



**INNOVATIVE APPROACHES TO
COMBATING SUBSTANCE MISUSE
THROUGH HUMAN SERVICES PROGRAMS**

**2019 Policy Institute for
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Services Advisors**

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Acknowledgement



National Center on
Substance Abuse
and Child Welfare

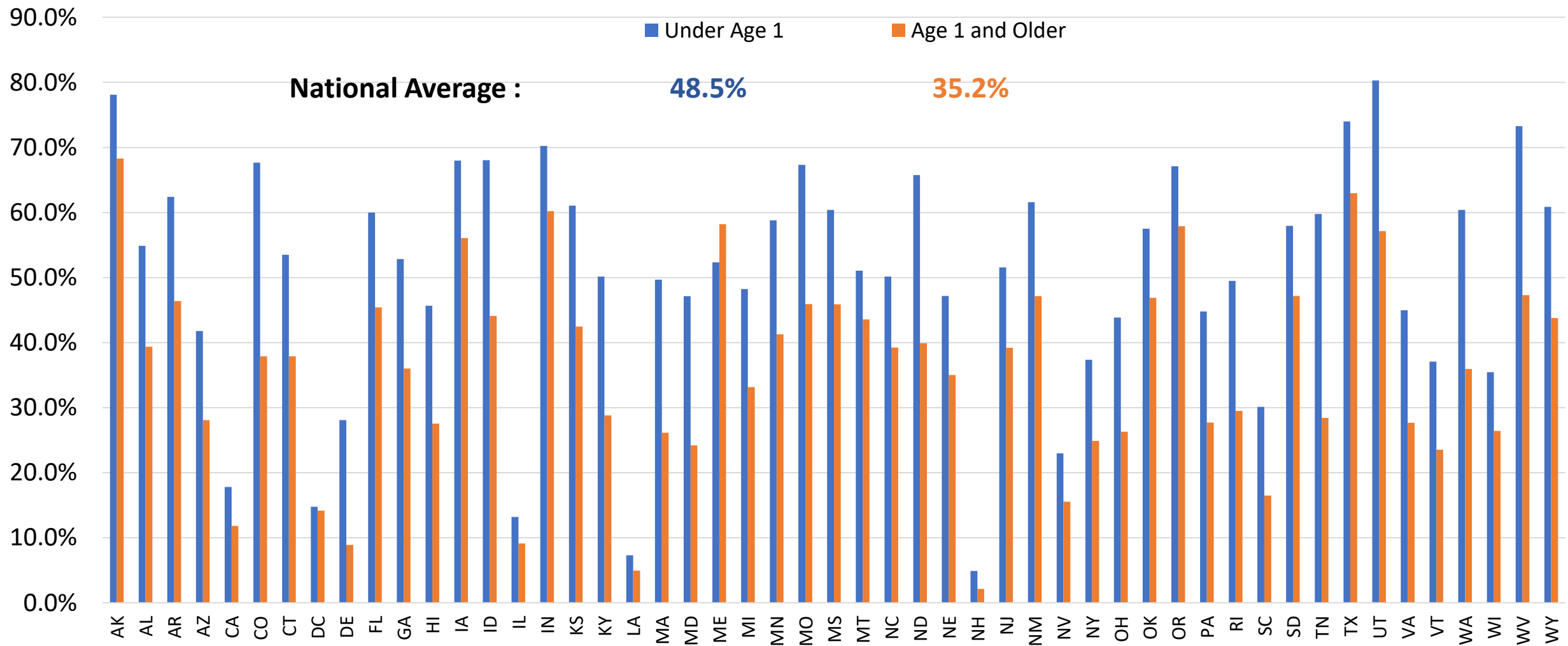
*A program of the Substance Abuse and Mental Health Services Administration (SAMHSA)
and the Administration for Children and Families (ACF), Children's Bureau*

SAMHSA
Substance Abuse and Mental Health
Services Administration



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

Source: AFCARS Data, 2017

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



A photograph of two hands, one larger and one smaller, holding each other. The hands are positioned in the center of the frame, with the larger hand on the right and the smaller hand on the left. The background is a soft, out-of-focus green, suggesting an outdoor setting with trees. The text is overlaid on a semi-transparent white rectangular area.

What is START?

Sobriety Treatment And Recovery Teams

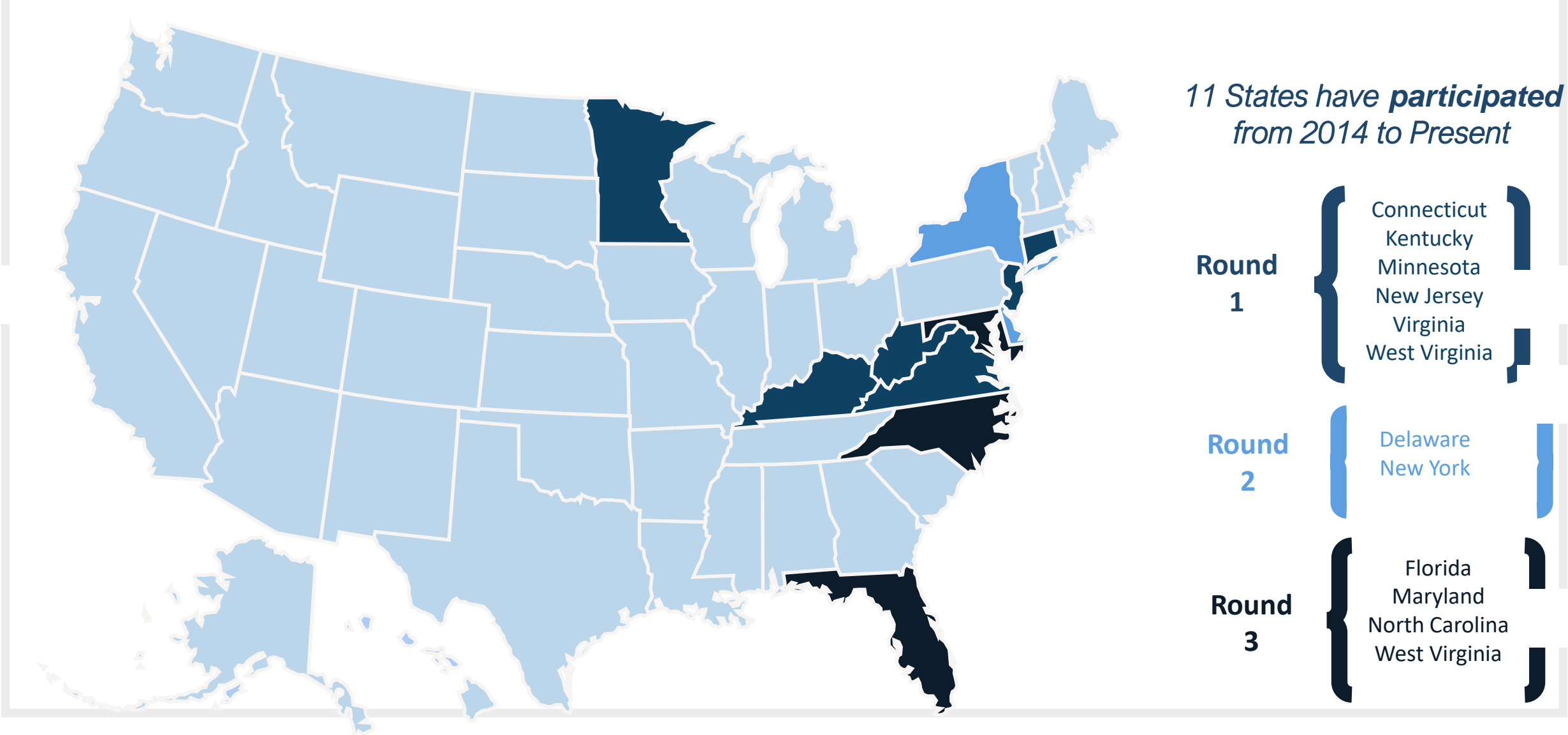
- Child Welfare intervention for families with Child Protective Services involvement and a young child 0-5, including infants with prenatal substance exposure
- Intense and coordinated service delivery between Child Welfare and substance use disorder and mental health treatment providers
- Helps parents 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

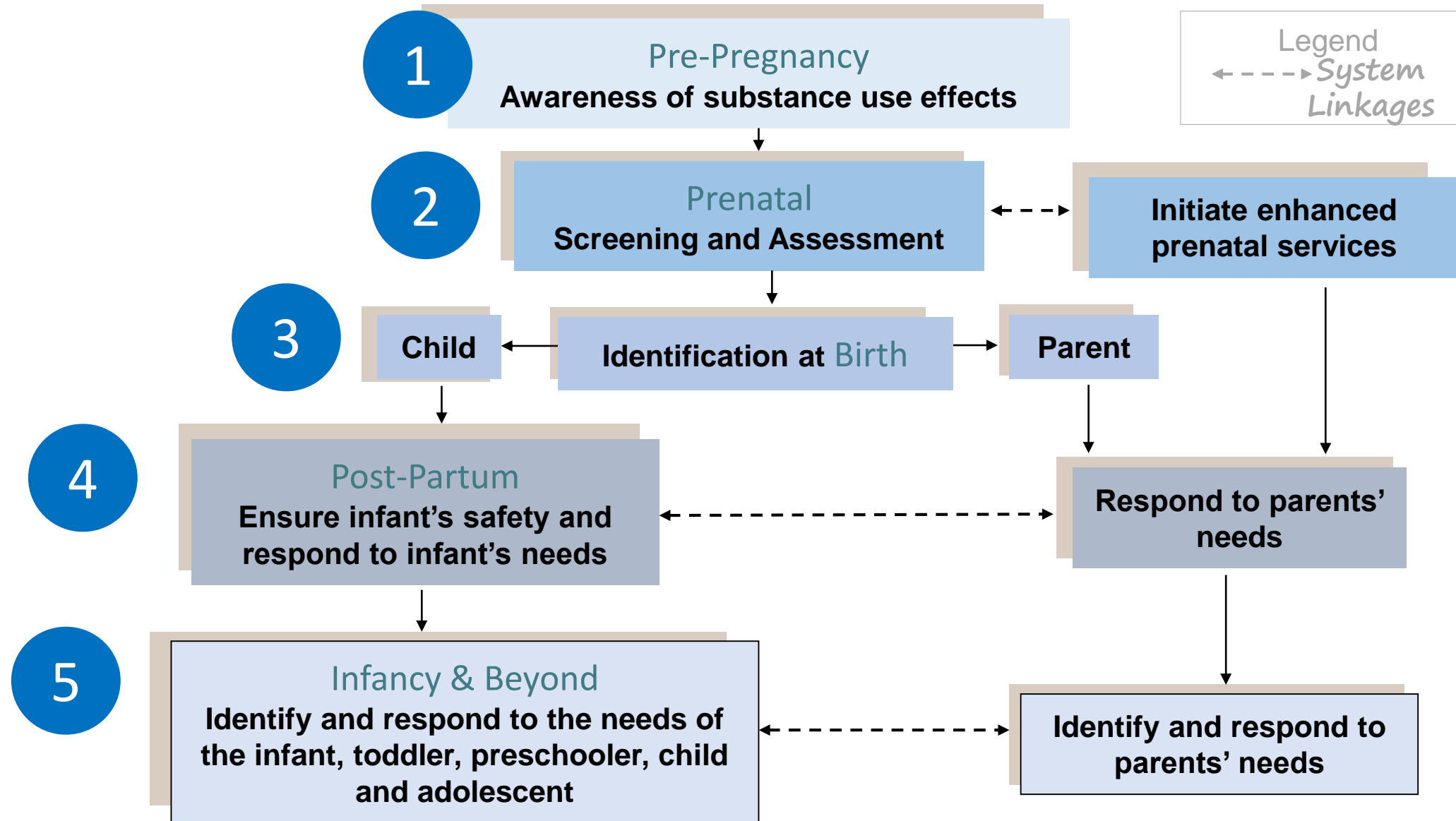
- Women in START have ***nearly double sobriety rate*** of non—START counterparts (66% vs 37%)
- Children in START are about ***half as likely to enter foster*** care (21% vs 42%)
- At case closure, over ***75% of START kids remained with or were reunified*** with their parent(s)
- For every dollar spent 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

In-Depth Technical Assistance (IDTA) Infants with Prenatal Substance Exposure

11 States have *participated*
from 2014 to Present



Policy and Practice Framework: 5 Points of Intervention



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.

Implementing POSC: Connecticut

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](#)

Implementing POSC: Kentucky

“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

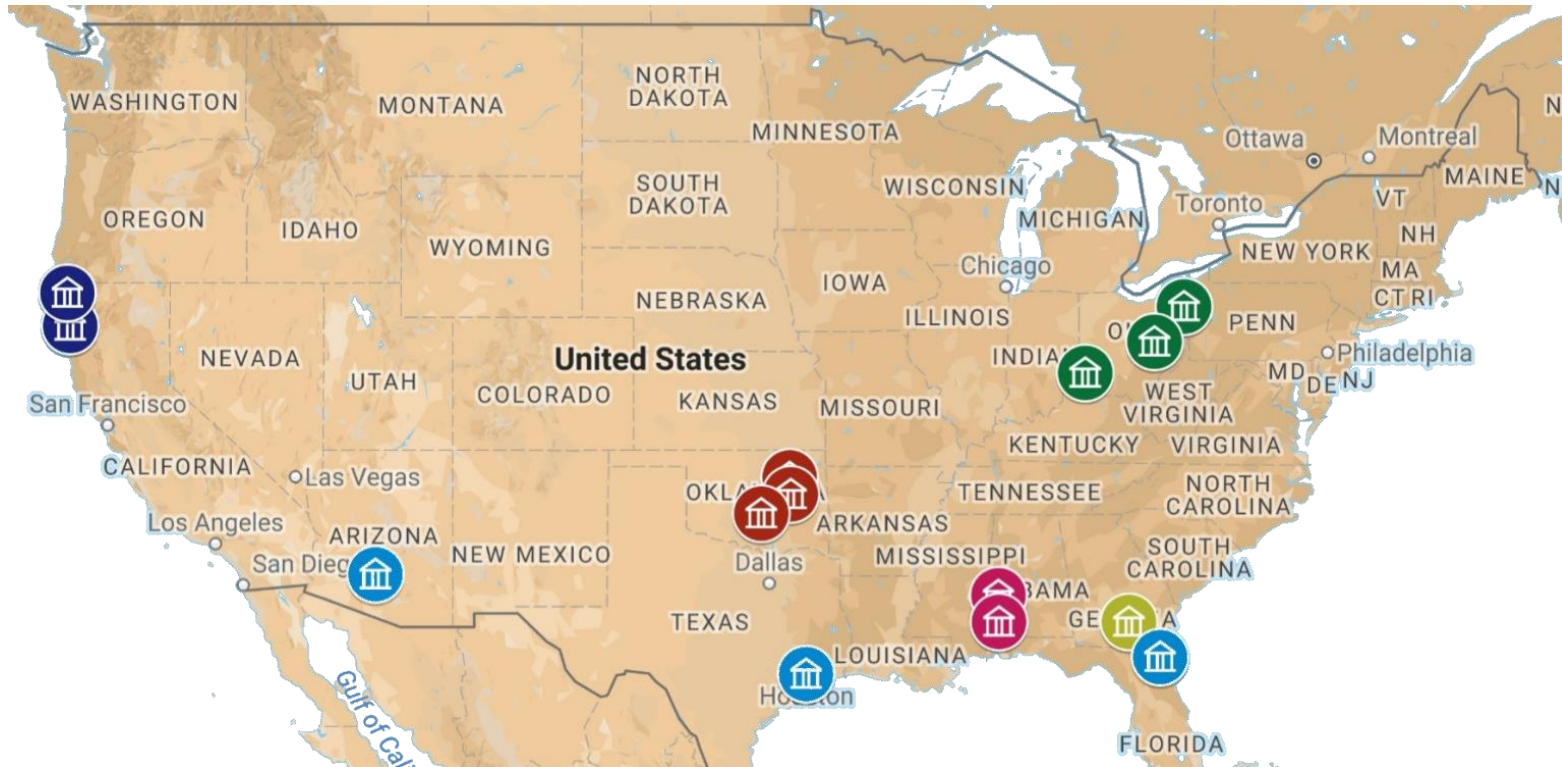
- The state code was updated to clarify mandated reporting expectations of healthcare professionals for infants identified as affected by substance abuse
 - Child welfare must conduct a family assessment and develop POSC for these families regardless of a finding of abuse or neglect.
- Virginia Institute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

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NATIONAL QUALITY IMPROVEMENT CENTER: COLLABORATIVE COMMUNITY COURT TEAMS



- 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

Child Welfare	15
Substance Use Disorder Treatment	15
Medical/Health Care	12
Children's Services (including Home Visiting and Early Intervention)	12
Public Health	11
Attorneys	9
Medication Assisted Treatment Providers	9

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



Implementing CARA Amendments to CAPTA

Start of QIC

7
sites

2
sites

4
sites

0
sites

Current

10
sites

9 sites

6 sites

9 sites

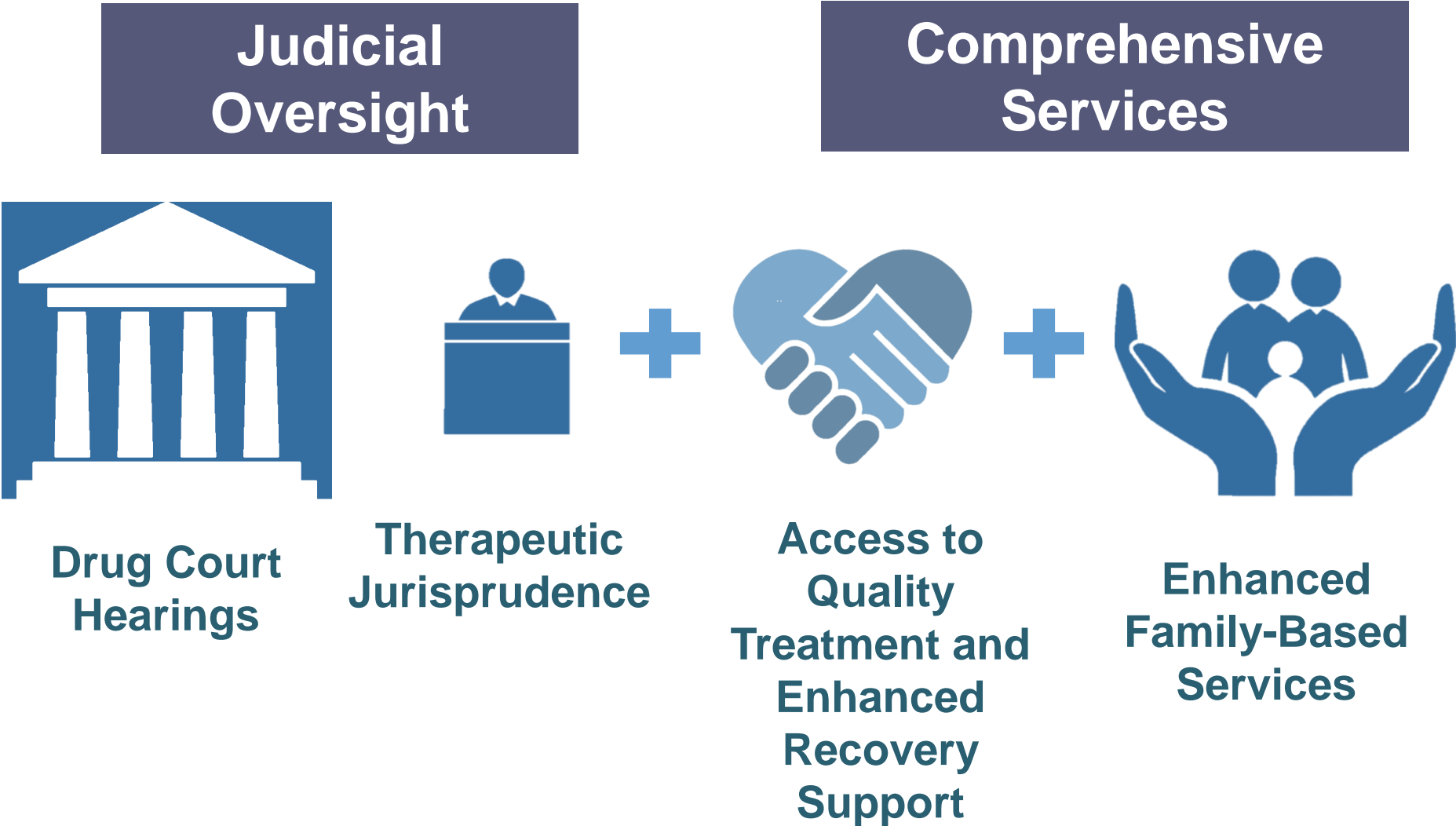
have begun to **implement Plans of Safe Care** in some capacity.

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



Achieving Outcomes for Children and Families



5Rs

Recovery

Remain at
home

Reunification

Re-
occurrence

R

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?



National Center on
Substance Abuse
and Child Welfare

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.

On the Ground:
How States are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and their Families

This technical assistance tool provides on-the-ground examples from states 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.

Planning Steps for a Collaborative Approach to Plans of Safe Care

In 2016, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA) through the Comprehensive Addiction and Recovery Act (CARA). New requirements were added to emphasize that Plans of Safe Care address the needs of infants who are identified as affected by substance abuse, experience withdrawal symptoms, or have fetal alcohol spectrum disorders (FASD). It also requires the development of a services plan for the infant and their family/caregiver. In order to provide the diverse service array and strong policies to support these infants and their families, diverse stakeholders play critical roles in detecting and responding to their needs.

The **Planning Steps for a Collaborative Approach to Plans of Safe Care** are a series of actions communities can take as they develop a comprehensive and effective approach to using Plans of Safe Care to improve the outcomes for infants with prenatal substance exposure and their families. The Planning Steps are described in more detail in the National Center on Substance Abuse and Child Welfare's (NCSACW) technical assistance tool, **A Planning Guide: Steps to Support a Collaborative Approach to Plans of Safe Care** (contact NCSACW for a copy). The steps can guide state and local teams as they consider key policy and practice considerations and develop procedures for implementing Plans of Safe Care.

- 1 Understand CAPTA and CARA Legislation
- 2 Know your State Systems
- 3 Determine who receives a Plan of Safe Care
- 4 Identify Partners for a Comprehensive Plan of Safe Care
- 5 Define Plans of Safe Care
- 6 Create a Notification System and Protocol for Plans of Safe Care
- 7 Assess Needs to Guide Individual Plans of Safe Care
- 8 Develop and Implement Individual Plans of Safe Care
- 9 Manage Individual Plans of Safe Care
- 10 Oversee State Systems and Report Data on Plans of Safe Care



Raising the Bar!

Family Treatment Court Best Practice Standards



Standards & Provisions

Just Released!

<https://www.cffutures.org/fdc-tta/ftc-best-practice-standards-2019/>

Contact Information



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National Center on
Substance Abuse
and Child Welfare

Contact the NCSACW TTA Program



National Center on
Substance Abuse
and Child Welfare

- 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