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February 2, 2026

Dear Colleague:

Both United States President Donald J. Trump and Secretary of Health and Human Services (HHS) Robert F. Kennedy, Jr. have clearly communicated that substance use disorders negatively impact our Nation and a whole-government approach is needed to support America's recovery, with a focus on prevention, treatment, and long-term resilience. In keeping with this approach, HHS will bring to bear the resources and expertise across the agency to strengthen federal guidance and grants while producing tangible and measurable impacts in communities across the country.

The children of people with opioid use disorder (OUD) suffer from their parents' and family members' use. The Administration for Children and Families (ACF), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare & Medicaid Services (CMS), is writing to emphasize the urgent need to expand access to medications for opioid use disorder (MOUD) for parents and family members with OUD. Timely access to these lifesaving medications improves health outcomes and can help prevent a child's entry into the foster care system when untreated OUD contributes to safety concerns or family instability.

We are pleased to inform you that ACF recently designated MOUDs as "well-supported" in the Title IV-E Prevention Services Clearinghouse, making them eligible for inclusion in state Title IV-E prevention plans. With Title IV-E prevention funding, states can now receive a 50 percent federal match to provide these treatments when children are at imminent risk of entering foster care but who can remain safely in the home or in a kinship placement with the provision of those treatments. Importantly, the match rate for all title IV-E prevention services will increase to match the state-specific Medicaid matching rate starting October 1<sup>st</sup> of this year.

National survey data indicate that thousands of people meet diagnostic criteria for OUD each year, yet only a small fraction receive evidence-based pharmacologic treatment (SAMHSA, 2025; Hadland et al., 2018; Jones et al., 2015). This treatment gap has devastating consequences. Untreated OUD across the lifespan is associated with elevated risks of fatal overdose, involvement with the justice system, disruption in educational attainment, mental health deterioration, and family separation that often results in foster care placement (Minnes et al., 2017; Bagley et al., 2017).

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Medications for OUD, including buprenorphine, methadone, and extended-release naltrexone, represent the evidence-based standard of care for OUD and are recommended for adults and adolescents when clinically appropriate. In particular, the scientific evidence supporting MOUD use in adolescents has grown substantially in recent years. Youth who receive MOUD demonstrate significantly higher treatment retention and engagement compared with those receiving psychosocial services alone, outcomes that are strongly associated with reduced overdose risk and improved stability across multiple life domains (Hadland et al., 2018; Woody et al., 2008). A large cohort study found that adolescents and young adults who remained in treatment for one year or more had a significantly lower risk of overdose, emergency department use or hospitalization (Hadland et al., 2025). Despite this compelling evidence, MOUD remains substantially underutilized among adolescents and young adults, with pronounced disparities by age, race, ethnicity, geographic location, and insurance status (Alegria et al., 2021; Hadland et al., 2017).

While medications form the cornerstone of evidence-based OUD treatment, effective care requires a comprehensive, person-centered approach that addresses the full spectrum of developmental, behavioral, and social needs. Optimal treatment therefore integrates MOUD with psychosocial interventions, including individual and family therapy, peer support, case management, and connections to educational and vocational services. This multimodal, wraparound approach recognizes that people with OUD exist within multiple systems and relationships, including family, school, community, and potentially welfare or justice systems.

Effective treatment must be tailored to each person's unique circumstances, strengths, and goals, delivered by teams who coordinate across these systems to provide seamless support. When care is fragmented or fails to address the broader context of an individual's life, even evidence-based medications may not achieve their full potential to support recovery and long-term wellness.

Furthermore, the intersection of parental OUD and child welfare involvement creates particular vulnerability and complexity which has been identified as a contributing factor in many child welfare cases. Adolescents in foster care experience disproportionately higher rates of substance use disorders compared to their peers in the general population (Beal, et al., 2023; Traube et al., 2012). When individuals with OUD lack access to appropriate treatment, including MOUD, the consequences extend beyond individual health outcomes to affect family stability, and long-term well-being. Conversely, when parents receive timely, evidence-based treatment for OUD, families can be strengthened and preserved, reducing the need for out-of-home placement or supporting successful reunification when placement has occurred.

SAMHSA, ACF, and CMS are collaborating to better align behavioral health, child welfare, and Medicaid policies to support those with OUD and their families. This cross-agency effort reflects a shared commitment to child safety, family preservation, and access to evidence-based care.

Federal partners recognize that siloed systems and fragmented care delivery have contributed to treatment barriers that place vulnerable individuals at increased risk. By working together across traditional programmatic boundaries, we can create more seamless pathways to care that prioritize both immediate safety and long-term health and stability.

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We encourage states, tribes, territories, and local partners, including child welfare agencies, Medicaid agencies, courts, health care providers, schools, and community-based organizations, to take steps now to ensure that people with OUD can access MOUD without delay. This may include training child welfare workers and juvenile justice staff to recognize OUD and facilitate connections to treatment, educating judges and attorneys about the evidence base for MOUD, expanding the network of providers who can prescribe buprenorphine, ensuring that Medicaid and other insurance programs cover all three Food and Drug Administration-approved medications without prior authorization or other administrative barriers, and developing policies that support rather than penalize those who are engaged in MOUD treatment. SAMHSA’s training and technical assistance resources might assist in these efforts, and they can be found online at the [SAMHSA Technical Assistance and Training Directory](#), while the [SAMHSA Library](#) contains resources such as [Screening and Treatment of Substance Use Disorders among Adolescents](#), [The Importance of Family Therapy in Substance Use Disorder](#), and [TIP 63: Medications for Opioid Use Disorder](#). Additional resources co-funded by ACF and SAMHSA can be found at the [National Center on Substance Abuse and Child Welfare](#).

Expanding access to MOUD is a lifesaving intervention that strengthens families and improves child well-being. Every person with OUD deserves access to the full range of evidence-based treatments, delivered in a manner that is developmentally appropriate, culturally responsive, and supportive of family connections. We look forward to continuing partnership with you in this essential work.

Sincerely,

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