

How Child Welfare Courts Use the *Enhanced Resource Guidelines* to Serve Families Affected by Opioids

A Survey of the Field



NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES

How Child Welfare Courts Use the ERG to Serve Families Affected by Opioid

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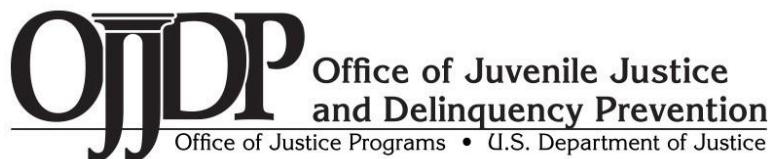
National Council of Juvenile and Family Court Judges

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NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES



Introduction

The National Council of Juvenile and Family Court Judges (NCJFCJ) published the *Enhanced Resource Guidelines: Improving Court Practices in Child Abuse and Neglect Cases (Enhanced Resource Guidelines)* to provide guidance to judges on all stages of the child abuse and neglect hearing court process. The *Enhanced Resource Guidelines* cover all stages of the child abuse and neglect hearing court process – from court involvement in the preliminary protective hearing to the case’s conclusion, with a preference for the child safely being returned home or placed in a new, secure, and legally permanent home. The Enhanced Resource Guidelines focus on nine key principles and serve as the blueprint for the NCJFCJ to provide training and technical assistance to judges presiding over child abuse and neglect cases in courts across the country. The key principles include:

1. Keep Families Together
2. Ensure Access to Justice
3. Cultivate Cultural Responsiveness
4. Engage Families Through Alternative Dispute Resolution Techniques
5. Ensure Child Safety, Permanency, and Well Being
6. Ensure Adequate and Appropriate Family Time
7. Provide Judicial Oversight
8. Ensure Competent and Adequately Compensated Representation
9. Demonstrate Judicial Leadership and Foster Collaboration

Noticeably absent is a key principle that specifically addresses substance use or how to work with families impacted by substance misuse and addiction. However, substance use continues to be a major factor in child welfare cases. Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that 35% of removals in FY 2020 were due to parental drug abuse.¹ Further analysis of AFCARS data determined that the percentage of children taken from their homes due to parental drug use has been steadily rising, from a rate of 14.53% in 2000 to a rate of 36.26% in 2017.² Additionally, FY 2020 data from 49 states show that 42,821 infants have been referred to child protection service (CPS) agencies as infants with prenatal substance exposure. Another study explored foster care entries linked to parental drug use and found an increase across all racial/ethnic groups between 2008 and 2017, with Native American children displaying the fastest growth in parental drug use entries (139%).³

1. United States. Children’s Bureau. (2020) The AFCARS Report. [Washington, D.C.]: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. United States. <https://www.acf.hhs.gov/cb/report/afcars-report-28>.
2. Meinhofer, A., & Anglero-Diaz, Y. (2019). Trends in foster care entry among children removed from their homes because of parental drug use, 2000 to 2017. *JAMA Pediatrics*. Available from <https://doi.org/10.1001/jamapediatrics.2019.1738>.
3. Meinhofer, A., Onuoha, E., Anglero-Diaz, Y., & Keyes, K. (2020). Parental drug use and racial and ethnic disproportionality in the U.S. foster care system. *Children and Youth Services Review*. Vol. 118. November. Available from <https://www.sciencedirect.com/science/article/abs/pii/S0190740920308318>.

Fortunately, the current key principles provide a framework to consider recommended practices that effectively serve families impacted by substance use. For example, keeping families together, access to justice, cultural responsiveness, permanency, safety, and judicial oversight.

To understand how child and family court judges are currently serving families affected by alcohol and other drugs misuse, the NCJFCJ surveyed the field regarding current practices used to support families where substance use is a major factor in their child welfare cases. The information garnered through the survey will inform a companion guide to the Enhanced Resource Guidelines that will focus on recommended practices that should be implemented to meet the needs of families involved in the child welfare system due to a substance use disorder.

Survey Methods

From October to November 2021, the NCJFCJ conducted a survey of child and family court judges through convenience and voluntary response sampling. The survey was sent directly to courts currently receiving targeted technical assistance from the NCJFCJ. It was also shared on the NCJFCJ listserv and the Opioid Response Network⁴ listserv. A total of 135 judges agreed to participate in the survey. Responses represented judges in 27 states in both rural and urban jurisdictions.

The survey consisted of 32 questions on the intersections of opioid use disorder (OUD),⁵ substance use disorder (SUD),⁶ and judicial policy and practice. Judges reported the best practices implemented in their jurisdictions related to access to justice; keeping families together; judicial oversight; judicial leadership and fostering collaboration; cultural responsiveness; alternative dispute resolution; child safety, planning, and well-being; appropriate and adequate family time; competent representation; and development of adequate resources. Additionally, judges were asked if they were interested in learning more about the best practices related to each topic area.

4. The Opioid Response Network is funded by a Substance Abuse and Mental Health Administration grant awarded to the American Academy of Addiction Psychiatry in collaboration with the Addiction Technology Transfer Center Network at the University of Missouri - Kansas City, Columbia University Division on Substance Use Disorders and a large coalition of over 40 national professional organizations.
5. OUD is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a problematic pattern of opioid use leading to clinically significant impairment or distress – American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
6. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines SUDs as “...the recurrent use of alcohol and/or drugs causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home,” and can be classified as mild, moderate, or severe. The number of diagnostic criteria met by an individual determines the level of severity. Retrieved from SAMHSA on August 24, 2022: <https://www.samhsa.gov/find-help/disorders>.

There were several limitations to this review of current practices including generalizability and outcome data. This survey was limited by being a convenience sample and is not a representative sample of judges, and thus it is not generalizable across all courts in the United States of America. This survey also did not look at the outcomes of particular models and thus it is not able to independently assess which practices result in the best court outcomes.

Analysis of Survey Results and Comparisons to the Key Principle – Ensure Access to Justice

Ensuring families have access to justice is a key principle of the *Enhanced Resource Guidelines*. In analyzing the survey responses, two distinct themes connected to the Access to Justice principle were of particular salience.

First, efforts that do not take into account the treatment timeline of people with substance use disorders or address structural barriers to housing and treatment plans obstruct the constitutional rights of children and families. Reasonable and active efforts must be made to reunify parents who have a substance use disorder safely with their children. Reasonable efforts should be individualized to meet the unique treatment needs of every family.

Second, ensuring access to justice necessitates creating a courtroom atmosphere that treats all people with respect for their inherent human dignity. Judges have an ethical obligation to ensure that people, regardless of their race, ethnicity, gender identity, sexual orientation, or medical conditions, including substance use disorders, are treated fairly, which includes ensuring that families involved in the child welfare system are part of the problem-solving process. Centering the needs and perspectives of children and families is essential to making justice accessible in juvenile and family courts. Parents with a substance use disorder have a constitutional right to due process. As such, judges are responsible for ensuring that families are able to meaningfully engage in the court.

In the sections below, the NCJFCJ provides an analysis of the judicial survey responses around access to reasonable and active efforts, access to court proceedings, involvement in permanency decisions, and access to highly trained court personnel, through the lens of the tenets of the key principle, Access to Justice.

Access to Reasonable and Active Efforts

The Adoption and Safe Families Act (ASFA) “promotes timely permanency planning and placement for children in foster care and the importance of children’s safety and well-being during the permanency process.”⁷ Under ASFA, the court must consider if the agency made reasonable efforts to prevent removal.⁸ The judge initially must decide on a sufficient, feasible, and sustainable safety plan.⁹ The goal is to control threats to safety in the least intrusive way. If an in-home safety plan is sufficient and the agency did not implement one, then the agency failed to provide reasonable efforts to prevent removal.¹⁰

The Indian Child Welfare Act (ICWA) “protects the best interests and promotes the stability and security of Indian children and families.”¹¹ Under ICWA, an emergency placement may be put in place to prevent the “imminent physical damage or harm to the child” and the removals must be as short as possible.¹²

In child welfare cases that include parental substance use, meeting ASFA timelines for reunification may prove to be more difficult due to continued substance use, relapses, and difficulty building recovery capital, which are all normal outcomes related to the science of addiction.¹³ For example, ASFA requires a termination of parental rights petition to be filed when a child is in foster care 15 out of the last 22 months. However, according to the National Institute on Drug Abuse, “addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.”¹⁴ Therefore, people in recovery from substance use disorders may return to drug use or relapse several times during that 15-month period. ASFA also includes an exception to this requirement for a “compelling reason.”¹⁵ Judges should consider relapses as part of the normal recovery process and a compelling reason to delay a petition to terminate parental rights.

7. Federal Laws Related to Permanency. (2022, August 25). Retrieved from Child Welfare Information Gateway: <https://www.childwelfare.gov/topics/permanency/legal-court/fedlaws/>.

8. 42 U.S.C. § 675(a).

9. Edwards, L. Reasonable Efforts: A Judicial Perspective. NCJFCJ. 2022.

10. 42 U.S.C. § 675(a).

11. Supra note 7.

12. 25 U.S.C. 1902.

13. Emily Adlin Bosk, Donna Van Alst, Amanda Van Scoyoc, A Chronic Problem: Competing Paradigms for Substance Abuse in Child Welfare Policy and Practice and the Need for New Approaches, *The British Journal of Social Work*, Volume 47, Issue 6, September 2017, Pages 1669–1685, <https://doi.org/10.1093/bjsw/bcx095>.

14. Understanding Drug Use and Addiction Drug Facts. (2022, August 25). Retrieved from National Institute on Drug Abuse: <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>.

15. 42 U.S.C. § 675(a).

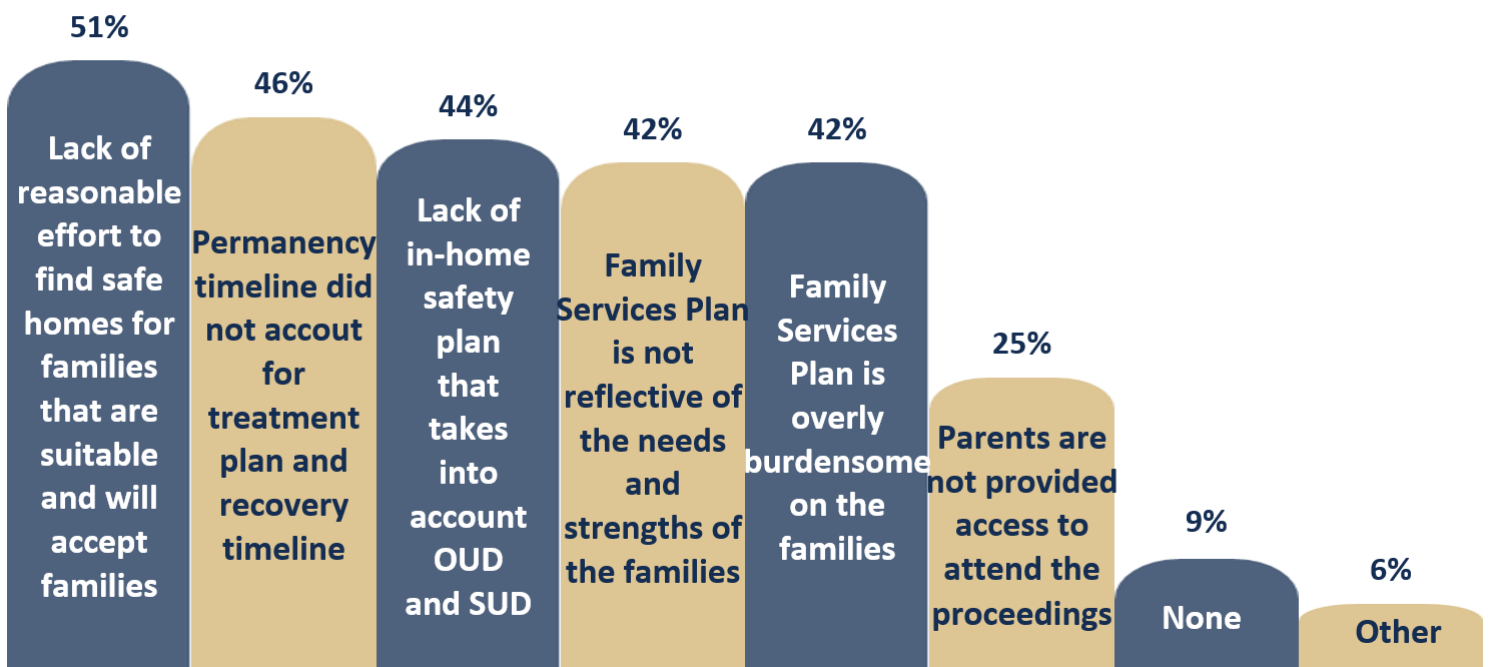
The survey results show that a considerable amount of judges who responded to questions about reasonable efforts related to child welfare cases where substance use is a major factor reported that:

- Permanency timelines not taking treatment plans and recovery timelines into account may challenge a reasonable efforts finding (46%).
- In-home safety plans not taking into account factors related to OUD and SUD may challenge a reasonable efforts finding (44%).
- Family service plans (FSPs) not reflecting the needs and strengths of the parents and being overly burdensome on the families may challenge a reasonable efforts finding (42%).

By offering tailored and culturally appropriate services to parents as early as possible, the court is better able to ascertain whether parents are able and willing to engage in treatment options. Family stability plans should have clear and realistic benchmarks for families that reflect that treatment is not linear, which allows parents to clearly understand their progress in reuniting with their children. In light of this, many courts (48%) are now considering whether service plans take recovery timelines into account (Figure 1).

Given that some judges think the lack of consideration for parental substance misuse, treatment, and recovery can influence reasonable efforts findings, there is a clear need for further guidance.

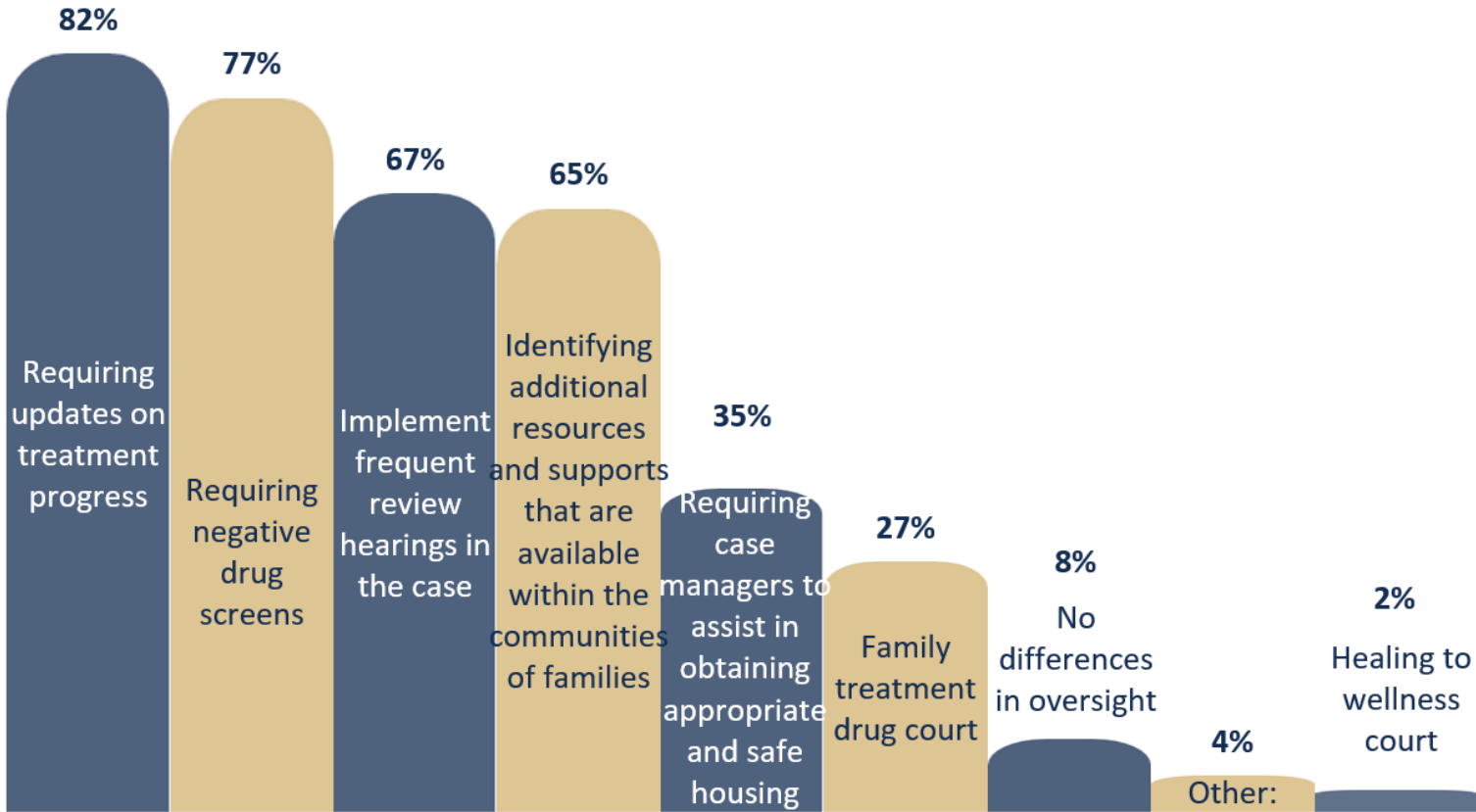
Figure 1. Percent of Judges Who Indicated Factors May Challenge Reasonable Efforts Findings (n=106)



Safe and secure housing is often a critical component of a family’s case plan. However, the lack of safe and secure housing resources available to families impacted by OUD and SUD continues to be a challenge across the country; only 4% of judges who responded to the survey reported that there was subsidized housing for families with histories of felony drug arrests in their communities. Only 24% had housing options for families of individuals who were in treatment for OUD or SUD, while 49% had residential in-patient treatment options for families. More than half of the respondents (55%) did not report having any one of those housing options available (Figure 3). Housing instability also presents barriers to accessing other resources, obtaining employment, and pursuing court orders. As such, some courts (35%) are requiring that caseworkers actively assist families in finding suitable housing to make a finding of reasonable or active efforts (Figure 2).

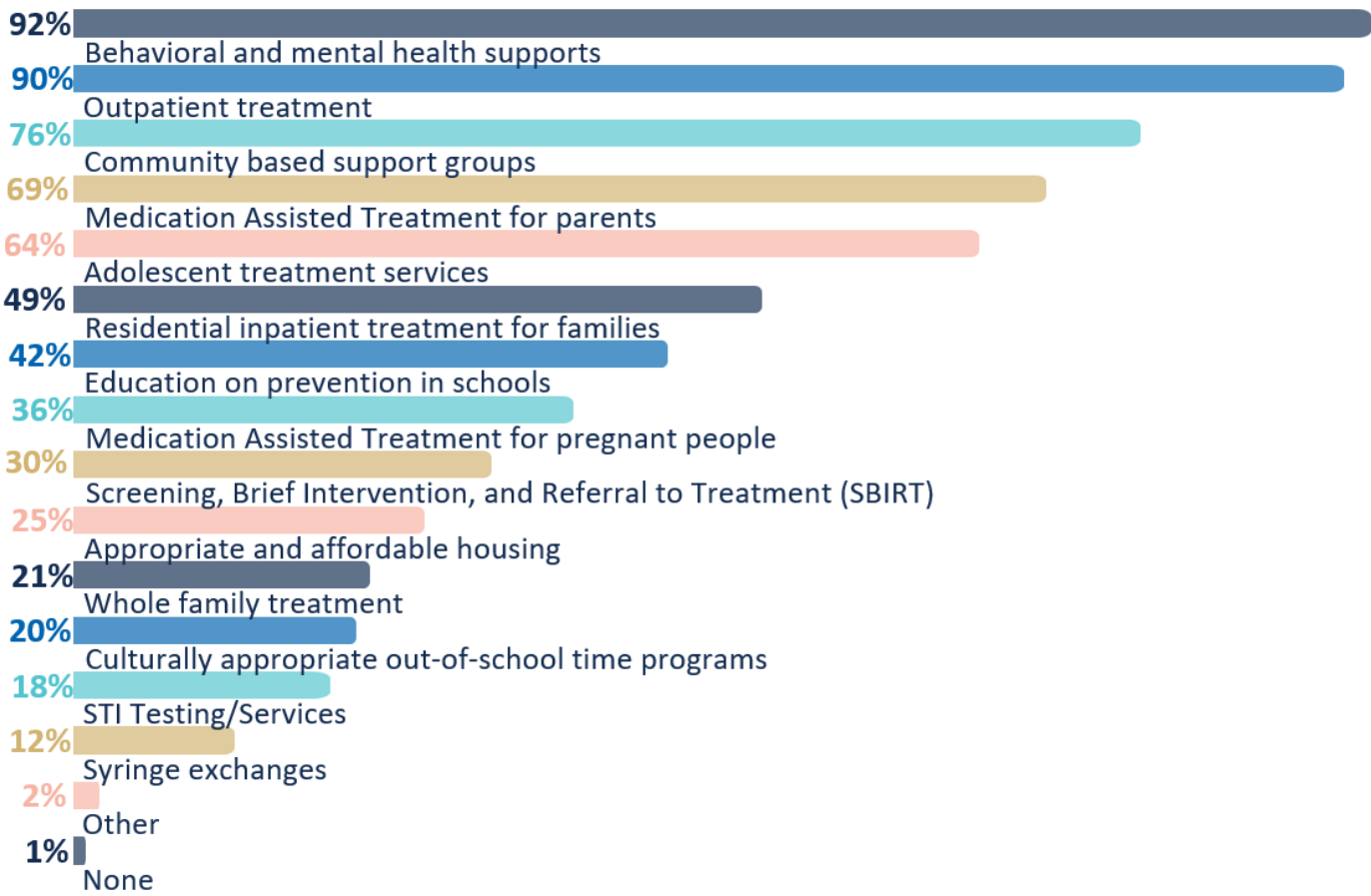
There are multiple factors that contribute to a family’s ability to obtain access to safe and secure housing for families. As such, many judges are asking that the child welfare system assist families in locating safe, secure, and affordable housing. Fifty-one percent (51%) of surveyed judges reported that the lack of effort by the agency to find safe housing that is both suitable to the family’s needs and willing to accept the family may challenge a reasonable efforts finding (Figure 1).

Figure 2. Percent of Judges Whose Courts Use the Following Oversight Strategies (n=126)



In addition, judges were surveyed on oversight strategies used to monitor SUD case coordination in their courts. Of the 126 judges surveyed, 22% required updates on treatment progress, 21% required negative drug screens, and 18% implemented frequent review hearings in the case as a means of strategic oversight. Eighteen percent (18%) of surveyed judges reported identifying additional resources and supports available in a client’s community. Some judges used family drug treatment courts (7%) or healing to wellness courts (2%) as an alternative court response that focuses on implementing evidence-based practices for parental alcohol and drug misuse, which can be considered an effective strategy to increase judicial oversight.

Figure 3. Percent of Judges Whose Jurisdictions Have OUD/SUD Treatment Resources (n=104)



Access to Court Proceedings

Some parents with an OUD or SUD are unable to move freely or transport themselves to court. Many of these parents are actively working on their recovery in residential treatment facilities, while other parents may be incarcerated in connection to their OUD or SUD. In cases in which the parent is unable to control any aspect of their travel to the court, the judge must ensure that parents are present in proceedings. Only 34% of judges surveyed reported that incarcerated parents are always present for court hearings (Figure 5). Even fewer, 24%, reported that parents who are in residential treatment are always present for court hearings (Figure 6).

Not all parents with an OUD or SUD will be incarcerated or will be best served by residential treatment. For those parents who are living in the community, inequitable access to transportation is a barrier to court attendance. For many parents, the unreliability, physical limitations, costs (both in terms of time and money), and health and safety concerns of transit networks are insurmountable obstacles to attending court. Lack of access to transportation not only affects a family's ability to attend court but also their ability and capacity to attend treatment and fulfill their court-mandated requirements.

Many of the judges surveyed (57%) report that they are actively working to identify resources in the community that can assist with transportation, which include: providing transit passes (38%); verifying that family support plans include resources that are realistically accessible (31%); engaging volunteer ride programs (7%); and ordering the child welfare department to provide transportation (4%) (Figure 4). In addition, a quarter of judges (25%) responded that if parents are not provided access to attend court proceedings this may challenge a finding of reasonable or active efforts (Figure 1).

Figure 4. Number and Percent of Surveyed Judges Using Different Methods to Ensure Attendance

Methods to Ensure Attendance	Incarcerated Parents		Parents in Residential Care	
	%	#	%	#
Digital/video conferencing is provided	83%	99	56%	66
The facility transports parents to the court	73%	87	11%	13
Attorneys and case managers are questioned if parents are not present	54%	64	84%	99
Attorneys are required to visit clients in jail	29%	34	23%	27
Permanency decisions are delayed to ensure parental presence	24%	28	15%	18
The court transports parents to the court	NA	NA	35%	41
Other method(s)	7%	8	6%	7
Our jurisdiction does not use any methods to ensure attendance	3%	4	6%	7
Total	100%	119	100%	118

Judges are using a variety of methods to ensure parents who are incarcerated or who are in residential treatment have access to the court process. These methods or promising practices include: using digital conferencing; physically transporting the parent to the court for all hearings; and delaying permanency decisions if the parent is not present. The majority of judges reported that their jurisdictions are making use of technological advances by providing parents with digital/video conferencing for court hearings, with 83% of judges reporting that incarcerated parents can join by video and 56% reporting that parents in treatment can join by video (Figure 4). Although common, this method does not ensure that parents are always present, as only 36% of the jurisdictions using this method reported that incarcerated parents are always present at hearings (Figure 5). Furthermore, just 26% of jurisdictions that use digital conferencing report that parents in residential treatment are always present at hearings (Figure 6).

Figure 5. Strategies the Court Uses to Ensure Incarcerated Parents Are Present at Hearings by Frequency of Attendance (n = 119)

■ Always ■ Sometimes ■ Never

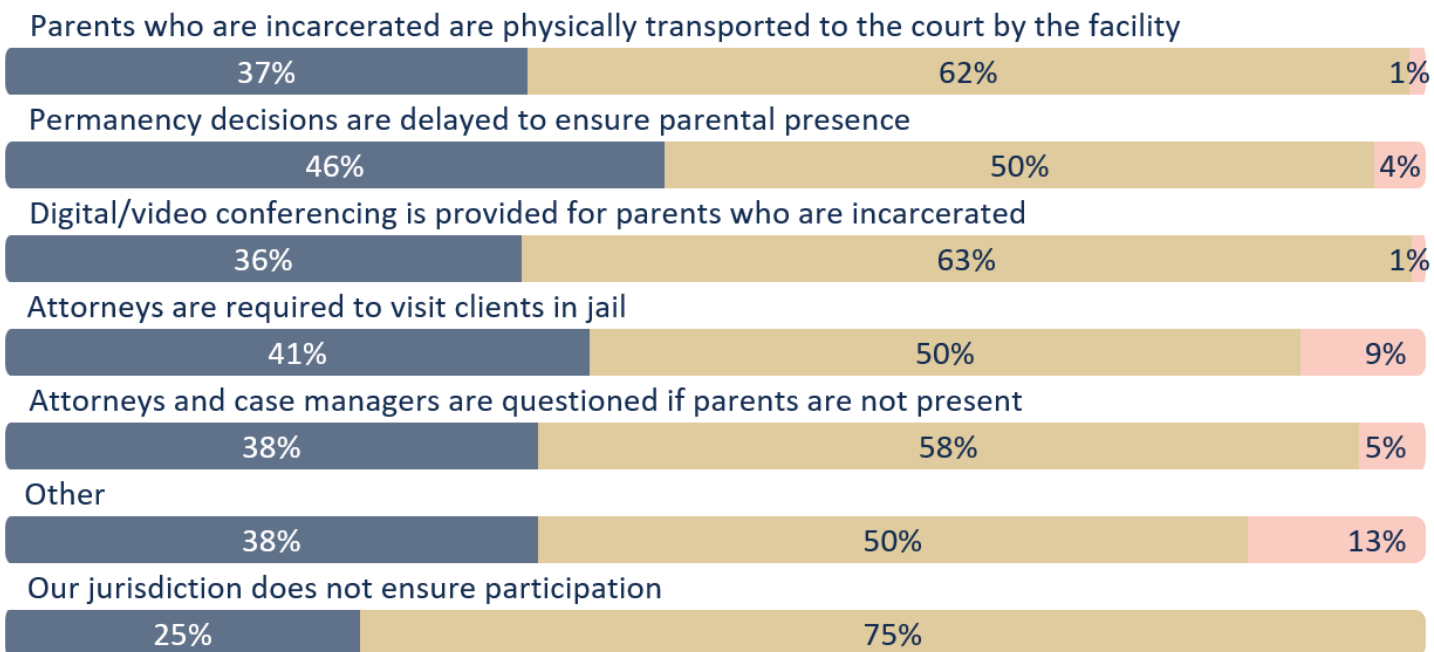
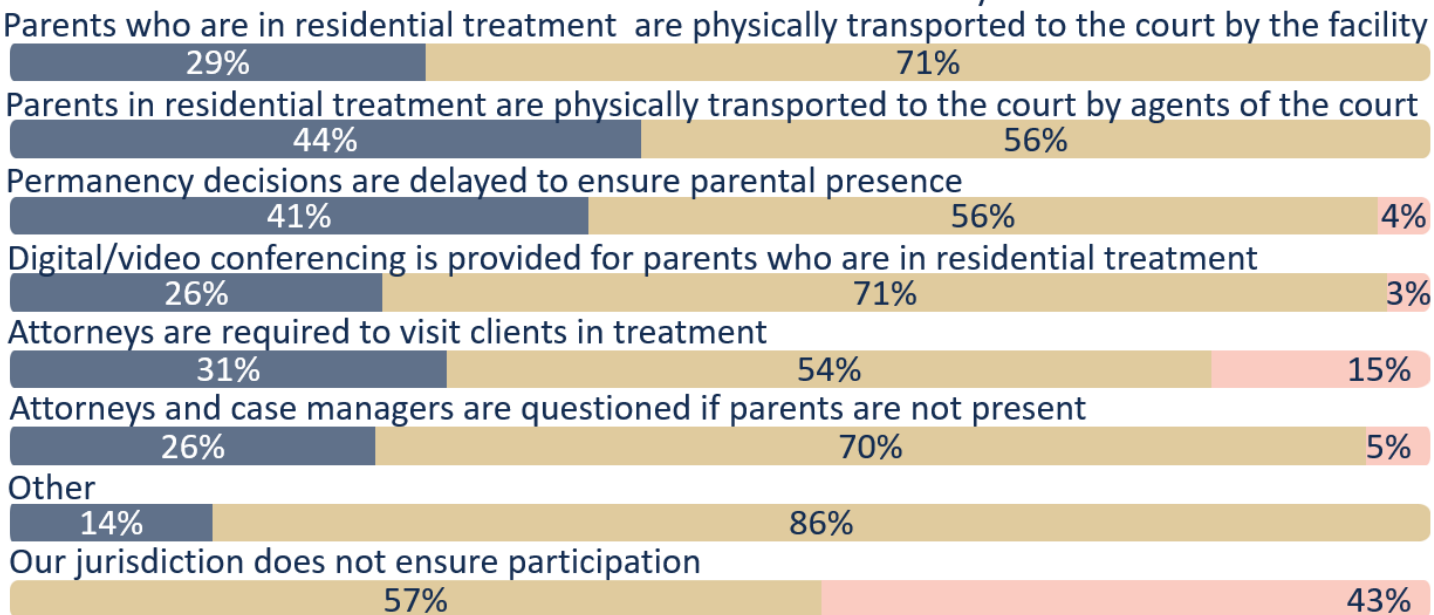


Figure 6. Strategies the Court Uses to Ensure Parents In Residential Treatment Are Present at Hearings by Frequency of Attendance (n = 118)

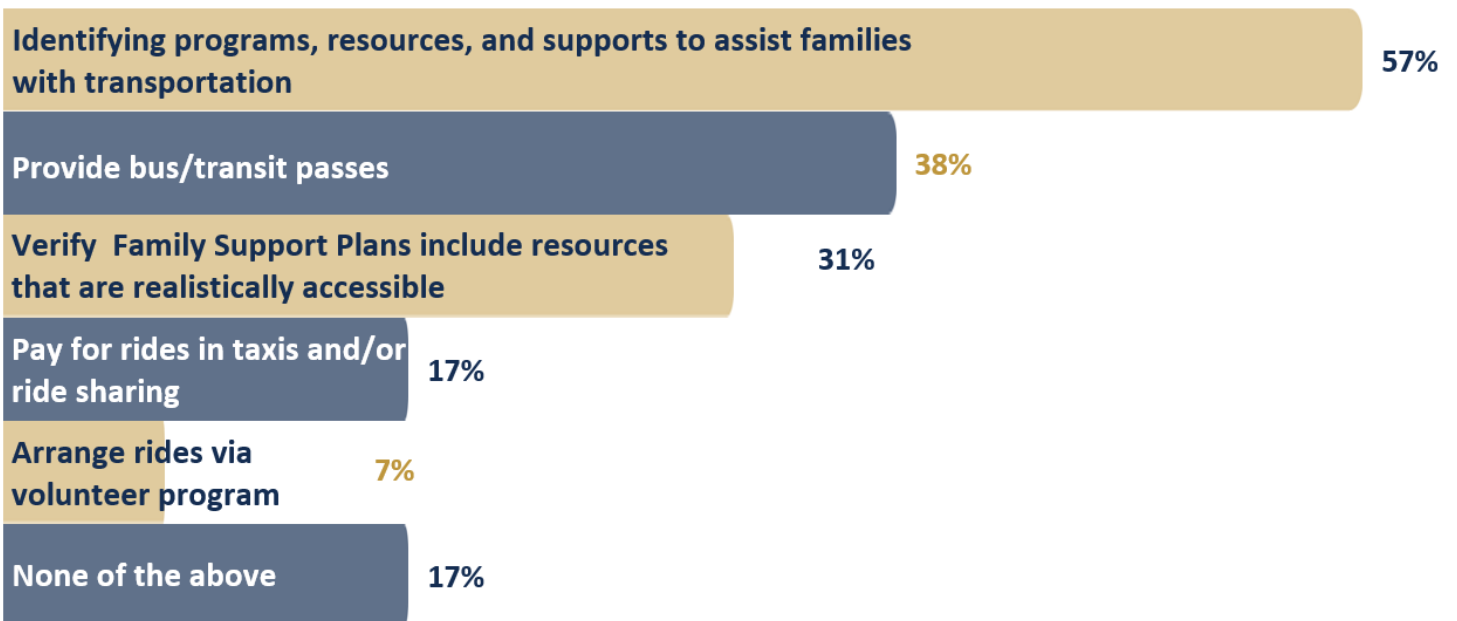
■ Always ■ Sometimes ■ Never



Involvement in Permanency Decisions

The *Enhanced Resource Guidelines* recommend that “...the court should do all that it can to encourage and support the meaningful engagement of children, youth, and families in the child welfare process and proceedings,” which includes ensuring that permanency decisions are delayed if parents aren’t able to be present due to incarceration or unable to attend court because they are in an in-patient treatment facility.¹⁶ However, only 24% of responding jurisdictions delay permanency decisions when incarcerated parents are not present, and only 15% of responding jurisdictions report delaying permanency decisions to ensure parents who are in treatment are present (Figure 4). Those who responded “other” most frequently responded that they order the child welfare department to provide rides.

Figure 7. Percent of Jurisdictions using Methods to ensure attendance (n=117)

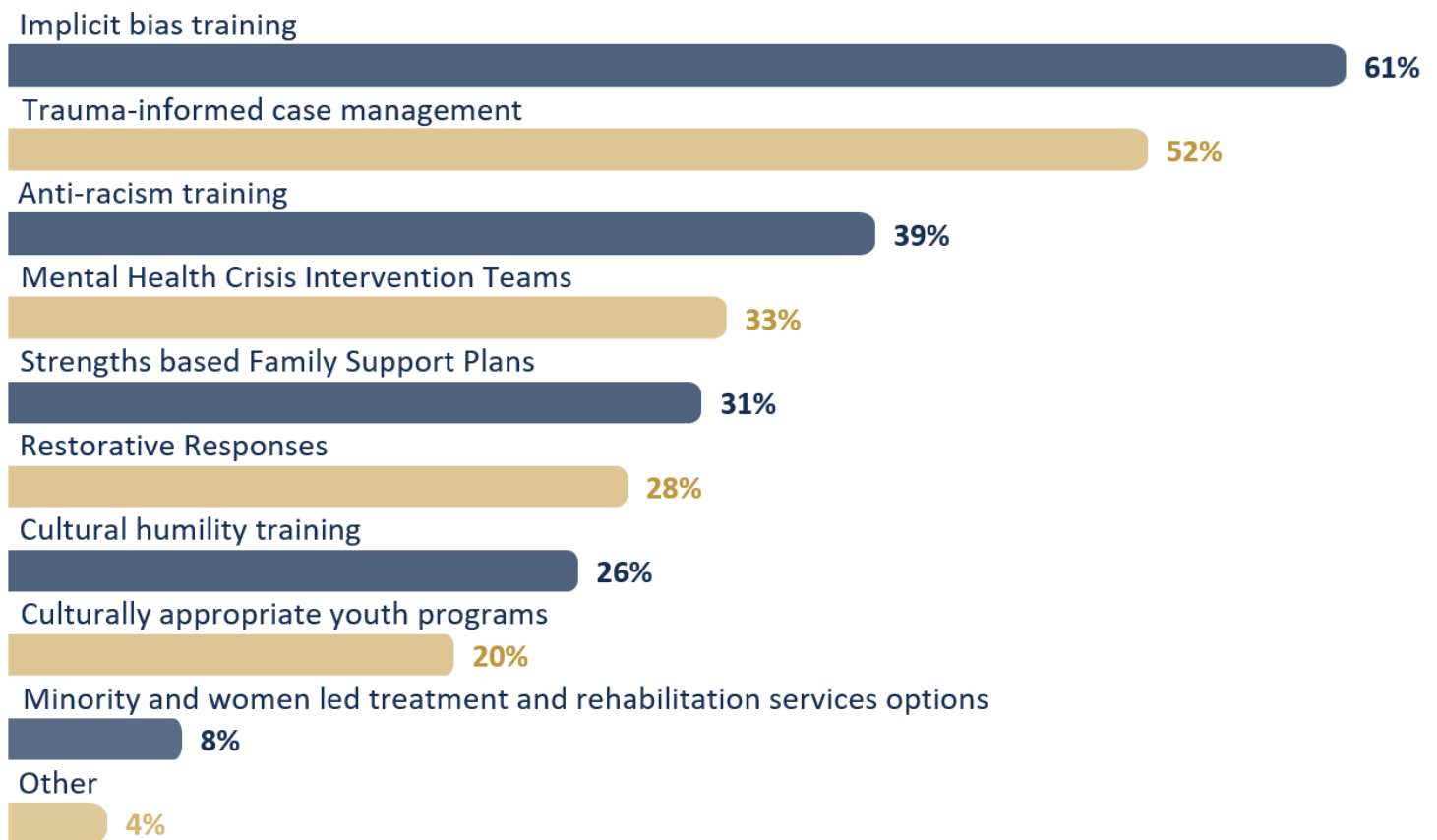


16. Gatowski, S., Miller, N., Rubin, S., Escher, P., & Maze, C. (2016) *Enhanced Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases*. Reno, NV: National Council of Juvenile and Family Court Judges, pg. 68.

Access to Culturally Responsive Care

The Enhanced Resource Guidelines recommend that “courts must be welcoming and respectful to people of all races, legal, ethnic, and socio-economic statuses, honoring family in all its forms... and remediate, to the extent possible, their own implicit biases that may adversely affect decision-making” in order to be culturally responsive.¹⁷ Judges should also reflect on how biases may be intensified when working with parents affected by OUDs and SUDs. This includes identifying interventions and treatment facilities that offer culturally responsive services. The majority of judges who responded to the survey (65%) are actively engaging in identifying additional resources and supports in their communities (Figure 2).

Figure 8. Percent of Responding Jurisdictions with Culturally Appropriate and Trauma Responsive Resources (n=71)



In addition, the vast majority of responding judges (78%) are also working in partnership with families to find culturally appropriate resources by prioritizing kinship care. Most judges (55%) are including children and family members as active participants in case planning (Figure 11).

17. Supra note 6, pg. 15.

Access to Trauma-Informed Care

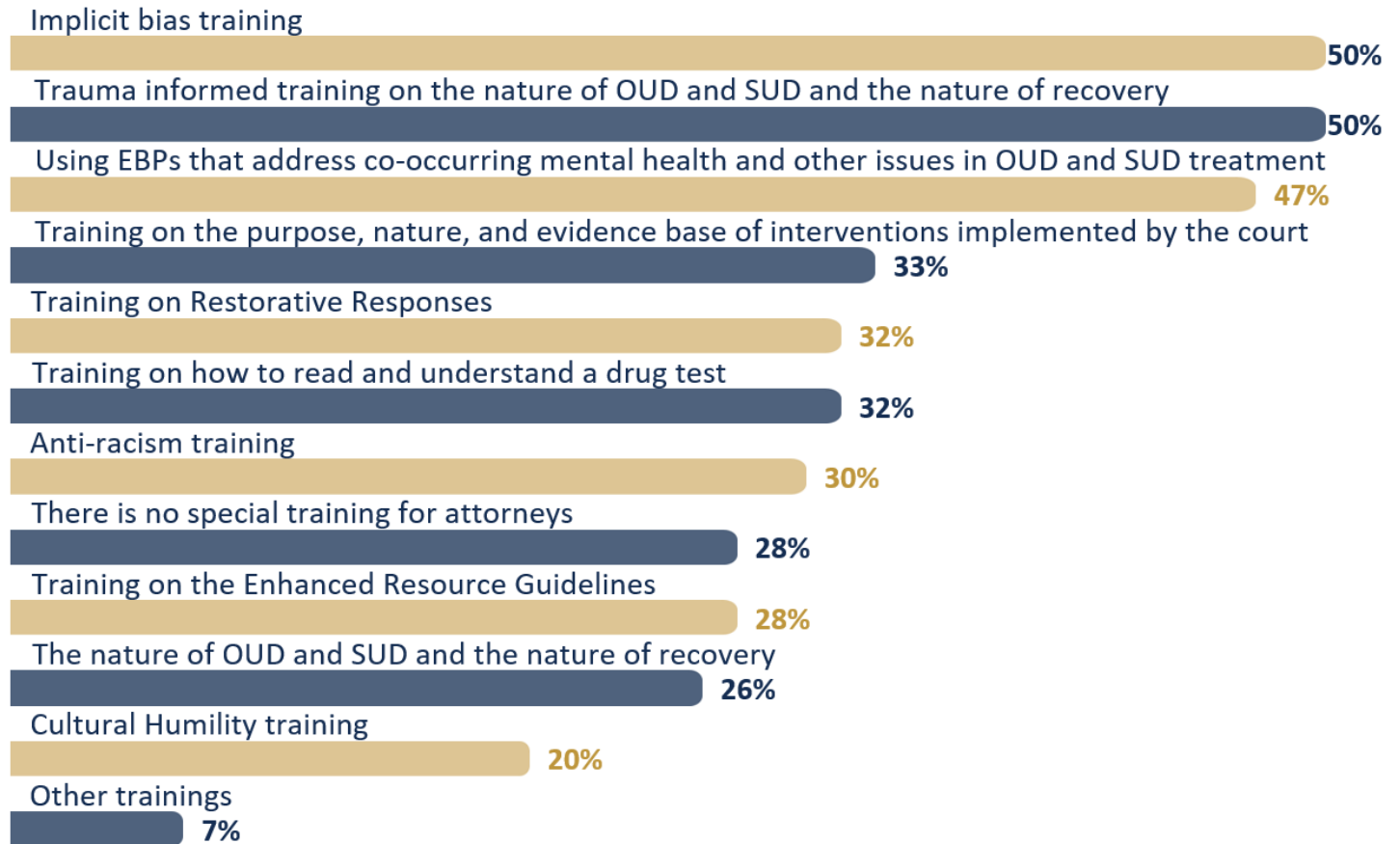
According to the *Enhanced Resource Guidelines*, “judges should be setting the expectation early on in child abuse and neglect cases that children, youth, and families should be treated in a trauma-informed manner.”¹⁸ The impact of trauma can be especially pernicious in families affected by parental substance misuse. For instance, trauma and the retriggering of trauma sets the amygdala and limbic system into overdrive and shuts down the pre-frontal cortex, blocking the individual’s ability to make rational decisions, which can lead to a relapse or a return to more harmful illicit drug use.¹⁹ These types of episodes can affect permanency timelines and decisions, so it is important for judges hearing child welfare cases to implement recommended practices that increase trauma responsiveness. Slightly more than half of the survey respondents are implementing trauma-informed practices: 52% of responding judges reported utilizing trauma-informed case management, and 50% of responding judges reported providing attorneys with trauma-informed training (Figures 9 and 10). Some courts are using more innovative approaches, such as providing trauma-informed educational resources to help children understand what is happening (52%), peer support²⁰ (38%), strengths-based family support plans (31%), and healing to wellness courts (2%) (Figure 10).

18. Supra note 16, pg. 78.

19. van der Kolk, *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking. 2014.

20. Theresa Bohannon, Carlene Gonzalez & Alicia Summers (2016) Assessing the Relationship Between a Peer-Mentoring Program and Case Outcomes in Dependency Court, *Journal of Public Child Welfare*, 10:2, 176-196, DOI: 10.1080/15548732.2016.1155523.

Figure 9. Percent of Responding Jurisdictions with Culturally Appropriate Training Available to Attorneys (n=117)



When surveyed, only 2% of judges responded that their courts use healing to wellness court programs as a means of trauma-informed and healing-centered practice in OUD and SUD cases (Figure 10). Healing-centered courts, like healing to wellness courts, recognize that all individuals who enter the court system have experienced trauma. An individual who struggles with OUD or SUD is no different. As such, healing to wellness courts promote and center healing throughout the court process. Just over a quarter of judges (27%) reported their jurisdiction utilized family treatment courts (Figure 2). Family treatment courts are similar to healing to wellness courts in that they both integrate the appropriate service providers into the court process. A person with OUD or SUD can access tailored services and support mechanisms to participate in the recovery process as a part of the court process. Family treatment courts are considered problem-solving courts and do not explicitly center healing, but they do utilize a trauma-informed model. By being trauma-informed, the judge, in collaboration with the treatment team, can provide the necessary oversight and benchmarks to foster recovery. Through judicial supervision, incentives, and sanctions, healing to wellness and family treatment court programs act as valuable tools to assist an individual in healing and recovery from OUD or SUD as well as to provide the framework for family reunification, when appropriate.

Figure 10 Percent of Judges who Indicated their Courts use Trauma-informed and Healing Centered Practices

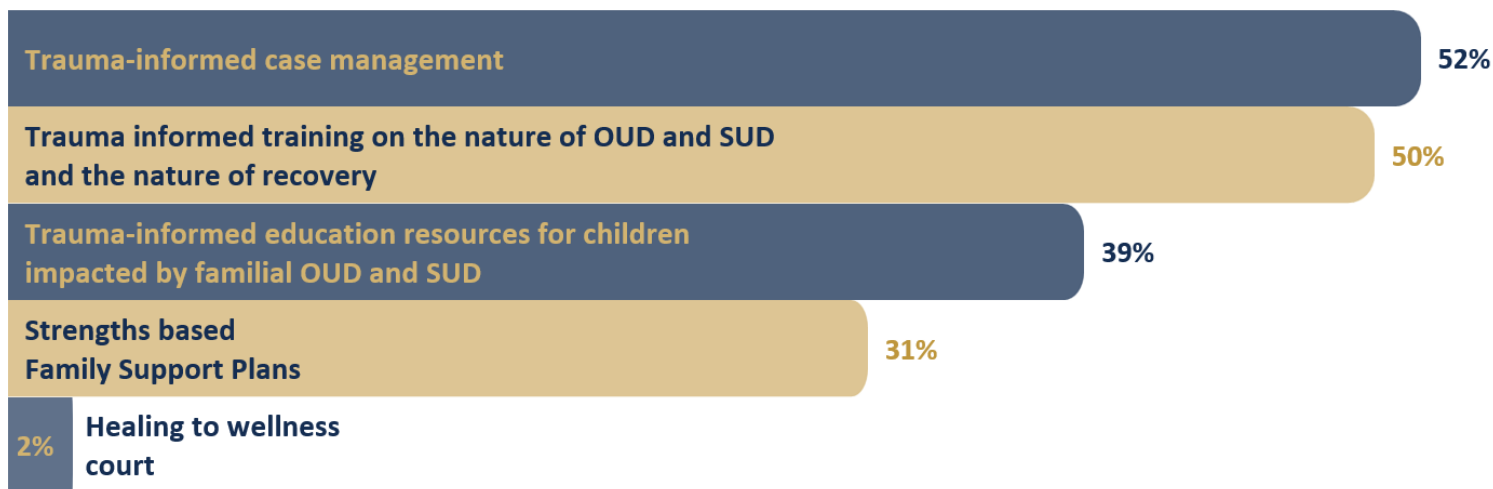
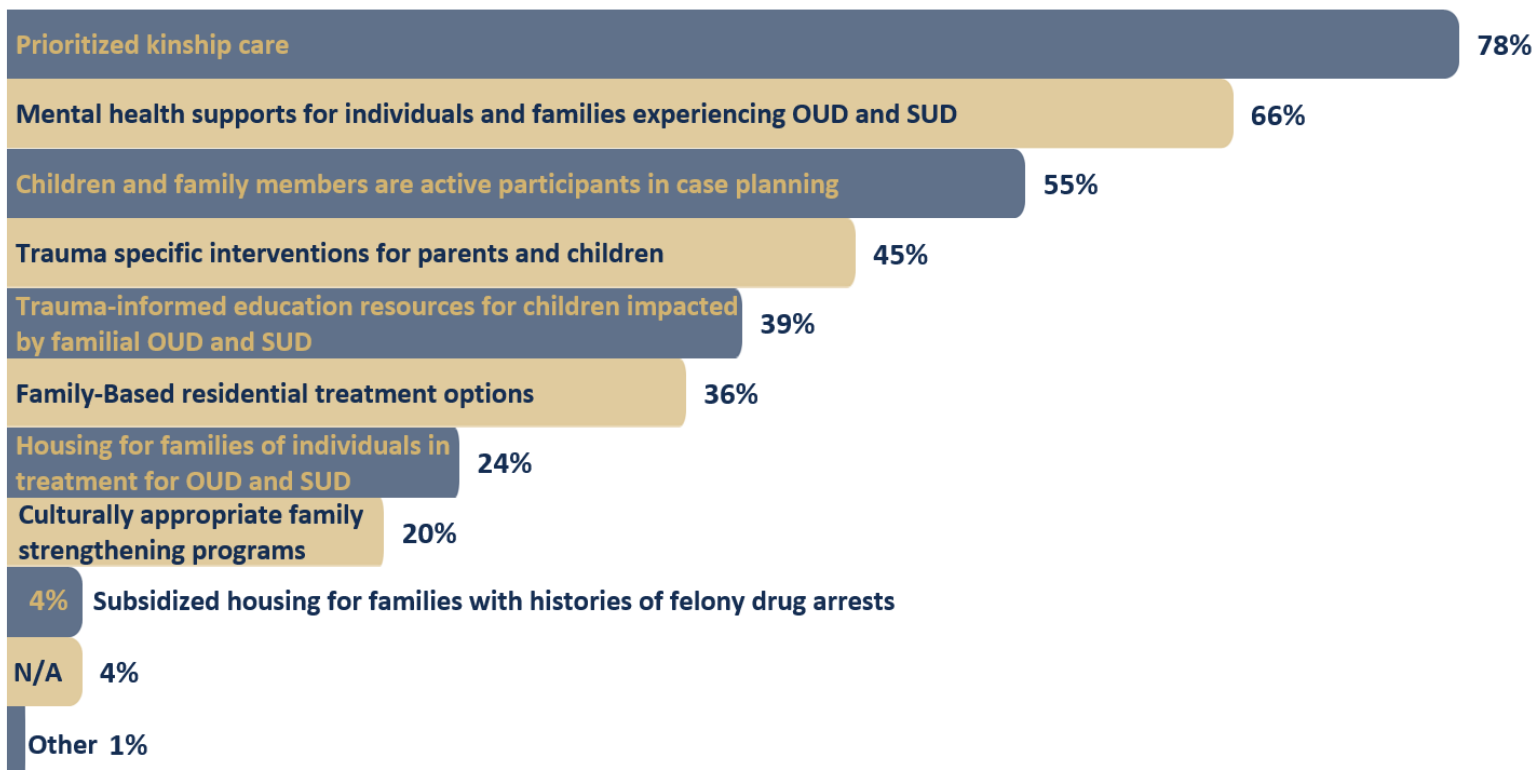


Figure 11. Percent of Judges whose Communities use the following approaches to keep Families in OUD/SUD Treatment Together (n=99)



Conclusion

The *Enhanced Resource Guidelines* provide a framework for system partners to develop policies and practices to uphold the law, as well as ensure safety, permanency, and well-being for children and families involved in the child welfare system. However, given the survey findings, more guidance is needed for children and family court judges who are serving families affected by parental substance misuse. The NCJFCJ intends to use the survey findings to develop a companion guide to the *Enhanced Resource Guidelines*. The companion guide will focus on recommended practices that can be implemented to meet the needs of families involved in the child welfare system due to substance use disorders – particularly around access to reasonable and active efforts, access to court proceedings, involvement in permanency decisions, and access to culturally- and trauma-responsive care.

APPENDIX

Survey Questions

Judicial Practice in Child Abuse and Neglect Hearings and Opioid Use Disorder

How long have you been a judge? (please respond in years)

Which types of cases do you currently preside over? (check all that apply)

- Child Welfare
- Civil
- Domestic Relations
- Family
- Juvenile Justice
- Adult Criminal Justice

Other _____

What is your level of knowledge about Opioid Use Disorder and treatment?

- Not at all knowledgeable
- Somewhat knowledgeable
- Very knowledgeable

What is your level of knowledge about other Substance Use Disorders and treatment?

- Not at all knowledgeable
- Somewhat knowledgeable
- Very knowledgeable

How do you, as a judge, participate in informing what services are needed in the community related to OUD and SUD? (check all that apply)

- Community resource mapping
- Conducting listening sessions with families
- Conducting listening sessions with youth
- Convening conversations between stakeholders and government leaders
- Educating judges in your jurisdictions on best practices
- Identifying gaps in resources and services
- Providing multi-disciplinary stakeholder (e.g., attorneys, caseworkers, etc.) training in your jurisdiction on best practices
- Reviewing best practices in OUD and SUD treatment
- Writing opinion pieces
- Other: _____
- I do not participate in identifying services and needs in my community

Are you interested in learning more about methods to identify services in the community?

- Yes
- No

How do you, as a judge, participate in informing what services are needed in the community related to OUD and SUD? (check all that apply)

- Community resource mapping
- Conducting listening sessions with families
- Conducting listening sessions with youth
- Convening conversations between stakeholders and government leaders
- Educating judges in your jurisdictions on best practices
- Identifying gaps in resources and services
- Providing multi-disciplinary stakeholder (e.g., attorneys, caseworkers, etc.) training in your jurisdiction on best practices
- Reviewing best practices in OUD and SUD treatment
- Writing opinion pieces
- Other: _____
- I do not participate in identifying services and needs in my community

Are you interested in learning more about methods to identify services in the community?

- Yes
- No

How do you, as a judge, foster collaboration among stakeholders to discuss the challenges for families and children affected by OUD and SUD? (check all that apply)

- Collaborating with directly impacted families to develop policies and procedures
- Coordinating taskforces on improving child permanency outcomes
- Convening workgroups
- Other: _____
- I do not foster collaboration among stakeholders

For the following two questions, please report how often individuals who have an OUD/SUD attend court proceedings: always, sometimes, and never.

	Always	Sometimes	Never
How often do parents who are incarcerated attend court hearings?			
How often do parents who are in residential treatment programs attend court hearings?			

How does your jurisdiction ensure that individuals who have an OUD/SUD and are incarcerated can participate in hearings? (check all that apply)

- Attorneys and case managers are questioned if parents are not present
- Attorneys are required to visit clients in jail
- Digital/video conferencing is provided for parents who are incarcerated
- Permanency decisions are delayed to ensure parental presence
- Parents who are incarcerated are physically transported to the court by the facility
- Other: _____
- Our jurisdiction does not ensure individuals who are incarcerated can participate in hearings

Are you interested in learning more about methods to ensure individuals who are incarcerated or in residential treatment programs can participate in hearings?

- Yes
- No

What methods does your jurisdiction use to ensure access to transportation for individuals experiencing OUD and SUD? (check all that apply)

- Arrange rides through a volunteer program
- Identifying programs, resources, and supports that can assist families with transportation
- Pay for rides in taxis and/or ride sharing
- Plan bus/transit routes with individuals
- Provide bus/transit passes
- Verify that family support plans include resources that are realistically accessible to families
- Other: _____
- Our jurisdiction does not ensure individuals experiencing OUD and SUD have access to transportation

Are you interested in learning more about transportation access for people with OUD and SUD?

- Yes
- No

Are peer mentors available in your court for families impacted by OUD and SUD?

- Yes
- No

Are you interested in learning more about peer mentors?

- Yes
- No

What, if any, special types of training do attorneys receive to work with parents who are experiencing OUD and SUD? (check all that apply)

- Anti-racism training
- Cultural humility training
- Culturally responsive training on the nature of OUD and SUD and the nature of recovery
- Implicit bias training
- Training on how to read and understand a drug test
- Training on restorative responses
- Training on the effective use of evidence-based practices that address co-occurring mental health issues and other co-occurring issues in OUD and SUD treatment
- Training on the Enhanced Resource Guidelines
- Training on the purpose, nature, and evidence base of interventions implemented by the court
- Trauma-informed training on the nature of OUD and SUD and the nature of recovery
- Other: _____
- There is no special training for attorneys
- I don't know

Are you interested in learning more about trainings available to attorneys?

- Yes
- No

What resources and training are available and utilized for all court staff to provide a culturally appropriate response to OUD and SUD? (check all that apply)

- Anti-racism training
- Cultural humility training
- Culturally appropriate youth programs
- Implicit bias training
- Mental health crisis intervention teams
- Minority and women led treatment and rehabilitation services options
- Restorative responses
- Strengths based family support plans
- Trauma-informed case management
- Other: _____
- There are no culturally appropriate resources and trainings in our court
- I don't know

Are you interested in learning more about trainings and resources to provide culturally appropriate responses to OUD and SUD?

- Yes
- No

What types of alternative dispute resolution practices are available for families affected by OUD and SUD? (check all that apply)

- Dependency mediation
- Family drug court mediation
- Listening circles
- Restorative responses
- Other: _____
- There are no alternative dispute resolution practices currently available

Are you interested in learning more about alternative dispute resolution practices?

- Yes
- No

How do OUD and SUD factor into decisions about family time, including duration, frequency and whether the visits are supervised or unsupervised? (check all that apply)

- Families experiencing housing instability are provided with safe space for unsupervised family visits
- Families who are not impaired or actively using drugs at the time of family visits are allowed to have unsupervised visits
- Families with positive drug tests are allowed to have unsupervised visits
- Families with positive drug tests are allowed to have supervised visits only
- Families with positive drug tests have less frequent family visits
- Families with positive drug tests have shorter family visits
- Families with positive drug tests have their family time denied or suspended
- Steps are taken to ensure families are not using drugs during family time
- Other: _____
- OUD and SUD do not factor into decisions about family time

Are you interested in learning more about how OUD and SUD should factor into decisions about family time?

- Yes
- No

What are some factors that may challenge a finding of reasonable or active efforts when it comes to OUD and SUD, treatment options, recovery timelines, etc.? (check all that apply)

- Lack of an in-home safety plan that takes into account OUD and SUD
- Lack of reasonable efforts to find safe homes for families that are suitable and will accept families as they are (i.e., if they have low credit or a felony drug offense)
- Parents are not provided access to attend the proceedings
- Permanency timeline did not take treatment plan and recovery timeline into account
- Family services plan is not reflective of the needs and strengths of the families
- Family services plan is overly burdensome on the families
- Other: _____
- There are no factors related to OUD and SUD that may challenge a finding of reasonable or active effort

Are you interested in learning more about OUD and SUD factors that may impact a finding of reasonable or active efforts?

- Yes
- No

What are ways your community keeps families together (excluding family time visits) while parents are going through treatment for OUD and SUD? (check all that apply)

- Culturally appropriate family strengthening programs
- Children and family members are active participants in case planning
- Family-based residential treatment options
- Housing for families of individuals in treatment for OUD and SUD
- Mental health supports for individuals and families experiencing OUD and SUD
- Prioritized kinship care
- Subsidized housing for families with histories of felony drug arrests
- Trauma-informed education resources for children impacted by familial OUD and SUD
- Trauma-specific interventions for parents and children
- Other _____
- Our community does not work to keep families together while parents are going through treatment for OUD and SUD
- I don't know

Are you interested in learning more about methods to keep families together?

- Yes
- No

What resources are available and used in your jurisdiction to respond to OUD and SUD?
(check all that apply)

- Adolescent treatment services
- Appropriate and affordable housing
- Behavioral and mental health supports
- Community based support groups
- Culturally appropriate out-of-school time programs
- Education on prevention in schools
- Medication assisted treatment for parents
- Medication assisted treatment for pregnant people
- Outpatient treatment
- Residential inpatient treatment for families
- Screening, brief intervention, and referral to treatment (SBIRT)
- STI testing/services
- Syringe exchanges
- Whole family treatment
- Other: _____
- There are no resources to respond to OUD and SUD in my jurisdiction
- I don't know

Are you interested in learning about more resources to respond to OUD and SUD?

- Yes
- No

Those are all of the questions we have for you. Please use the space provided for any additional comments you would like to make about your jurisdiction's handling of cases that are impacted by OUD and SUD.

We asked throughout this survey if you would like to share or learn more information. If you indicated yes and feel comfortable doing so, please list your name and email address and let us know whether you would like to share, learn, or both. Your name and contact information will not be attributed to your survey responses.



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