INNOVATIVE APPROACHES TO COMBATTING SUBSTANCE MISUSE THROUGH HUMAN SERVICES PROGRAMS

2019 Policy Institute for Governors’ Human Services Advisors

Ken DeCerchio

Chicago, IL
September 12, 2019
Acknowledgement

A program of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Children and Families (ACF), Children’s Bureau

www.ncsacw.samhsa.gov | ncsacw@cffutures.org
Percent of Children Removed with Alcohol or Other Drug Use as a Reason for Removal by Age, 2017

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

- Child Abuse Prevention and Treatment Act (CAPTA)
- Plans of Safe Care (POSC)
- Family First Prevention Services Act (FFPSA)
- Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act
Innovations

- START
- IDTA
- QIC-CCCT
- Family Treatment Courts
What is START?

Sobriety Treatment And Recovery Teams

• Child Welfare intervention for families with Child Protective Services involvement and a young child 0-5, including infants with prenatal substance exposure

• Intense and coordinated service delivery between Child Welfare and substance use disorder and mental health treatment providers

• Helps parents achieve recovery and keeps children in home when safe and possible

• Family-centered approach

• Designed to transform system of care within and between child welfare, substance use disorder treatment providers, courts and other family—serving systems

Sobriety Treatment and Recovery Team: Outcomes

- Women in START have nearly double sobriety rate of non—START counterparts (66% vs 37%)

- Children in START are about half as likely to enter foster care (21% vs 42%)

- At case closure, over 75% of START kids remained with or were reunified with their parent(s)

- For every dollar spent on KY START, $2.22 is saved in the off set of foster care costs

- Listed on California Evidence-Based Clearinghouse as a promising practice

(Huebner et al., 2012)
11 States have **participated** from 2014 to Present

- **Round 1**: Connecticut, Kentucky, Minnesota, New Jersey, Virginia, West Virginia
- **Round 2**: Delaware, New York
- **Round 3**: Florida, Maryland, North Carolina, West Virginia

**In-Depth Technical Assistance (IDTA)**

**Infants with Prenatal Substance Exposure**
Policy and Practice Framework: 5 Points of Intervention

1. Pre-Pregnancy
   Awareness of substance use effects

2. Prenatal
   Screening and Assessment
   - Initiate enhanced prenatal services
   - System Linkages

3. Child
   Identification at Birth
   - Parent

4. Post-Partum
   Ensure infant’s safety and respond to infant’s needs
   - Respond to parents’ needs

5. Infancy & Beyond
   Identify and respond to the needs of the infant, toddler, preschooler, child and adolescent
   - Identify and respond to parents’ needs

Legend

Young, 2009
State Examples: Plans of Safe Care

Delaware
Three populations:
1. Infants with Risk and Safety Concerns: CPS
2. Infants at low risk: Contractor
3. Infants at low risk when mom is on MAT: Treatment Agency

New Jersey
All infants affected by substance use have a POSC developed by child welfare. Those at low risk are overseen by their assessment (i.e.: alternative response) track.

North Carolina
CPS develops an initial, simple POSC and refers all cases to Care Coordination for Children (CC4C). CC4C fine tunes and implements the POSC.
Online Notification Portal

- Used by Healthcare Providers involved in the delivery or care of affected newborns to notify child welfare
- Includes standard questions to identify families in need of Plans of Safe Care and, if necessary, child welfare services

The Recovery, Engagement, Access, Coaching and Healing (REACH) Program

- Recovery Navigators available across the state to assist in the development and implementation of POSC

Resources

- Plan of Safe Care Provider FAQ
- DCF Provider Bulletin on Plan of Safe Care
- Plan of Safe Care Template
- Notification Online Portal
- Plan of Safe Care Client FAQ
- Women's REACH Program Brochure
“System Of Care” Approach

- Providing education to women of child bearing age both prior to and during pregnancy

- Making screening, brief intervention, and referral to treatment services (SBIRT) a routine part of prenatal care

- Implementing hospital guidelines for treatment of infants with neonatal abstinence syndrome (NAS), multidisciplinary assessments, and discharge planning

Kentucky has implemented a specific dissemination strategy for their POSC toolkit and template to move the Plan of Safe Care from policy to local implementation.

Resources

- Plan of Safe Care Implementation Toolkit
- Systems of Care Implementation Plan*
- Newborn Assessment Tool*
- Universal Release of Information for Case Collaboration*

*These items are not currently posted online but can be accessed by contacting NCSACW by email at ncsacw@cffutures.org
Implementing POSC: Virginia

- The state code was updated to clarify mandated reporting expectations of healthcare professionals for infants identified as affected by substance abuse.
  - Child welfare must conduct a family assessment and develop POSC for these families regardless of a finding of abuse or neglect.

- Virginia Institute for Family Support Professionals
  - Provides education and training materials to support a comprehensive and consistent approach to POSC, integrate SUD education into home visiting across the state, and improve prenatal SUD screening practices.

- To guide implementation, the state developed a POSC toolkit, a brochure to educate healthcare partners, and a POSC template.

Resources

- Code of Virginia
- Plan of Safe Care Child Welfare Policy and Template (Appendix D)
- Brochure on IPSE and POSC: A Guide for Healthcare Providers
- Virginia Institute for Family Support Professionals: Plan of Safe Care Online Module
- Plan of Safe Care Toolkit*

*This item is not currently posted online but can be accessed by contacting NCSACW by email at ncsacw@cffutures.org.
5 state/tribal level applicants (11 local sites)
4 local level applicants
Types of State (Pathway 1) Applicants:
- Department of Mental Health and Substance Abuse Services
- Supreme Court/Administrative Office of the Courts
- Tribal Court Coalition
Collaboration and Partnership

Core Partners

<table>
<thead>
<tr>
<th>Core Partner</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>15</td>
</tr>
<tr>
<td>Substance Use Disorder Treatment</td>
<td>15</td>
</tr>
<tr>
<td>Medical/Health Care</td>
<td>12</td>
</tr>
<tr>
<td>Children’s Services (including Home Visiting and Early Intervention)</td>
<td>12</td>
</tr>
<tr>
<td>Public Health</td>
<td>11</td>
</tr>
<tr>
<td>Attorneys</td>
<td>9</td>
</tr>
<tr>
<td>Medication Assisted Treatment Providers</td>
<td>9</td>
</tr>
</tbody>
</table>

Demonstration sites strengthened partnerships and expanded Core Team membership with representation from new systems.

- Challenges to building and strengthening cross-system collaboration:
  - Concerns about confidentiality
  - Lack of knowledge about Plans of Safe Care
  - Limited staff and system capacity
  - Stigma and bias
have begun to implement Plans of Safe Care in some capacity.

reported that the court is involved in implementing or reviewing/asking about Plans of Safe Care.

have developed a template/document for the Plan of Safe Care in at least some cases.

are either implementing or planning to implement prenatal Plans of Safe Care.
FTC Model as a Collaborative Solution

Judicial Oversight

Drug Court Hearings
Therapeutic Jurisprudence

Comprehensive Services
Access to Quality Treatment and Enhanced Recovery Support
Enhanced Family-Based Services
5Rs

Recovery
Remain at home
Reunification
Re-occurrence
Outcomes

- Higher treatment completion rates
- Shorter time in foster care
- Higher family reunification rates
- Lower termination of parental rights
- Fewer new CPS petitions after reunification
- More children are remaining at home
- Cost savings per family
Discussion Questions

• What entity (ies) have the lead on facilitating multi-system work in your state?

• Identify what residential treatment and prevention services are offered in your state and how they are funded?

• What is your state’s approach to implementing the CAPTA requirements pertaining to infants affected by prenatal substance exposure and their families or caregivers?

• What are your state’s plans to implement the family-based residential treatment and prevention services provisions of FFPSA?

• Does your state have Regional Partnership Grants? Who are the partners? What are they implementing?
This technical assistance tool provides on-the-ground examples from 12 states and 5 Tribes (Minnesota) across the country that have implemented comprehensive approaches to Plans of Safe Care (POSC) for infants with prenatal substance exposure (IPSE) and their families and caregivers.

These concrete examples can help states and agencies consider practice and policy system changes to best serve these families in their own communities.
Raising the Bar!

Family Treatment Court

Best Practice Standards

Just Released!

Contact Information

Ken DeCerchlio
Program Director
(714) 505-3525
ncsacw@ccfutures.org
www.ncsacw.samhsa.gov
Contact the NCSACW TTA Program

• Connect you with programs that are developing tools and implementing practices and protocols to support their powerful collaborative

• Training and technical assistance to support collaboration and systems change

Contact us ncsacw@cffutures.org