases
Comprehensive Addiction and Treatment Act of 2016
S. 524, Infant Plan of Safe Care Improvement Act

Plan of Safe Care, Draft Discussion Guide
…to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –

I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver…
Number of Children who entered Out-of-Home Care, 2010-2015

Parental AOD as Reason for Removal in the United States, 1999-2014

Note: Estimates based on all children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2014
Parental Alcohol or Drug Use as a Reason for Removal by State, 2014

National Average: 32.7%

Note: Estimates based on all children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2014
Age of Children who Entered Foster Care by Age, 2014
(N=264,746)
The current data system does not require collection of parental substance use as factor in child removals.

Only a handful of states have standardized screening tools used to detect parental substance use during investigations of child abuse and neglect.
Do we...Care Enough to Count?

1. Number of infants with prenatal exposure
2. Number of infants for whom notification to CPS is made
3. Number of infants with Plan of Safe Care, treatment admission and retention
4. Number of cases affected by parental substance use disorders

A new Approach with Differential lens and analysis of Children of Parents with Substance Use Disorders in all analytics
What Works for Families Affected by Substance Use Disorders and Child Abuse or Neglect
Federal Initiatives: Progress Since the Adoption and Safe Families Act (ASFA)

- Adoption and Safe Families Act (ASFA)
- National Center on Substance Abuse and Child Welfare
- Regional Partnership Grants
- Children Affected by Methamphetamine Grants
- Prevention and Family Recovery
- In Depth Technical Assistance
- Substance Exposed Infants
- Fostering Connections Grants
- Family Drug Court Grants
- Blending Perspectives and Building Common Ground Congressional Report
- RPG2
- RPG3
- FDC Statewide System Reform Program

Source: Children and Family Futures
Regional Partnership Grants (RPGs)

53 Grant Programs

17,820 adults
25,541 children
15,031 families

Regional Partnership Grant Program

2007 - 2012
Children Affected by Methamphetamine Grant

- 2010
- 2014

- 3,244 adults
- 5,131 children
- 2,479 families
7 Common Ingredients and Strategies

- System of identifying families
- Early access to assessment and treatment services
- Improved family-centered and two generation parent-child services
- Improved management of recovery services and compliance
- Responses to participant behavior – implementing contingency management
7 Common Ingredients and Strategies

- Increased *judicial or administrative* oversight
- **Collaborative approach** across systems
  - Improved information sharing protocols
  - Collaborative governance
  - Cross-training of staff
  - Inclusion of services from other child-and family-serving agencies: child development, maternal and child health, hospitals, parent-child therapy, and home visiting
How Collaborative Policy and Practice Impacts

5Rs

Recovery
Remain at home
Reunification
Re-occurrence
Re-entry

These data are detailed in the handout in your conference materials
Re-occurrence of Child Maltreatment

Percentage of children who had substantiated/indicated maltreatment within 6 months

- CAM Children: 2.3% (n = 4776)
- RPG Children - FDC: 3.4%
- RPG Children - No FDC: 4.9%
- RPG - 25 State Contextual Subgroup: 5.8%

Total RPG Children = 22,558
Re-entry – Foster Care within 12 Months

Percentage of Children Re-entered into Foster Care Within Twelve Months

- CAM Children: 5.0%
- RPG - Children: 5.1%
- RPG - 25 State Contextual Subgroup: 13.1%
Child Welfare cannot solve this problem from **within** child welfare.

Substance use and child maltreatment are multi-generational problems that can only be addressed through a **cross-system collaborative** approach.

Treatment must be family-centered and focus on **both** parents’ and children’s needs.

**Family Well-Being**

**Here’s What We Know**
Family Recovery, Parent and Child Well-Being

Parent Recovery
Focusing on parent’s recovery and parenting are essential for reunification and stabilizing families

Child Well-Being
Focusing on safety and permanency are essential for child well-being

Child and Family Well-Being
Because children stay home, go home or find home
We can no longer say, “We don’t know what to do.”
Family First Prevention and Services Act is an Opportunity for Enter An Era of Family Centered Care Focused on Family Well-Being
Contact Information

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