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Illicit Substance Use and Child Support: An Exploratory Study

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KEY FINDINGS

- There is limited research addressing illicit substance use among noncustodial parents.
- Programs that include noncustodial parents may serve noncustodial parents with substance use disorders, but rarely do they focus specifically on this population.
- Child support programs do not systematically identify parents with substance use disorders or use formal substance use assessments. When such problems are identified it is most often because parents voluntarily disclose substance use, or child support caseworkers notice signs of substance use problems.
- Substance use disorders may make maintaining employment and meeting child support obligations more difficult, particularly as individuals experience waves of relapse and recovery.
- Problem solving courts, fatherhood/parenting programs, and enhanced case management hold promise for addressing child support and substance use issues simultaneously.

Introduction

For noncustodial parents in the formal child support program, having a substance use disorder (SUD)¹, including opioid use disorder (OUD), might affect their ability to access and maintain employment, and consistently pay child support. Many child support agencies acknowledge that there has been a rise in illicit substance use among noncustodial parents. Yet there has been scant research looking specifically at how substance use among noncustodial parents affects the formal payment of child support. This research begins to address this gap. Through an environmental scan and discussions with experts in four states, we investigate the prevalence of illicit substance use (with a particular emphasis on opioid misuse) among noncustodial parents. We study the potential influence that SUDs have on child support payments. We explore how child support enforcement programs approach substance use and opioid misuse. Finally, we investigate how and in what ways SUD treatment can be integrated into child support programs. Our principle research question is: What is the effect of having a substance use disorder on child support outcomes, such as the payment of formal child support?

Methodology

This study combined an environmental scan of published literature with interviews with experts. We conducted an environmental scan of literature published in the last ten years, including peer-reviewed studies, government reports, and gray literature.² The goal of the scan was to identify what is known about the prevalence of SUDs (with a particular emphasis on opioid misuse) among noncustodial parents, the potential influence these disorders have on child support payments, and how child support enforcement programs approach substance use and opioid misuse. See Appendix A for additional information on the methodology including search terms used for the environmental scan.

To complement the environment scan, we conducted interviews with experts. The eighteen experts who participated in the study included a mixture of federal and nonfederal individuals with expertise in the child support, substance use disorders, and/or legal fields. We intentionally selected a number of experts from the same states with the objective of triangulating our findings. We recruited multiple experts from Indiana, Kentucky, Ohio, Vermont, West Virginia, and Wyoming. Questions were also tailored to correspond with the experts' area of expertise. See Appendix B for additional information on the methodology.

¹ Substance use disorder is defined as relying on illicit drugs such as marijuana, cocaine, crack, heroin and other illicit opioids, hallucinogens, inhalants, methamphetamines (including crystal methamphetamine) and the misuse of psychotherapeutics such as prescription opioids—OxyContin and its analogs. For this brief, substance use disorder does not include alcohol or tobacco. See <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab1-1B>.

² Gray literature is defined as reports, books, working papers, government documents, and evaluations that are generated outside of the academia and peer-reviewed journals.

What is the Child Support Program?

The child support program (referred to as the IV-D program) is open to any parent or person with custody of a child that needs help establishing paternity, a child support order, a medical support order, or to collect child support payments. Noncustodial parent is the term most often used to refer to the parent that has a legal obligation to pay child support. It does not include the legal physical custody of a child, as that process is generally separate from child support for never-married families. The child support program serves mostly lower income families.

- Approximately 34% of families and 42% of children in the IV-D program were poor in 2015.
- Nearly half (48%) of all children who lived in poverty in 2015 were eligible for child support services.
- Custodial parents who participate in the IV-D program are much more likely to be poor, never married, under the age of 30 years old, and have limited education than custodial parents outside the IV-D program.

See, "[Characteristics of Families Served by the Child Support \(IV-D\) Program: 2016 U.S. Census Survey Results.](#)"

Limited Research on Intersection between Child Support and SUDs

There is limited research on the intersection between child support orders and substance use disorders and the literature contained little information on the prevalence of SUDs among noncustodial parents. Although several sources noted some overlap between owing child support and having a SUD, few documented prevalence rates. One source that discussed low-income fathers in a child support program mentioned that “many” participants may also have a SUD, but did not provide any further details (Sorensen 2010). In another source, authors noted that in their sample of 50 fathers receiving methadone in an opioid treatment program, 32 percent reported a court-mandated child support order (Williams 2014). Another source, examining non-cash support from nonresidential fathers, found that 14 percent of the fathers in the study were currently misusing drugs and/or alcohol (Kane et al. 2015).

Having a substance use disorder is a factor that might contribute to a person’s inability to retain employment. Many employers require successful applicants to pass a drug test and those with a SUD are not able to pass drug tests. In addition, individuals with a SUD oftentimes have criminal records and therefore are banned from certain types of jobs. Insufficient employment is also clearly identified in the literature as an important factor in a noncustodial parent’s ability to pay child support (Thomason et al. 2017). However, the link between the two topics was never explicitly examined. For example, one source examined the relationship between child support-related wage garnishment, such as income withholding, and criminal recidivism among a male reentry population (Roman and Link 2015). This article acknowledged that SUDs are likely an issue for this population; however, it did not examine the role of SUDs in noncustodial parents’ ability to meet their child support obligations.

While our review did not identify many studies focusing specifically on the intersection of SUD and child support, the federal Office of Child Support Enforcement (OCSE) within the Administration of Children and Families has identified this as an important issue. SUDs were frequently mentioned in OCSE’s monthly newsletter, the Child Support Report, which highlights child support news from across the nation. We found that SUDs and the ability to pay child support were often addressed in parallel by programs or agencies, but the two were rarely linked (OFA 2017; ACF 2014, 2017; OCSE 2009, 2012, 2016; McKay et al. 2016; Bonnie et al. 2014; Fontaine et al. 2017; D’Amico et al. 2018; DOJ 2013). Additionally, in many of these instances, the research or programs targeting SUDs focused on a broader population that may have included parents owing child support, but did not focus on this particular group.

Likewise, research and programs targeting child support rarely focused specifically on parents with SUDs. These broader populations include those served by fatherhood programs, programs for incarcerated or previously incarcerated individuals, and programs for veterans, drug courts, child support courts (McKay et al. 2016; Fontaine et al. 2017; D’Amico et al. 2018; OCSE 2009, 2012, 2016; Skinner and Whitter 2009; Paulsell et al. 2015). It is possible that noncustodial parents with SUDs may be served by these programs or included in research, but subgroup analyses were not provided. Therefore, we found little information about the actual overlap of noncustodial parents with SUD who owe child support within these populations.

Similarly, few sources contained information on the relationship between SUDs and payment of child support. In a study of non-cash support among nonresident fathers, the authors observed fathers currently misusing drugs and/or alcohol provided less formal (\$29 versus \$57), informal (\$39 versus \$41), and non-cash support (\$28 vs. \$65) than those without current drug/alcohol misuse disorders (Kane et al. 2015). An evaluation of one jail-based reentry program, for men diagnosed with substance dependency and who have minor children, found that child support compliance was higher among the treatment group (Miller et al. 2016). However, the sample size was small and only included a volunteer comparison group.

A general link between child support and SUD was observed in some sources. The literature involving drug courts or problem-solving courts included some mention of issues relating to child

support and SUD (OCSE 2008, 2017; Hora 2011). Consistent across these sources was the need for agency collaborations, for example, between the drug court and child support offices.

Results from Qualitative Interviews

We classified the key findings from the qualitative interviews into six categories:

- 1) Prevalence of SUD among noncustodial parents and demographic differences;
- 2) Impact of SUDs
- 3) Discovery of SUDs in the noncustodial parent population;
- 4) Child support procedures in cases of noncustodial parents with SUDs;
- 5) Policy, judicial, and legal changes; and
- 6) Child support practices to help noncustodial parents with SUDs increase their compliance with their child support obligations.

Demographics and Trends in Substance Use Among Noncustodial Parents

Most experts did not have data on the prevalence of SUDs among the noncustodial parent population. Most did not collect specific data on SUD prevalence among noncustodial parents, but some gave anecdotal estimates that ranged between 15 to 40 percent. Experts also believed there to be an increase in SUDs among noncustodial parents over the past 5 to 10 years. Most experts spoke about general trends they observed, since the information is not routinely collected. One child support expert's county agency has conducted several research projects that captured some self-reported data from noncustodial parents on SUDs. From this research, this expert reported substance use ranged from 3 to 30 percent—the wide range reflects the lack of concrete information on SUD prevalence. Experts noted the types of substances used by noncustodial parents varied, but some mentioned observing opioids (both heroin and prescriptions) and methamphetamines usage. Several mentioned that recent restrictions on prescription opioids seemed to lead noncustodial parents to use heroin, though some research suggests this may not be driving large scale increases in heroin use (Compton and Jones, 2016; Ali et al 2017), and there is no systematic evidence that this is taking place among noncustodial parents.

In general, experts did not have data on specific demographic trends related to SUDs and noncustodial parents. However, several reported seeing an increase in female noncustodial parents and an increase in the percentage of those female noncustodial parents with SUDs. Many experts noted that SUDs were observed across all income levels, but were most prevalent in the lower income groups. These experts believed that this low-income population often had co-occurring mental illnesses, a history of incarceration, a poor employment record, and/or low educational attainment.

Impact of having an SUD

Having a SUD can lead to economic challenges that in turn, affect the payment of child support and trigger counterproductive enforcement actions.

Most experts agreed that substance use is a barrier to employment that, in turn, makes it more difficult for noncustodial parents to meet their child support obligations. Several experts believed substance use tends to have a negative impact on a noncustodial parent's ability to retain a job more than to obtain one. Experts reported that many noncustodial parents with SUDs have some job skills and are able to get "clean enough" to do well in a job interview. However, frequent drug testing and the cycle of relapse and recovery make it hard for noncustodial parents to retain employment.

These relapse and recovery cycles coincide with waves of employment resulting in temporary employment and employment in under-the-table jobs. As a result, these noncustodial parents cannot file for unemployment and the child support agency may encounter challenges establishing income withholding orders. Experts indicated that noncustodial parents with SUDs also tended to have lower monthly child support obligations that they were struggling to meet. They also had higher child support debt, referred to as arrears. Reasons for lower obligations included having a lower income and lengthier periods of unemployment than noncustodial parents without SUDs. This is consistent with research that has established that individuals out of work and with lower incomes are more likely to have SUDs (Jones et al, 2015). Experts expressed the belief that both of these economic conditions were exacerbated by the cycle of relapse and recovery commonly associated with substance use disorder. The extent to which difficulties in making payments are due to SUDs or economic circumstances is not well understood. However, experts stated that during relapse, the noncustodial parent may struggle to maintain employment, thus making child support payment compliance more difficult. While a noncustodial parent may regain employment during recovery, the past-due child support and potentially any interest will have accumulated. Having more arrears has a significant negative effect on noncustodial parent's employment and child support payments (Cancian et al 2013).

Experts also noted that noncustodial parents with SUDs may lose their driver's licenses if substance use results in failure to meet child support obligations. Driver's license suspension is an available administrative enforcement action for child support agencies and states are required by federal law to have procedures to suspend for nonpayment of child support.³ States have flexibility to determine for which child support cases this action is used and some states have practices in place to address the disparate impact on low-income individuals.⁴ However, the action can lead to the loss of a noncustodial parent's primary mode of transportation, which is a

³ Federal law 42 USC 666(a)(16) requires that state child support programs have processes to withhold, suspend, or restrict licenses for noncompliance with child support.

⁴ See GAO report on License Suspension for Nondriving Offenses at <http://www.gao.gov/new.items/d10217.pdf>.

Evidence-Based SUD Treatment

Noncustodial parents with SUDs can benefit from a number of evidence-based treatments for SUD. The Evidence-Based Practices Resource Center at the Substance Abuse and Mental Health Services Administration (SAMHSA) provides communities, clinicians and others in the field with information and tools to incorporate evidence-based practices into their communities or clinical settings.

For example, to address OUD, research supports medication assisted treatment (MAT), combining one of three approved medications in combination with psychosocial supports. SAMHSA has issued clinical guidelines and best practices for treating OUD in vulnerable populations, such as pregnant or parenting women and justice-involved individuals.

See <https://www.samhsa.gov/ebp-resource-center> for more examples of evidence-based treatment approaches.

barrier to employment.⁵ Driver's license suspension is also a barrier to obtaining SUD treatment.⁶ Although some form of public transportation generally is available in urban areas, the lack of public transportation in suburban and rural areas, and on Tribal land, may make it difficult for noncustodial parents to get to treatment facilities.

Discovery of SUDs in the Noncustodial Parent Population

There is no formal screening process for substance use amongst noncustodial parents in the child support program. Experts knew of no formal screening as part of regular child support processes, such as order establishment or enforcement, to determine whether a noncustodial parent had a substance use disorder. A noncustodial parent's SUD is typically not disclosed during the establishment of an order, in large part because noncustodial parents' in-person appearances are not common in the states represented by this study. Information on parents' substance use is not typically collected in the documentation to determine the order amount. Experts acknowledged that child support agencies are most likely unable, or unprepared, to do anything about a noncustodial parent's SUD if it is disclosed. Nevertheless, child support offices, the courts, and other community organizations that provide wrap-around or employment services to noncustodial parents could become aware of the parent's SUD through a variety of pathways.

Child support caseworkers can learn that a noncustodial parent has a SUD when custodial parents disclose it. This disclosure may take place during the enforcement stage when child support caseworkers are seeking to identify the reason for non-compliance of payment. Experts observed that child support caseworkers with a smaller caseload and a more intensive case management strategy were more likely to notice signs of a SUD than those with larger caseloads. Caseworkers from child support and other service provider organizations could suspect that a noncustodial parent has a SUD based on the noncustodial parent's behavior. However, most often there is not a formal mechanism to verify a noncustodial parent's SUD, such as a validated substance use assessment.

Child Support Procedures in cases of Noncustodial Parents with SUDs

The majority of the child support experts indicated that there is no difference in protocols for noncustodial parents with and without SUDs. Experts generally agreed that child support enforcement protocols did not differ for noncustodial parents with and without SUDs. Some noted that courts in their jurisdiction do not have the authority to mandate noncustodial parents to undergo a substance use assessment. Courts also cannot mandate that they receive substance use treatment unless the noncustodial parent is seeking parenting time. Parenting time, often referred to as "access and visitation", is addressed in a different court setting for never-married parents and therefore it is not a part of child support proceedings in the majority of states. If having a SUD is interfering with a noncustodial parent's ability to meet his or her child support obligation, the court or the child support agency may help the noncustodial parent file for a modification of the child support order amount. However, the impetus and onus is generally on the noncustodial parent to initiate and follow through with the process. Applying for a modification can be difficult for noncustodial parents who are struggling with relapse, recovery, or are currently incarcerated. The process requires submission of various financial documents and often-lengthy paperwork, some of which may be complex and challenging to complete.⁷

⁵ See <https://oewd.org/sites/default/files/FileCenter/Documents/759-4c%20-%20Driver's%20License%20Suspensions.pdf>.

⁶ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995852/>.

⁷ Farrell, Mary, Caitlin Anzelone, Dan Cullinan, and Jessica Wille (2014). Taking the First Step: Using Behavioral Economics to Help Incarcerated Parents Apply for Child Support Order Modifications. OPRE Report 2014-37. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services

When modifications do occur, it is often based on the noncustodial parent's change in financial status, not directly related to a SUD. Several experts stated that if a noncustodial parent is seeking treatment, their agencies have the option to provide a temporary modification of a child support order or a continuation, which lowers the order amount, and to potentially suspend the accumulation of arrears for a set period of time. These legal procedures ensure that no administrative enforcement actions are taken. However, the experts reported that the temporary modification does not always occur due to large caseloads, full dockets, and SUD treatment concluding before a set court date. In some jurisdictions, court dates for child support modifications are set ninety to one hundred and twenty days out from the submission of the modification request, or may be delayed due to large dockets.

Select counties in Ohio and Wisconsin, and Georgia through their Parent Accountability Court (located in 45 of the state's 49 judicial districts), have reviewed license suspension policies and created programs to help noncustodial parents with reinstatement when deemed appropriate. More recently, child support agencies have used license reinstatement as an incentive for participating in an employment intervention. Respondents were not aware of this same model being explored for noncustodial parents participating in SUD treatment.

Targeted child support arrears compromise or forgiveness programs for completion of treatment are not common. Experts noted that a judge may grant arrears forgiveness of state-owed child support debt in some states, but often does not have the ability to forgive arrears owed to the custodial parent. In some states, custodial parents can forgive child support arrears owed to them. Child support agencies have experimented with targeted arrears reduction initiatives for specific populations of noncustodial parents, such as those participating in employment services, but not specifically those with SUDs.

A few experts indicated they have referrals to treatment providers, yet these are provided as part of a broader case management strategy for noncustodial parents behind in their child support obligations, not specifically for noncustodial parents with SUDs.

Policy, Judicial and Legal Changes

Recent changes to child support enforcement policy and practice hold promise to improve how child support agencies work with noncustodial parents with SUD. Federal and state policies on child support can influence how agencies work with noncustodial parents with SUDs. States were at various stages of implementing the provisions of the 2016 Flexibility, Efficiency, and Modernization in Child Support Enforcement Programs Final Rule issued by the federal Office of Child Support Enforcement. Specifically, Section §303.6(c)(4) on civil contempt procedures now require states to have adequate screening processes to determine a parent's "actual and present" ability to pay their child support obligation. Some experts noted these new procedures may uncover a noncustodial parent's SUD, though were not aware of any agencies yet using it for this purpose. If states design their screening process to identify SUD, they may also want to develop approaches for addressing the noncustodial parent's SUD. For example, an agency may establish a formal referral process with a treatment facility or they may create procedures for child support order establishment and enforcement that take into account the noncustodial parent's participation in treatment. The federal rule also directs states to automatically modify child support orders for noncustodial parents incarcerated for 180 days or more, or notify the parties they are eligible for such a modification. This may result in a suspended child support order, or a minimum order, or in some cases, a zero-dollar order. The same approach could be considered for noncustodial parents with SUDs entering treatment, thereby supporting treatment success and potentially increasing child support compliance.

and Office of Child Support Enforcement May 2018 *Child Support Report, Ohio- New Approach Increases Modification Request*.

Apart from federal requirements, states have flexibility to design policies that can encourage noncustodial parents with SUD to meet their child support obligations while also getting treatment. Respondents from Ohio shared that their updated child support guidelines included a self-support reserve for those noncustodial parents that are low-income. This provision in a state's child support guideline calculation sets aside an income amount the noncustodial parent must retain prior to paying child support. The intention is to enable low-income noncustodial parents to have sufficient resources to meet their basic needs and incentivize continued employment. This may also enable noncustodial parents with limited income due to participation in treatment to maintain basic needs and work towards increased employment and stability.

Apart from policy changes, experts reported changes in the general mentality and practices in regard to noncustodial parents with SUDs. For example, legal experts in one state indicated that SUDs are now treated as an illness or disease by many courts rather than a moral failing. Another expert mentioned seeing a culture change in terms of how enforcement agencies approach noncustodial parents. Many agencies now emphasize the importance of assisting noncustodial parents to address their broader needs so that they can be in a better position to meet child support obligations. Other experts noted that courts are reducing counterproductive actions against noncustodial parents with SUDs, such as limiting driver's license suspensions and incarceration for failing to meet support orders.

Child Support Practices to help Noncustodial Parents with SUDs increase their Compliance with their Child Support Obligations

There are no federal or state requirements related to child support practices for those in SUD treatment, but there are emerging ideas about how to help these families.

Experts identified two current practices that assist noncustodial parents with SUDs to obtain employment which can lead to child support compliance: 1) helping noncustodial parents sign up for Medicaid so that they can access treatment, which reduces the barrier to work, and 2) utilizing employment programs with tiered approaches that allow parents to work part-time while seeking treatment. In study states that expanded Medicaid, child support agencies were able to provide information, a referral, or help noncustodial parents apply for health insurance. Once the noncustodial parent was receiving Medicaid, they were able to access more treatment options. In the second strategy, experts cited partnerships with community-based organizations that specialized in workforce services for populations with barriers to employment, such as SUD. For example, Goodwill Industries was a partner that experts believed had shown success in serving noncustodial parents with multiple barriers.

Child support agencies might consider several emerging practices when working with noncustodial parents with SUD, including:

- Review child support orders for a potential modification when a noncustodial parent is in treatment;
 - Suspend arrears accumulation while a noncustodial parent is in treatment;
 - Partner with an employment program that has a tiered approach;
 - Help noncustodial parents sign up for Medicaid to access treatment;
 - Partner with a community-based organization with expertise in working with individuals with SUDs;
 - Work with a medical-legal partnership;
 - Consider how license suspension and reinstatement is used in the context of treatment;
 - Train staff on how to interact with parents with SUDs.
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Child support agencies rarely have formalized partnerships with other organizations that can support noncustodial parents with SUDs.

While experts acknowledge the importance of partnerships to provide appropriate services to this population, they stated that child support agencies do not usually have formally established partnerships with organizations that can assist noncustodial parents with SUDs in meeting their child support obligations. However, some experts indicated that child support agencies have informal partnerships that can include SUD treatment providers, legal aid, and employment organizations. These informal partnerships may be at the very basic level of being a referral source for the child support program. In the context of this study, experts were asked to reflect on their agency-level partnerships that most often resulted in referrals or service provision for shared customers with SUDs. Although many legal and SUD treatment experts stated that their organizations did collaborate in some way with others in the community, they indicated a general lack of formal partnerships with child support agencies. Child support, substance use disorder and legal experts all indicated the main barriers to collaboration were funding constraints that limited the number of individuals they could serve, large caseloads for staff at child support agencies, treatment centers and legal aid providers, and a lack of knowledge about child support agencies as a potential referral sources for customers.

In the cases where collaboration occurred with the child support agency, representatives of legal aid and employment organizations generally initiated it. One promising example of such a collaboration is Medical Legal Partnerships (MLPs). In the MLP model, attorneys join medical providers, social workers and other community providers to holistically address the needs of an individual. In Indiana, the MLP attorneys often assist noncustodial parents with child support issues that may arise during the recovery process.

Although several experts from child support agencies directly informed noncustodial parents with SUDs about treatment resources, most did not have formal relationships with SUD treatment centers. The majority of child support experts collaborated in some way with other community resources, such as employment services providers or fatherhood programs. Nevertheless, experts all agreed that agency collaboration with treatment providers was critical for noncustodial parents with a SUD to succeed and become compliant with their child support obligations.

Finally, experts discussed being more intentional about the inclusion of child support services in the creation of a “one-stop shop” of social services, ranging from food, to clothing for employment, to adult education for noncustodial parents with a substance use disorder, all housed in the same location to facilitate collaboration.

Promising Programs Identified through the Environmental Scan and Expert Discussions

Through the environmental scan and expert discussions a selection of promising programs and practices were identified. These included problem-solving courts, fatherhood programs, and strategic partnerships with child support agencies. Table 1 provides a brief description of the programs and practices. None of the programs or practices identified were designed specifically for noncustodial parents with SUDs. These programs or practices were frequently mentioned by the experts, in the literature, or a combination of both. This does not represent a comprehensive list of all relevant programs and practices.

In particular, experts discussed the potential value of problem solving courts, fatherhood/parenting programs, enhanced case management, and integrated programs or strategic partnerships with child support. Limited information was identified on specific programmatic approaches, or on the efficacy of these programs in supporting noncustodial parents with SUDs in meeting child support obligations

Table 1. Summary of program and practices identified by scan and experts

Program/practice	Description
<p>Problem-solving courts</p>	<p>Drug treatment courts were the most commonly mentioned venues for addressing treatment and relapse for noncustodial parents, and family courts for addressing custody issues. While there are few problem-solving courts that focus specifically on child support, drug treatment courts have the potential to work with the comprehensive needs of noncustodial parents with SUDs, including their child support obligations. Substantial evidence⁸ exists on the effectiveness of drug courts in helping parents through treatment. No information was identified on the efficacy of these programs in supporting noncustodial parents with SUDs in meeting child support obligations.</p>
<p>Fatherhood/parenting programs</p>	<p>Generally, these programs are implemented by multiservice organizations that frequently offer both parenting/fatherhood and employment services. Some have partnerships with child support and SUD treatment programs. These programs are often privately funded or receive grants through other government organizations (e.g., Office of Family Assistance). By helping address SUD barriers to family relationships among noncustodial parents, these programs may also increase the likelihood they meet their child support obligations. No information was identified on the efficacy of these programs in supporting noncustodial parents with SUDs in meeting child support obligations.</p>
<p>Enhanced case management</p>	<p>Enhancements to traditional case management for noncustodial parents can support both SUD treatment and recovery, as well as child support compliance. Enhanced approaches can be applicable both to child support case managers, as well as those working in SUD treatment and employment. Enhancements included additional behavioral health assessments, training in new behavioral/therapeutic techniques, increased communication between the noncustodial parent and case manager, attending legal proceedings, and formation of case management teams. No information was identified on the efficacy of these programs in supporting noncustodial parents with SUDs in meeting child support obligations. However, the federal Office of Child Support Enforcement's (OCSE) Procedural Justice-Informed Alternatives to Contempt grants, which include enhanced case management, are part of a rigorous evaluation with forthcoming findings.</p>
<p>Integrated programs or strategic partnerships with child support</p>	<p>Strategic partnerships were operated by either the child support agency or another agency/organization that included a specific partnership with the state or local office of child support. Several of these programs were mentioned above in another context (for example, OCSE's Procedural Justice-Informed Alternatives to Contempt grants), but other types of programs were also mentioned. These included integrated employment programs that provide child support and SUD services through formalized partnerships and child support integration with the court system. No information was identified on the efficacy of these programs in supporting noncustodial parents with SUDs in meeting child support obligations.</p>

There was general consensus among the experts that more integrated programming that included partnerships with child support agencies, drug treatment providers, and other supportive

⁸ Lloyd MH. Family Drug Courts: Conceptual Frameworks, Empirical Evidence, and Implications for Social Work. *Families in Society*. 2015 Jan 1;96 (1):49–57. Shaffer, Deborah Koetzle. "Looking inside the black box of drug courts: A meta-analytic review." *Justice Quarterly* 28.3 (2011): 493-521.

services was needed. Experts suggested the creation of a child support/drug treatment problem-solving court as a program with promise. Some believed the team-based approach of problem-solving courts would be especially beneficial to noncustodial parents with SUDs, as had been experienced with veterans in the same court setting. In addition, experts suggested increased staff training on how substance use influences a person's decision-making could, amongst other things, potentially increase child support compliance. One respondent noted positive impacts on caseworker interactions with noncustodial parents following such training, which ultimately improved compliance.

Directions for Future Work

This study is exploratory and limited to a few states and a select group of experts. However, key themes emerged from both the environmental scan and expert interviews that lay the groundwork for future research and policy work. The majority of experts expressed the belief that the intersection of substance use and child support was a salient issue that deserved further research. One expert stated, "It's a serious enough problem that it warrants having a special focus. The goal is to try and get noncustodial parents to financially and emotionally support their child, and substance use is a huge barrier to be able to do that."

Several knowledge gaps that have implications for both policy and practice emerge from this study. First, there is a need for descriptive research on the population of noncustodial parents with SUDs and the prevalence of SUD among noncustodial parents generally. Issues associated with SUD may compound a noncustodial parent's difficulty in meeting their financial obligations, such as polysubstance use, co-occurring mental health conditions, and inability to access treatment. Understanding how these other factors compound barriers to paying child support is key to designing policies and interventions that combine SUD treatment and child support services. New interventions should be evidence based, where possible, to increase the odds that they can be replicated and scaled.

This study identified several ways traditional child support enforcement may present barriers to payment by noncustodial parents receiving treatment for SUD. These include lack of screening to identify SUDs, a siloed approach to case management, and sanctions such as driver's license suspensions that impede accessing SUD treatment. More needs to be understood as to how these barriers manifest themselves, and how child support compliance efforts interact with SUD treatment. In particular, research can explore how collaborations across organizations can increase the likelihood of positive treatment outcomes, and subsequently increase the likelihood of making payments. For example, parents are very unlikely to be asked by treatment providers whether or not they have a child support obligation. Longer standing partners, such as prisons and fatherhood programs in some jurisdictions, now routinely ask. Future efforts could target the establishment of partnerships between child support agencies and treatment providers, and include training for treatment provider staff on the child support program.

This study signals the need to better understand how child support enforcement intersects with substance use disorder among noncustodial parents. Greater evidence can help policymakers and practitioners design and deliver programs that better serve families struggling with SUD and move them to self-sufficiency.

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Appendix A – Environmental Scan Methodology

Search methods. The search strategy sought to identify sources that addressed the intersection of child support and substance use. Therefore, for each database, the search was set up to identify any source that mentioned both the child support and substance use search terms. Exhibit I.1 shows the search terms used.

Child support-related terms: child support, child support enforcement, child support orders, child support payments, noncustodial parents

and

Substance use-related: substance use disorders, opioid use disorders, substance abuse, opioid abuse, prescription opioids, heroin, methamphetamines, poly-substance use, illicit drugs

Exhibit I.1. Search terms used

Library staff searched Medline, PAIS Index, ERIC, PsycINFO, Academic Search Premier, Education Research Complete, SocINDEX, and Scopus databases for peer-reviewed literature. In addition, library staff searched several databases known to include government reports and other gray literature: Social Science Resource Network (SSRN), JSTOR, the Rutgers Law Library Gray Literature Database, Westlaw, the National Criminal Justice Reference Services (NCJRS), and Google Custom Search Engine (GCSE).

The results of the search are shown below in Exhibit I.2. Across all sources, the search identified 1,152 results. All of the identified peer-reviewed literature, the sources identified through NCJRS, and 100 of each of the sources identified through SSRN, JSTOR, GCSE, and Westlaw were screened. A random sample of the Westlaw results (which had no discernable order), and the first 100 results from the other databases were used because these items were sorted by relevance.

Screening methods. To screen articles, the title, abstracts, and executive summaries for both child support and substance use search terms were examined. If those components of the source were not included, the entire source was read. In addition to looking for the relevant terms, the general content of the source was reviewed for relevance. For example, a source may have identified child support and/or substance use in an introduction section, but the main purpose of the article was describing or researching a topic or population different from the focus of our scan. 77 results were initially screened and 50 sources were determined to be included for this scan. All of the screened-in sources from the peer-reviewed databases, SSRN, JSTOR, and NCJRS were included. For GCSE, 24 most recent sources were included. No Westlaw sources were included.

Exhibit I.2: Search and screening results

Database	Number returned	Number screened	Number initially screened in	Number coded
Peer-reviewed databases	26	26	9	8
SSRN	173	100	3	3
JSTOR	169	100	2	1
Rutgers	0	0	0	0

GCSE	169	100	51	36
Westlaw	543	100	9	0
NCJRS	72	72	3	2
Total	1152	498	77	50

Nearly half (48 percent) of the sources were screened out because the topic was not relevant. In most of these instances, both sets of relevant words were found, but the topic was not of interest to the scan. For example, the source may have been primarily about substance use recovery and briefly mentioned that a single parent may owe child support. In other instances, the topics of child support/noncustodial parent and substance use disorder did not intersect. This disconnect was found frequently for topics concerning incarcerated or justice-involved populations, particularly in government reports that broadly discussed services provided by government agencies. An additional 31 percent of sources focused on one but not both topics. Twenty percent of sources focused on substance use disorder only and 11 percent on child support only. Finally, 12 percent of articles were out of date (for example, the source was reprinted within our time frame, but the original publication was prior to 2008), 5 percent were international, and 4 percent could not be screened because a sufficient preview or full-text version was not available.

The vast majority (78 of 100) of the Westlaw cases were not reviewed. Although words from both sets of topics were found, the underlying case was not about policies or programs *directly* related to noncustodial parents and their substance use. The cases were about a range of issues including welfare fraud, homicide, and property claims. The majority were about whether a person was entitled to social security benefits due to substance use disorder issues. Ultimately, no Westlaw articles were coded due to limited information of promising practices and programs. For simplicity, they are included in the “not relevant” category below.

Exhibit I.3: Reasons for screen-out

Reason	Percentage
Not relevant	48
Neither child support nor noncustodial	20
Out of date	12
No substance use disorder	11
International	5
Could not screen	4

Coding. The following information was examined in each article:

- Child support characteristics (for example, average payment amount, number of support orders)
- Substance use disorder (SUD) or opioid use disorder (OUD) characteristics (e.g., prevalence or type of substances)
- Demographic characteristics of noncustodial parents with SUD (for example, age, gender, race/ethnicity)
- Region and location
- Promising programs and practices
- Research outcomes (for example, changes in child support compliance following participation in a program)
- Agencies that focused on providing support for noncustodial parents with SUD
- Other interactions (that is, noting any other ways that substance use and child support interact or influence each other)
- Summary (that is, a brief synthesis of each article, noting the major points and relevance of the article)

- Year and type of reference

Appendix B – Qualitative Interviews

Recruiting experts. Semi-structured conversations were conducted with eighteen experts with expertise in the areas of child support, substance use disorder, and/or legal services. A number of experts from the same states were intentionally selected with the objective of triangulating findings. Multiple experts were recruited from Indiana, Kentucky, Ohio, Vermont, West Virginia, and Wyoming. Stakeholder recruitment took place over a four-week time period and included both email and phone outreach. Nonresponsive experts received at least three varied outreach attempts before they were no longer considered viable participants. In more than half of the cases where a stakeholder declined participation, he or she provided an additional potential stakeholder who might be better suited to participate in a discussion. With these additional recommendations, a total of 46 experts were contacted before concluding recruitment. Experts in the legal field were more willing to participate in interviews, while experts in the substance use field were the least likely to respond. 18 interviews with 21 experts were scheduled and met the goal to include experts who represented a mixture of federal and nonfederal positions and who were experts in all three fields. Additionally, multiple experts were recruited from Indiana, Ohio, and Wyoming, which was one of the initial recruitment goals.

Conducting and coding interviews. Stakeholder discussions took place over a two-month period. Each interview lasted between 45 minutes to one hour, with one interviewer and one note-taker facilitating each call. For coding, key themes raised by multiple experts were highlighted.

Exhibit I.4

Name and organization	Area of expertise	State
Office of Child Support	Child Support	Wyoming
Office of Child Support Enforcement	Child support	South Dakota
Office of Child Support, Indiana	Child support	Indiana
Administration for Children and Families	Child support	National
Georgia Office of Child Support	Child support	Georgia
Natrona County Child Support Enforcement Department	Child support	Wyoming
Fatherhood Program, Montgomery County, Ohio	Child support	Ohio
Workforce Development in Kenosha County, Wisconsin	Child support	Wisconsin
Center for Policy Research	Child support	National
Office of Child Support, Stark County, Ohio	Child support	Ohio
River Valley Resources	Substance use	Indiana
SAMHSA	Substance use	National
Communicare Kentucky	Substance use	Kentucky
Indiana Family Law	Legal	Indiana
Medical Legal Partnerships, Indiana	Legal	Indiana
Legal Action Center	Legal	New York
Vermont courts	Legal	Vermont
Ohio State Legal Services Association	Legal	Ohio
West Virginia Sixth Circuit Family Court	Legal	West Virginia

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