Substance Use Disorders
and Child Welfare

Part 3 of a 3-part series addressing Substance Use Disorders, the opioid epidemic, child welfare and a family-centered approach

June 24, 2020

Sarah Fox
Program Associate
NCSACW Presenter
LEARNING OBJECTIVES

By participating in this training, you will:

• Become familiar with substance use as a disorder
• Gain knowledge around the history of the disorder and the opioid epidemic
• Learn about substance use disorder treatment and recovery processes
A THANK YOU TO OUR SPONSORS

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The content provided by this resource is made possible through participation in the Office for Victims of Crime (OVC) and Bureau of Justice Assistance (BJA) National Stakeholder Partnership (NSP).

This Partnership, comprised of seven national organizations, leverages expertise on child and youth impacted and victimized by the nation’s opioid and broader substance use crisis, with an emphasis on multidisciplinary collaborations, research, and promotion of training and education.

Members of the NSP dedicate time and resources to inform the planning, development, and implementation of OVC and BJA initiatives designed to respond to, treat, and support those impacted by the opioid epidemic, specifically young victims. In addition, members participate in informative, national conversations regarding children and youth impact and best-practice models that focus on innovative strategies and force-multiplying partnerships.

The overarching goals of this work are to advance awareness and knowledge to help mitigate the traumatization of children and youth and to advance dissemination of innovative practices throughout the field.
NCSACW PRESENTER
SARAH FOX, MA
PROGRAM ASSOCIATE
ACKNOWLEDGEMENT

A program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Children and Families (ACF), Children’s Bureau

www.ncsacw.samhsa.gov | ncsacw@cffutures.org
OVERVIEW
PART 3 OF 3-PART SERIES

• Key legislation and its impact on family recovery
• Conflicting timelines for SUD treatment, child welfare and the courts
• Practical approaches in the field
• Resources
Federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect.

Current funding provides several grant programs:

- **State Grants**: a formula grant to improve CPS
- **Discretionary grants**: competitively awarded funds to support research, technical assistance, and demonstration projects
- **Community-based Grants (CBCAP)**: funding to all states for support of community-based activities to prevent child abuse and neglect
- **Children’s Justice Act Grants**: to States and territories to improve the assessment, investigation, and/or prosecution of child abuse and neglect cases with particular focus on sexual abuse and exploitation of children, child fatalities, and children who are disabled or with serious health disorders

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**1974**

Child Abuse Prevention and Treatment Act (CAPTA)
Primary Changes in CAPTA

1974

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2010

The CAPTA Reauthorization Act of 2010
- Conditions for receipt of State grant were updated to clarify definition of substance exposed infant and added Fetal Alcohol Spectrum Disorder:
  - "Born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder"
- Added reporting requirements to Annual State Data Reports to include:
  - Number of children referred to child welfare services identified as prenatally drug exposed or FAID
  - Number of children involved in a substantiated case of abuse or neglect determined to be eligible for referral to Part C of the Individuals with Disabilities Education Act (children under age 3)
  - Number of children referred to agencies providing early intervention services under Part C

2003

The Keeping Children and Families Safe Act of 2003
- Amends CAPTA and creates new conditions for States to receive their State grant
  - Congressional report states: "To identify infants at risk of child abuse and neglect so appropriate services can be delivered to the infant and mother to provide for the safety of the child" and...
  - "the development of a safe plan of care...to protect a child who may be at increased risk of maltreatment, regardless of whether the State had determined that the child had been abused or neglected as a result of prenatal exposure"
- To receive State grant, Governor must assure they have policies and procedures for:
  - Appropriate referrals to address needs of infants "born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure"
  - Health care providers to notify CPS
  - A Plan of Safe Care for infant and immediate screening, risk and safety assessment, and prompt investigation

2016

Comprehensive Addiction and Recovery Act of 2016 (CARA)
- Further clarified population requiring a Plan of Safe Care:
  - "Born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder," specifically removing "illegal"
- Required the Plan of Safe Care to include needs of both the infant and family/caregiver
- Specified data reported by States, to the extent practical, through National Child Abuse and Neglect Data System (NCANDS):
  - The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder
  - The number of infants for whom a Plan of Safe Care was developed
  - The number of infants for whom referrals were made for appropriate services—excluding services for the affected family or caregiver
- Specified increased monitoring and oversight:
  - Children’s Bureau through the annual CAPTA report in the State plan
  - States to ensure that Plans of Safe Care are implemented and that families have referrals to and delivery of appropriate services
KEY ISSUES FOR STATE CONSIDERATION

Determine who is responsible to develop/implement/monitor the Plan of Safe Care

Clarify definitions in legislation – such as defining “affected by,” “withdrawal,” and “FASD”

Develop communication protocol for submission of required data elements specified in CARA
WHAT IS MALTREATMENT

“Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation”

“An act or failure to act which presents an imminent risk of serious harm.”

(CAPTA, 42 U.S.C.A. § 5106g)

*A “child” under this definition generally means a person who is younger than 18 or who is not an emancipated minor*
<table>
<thead>
<tr>
<th>Types of Maltreatment</th>
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<tr>
<td>Physical abuse</td>
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<td>Neglect</td>
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<td>Sexual abuse</td>
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<td>Emotional abuse</td>
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PARENTAL DRUG USE AS CHILD ABUSE

*State variation*
CHILDWELFARE RESPONSE

- State policy
- Severity of the maltreatment
- Assessment of the child's immediate safety
- Risk of continued or future maltreatment
- Services available to address the family’s needs
- Whether the child was removed from the home and a court action to protect the child was initiated
Protective Factors

- Parent resilience
- Knowledge
- Social connections
- Nurturing
- Attachment
- Supports
Adoption and Safe Families Act (ASFA)
1997
Child Welfare
12-month timetable for reunification

Parent-Child Relationship
Attachment, loss and separation

Treatment and Recovery
Ongoing process that may take longer
The Child Welfare/Court Timetable

Timeline for Hearings and Reviews

1. **Child removed from home**
   - **Within 24 hours**
     - **Shelter Hearing**
     - Court decides if child can safely be placed with a parent.

2. **Within 30 days of date petition filed**
   - **Discovery and Admit/Deny**
   - Information shared; parent admits or denies abuse or neglect happened.

3. **Within 60 days of date petition filed**
   - **Jurisdiction/Disposition**
   - If abuse/neglect admitted or provided, court decides if child should remain in DHS custody.

4. **Within 6 months of placement**
   - **Case Review**
   - The case review assesses child welfare efforts to ensure the case plan is appropriate and that timely and appropriate services are being delivered.

5. **Within 12 months of placement**
   - **Case Review**
   - The court decides on a plan for where the child will grow up.

6. **No later than 12 months after jurisdiction or 14 months from placement, whichever is earlier**
   - **Permanency Hearing**

**NOTE**: What these hearings are called may vary from state to state. Please contact your supervisor if you have questions.
The Substance Use Disorder Treatment Timetable

* Early access to treatment
TREATMENT CONSIDERATIONS ON PERMANENCY

- Fear of the parents that their children will not be adopted and will grow up in foster care
- Whether the child can be adopted or placed in the guardianship of a family member who can provide ongoing consistency of care and opportunities for ongoing relationships
- Whether the child can be placed in an open adoption that will permit continuing some relationships
- The support that is given to the parent for recovery from the loss of the child or children, as part of the treatment and relapse prevention plan
THE CHILD’S DEVELOPMENTAL TIMETABLE
The Welfare Reform Timetable

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
REASONABLE EFFORTS

- Child welfare agencies make reasonable efforts to provide services that will help families remedy the conditions that brought the child and family into the child welfare system.

- When a court determines that family reunification is not in the best interest of the child, efforts must be made to finalize another permanent placement for the child.
The parent subjected the child to aggravated circumstances as defined by state law.

The parent committed murder of another child of the parent.

The parent committed voluntary manslaughter of another child of the parent.

The parent aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter.

The parent committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

The parental rights of the parent to a sibling of the child were terminated involuntarily.
FAMILY TREATMENT COURTS

Devoted to **cases of child abuse and neglect that involve substance use** by the child’s parents and/or other caregivers.

Focused on safety and welfare of the child while giving parents tools needed to become sober, responsible caregivers.

Utilizes a **multidisciplinary team approach** to assess the family’s situation, devising **comprehensive case plans** that address the needs of the children and the parents.
FTC Model as a Collaborative Solution

**Judicial Oversight**
- Treatment Court
- Therapeutic Jurisprudence

**Comprehensive Services**
- Access to Quality Treatment and Enhanced Recovery Support
- Enhanced Family-Based Services
Family Treatment Court Outcomes

- Higher treatment completion rates
- Shorter time in foster care
- Higher family reunification rates
- Lower termination of parental rights
- Fewer CPS Petitions after reunification
- Lower criminal justice recidivism
- Cost savings per family
CLOSING A CHILD WELFARE CASE
Individualized safety plans for children of parents affected by a substance use disorder in the event of a parent's relapse

The plan should include the following:

- Persons who will regularly check on the well-being of the children, such as family members or neighbors
- Persons or locations agreed upon in advance, where the child can stay if the parents abandon the children or are unable to provide a safe environment
- Monitoring of trigger behaviors that would bring safety plans into play
- Identified safe havens where parents can send children if they feel they are going to start using substances or relapse into inappropriate behavior around and toward children
Collaboration to Address Risk
INTERAGENCY COLLABORATION

Families

Substance Use Treatment Professionals

Court Professionals

Child Welfare Professionals
CREATING A COLLABORATIVE ENVIRONMENT

- Development of mutual respect, understanding, and trust
- Honest and frequent communication, both formal and informal
- Recognition that collaboration is in the self-interest of both professionals and families
- Understanding of shared values and instances where values differ
- Development of mutual sense of ownership and planning for success of specific parents
- Identification of jointly developed concrete and attainable objectives for specific parents
COLLABORATION ACROSS SYSTEMS

- Consider differing perspectives
- Understand practices and resources
- Increasing and comprehensive interaction, such as:
  - Networking between professionals to exchange information about resources, systems and requirements
  - Coordination between professionals to schedule activities and requirements with each other’s needs in mind
  - Cooperation between professionals to work toward common outcomes for specific clients by developing a common or joint plan
  - Collaborative strategies between workers to carry out a commonly defined and supported set of agency or system outcomes
Practice Strategies
To Support Families Affected by Substance Use

Early Identification
Help in the identification of women during pregnancy and parents early in their child welfare case

Effective Treatment
Understanding effective family centered treatment solutions

Family Recovery
Understand the recovery process – some parents can safely keep/reunify with children when they are in treatment and recovery
The Screening and Assessment For Family Engagement, Retention, and Recovery (SAFERR) is a collaborative model that helps child welfare professionals, substance use treatment providers, and family court professionals make better-informed decisions to identify parents in need of services and to better communicate important information across agencies. The focus of SAFERR is to improve outcomes for children and families affected by substance use disorders. The model also provides strategies to aid in fostering connections, communication techniques, and collaborative capacities across agencies. Sample screening and assessment tools assist staff at public and private agencies in responding to families in their caseloads.
National Center on Substance Abuse and Child Welfare

Regional Partnership Grants
2007-Present – 109 Grantees

Children Affected by Methamphetamine
12 Family Drug Courts

2002  2007  2010
CHILDREN AFFECTED BY METHAMPHETAMINE (CAM) GRANTS

- 12 FDC Awardees funded by SAMHSA
- Focused on expanded/enhanced services to children and improve parent-child relationships
- 18 Performance Indicators
- Contextual Performance Information included for indicators where state or county-level measures are similar in definition and publicly available
COMMON PROGRAM STRATEGIES IN CAM SITES

- Parenting Education
- Therapeutic Based Parent-Child Intervention
- Engagement and Outreach
- Trauma Focused Services for Adults
- Trauma Focused Services for Children
- Developmental and Behavioral Interventions
NEW WAYS OF DOING BUSINESS

- CAM profoundly changed the ways FDCs function
- Increased focused on children has requires new collaboration and partnerships
- Increased focus on family functioning parent-child relationships
**Recovery:** Increased parental recovery from substance use disorders

**Remain at Home:** More children remain in the care of their parents

**Reunification:** Increased number and timeliness of parent-child reunification

**Recidivism:** Decreased incidence of repeat maltreatment

**Re-Entry:** Decrease in number of children entering out of home care
Collaborative Strategies Learned from CAM and RPG

1) A system of identifying families
2) Timely access to assessment and treatment services
3) Enhanced case management and recovery support
4) Improved family services and focus on parent-child relationships
5) Increased judicial or administrative oversight
6) Contingency management
7) Collaborative approach and efficient information sharing
Systems-Level Policy Efforts that Support Practice Innovations

Practice Strategies and Innovations

Key Shared Outcomes for Families

**Recovery**
Parents access treatment more quickly; stay in treatment longer; decrease substance use

**Remain at Home**
More children remain at home throughout program participation

**Reunification**
Children stay less days in foster care and reunify within 12 months at a higher rate

**Repeat Maltreatment**
Fewer children experience subsequent maltreatment

**Re-entry**
Fewer children who reunify return back to foster care
**Web-Based Resource Directory**

- Includes research, training materials, webinars and videos, site examples and other resources
- Topics include substance use disorders and treatment, medication-assisted treatment, infants with prenatal substance exposure, and supporting families with opioid use disorders

**Technical Assistance**

- Identifying values and principles of collaborative practice to address differences and develop agency values’, missions and mandates
- Examples of effective collaborative practice between substance use providers, child welfare and the courts

ncsacw@cffutures.org | 1-866-493-2758 | https://ncsacw.samhsa.gov/
Free Online Tutorials for Cross-Systems Learning


Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

www.ncsacw.samhsa.gov/.org
The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

- Understand substance use and co-occurring disorders.
- Identify when substance use is a factor in a child welfare case.
- Learn strategies for engaging parents and families in services.
- Understand potential effects for the parent, children, and caregivers.
- Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice.

Visit our website to download the training toolkit: https://ncsacw.samhsa.gov/training/toolkit/
NCSACW Child Welfare Practice Tip Guides

Understanding Substance Use Disorders – What Child Welfare Staff Need to Know

- Substance use disorders (SUDs) are complex, progressive, and treatable diseases of the brain that profoundly affect how people eat, think, and feel. SUDs affect individuals of all ages, social, emotional, and family life resulting in emotional, psychological, and sometimes physiological dependence.

Be aware of common misconceptions and myths. Many people incorrectly believe that a parent with a SUD is a toxic person and the drug use will overpower or that if they Limit the child’s lives they would be to just stop using the drug.

Resiliency rates for SUDs are similar to other chronic medical conditions such as diabetes or hypertension. SUDs can be a chronic brain disease, a return to use or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic disease. A recurrence or return to use is an opportunity to examine a parent’s current treatment and recovery support needs, and adjust them as needed.

SUDs can be successfully treated and managed. Like other diseases, SUDs can be effectively treated. Successful substance use treatment is individualized and generally includes psychosocial treatments, recovery supports, and when clinically indicated, medications.

SUDs can affect each member of the family, relationships, and parenting. SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting and lack of appropriate care for children. Treatment and recovery support must extend beyond solely focusing on the parent’s substance use to a more family-centered approach that addresses the needs of each affected family member.

Prevalence of co-occurring disorders. For many people, trauma is a common experience associated with their SUD. Substance use may be an inappropriate way to cope with their trauma experience. Good practice integrates a trauma-informed approach that explores the widespread impact of trauma, recognizes the signs and symptoms, and avoids causing further harm and re-traumatization.

Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips

- Know what to look for: When conducting child welfare assessments, know that specific drugs have specific physiological effects. Common signs in the home environment, and symptoms of substance use or misuse, may include:

  1. Personal Appearance
     - Sphincter problems
     - Unusual attire
     - General appearance
     - Breath smell
     - Sustained sleep
     - Hair color
     - Faulty hygiene

  2. Behavioral Signs
     - Agitated behavior or mood
     - Repetitive behavior
     - Mood swings
     - Sleep disturbances
     - Fatigue
     - Suicidal tendencies
     - Aggressive behavior
     - Sustained efforts
     - Self-neglect

  3. Physical Environment
     - Signs of drug paraphernalia (such as screens, rolling papers, etc.)
     - Drug-related signs (such as blood spots, bruises, etc.)
     - Unusual items left in the home

Screen all families for substance use. The purpose of the SUD screening is to determine the presence of substance use and identify the need for a further clinical SUD assessment. Gather information from a variety of sources including: review of the child’s records; observation of signs and symptoms, drug testing, and using a valid screening tool such as the AUDIT, AUDS, or ASSESS. The UKOPED is another valid screening tool that suits the following six guidelines:

- How often do you continue to use alcohol or drugs longer than you intended?
- Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?
- Have you ever wanted to cut down or stop using alcohol but could not?
- Have you ever felt guilty about your alcohol or drug use?
- How often do you use alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

Source: Norman H. Haffens, Ph.D., Drama Clinical Assessments. For more information about the UKOPED tool and scoring, please visit www.essentialassessment.com/UKOPED_for_sale.php

Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips

Engage in non-judgmental conversations. Parents may feel overwhelmed and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use ‘person first’ language and avoid using labeling terms or phrases such as the following:

- “Tell me more about...”
- “As part of our work with families, we ask all families about...”
- “I’m not thinking that...”
- “I know what you’re going through...”
- “I’m concerned about you because...”

Provide active support in early recovery. SUDs may affect cognitive functions (eg. memory) and result in behavior that is often perceived as ‘naughty’. Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents to attend SUD treatment, court, schools, and parent strengthening programs. Assist the parent make key and keep appointments by marking their calendar/schedule providing reminders and incentives. Identify barriers for making an appointment -such as competing service priorities or lack of transportation and work together to formulate solutions.

Link to peer or recovery support. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support rate is often persons with lived experience of recovery from substance use disorders and child welfare involvement, or professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents to facilitate receipt of treatment services.

Support the children. Help children develop an understanding of SUDs that is supportive and non-judgmental. Convey information about their parent’s substance misuse in a way that defines the disorders not the persons, and is appropriate to their developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don’t understand when they use too much or use drugs, but the reason they do that is that they have been ill.
- You are not the reason your parents drink or drugs. You do not cause this disease. You cannot stop your parents’ disease or drug use.
- There are lots of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone!
- Don’t think of people who might talk about your parents. They don’t have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or a family member you trust.
This technical assistance tool provides on-the-ground examples from 12 states and 5 Tribes (Minnesota) across the country that have implemented comprehensive approaches to Plans of Safe Care (POSC) for infants with prenatal substance exposure (IPSE) and their families and caregivers.

These concrete examples can help states and agencies consider practice and policy system changes to best serve these families in their own communities.
RESOURCES TO SUPPORT FAMILIES IN CHILD WELFARE AFFECTED BY OPIOID USE DISORDERS

https://www.youtube.com/watch?v=YhBuP_vD78s&t=487s
A Collaborative Approach
Addressing the needs of pregnant women with opioid use disorders, their infants, and families.

Partnering to Treat Pregnant Women
Lessons Learned from a Six Site Initiative will provide an overview and share lessons from the SAMHSA-funded initiative, Substance Exposed Infants In-Depth Technical Assistance program.

A Framework for Intervention for Infants with Prenatal Exposure and Their Families
Identifies points of intervention for comprehensive reform to prevent prenatal exposure and respond to the needs of pregnant women, mothers, their families, and infants.

Cross-Systems Guides

• Use these system specific guides to help establish a baseline understanding of the practices and policies used across systems

Download

Critical Lessons about Effective Collaboration

- **Leadership**: Identifying champions from critical partner systems and a dedicated lead agency
- **Engaging Critical Partners**: Ensuring that partners from multiple agencies and disciplines are meaningfully engaged
- **Cross-system Support**: Building a common foundation for systems change through shared resources, relationships, and results
- **Data Collection, Reporting & Integration**: Developing systems, protocols and training to support shared data collection, analysis and reporting
Plan of Safe Care
Learning Modules
Coming Soon!

Five Learning Modules:

• **Brief 1:** Preparing for Plan of Safe Care Implementation

• **Brief 2:** Establishing Collaborative Partnerships

• **Brief 3:** Determining Who Needs a Plan of Safe Care

• **Brief 4:** Implementing and Monitoring Plans of Safe Care

• **Brief 5:** Overseeing State Systems and Reporting Data on Plans of Safe Care

For more information on NCSACW, please visit: [https://ncsacw.samhsa.gov/](https://ncsacw.samhsa.gov/)
Substance Abuse and Mental Health Administration (SAMHSA)

- SAMHSA is the agency within DHHS that leads public health efforts to advance the behavioral health of the nation. SAMSA’s mission is to reduce the impact of substance use and mental illness in America’s communities. Visit the SAMHSA website (http://www.samhsa.gov) for more information

- SAMHSA’s treatment locator provides referrals to local treatment facilities, support groups, and community-based organizations which can be filtered by need. For more information, visit https://findtreatment.samhsa.gov/ or call 1-800-662-4357 (HELP), a free and confidential helpline open 24 hours a day, 7 days a week.

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The Administration for Children and Families, Children’s Bureau

- The Children’s Bureau partners with federal, state, tribal, and local agencies to improve the overall health and well-being of our nation’s children. Visit the Children’s Bureau website (http://www.acf.hhs.gov/programs/cb) for more information.

- A service of the Children’s Bureau, the Child Welfare Information Gateway provides child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. Visit the Child Welfare Information Gateway website (https://www.childwelfare.gov) to learn more

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CONTACT US

Sarah Fox, MA
Program Associate
(714) 505-3525
ncsacw@ccfutures.org
www.ncsacw.samhsa.gov
### UPCOMING WEBINARS AND TRAINING OPPORTUNITIES

<table>
<thead>
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<th>Title</th>
<th>Date/Time</th>
<th>Audience</th>
<th>Registration link</th>
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<tr>
<td>Advocating for Trafficked and High-Risk Child and Youth Victims</td>
<td>Thursday, July 23, 2020 11 AM – 12:30 PM PT/12 PM-1:30 PM MT/1-2:30 PM CT/2-3:30 PM ET</td>
<td>CASA/GAL Staff and Volunteer Advocates</td>
<td>Member Portal&gt;Events or <a href="https://nationalcasagal.zoom.us/webinar/register/WN_yHPGl9I_Rv6gbaIrMzl8IQ">https://nationalcasagal.zoom.us/webinar/register/WN_yHPGl9I_Rv6gbaIrMzl8IQ</a></td>
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<td>2020 National CASA/GAL Virtual Conference Reconnect. Recharge. Reignite.</td>
<td>Tuesday and Wednesday, October 20-21, 2020 12-6:30 PM ET (tentative)</td>
<td>CASA/GAL Staff, Board Members and Volunteer Advocates</td>
<td>Opens in late June. Full and on-day conference registrations will be available.</td>
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