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V2. UPDATED AUGUST 7, 2018

8 Strategies to Address Parental Substance Use and Keep Kids and Parents Healthy, Safe, and Together

Substance use in and of itself is not child abuse or neglect. However, substance use is a risk factor for child maltreatment and child welfare involvement. In fact, substance use is the primary reason Child Protective Services (CPS) interacts with families in Texas. About 43 percent of child abuse and neglect investigations are initiated due to concerns about a caregiver's substance use. For two-thirds of Texas children removed from their homes and placed in foster care, a parent's or caregiver's substance use was a primary reason for removal. Additionally, Texas faces a maternal mortality crisis, with overdose as the top reason new mothers are dying during pregnancy and up to one year after birth of a child.

This brief shows the connection between parental substance use and the short- and long-term consequences for maternal health and child well-being, particularly for families with children under age three. Effective preventive measures, increased access to substance use treatment programs, and appropriate recovery supports would not only help save mothers lives, but also improve parent and child well-being, keep more families together in safe homes, and reduce stress on Texas' foster care system. The final section of this brief outlines concrete steps that the Legislature can take to support effective programs and strategies that enable parents and children to stay together in safe, healthy homes.

The Challenge: Substance Use Disorders Play a Significant Role in Maternal and Child Health, Child Maltreatment, and CPS Child Removals

Left Untreated, Substance Use Disorders Create Health Risks for Texas Parents and Children

Drug overdose deaths in Texas rose by over 7 percent in 2016 alone.[1] Substance use and overdose pose a very real threat to new mothers, with overdose as the leading cause of maternal death among Texas mothers during pregnancy and up one year after birth of a child. **With the majority of overdoses occurring more than 60 days postpartum, prevention and health interventions throughout the postpartum year are critical for saving new moms.**[2]

Prenatal substance exposure affects the health, growth, and development of a child. It increases risk of congenital anomalies, stunted fetal growth and altered neurobehavior in the short term. **In the long term, prenatal substance exposure may lead to intellectual disabilities and affect a child's growth, behavior, cognition, language, and achievement.**[3]

Substance use is a significant risk factor in child fatalities in Texas. In FY2017, 52 percent of confirmed child fatalities caused by abuse or neglect included a parent or caregiver actively using a substance or under the influence of one or more substances that affected their ability to care for the child.[4] Common causes of substance-use related fatalities include parents sleeping in an unsafe fashion with their infants in the bed, children drowning because their parents are not watching closely, and car accidents.[5]

The National Center on Addiction and Substance Abuse at Columbia University reports that children whose parents abuse alcohol and other drugs are four times more likely to be neglected and three times more likely to be sexually or physically abused.[6] In 2016, 7.6 percent of child maltreatment in Texas was related to alcohol abuse and 26.7 percent was related to drug abuse.[7]

Parental Substance Use is a Significant Cause of CPS Involvement and Removals

Substance use is one of the primary reasons CPS is involved for many Texas families that interact with CPS in any way.[8] Statewide in 2015:

- 43 percent of CPS investigations were initiated because of substance use concerns;
- 75 percent of family preservation cases involved families for whom substance use was a primary reason for the referral to preservation services.
- **66 percent of Texas children removed from their homes and placed in foster care have cases in which a parent's or caregiver's substance use was a primary reason for removal**. In 2017, it rose to 68 percent.[9] This is almost *twice* the national average.[10]

A Closer Look at Child Removals

For the context of substance use-related removals, it is important to note that Texas has one of the lowest child removal rates in the country, 2.34 per 1000 children in 2015[11] and 2.64 in 2017.[12]

Across the country and in Texas, parental alcohol or other drug use accounts for a growing share of removals. Nationwide, parental alcohol or other drug use (AOD) as a cause for removal has nearly doubled over 16 years (increasing from 18.5 percent of removals to 35.3 percent).[13] As noted above, the Texas rate rose from 66 percent in 2015 to 68 percent in 2018.[14]

Younger children are removed from their parents because of substance use more than other children and at an increasing rate. Nationally, child maltreatment related to alcohol or drug abuse during the first year of a child's life nearly doubled from 2012 to 2016. The vast majority of this maltreatment was reported during the

child's first month of life.[15] In Texas, 37 percent of all removals where substance use was identified as a factor in removal from 2010 to 2015 involved children under age three.[16]

Access to Substance Use Treatment is Limited

Approximately 13 percent of all referrals to community-based substance use treatment providers[i] come from DFPS, making DFPS the third highest referral source to treatment behind probation (24.8 percent) and self referral (23.2 percent). Methamphetamine and marijuana were the top two substances for all regions of Texas for DFPS substance use treatment referrals, except Region 10 (marijuana and alcohol) and Region 11 (marijuana and cocaine).[17]

Although parents referred by DFPS for substance use treatment are considered a "priority population" by the state and should receive services within 72 hours, in reality, access to treatment may depend on whether a residential bed or outpatient counseling slot is available in the local area. Community-based substance use treatment providers are stretched thin and face enormous capacity challenges, especially given the number of Texans in need of treatment and recovery services. According to Health and Human Services Commission (HHSC) data, among Texas adults who sought treatment (with or without CPS involvement), **about 13,177 Texas adults were on a waitlist for substance use treatment during the course of fiscal year 2017**. These Texans were on a waitlist an average of 15 days, with the longest wait lasting 293 days.[18] The necessary data are not available to determine how quickly treatment is provided to those parents referred by DFPS or to other parents or pregnant women who need treatment but were not referred by DFPS.

Low Rates of Family Reunification for Substance Use-Related Removals

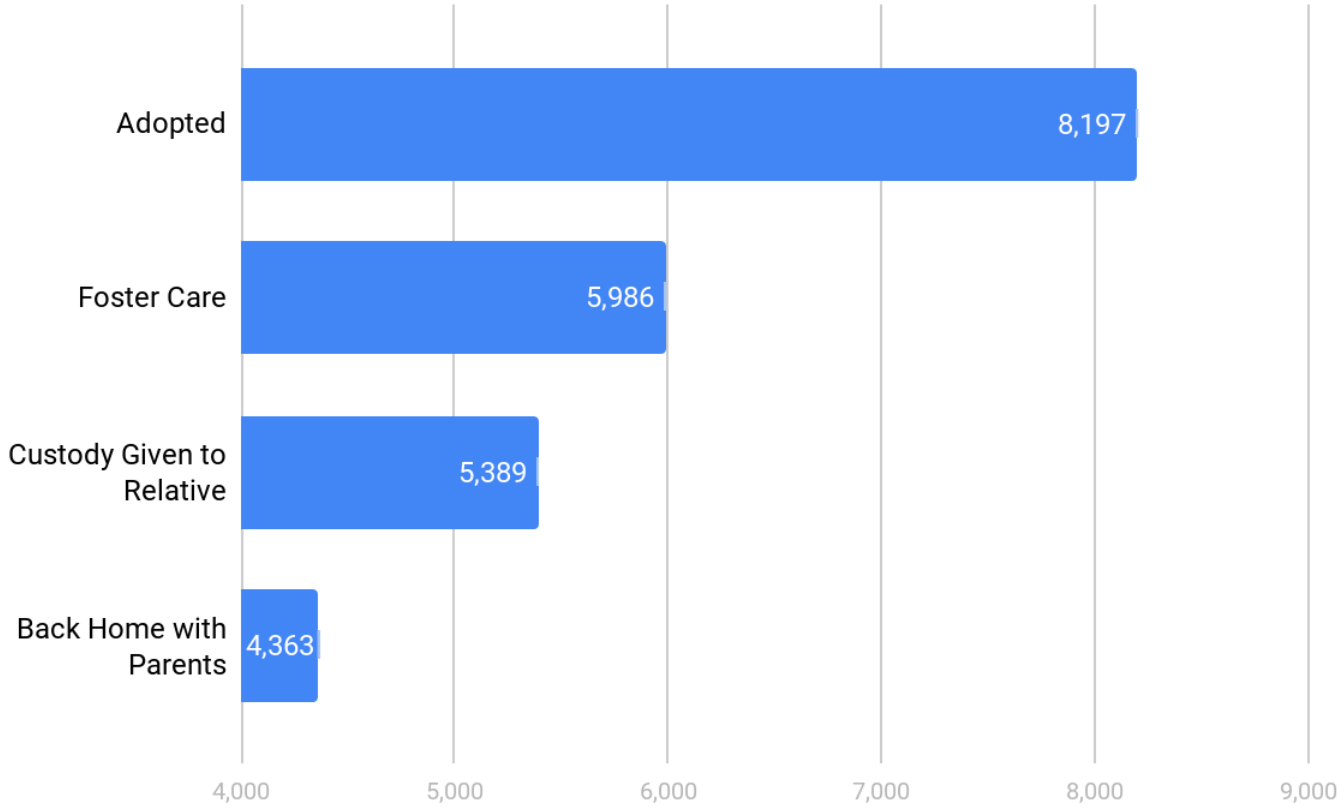
Children in foster care because of parental substance use are less likely to be reunited with their families compared to children who were removed for other reasons. From 2010-2015, about one-third of children who exited foster care went home to their parents.[19] During those years, significantly fewer children who were removed due to parental substance were reunified with their parents (only 21.9 percent).[20] Among children under three, only 18.2 percent returned home to their families.[21] Children who were removed from their parents because of substance use were nearly two times *less* likely to return home.

Further, many babies and toddlers who enter foster care because of parental substance use languish in care for months or years. Data from DFPS show that from 2010 to 2015, a total of 23,935 children under age three were removed from their home for reasons related to parental substance use. As shown below, a 2015 snapshot of the permanency outcomes for those 23,935 babies shows that *one quarter* (5,986 kids) were still in foster care, some after being in care for six years.[22]

[i] Community-based substance use treatment providers include treatment programs that contract with HHSC and receive funding via the Substance Abuse Prevention and Treatment (SAPT) block grant through SAMSHA. This does not include private, independent substance use treatment providers that may only accept self-pay or private insurance.

A Snapshot of the 2015 Homes of the 23,935 Children under Age 3 Removed from their Families because of Substance Use from 2010 to 2015[23]*

Almost 6,000 children removed from their home for reasons related to parental substance use remained in foster care months or years later



* In each of these cases substance use was identified as a factor in removal, but substance use may not be the sole reason for removal in every case.

The Solutions: Strategies to Prevent and Address Substance Use Disorders So That Kids and Families Stay Safe and Healthy

A. Effective Coordination Across Texas' Public Health and Child Welfare Systems

Substance use disorders affect almost all state and local systems -- from public safety to child welfare and criminal justice to health. There is no single solution. State policy strategies must be multi-dimensional. Effective coordination between child welfare and public health systems -- including the range of professionals working within those systems -- can help parents receive treatment early, which in turn can keep more families together, reduce the need for CPS involvement, and improve the health of parents and children.

1. Accurate Information on Substance Use Trends

The first step is having accurate, up-to-date information about current substance use trends to develop coordinated public health and child welfare solutions. Texas currently does not systematically track which substances are involved when children are removed from their families by CPS. Without knowing trends regarding substances causing removals, it is difficult to truly assess community needs and tailor prevention and intervention services to meet the needs of children and parents in a local area.

2. Effective Partnerships with Outreach, Screening, Assessment, and Referral Centers (OSARs)

OSARs often serve as the entry point into substance use treatment and a person's path towards recovery. An OSAR exists in each of the 11 Health and Human Service Regions. Fourteen are co-located within local mental health authorities. Regardless of insurance status, OSAR counseling staff conduct screenings and assessments to determine the level of care needed -- such as detoxification, intensive residential, or outpatient care -- and refer the person to appropriate treatment options. Since this is a good resource for connecting parents to treatment and recovery supports, **it is critical that local DFPS Prevention and Early Intervention programs, health care providers, CPS caseworkers, FBSS Specialists, judges, and attorneys understand the role of OSARs and build strong partnerships with OSARs in their area.**

3. More Training on Screenings and Referrals to Care

Texas has taken steps to educate and inform health professionals on how to screen for potential substance use disorders and refer patients to local resources. For example, the Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach that providers can utilize to screen patients, use motivational interviewing techniques to address issues early, and refer patients for follow-up. Providers must be trained on SBIRT to maximize its effectiveness, and many health providers have done so. Yet, more training opportunities are needed so that *more* providers -- and a *broader range* of professionals including pediatricians, family planning, obstetric/gynecological, and mental health providers -- have training to be comfortable in SBIRT or other screenings for substance use. This is also an important step towards curbing maternal mortality. The Texas Maternal Mortality Task Force found, in its review of maternal deaths, that there were "repeated missed opportunities to screen for and refer women to treatment for mental health and

substance use disorders."[24] Effective screenings and referrals from professionals serving kids and families can help connect families to more robust supports sooner.

4. More Training on Best Practices and the Science regarding Substance Use Treatment

All Texas families and communities will benefit if there is alignment between child welfare systems and health systems on what works and what doesn't for addressing substance use disorders. With new research and innovations in treatment options, public health recommendations have evolved. In recent testimony to the Senate Health and Human Services Committee, HHSC noted that one way to better address substance use challenges in Texas is to create more "consistency in SUD-related policies and guidelines across state systems."[25] CPS, attorneys, and courts serving Texas children and families could benefit from guidance and training on best practices for substance use health interventions and treatment options. For example:

- Not all caseworkers, judges, and attorneys are aware that medication-assisted treatment (MAT, e.g., methadone or buprenorphine) is a best practice for many substance use disorders, especially for pregnant and postpartum mothers. More familiarity with these treatment options would help professionals working with CPS-involved families make better decisions that promote recovery and family reunification.
- Not all Child Protective Investigators are familiar with best practice protocols when a baby is born substance-exposed or at risk of Neonatal Abstinence Syndrome (NAS). If a newborn experiences NAS, and CPS removes the child too soon, that removal contradicts best medical practice and undermines health outcomes for the mother and baby. In line with clinical guidelines from SAMSHA and the American Academy of Pediatrics, many hospitals use standardized protocols for assessing and treating infants at risk and/or showing signs of withdrawal from opioids, alcohol, and other substances. For instance, proven approaches like rooming in, breastfeeding, extended skin-to-skin contact with the mother, and low stimuli environments are shown to shorten neonatal hospital stays and reduce the need for costly medication to treat NAS. Medical best practice indicates that CPS should not remove children from their mothers during this critical time.[26]

B. Timely Access to Appropriate Treatment and Recovery Supports

5. Access to Specialized Treatment

Family-specialized substance use treatment programs, which allow parents and children to stay together during the course of treatment, help parents build parenting skills and successfully move towards recovery. These programs are proven to reduce child abuse/neglect and improve maternal and child health. During the initial years of a child's life, if a mother has been using substances, keeping the mother and her child together -- if there is a way to do it safely -- is best practice for the mother's treatment and recovery. Building parent-child attachment is a key element of recovery and critical for both infant health and parental success.[27]

Through state and federal funds, Texas supports *only 10* Women and Children residential treatment providers that allow pregnant women/mothers and their children to stay together during the course of recovery.[28] In

state fiscal year 2017, over 100 mothers were on a waitlist for a spot at a Women and Children residential treatment center.[29] The 10 providers are located in Dallas, Houston, Austin, San Antonio, San Angelo, and El Paso, leaving many Texas families potentially hundreds of miles from treatment.

Female-specialized substance use treatment programs should also be readily available to mothers with an active CPS case. These can include female-specialized detoxification, outpatient counseling, and other residential programs to treat substance use. Having treatment available in the local area enables mothers to pursue recovery while staying connected to their children through visitation, their social support network, and employment opportunities. Although female-specialized programs are more available than the Women and Children providers noted above, female-specialized programs are still limited in the Panhandle, the Valley, and West Texas.[30] If these programs are not available nearby -- or if there is a waitlist -- they may be inaccessible to CPS clients who need to stay close to their child to facilitate visitation, maintain employment, and improve the chances of ultimately reunifying with their child.

6. Leverage Family Based Safety Services, Where Possible, to Promote Safe, Nurturing Home Environments

Promoting safe, stable nurturing home environments, and parent-child relationships is key to preserving families and keeping children and parents safe and healthy. DFPS should enhance the quality, availability, and effectiveness of Family Based Safety Services (FBSS) to keep more families safely together. Texas currently lacks a cohesive continuum of services that meet the specific needs of children and families in all areas of the state. Texas should develop a full array of services to address the underlying causes of substance use including mental health, housing, social, and financial supports. Texas should also develop these services in under-resourced areas of the state.

7. Encourage Family Visitation to Promote Healthy Bonding

If it is not possible to keep children safely with their parent, children should be allowed to visit their parents throughout the recovery process and the entire CPS case to promote healthy bonding and attachment and reduce the trauma associated with removal. Removing children from their families is a very traumatic experience. Many children may experience additional trauma in foster care. Multiple traumas affect brain development and can lead to negative long-term physical and behavioral health problems.[31] In many parts of the state, visitation is being denied because a parent has not been sober long enough or other technicalities, which is detrimental to the child's well-being.

8. Utilize Existing Programs to Help Parents Build Skills that Also Address Substance Use

DFPS Prevention and Early Intervention (PEI) programs could also support families facing substance use disorders. PEI programs like Healthy Outcomes through Prevention and Early Support (HOPES), Helping through Intervention and Prevention (HIP), and Home Visiting play a vital role improving child well-being and families' success. These programs help families build positive parenting skills and are proven to reduce child abuse and neglect. In PEI's Five Year Strategic Plan, DFPS set a goal of addressing the underlying causes of child maltreatment including substance use. An important role for PEI programs could include long-term

recovery supports after a parent completes treatment to continue to help families build parenting skills, create safe nurturing homes for their kids, and offer supports that assist with relapse prevention.

Budget & Policy Recommendations to Implement these Strategies

To Improve Coordination Across Texas' Public Health and Child Welfare Systems

- Track substance(s) used when parental substance use is identified as a factor in removal in the CPS IMPACT information system, with the goal of evaluating regional/local trends and tailoring health interventions effectively.
- Train service providers across child welfare and health systems on available substance use treatment and recovery resources in the community and on ways to build strong partnerships with OSARs in their local area.
- Provide additional training opportunities to health providers -- including pediatric, women's health, and mental health providers, among others -- on screening and referral best practices (e.g., SBIRT and other approaches) and on locally-available behavioral health services.
- Train CPS caseworkers, FBSS specialists, investigators, judges, and attorneys on substance use disorders and best practices for effective treatment that promotes long-term recovery.
- Update statutory language for the definition of abuse and neglect and grounds for termination to reflect current or best practice, improve Texas compliance with federal laws, and give families experiencing substance use disorders the best chance at successfully staying together. Substance use in and of itself is not abuse or neglect. If related behaviors and risks constitute abuse or neglect, children may still be removed from those unsafe situations. Federal law requires states to identify infants who are prenatally exposed to substances. However, this law gives states the flexibility to define what that means and is intended to help states keep the infants safe and address the treatment needs of the caregivers. Federal law actually requires a plan of safe care to help all caregivers and keep all substance-exposed infants safe regardless of whether any maltreatment occurred.[32]

To Increase Timely Access to Appropriate Treatment and Recovery Supports

- Invest in family-specialized and female-specialized substance use treatment programs that enable parents and children to stay together during the course of treatment, help build parenting skills, and are proven to reduce child abuse/neglect and improve infant and maternal health.
- Leverage new opportunities in the Family First Prevention Services Act to use federal funding to engage parents in substance use treatment and prevent entry into foster care.
    - Under the new federal law, Title IV-E funding may be used to reimburse 50 percent of the amount states spend on substance use services for parents or caregivers when the services are directly related to the safety, permanency, or well-being of a child. The services may be reimbursed for 12 months. The reimbursement is contingent on the state having a well-

designed, rigorously evaluated prevention plan for each child and implementation of restrictions on IV-E funding related to certain foster care placements.
    - The law further allows for federal reimbursement for children who are placed in a licensed residential family-based substance use treatment facility with a parent for 12 months as long as this placement is recommended in the child's plan of service; the facility offers parent skill building services and family counseling; and the treatment is trauma-informed.[ii]
    - The law also has provisions to extend Regional Partnership Grants (RPG) to help families affected by substance use. These grants require partnership between DFPS, HHSC, and courts that work with families affected by substance use. Partnership may be extended to tribes, non-profit and for-profit child welfare service providers, community health and mental health providers, law enforcement, school personnel, and others. These grants can be awarded for an additional five years. The amount per grant per fiscal year can be no less than $250,000 and no more than $1,000,000.
- Invest in FBSS to extend a cohesive continuum of services that address the underlying causes of substance use including mental health, housing, social, and financial supports to families throughout the state.
- Allow adequate time for rehabilitation in CPS cases involving substance use. Full recovery often takes longer than one year. When a parent has a substance use disorder, CPS should refer the case to FBSS with intensive wraparound supports to increase the success rate of family preservation cases. Although some of these cases may need to transfer to Temporary Managing Conservatorship (TMC), the timeline for a TMC case is often too short to give parents with substance use disorders the best chance for successful recovery. TMC cases in Texas are automatically dismissed after one year with temporary extensions allowed under extraordinary circumstances. This timeline may rush children into a suboptimal permanency outcome. Although timely permanence is important for children, and it is detrimental to have a child languish in foster care, if parents are working toward recovery, parents and their children deserve the opportunity to keep their family together through Family Based Safety Services whenever possible.

[ii] This reimbursement may be limited in Texas because children in the state's custody cannot be placed with their parents during Temporary Managing Conservatorship (TMC). Placement with a parent triggers a "return and monitor," which is only allowed for 6 months. The substance use service provider could be considered the placement, but most substance use providers do no want to become a placement because of increased liability and more burdensome standards and licensing requirements that many adult substance use service providers consider incompatible with effective treatment.

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[5] *Ibid.*

[6] The National Center on Addiction and Substance Abuse. (1999). Retrieved from https://www.centeronaddiction.org/addiction-research/reports/no-safe-haven-children-substance-abusing-parents.

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[8] Texas Department of Family Protective Services. (2015). CPS Families with Substance Abuse Issues. (on file with author).

[9] Committee Broadcast Archives, Opioids & Substance Abuse, Select, Tex. House of Representatives (03/27/18 10:07 AM), available at http://www.house.state.tx.us/video-audio/committee-broadcasts/ (providing testimony at 4:23:00).

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[11] Texas Department of Family Protective Services. (2015). Child Protective Services (CPS) Conservatorship: Removals. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Removals.asp.

[12] Texas Department of Family Protective Services. (2017). Child Protective Services (CPS) Conservatorship: Removals. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Removals.asp.

[13] *Supra* n. 10.

[14] Committee Broadcast Archives, Opioids & Substance Abuse, Select, Tex. House of Representatives (03/27/18 10:07 AM), available at http://www.house.state.tx.us/video-audio/committee-broadcasts/ (providing testimony at 4:23:00).

[15] *Supra* n. 7.

[16] Texas Department of Family Protective Services. (2015). Removals where Alcohol/Drug Abuse was identified as a factor in Removal for fiscal year 2015, for children age 0-17; Texas Department of Family Protective Services. (2015). Removals where Alcohol/Drug Abuse was identified as a factor in Removal for fiscal year 2014, for children age 0-17; Removals where Alcohol/Drug Abuse was identified as a factor in Removal for fiscal year 2013, for children age 0-17; Removals where Alcohol/Drug Abuse was identified as a factor in Removal for fiscal year 2012, for children age 0-17; Removals where Alcohol/Drug Abuse was identified as a factor in Removal for fiscal year 2011, for children age 0-17; Removals where Alcohol/Drug Abuse was identified as a factor in Removal for fiscal year 2010, for children age 0-17. (on file with author).

[17] Analysis of substance use treatment referral source data and primary substances for referral, provided by Texas Health and Human Services Commission via data request. Note: data includes Substance Abuse Prevention and Treatment block grant-funded providers.

[18] Analysis of substance use treatment waitlist data provided by the Texas Health and Human Services Commission via data request. Numbers used refer to the total unduplicated number of people on a waitlist during the course of fiscal year 2017. Note: data includes Substance Abuse Prevention and Treatment block grant-funded providers.

[19] Texas Department of Family Protective Services. (2018). CPS Conservatorship: Children Exiting DFPS Legal Custody. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp.

[20] *Supra* n. 15.

[21] *Ibid.*

[22] *Ibid.*

[23] *Ibid.*

[24] Texas Department of State Health Services, Texas Maternal Mortality and Morbidity Task Force. "Maternal Mortality and Morbidity Task Force and Department of State Health Services: Joint Biennial Report" (July 2016).

[25] HHSC Testimony to Senate Health & Human Services Committee, slide 32 (Mar. 20).

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[29] Analysis of substance use treatment waitlist data provided by the Texas Health and Human Services Commission via data request. Numbers used refer to the total unduplicated number of people on a waitlist during the course of fiscal year 2017. Note: data includes Substance Abuse Prevention and Treatment block grant-funded providers.

[30] *Supra* n. 27.

[31] Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. (2014). Chapter 3, Understanding the Impact of Trauma. Available at https://www.ncbi.nlm.nih.gov/books/NBK207191/.

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