Improving Child Safety and Family Well-being: What’s New

Three Branch Institute 2017
A Program of Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment and Administration on Children, Youth and Families Children’s Bureau Office on Child Abuse and Neglect

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Bringing Systems Together for Family Recovery, Safety and Stability
Three Topics

• Data
• Policy Changes
• Resources to Help
Administrative Data Updates
Number of Children in Out of Home Care at End of Fiscal Year in the United States 2000 to 2015

Note: Estimates based on children in foster care as of September 30, 2015

Source: AFCARS Data, 2000-2015
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States
2000 to 2015

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2015
Parental Alcohol or Other Drug Use as a Reason for Removal by State 2015

National Average: 34.4%

Oregon 59.9%
W. Virginia 39.9%
Alabama 36.7%
Tennessee 33.3%
Maryland 27.8%
Virginia 25.8%
Kentucky 25.7%
Wisconsin 20.8%

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2015
Ohio made changes to their SACWIS system, implemented in December 2016, including:

- Required data fields identifying if a substance use screening was conducted and why not; and,
- Required data items on infants with prenatal exposure.
Research Updates: Effects of Prenatal Exposure
Estimated Number of Infants* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder

<table>
<thead>
<tr>
<th>Substance</th>
<th>Affected Infants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>600,000</td>
<td>15%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>360,000</td>
<td>9%</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>200,000</td>
<td>5%</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>80,000</td>
<td>2%</td>
</tr>
<tr>
<td>Heavy Drinking</td>
<td>16,000</td>
<td>0.4%</td>
</tr>
<tr>
<td>NAS</td>
<td>24,000</td>
<td>(.2-.7 per 1,000 births)</td>
</tr>
<tr>
<td>FASD</td>
<td>28,000</td>
<td>(.2-.7 per 1,000 births)</td>
</tr>
</tbody>
</table>


Research Updates: What Works to Improve Child Welfare Outcomes
We Know What Works

- System of identifying families
- Timely access to assessment and treatment services
- Increased management of recovery services and compliance with treatment
- Improved family-centered services and parent-child relationships
- Increased judicial oversight
- Systematic response for participants – contingency management
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court

Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation
Recovery Support Matters

Comprehensive Screening & Assessment + Early Access to Treatment = Positive Outcomes

A Randomized Control Trial – Cook County, IL (n=3440)

Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Comprehensive Screening & Assessment

Early Access to Treatment

Recovery Coach

Positive Outcomes

What to Try

• Delaware has introduced legislation “Aiden’s Law” to establish clear direction for what each agency should do to develop Plans of Safe Care for babies identified with prenatal exposure.

• Ohio’s Attorney General is funding 21 counties in Southern Ohio to provide recovery coaches in partnerships with child welfare.
Policy Update
CARA’s Primary Changes to CAPTA 2016

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”

2. Required Plan of Safe Care to include needs of both infant and family or caregiver

3. Specified data to be reported by States

4. Specified increased monitoring and oversight by States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services
By June 30, 2017, Governors of each State are required to sign a certification that the State has a State law or program which includes:

• Policies and procedures to address the needs of infants with substance exposure;

• A Plan of Safe Care that includes the health and substance use disorder treatment needs of the infant and affected family or caregiver; and

• Monitoring systems for tracking implementation.
1. Identify current Statute and Policy impacting Plans of Safe Care

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

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

4. Develop communication protocol for submission of required data elements specified in CARA by June 2018
HHS Secretary provide grants to states to supplement opioid abuse prevention and treatment activities

$500 million in award money available in each of FY17 and FY18

Funds awarded according to a formula based on the number of people with opioid use disorders with unmet treatment needs

Eligibility is limited to Single State Agencies (SSAs)

Outlines a non-exhaustive list of allowable uses of the opioid grant funds to states

<table>
<thead>
<tr>
<th>State</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$7,967,873</td>
</tr>
<tr>
<td>Kentucky</td>
<td>$10,528,093</td>
</tr>
<tr>
<td>Maryland</td>
<td>$10,036,845</td>
</tr>
<tr>
<td>Oregon</td>
<td>$6,564,425</td>
</tr>
<tr>
<td>Tennessee</td>
<td>$13,815,132</td>
</tr>
<tr>
<td>Virginia</td>
<td>$9,762,332</td>
</tr>
<tr>
<td>West Virginia</td>
<td>$5,881,983</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$7,636,938</td>
</tr>
</tbody>
</table>
What to Try

• Determine if your State included the child welfare population as a priority in CURES funding

• Visit the National Center on Substance Abuse and Child Welfare
  www.ncsacw.samhsa.gov
Resources
NCSACW Resources

• Publications
• Online Resource Inventory
• Webinars
• Online Tutorials
• Toolkits
• Video

Please visit:

http://www.ncsacw.samhsa.gov/
Purpose: Support the efforts of states, tribes, and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families.

Audience:
- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

National Workgroup:
- 40 professionals across disciplines
- Provided promising and best practices; input; and feedback over 24 months.

Resources to Help You Address the Opioid Crisis

**Substance-Exposed Infants, In-Depth Technical Assistance**

- 18 months of technical assistance designed to strengthen collaboration and linkages across systems
- 8 sites: Connecticut, Delaware, Kentucky, Minnesota, New Jersey, New York, Virginia, West Virginia.

[https://ncsacw.samhsa.gov/technical/sei-idta.aspx](https://ncsacw.samhsa.gov/technical/sei-idta.aspx)

**Technical Assistance: Plan of Safe Care Implementation**

- Clarifying key decisions for states
- Defining “affected infants”
- Understanding different populations of pregnant women
- Identifying components in plans of safe care

**Resource Directory**

- Web-based includes up to date research, training materials, videos, site examples and other resources
- Webinar Series: 8 recorded webinars

Opioid Use Disorders Resource Inventory

- Web-based
- Includes up-to-date research, training materials, videos, site examples and other resources
- Webinar Series: 8 recorded webinars


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

Please visit:  http://www.ncsacw.samhsa.gov/