

From Missed to Managed

Helping FTCs Respond to Co-Occurring Disorders Effectively



National Center on
Substance Abuse
and Child Welfare



Acknowledgment

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Learning Objectives



Understand the scope and impact of co-occurring disorders in family treatment court (FTC) populations



Learn how to improve identification through screening and assessment



Explore evidence-based treatment approaches used by successful FTCs to support recovery and family reunification



Let's Take a Poll!



Which of the following answers represents the correct number of adults in the United States who have been diagnosed with a co-occurring disorder?

- a) 21.2 million
- b) 40.3 million
- c) 25.5 million

Prevalence of Co-Occurring Disorders (CODs)

**Mental
Disorder
40.3 million**

**21.2
million
Co-Occurring
Disorders**



**Substance
Use Disorder
25.5 million**

(Substance Abuse and Mental Health Services Administration, 2025a)

Prevalence of CODs in Treatment Court Programs

Up to **63%**
people in Drug Treatment Courts
have at least one mental health condition.

Increase risk of:

- Treatment non-completion
- Program termination
- Delayed reunification
- Child welfare recurrence

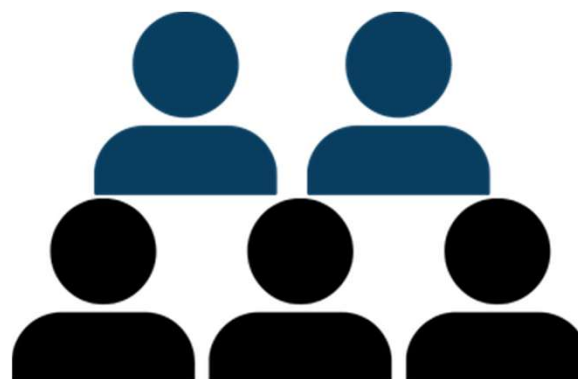


(Humenik & Dolan, 2022; National Center on Substance Abuse and Child Welfare, 2020)

Of adults with co-occurring disorders...

85.5%

*do not receive services
for both conditions*



41%

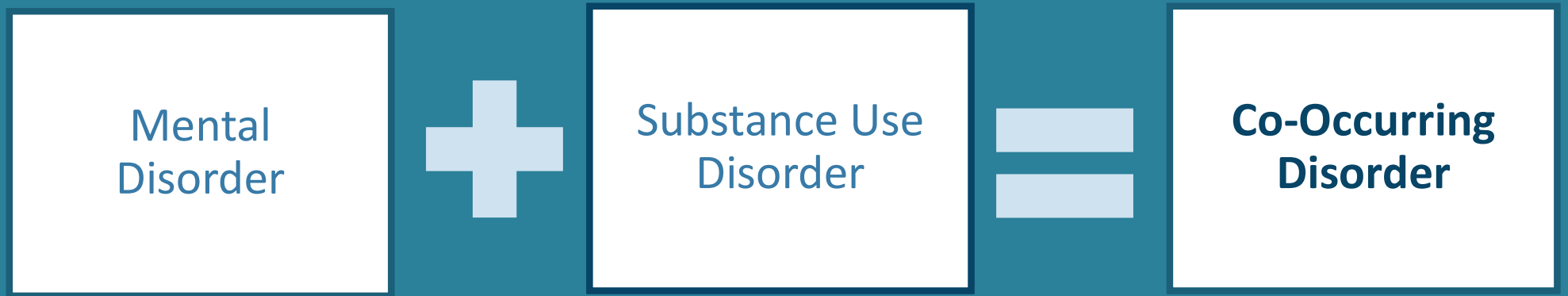
receive *no treatment*

(Substance Abuse and Mental Health Services Administration, 2025a)

Co-Occurring Disorders

Facts and Figures





What Is a Co-Occurring Disorder?

Common Types of Co-Occurring Mental Disorders



Mood

Anxiety

Psychotic

Personality

(Substance Abuse and Mental Health Services Administration, 2023)

Pathways to Co-Occurrence

Common risk factors:

- Genetics
- Trauma
- Adverse Childhood Experiences (ACE)



Mental health and substance use disorders (SUDs) often influence one another and share common risk factors.

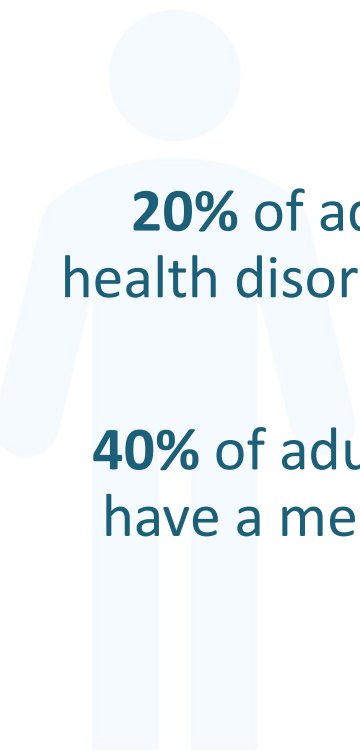
Mental health challenges and disorders **can contribute to substance use and SUDs.**



Substance use and SUDs **can contribute to the development of mental health challenges and disorders.**

(National Institute on Drug Abuse, 2024)

Co-Occurrence of SUDs & Mental Health Disorders



20% of adults with a mental health disorder also have an SUD.

40% of adults with an SUD also have a mental health disorder.

Depression

Anxiety

**Attention Deficit Hyperactivity
Disorder (ADHD)**

**Post Traumatic Stress Disorder
(PTSD)**

Bipolar

(Hans et al., 2017; National Institutes of Health, 2020; Mariani & Levin, 2007)

Treatment Rates for Co-Occurring Disorders



41%

received mental health
services only

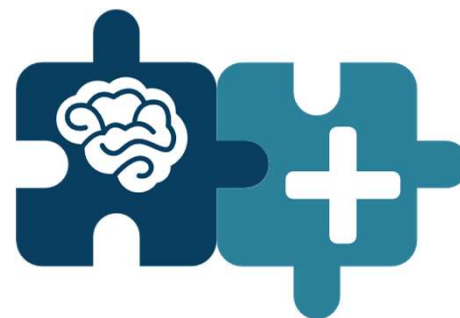


3.2%

received SUD
treatment only

14.5%

received both



(Substance Abuse and Mental Health Services Administration, 2025; Lauritzen et al., 2015; Calhoun et al., 2015)

Effects of Co-Occurring Disorders on Treatment & Reunification



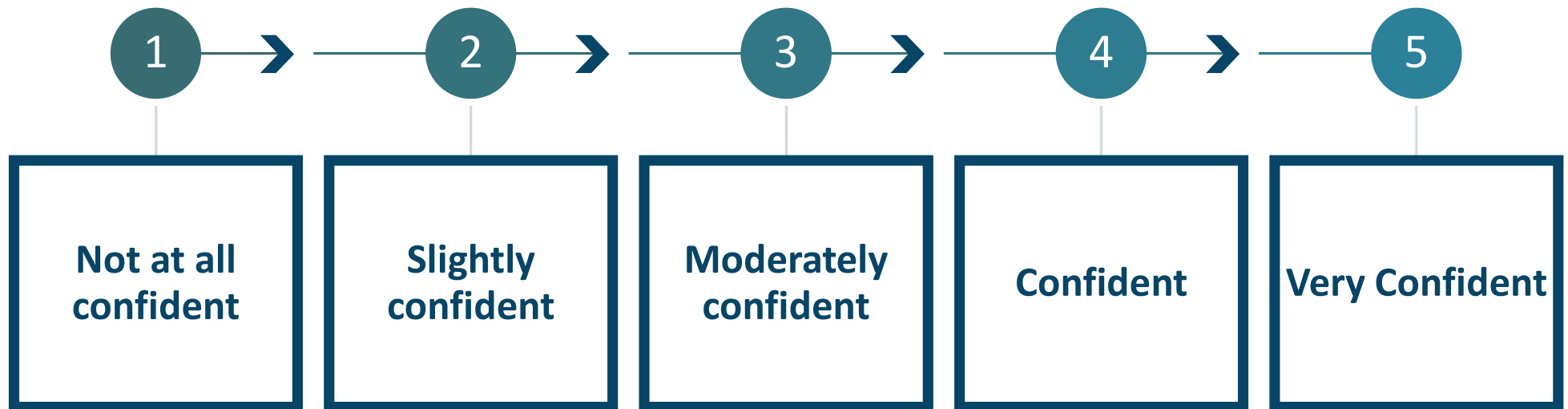
Lower treatment adherence rates; Lower rates of reunification



Higher rates of leaving treatment prior to completion

(Durkin et al., 2020)

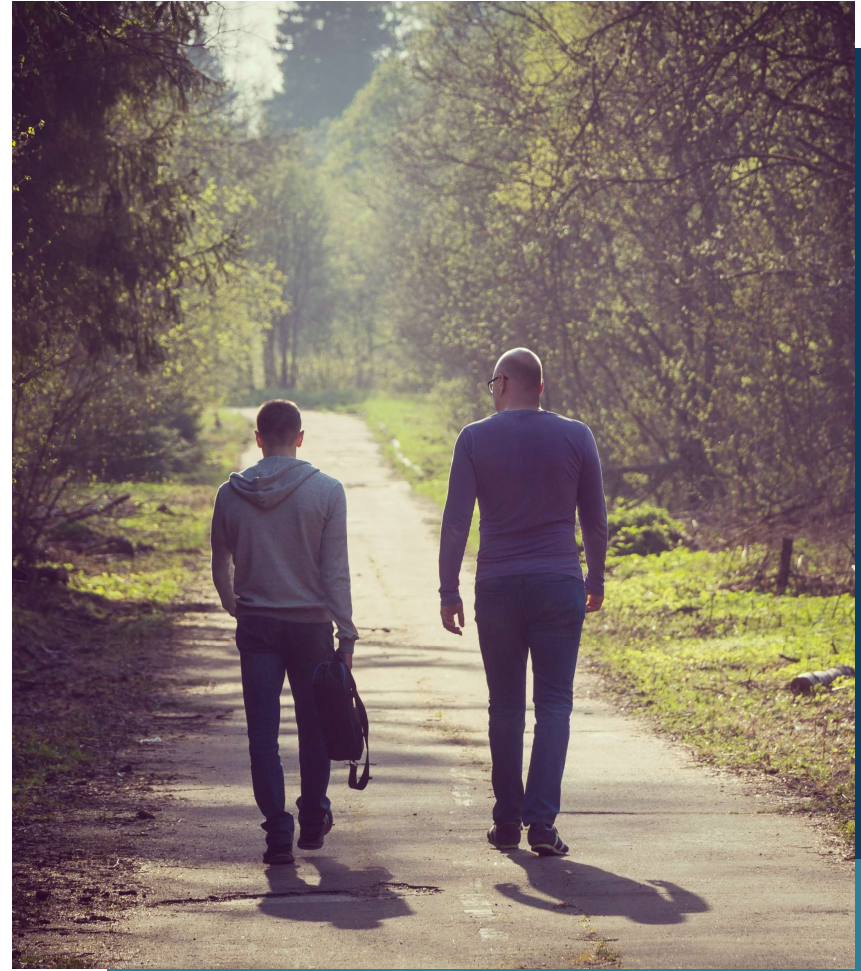
What is your confidence level in working with parents with CODs?



Voices from the Field: Dr. John Grapengieser



Identifying Co-Occurring Disorders



Common Screening Tools

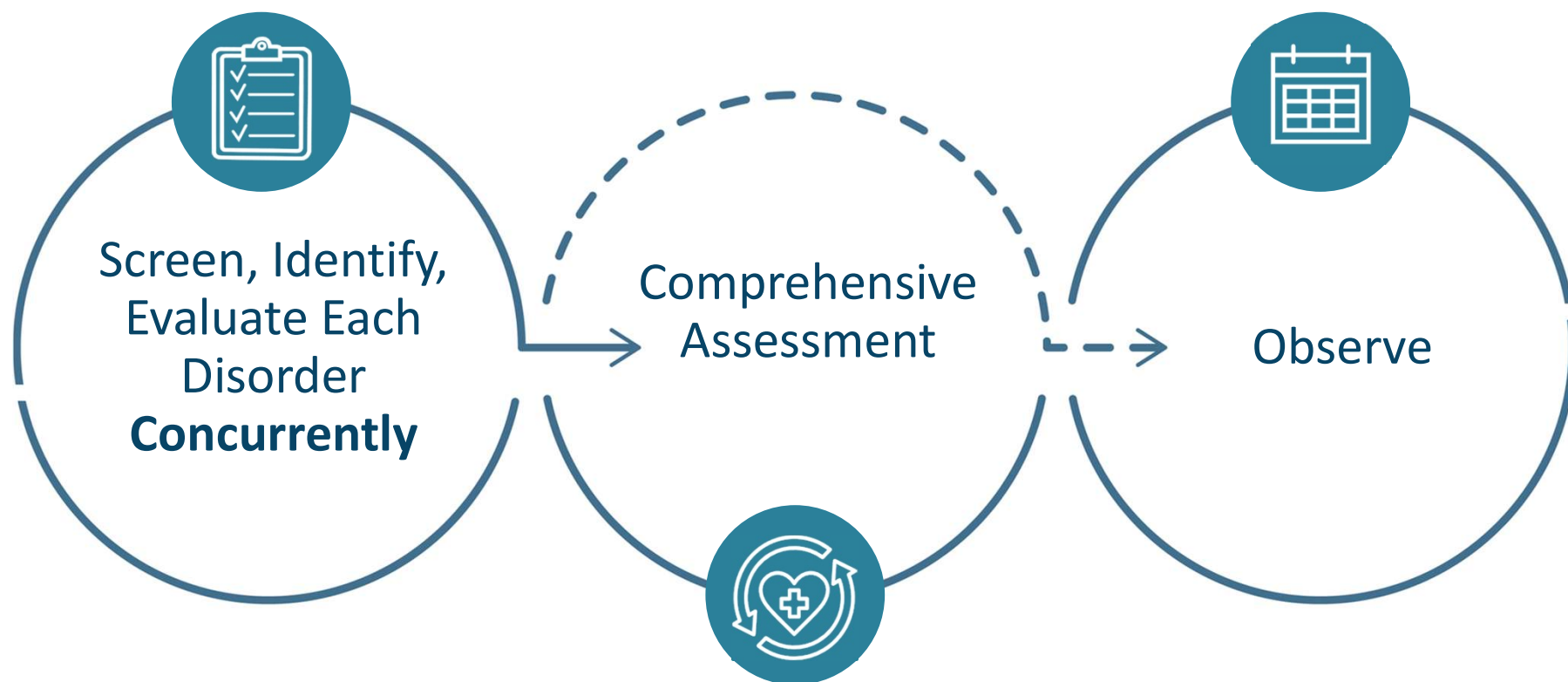
- ACE Questionnaire for Adults
- Patient Health Questionnaire (PHQ)
- Edinburgh Postnatal Depression Scale
- Hurt, Insult, Threaten, and Scream (HITS) Screener
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)



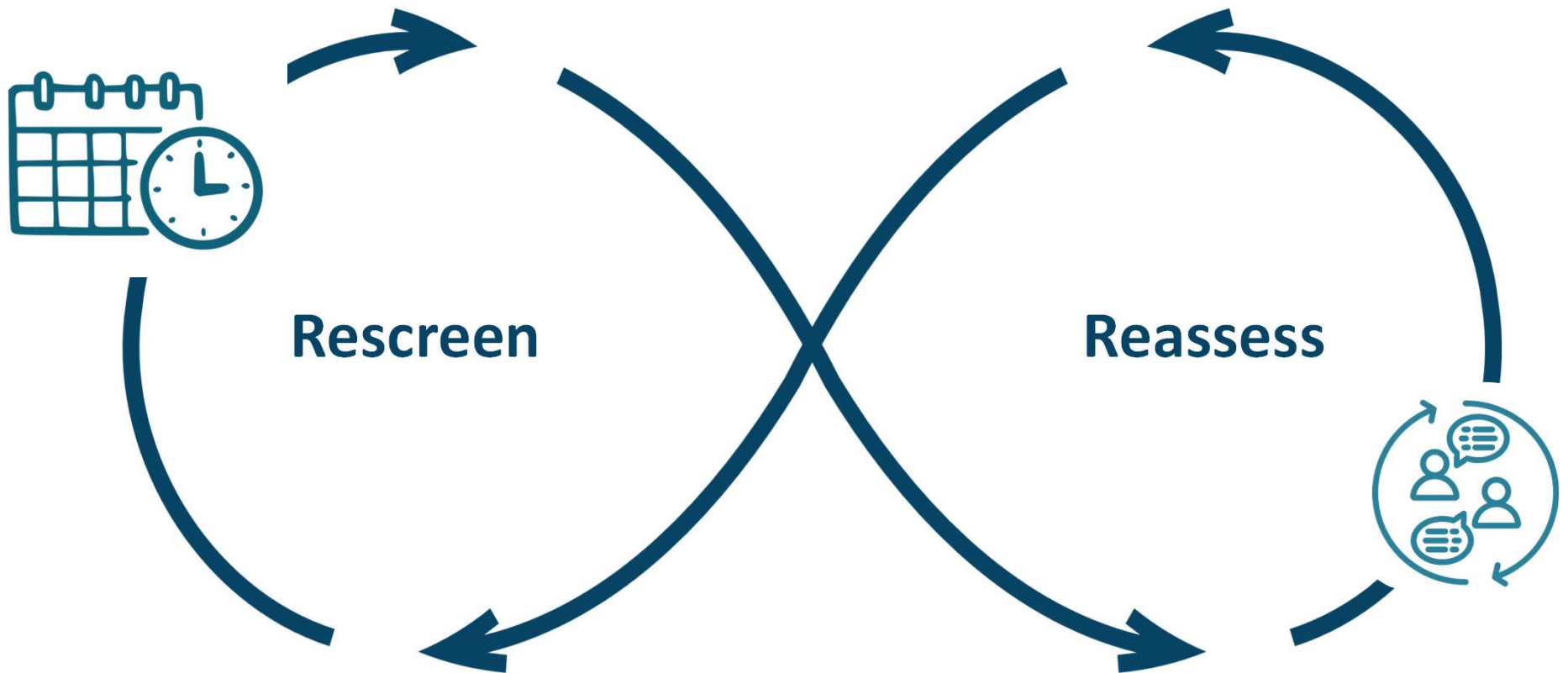
“No Wrong Door” approach can help prevent delays in accessing needed services.

(National Center on Substance Abuse and Child Welfare, 2021)

Screening & Assessment



Rescreen & Reassess Over Time



Potential Indicators for Rescreening & Reassessment



Physical Appearance

- Change in speech (e.g., slurred speech, more rapid than usual)
- Nodding off
- Change in personal hygiene
- Presence of scabs, sores, or puncture wounds
- Signs of active withdrawal
- Signs of active intoxication



Behavioral Signs

- Increase in work absences or change in employment status
- Missed appointments or no returned contact with service providers
- Increase in absences or truancy for school aged children
- Observed changes to mood, attitude, and behaviors
- Changes in parenting capacity (e.g., meeting basic needs, nurturance)



Condition of Home Environment

- Change in level of cleanliness or organization
- Increase in traffic in and out of family home at all hours of the day
- Observed scents or odors, or attempts to mask scent or odors
- Presence of trash waste (e.g., empty bottles or cans, foils, lighters, spoons)
- Presence of drug paraphernalia (e.g., substances, other contraband, sharp objects)

(National Center on Substance Abuse and Child Welfare, 2022)

Voices from the Field: Stormy Howell



Stormy Howell



***Does your team
screen for mental
health disorders?
If so, when?***

- 
- We do not screen
 - At entry
 - At phase transitions
 - If not engaging in treatment
 - At specific time in case (e.g., 30 days)
 - If team notices signs
 - At exit
 - Other
- 

Models for Treating Co-Occurring Disorders

Single	Sequential	Parallel	★ Integrated
Treat primary disorder; secondary expected to resolve.	Treat co-occurring disorders one at a time.	Treat both disorders simultaneously by separate providers.	One team treats all disorders together using coordinated care.

★ *Integrated treatment consistently produces the best outcomes.*

(Substance Abuse and Mental Health Services Administration, 2020)

Elements of Integrated Treatment



Assessment,
intervention,
& recovery

Clinical provider
collaboration

Co-location
of services &
care coordination

Ongoing
assessment of
both disorders

Relapse prevention

Connection
with outside
organizations

(Substance Abuse and Mental Health Services Administration, 2020)

Improved Outcomes Associated with Integrated Treatment

- Reduced substance use
- Improved mental health symptoms
- Higher rates of treatment success and recovery
- Improved quality of life
- Fewer hospitalizations
- Increased housing stability



(Substance Abuse and Mental Health Services Administration, 2025b)

Mutual Support Groups



Substance Use Disorder:

- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)



Co-Occurring Disorders:

- Double Trouble in Recovery
- National Alliance on Mental Illness (NAMI) Support Groups
- Dual Recovery Anonymous
- Dual Diagnosis Anonymous



Strategies for Working with Parents with CODs



- Recognize readiness for change
- Assist parents with simple, repetitive, skill-based coaching
- Support daily living skills, healthy routines and predictable environments
- Integrate peer support, parenting support, medication management in discharge planning
- Help parents structure time for self-care and support
- Connect children to needed service
- Link families with community resources
- Incorporate ongoing mental health screening and assessment

(Substance Abuse and Mental Health Services Administration, 2020, 2015; Bureau of Justice Assistance, 2021; Grove et al., 2015)

Building Systems That Support Recovery and Reunification



Psychiatric
consultation and
medication
management

Cross-training on
CODs for all team
members

Crisis response
services

Peer support
specific to those
with CODs

Psychoeducation
about mental health
for participants

COD mutual support
groups

Voices from the Field: Dr John Grapengieser



Dr. Jon Grapengieser



What specific strategy discussed would you like to implement?



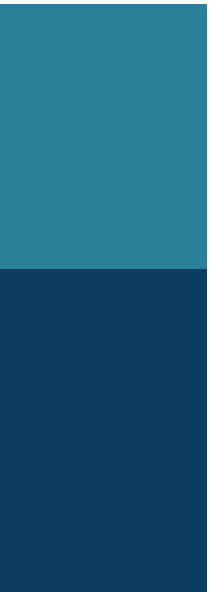
Key Takeaways

- CODs are complex and often change over time.
- CODs are common but frequently undertreated.
- Accurate diagnosis and treatment of COD is contingent on effective, integrated, and ongoing screening and assessment practices.
- Integrated treatment improves outcomes.
- Family treatment courts can enhance resources and strategies to improve outcomes.



Call to Action!

What step will you take to enhance support for parents with CODs?



Q&A



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Contact the NCSACW TTA Program

This offers training and technical assistance to support collaboration and systems change

Provides the opportunity to connect with programs that are developing tools and implementing protocols to support their collaborative practice



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Resources

BUILDING COLLABORATIVE CAPACITY SERIES

This seven-part series offers strategies that states and communities may use to create cross-system ***collaborative teams***, ***communication protocols***, and ***practice innovations***. These strategies aim to improve screening, assessment, and ***engagement for families*** affected by substance use disorders and involved with child welfare. We have organized the series into two clusters. The first provides a framework for establishing a collaborative team; the second highlights strategies to achieve timely access to treatment and support services for families.



Scan here to learn more!



AVAILABLE @ <https://ncsacw.acf.gov/topics/building-capacity/collaborative-capacity-series/>

Child Welfare Practice Tip Series



1. *Understanding Substance Use Disorders: What Child Welfare Staff Need to Know*
2. *Understanding Engagement of Families Affected by Substance Use Disorders-Child Welfare Practice Tips*
3. *Understanding Screening and Assessment of Substance Use Disorders-Child Welfare Practice Tips*
4. *Identifying Safety and Protective Capacity for Families with Parental Substance Use Disorders and Child Welfare Involvement*
5. *Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement*

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Understanding Substance Use Disorder Treatment:

A Resource Guide for Professionals
Referring to Treatment



- This TA tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment.
- The tool includes a list of questions child welfare or court staff can ask treatment providers to ensure that effective linkages are made.
- With the knowledge gained, professionals will be able to make informed referral decisions for services that are a good fit to meet the parent and family's needs.



Available @ <https://ncsacw.acf.gov/files/understanding-treatment-508.pdf>

New and Improved Child Welfare Training Toolkit

- ❑ **10 Ready-to-Use Modules:** Enhance knowledge, collaboration, and case planning for families impacted by substance use and co-occurring disorders.
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- ❑ **Complete Package:** Each module includes learning objectives, slide decks, reference lists, and supplemental resources.
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MODULE 1

Understanding the Multiple Needs of Families Involved with the Child Welfare System



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SUBSTANCE USE, CO-OCCURRING DISORDERS, AND
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- Gain insights into substance use and mental health disorders
- Learn key child welfare and court policies that affect families served
- Understand child and family needs to support recovery and well-being



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HELPING NAVIGATE THE INTERSECTION OF SUBSTANCE USE AND MENTAL DISORDER TREATMENT AND CHILD WELFARE SERVICES



WHO WE ARE

For more than 20 years, the **National Center on Substance Abuse and Child Welfare (NCSACW)**, has been a resource center providing information, expert consultation, workforce development resources, and technical expertise to child welfare, dependency court, and substance use treatment professionals to improve the safety, permanency, well-being and recovery outcomes for children, parents, and families.

NCSACW is a *cohesive team of subject experts* with a deep understanding of and experience in collaborative practice and the systems we serve. Our staff and consultants, many with personal experience, have worked as policymakers in state and local governments, held clinical and administrative leadership positions in substance use disorder and mental health treatment agencies, worked on the front lines of child welfare practice, and served as court administrators.

The National Center on Substance Abuse and Child Welfare enhances cross-agency collaboration based on a shared understanding of the needs and challenges of children, parents, and their families—and a sincere appreciation for the workforce serving them.

Learn more about the National Center on Substance Abuse and Child Welfare (NCSACW) including:

Our goals

Where we
make a
difference

How we can
help

Our
specialized TA
programs

“Each system that serves children and families operates under its own goals. Yet the overarching objective for each system is undisputedly the same: **Provide the best service possible to children and families.**”

—Nancy K. Young, Executive Director, Center for Children and Family Futures



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<https://cffutures.org/files/NCSACW%20Who%20We%20Are.pdf>