



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



### Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children ages 1-6 and Affected by Parental Substance Use Disorders and Co-Occurring Mental Health Disorders

The following four sets of discussion questions are intended for family-serving systems to use within their own system and with partners to chart a course for action to implement and strengthen their family-centered approach. The first three sets of questions are geared toward agency leaders of child welfare, early childhood, and substance use disorder (SUD) and mental health treatment agency to initiate discussion on family-centered policies and practices within their individual systems. The last set of questions is intended to guide discussion on collaborative practice among the various service systems that seek to improve outcomes for children, parents, and families.

These questions are tailored for use by systems that work with families—who have children ages 1-6—affected by parental substance use, SUD, and co-occurring mental health disorders. A family-centered approach is critical to ensure the best outcomes for young children and their families. For more information about a family-centered approach, see

- [Fact Sheet 1: Early Childhood Practice and Policy for Child Welfare Agencies](#)
- [Fact Sheet 2: Family-Centered Approaches in Early Childhood for Substance Use Disorder Treatment Programs](#)
- [Fact Sheet 3: Cross-System Collaborative Strategies for Early Childhood Service Providers](#)



**Parent Perspectives:** Click on this [link](#) to view a brief video featuring a subject matter expert share her experiences of discontinuation of services when children mature beyond the early childhood years. This video highlights a need for collaboration across systems to ensure continuity of services for children.

## **Child Welfare Systems: Guiding Questions**

1. How are children ages 1-6 who are affected by parental substance use and SUDs connected to early intervention and healthcare providers for a comprehensive physical and socio-emotional assessment?
2. What policies, protocols, and practices ensure that the socio-emotional development of children ages 1-6 is not further affected by traumatic experiences such as removal from their families, multiple placements, or non-relative placements? For instance, how are children ages 1-6 who are experiencing socio-emotional challenges in placement, home, or other settings referred for developmental assessments and connected to appropriate services such as early intervention? How are their parents, caregivers, and family members involved in the identification and service delivery processes?
3. How are parents with substance use and co-occurring mental health challenges connected to services for a clinical assessment and treatment? How is a parent's progress monitored and supported?
4. What training and resources are available for staff to understand and integrate knowledge of child development for ages 1-6, and the potential effects of SUDs and co-occurring mental health disorders on children and families?
5. How are data collected on the number of children ages 1-6 who are affected by parental substance use, SUDs and co-occurring mental health disorders, and the number who receive a developmental assessment and services to promote their optimal physical and socio-emotional development?
6. What policies, procedures, or practices are in place in your child welfare agency, division, or team to ensure that comprehensive assessment and service provision to children; and services for parental SUD and co-occurring mental health disorders happen in a consistent and coordinated manner?
7. What barriers to obtaining screening, assessment, treatment, and other services (for children and parents) exist and what steps can be taken to eliminate them?

## **Substance Use Disorder Treatment Systems: Guiding Questions**

1. Do substance use and mental health services staff ask about child welfare involvement and screen for child risk and safety as part of the initial assessment of adults and children who may need treatment? If so, is there a standardized process for coordinating with child welfare partners?
2. How are staff trained to respond to the needs of parents who have children ages 1-6? For instance, what resources and training on early childhood development and the potential effects of SUD and co-occurring mental health disorders on children and families are available for staff? Are staff aware of and able to make connections with service providers to meet the needs of children, parents, and family members?
3. How are staff prepared to help parents identify their children's potential need for early intervention and other services and advocate for their young children to be connected to developmental assessments?
4. If children's early intervention services are not integrated as part of SUD treatment services, what is the process for making referrals to and ensuring that children are engaged in early intervention services?
5. Are data collected on children of parents receiving treatment (e.g., number and ages of children, children's custody and living arrangements, child's developmental assessment outcomes, if applicable)?
6. What policies, procedures, or practices are in place in your treatment agency, division, or team to ensure that comprehensive assessment and service provision to children; and services for parental SUD and co-occurring mental health disorders happen in a consistent and coordinated manner?
7. What barriers to accessing screening, assessment, treatment, and other services exist and what steps can be taken to eliminate them?

## **Early Childhood Systems: Guiding Questions**

1. Is a screening tool for parental or caregiver substance use and mental health challenges included in intake procedures? Is there a standardized process for referring for assessment, evaluation, and treatment? Do intake staff have sufficient training in engagement practices to ensure the parents and caregivers are able to share information freely?
2. How do staff in your early care settings screen children for socio-emotional and physical development challenges?

3. How is children's engagement in age-appropriate developmental services ensured? What services are provided to parents, other caregivers, and family members to ensure that their children attend therapeutic and other services deemed necessary?
4. In early care settings, what strategies are in place to prevent suspensions and expulsions?
5. For early childhood professionals whose primary client is the parent, how are children ages 1-6 who are experiencing socio-emotional challenges in daycare, preschool, kindergarten, placement, at home, and other settings connected to a developmental assessment? How are their parents, caregivers, and family members involved in the process?
6. What training and resources are provided to staff on SUD and co-occurring mental health disorders, treatment, and recovery; and the potential effects of SUD and co-occurring mental health disorders on children ages 1-6 and families?
7. How are data collected on the number of children ages 1-6 who are affected by parental SUD and co-occurring mental health disorders and receive a developmental assessment and services to promote their physical and socio-emotional development?
8. What policies, procedures, or practices are in place in your early care agency, division, or team to ensure comprehensive assessment and service provision to children; and services for parental SUD and co-occurring mental health disorders happen in a consistent and coordinated manner?

## **Collaborative Guiding Questions for Child Welfare, SUD and Mental Health Treatment, Early Childhood, and Other Systems**

### ***Ensuring Service Access***

1. As a collaborative team, how can you shorten the time it takes for children ages 1-6 who are affected by parental substance use, SUDs, and co-occurring mental health disorders to receive an early intervention assessment and services? What are the internal systems' barriers and external individual or community barriers that must be overcome to shorten the timeframe?
2. How could the timeline for referrals to clinical SUD and mental health assessments for parents be shortened to ensure identification of clinical treatment needs? When treatment is deemed necessary, how do intake and entry protocols ensure the earliest treatment start date? What family-centered treatment approaches are available?
3. Does each agency have access to the necessary resources to help parents, caregivers, family members, and extended family members understand young children's socio-emotional development? Are these resources available to all families?
4. What cross-system resources are available to help parents identify and navigate the various agencies providing developmental services for their children? What resources are available to help parents access treatment and other services for their own SUD and co-occurring mental health disorders?
5. What staff development opportunities are available to help service, supervisory, administrative, and leadership staff at each agency understand SUD and co-occurring mental health disorders, treatment, and recovery?
6. What protocols and policies ensure that socio-emotional services continue as children grow and develop beyond the early childhood period?
7. How do families obtain child development, parent-child strengthening, and SUD recovery support services post-child welfare involvement?
8. What services exist to facilitate parents' sustained recovery from SUD and co-occurring mental health disorders? Do parents experience barriers trying to obtain these services?



**Parent Perspectives:** Click on this [link](#) to view a brief video featuring a subject matter expert highlight the various opportunities that exist within various service systems to screen for parental substance use.

Family members could support families in a number of ways such as providing child care when parents are attending treatment and other appointments; respite care when parents need a break; and serve as a trusted relationship figure for the child.

9. Are there practices and policies to engage family members in supporting parents with, or in recovery from, SUD and co-occurring mental health disorders who have young children? Do family members include custodial and non-custodial parents, aunts, uncles, grandparents, other extended family, and nonrelative extended family members?

### **Systems-Level Considerations**

1. How do partners define “family-centered” services in their system or organization?
2. How many slots exist for: 1) family-centered substance use and mental health disorder treatment across the service spectrum (residential, intensive outpatient, aftercare), and 2) family-centered early childhood developmental and care interventions (e.g., therapeutic childcare, parent-child therapy, recovery-friendly pediatricians) in the community?
3. How are partnering agencies tracking families’ progress (i.e., from initial contact to program completion)? What policies or practices are in place to appropriately share client information for better service coordination and tracking of individual outcomes? How are data used to determine success in overall family outcomes?
4. How do partnering agencies keep track of which families are screened out as ineligible for services, why, and where they receive services instead?
5. What funding sources exist to support a family-centered service array? What opportunities are in place to redirect existing funding streams for family-centered services?
6. What barriers prevent the expansion of partnering agencies’ ability to serve more families who are affected by parental substance use, SUDs, and co-occurring mental health disorders?
7. Is there a committee or other convening of cross-system partners that meets regularly to identify strengths and resolve challenges experienced by families with children ages 1-6? If one does not exist, how could committed partners create one?

See the National Center on Substance Abuse and Child Welfare resource, [Module 3: Collaboration to Support Family-Centered Practices at the County and State Level](#), to learn about accessing existing and new funding streams and other collaborative strategies to ensure the implementation and sustainability of a family-centered approach.

The Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is an opportunity to ensure that children 1-6 affected by parental SUD and mental health disorders receive screening and interventions (see [Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Requirements](#)).

## **Ready to Move Beyond Discussions?**

Ensuring a family-centered approach to improve outcomes for children ages 1-6 affected by parental SUD and mental health disorders—and their parents and families—requires a collaborative approach among child welfare, substance use and mental health services, early childhood, and other service systems. Effective collaboration is achieved through the commitment of service agencies as established through a concrete governance structure (see [Building Collaborative Capacity Series: How to Develop Cross Systems Teams and Implement Collaborative Practices](#)).

## **CONTACT US**

This resource is supported by contract number 75S20422C00001 from the Children’s Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this resource are those of the authors and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).

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