



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

**Human Services and the  
Opioid Crisis**

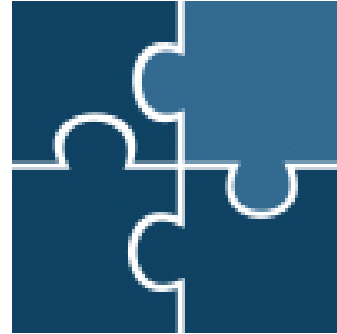
**Annual Poverty Research and  
Policy Forum**

**Ken DeCerchio**

**Washington, D.C.**

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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](http://www.ncsacw.samhsa.gov) | [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

# Children and Family Futures



National FDC  
Training and TA  
Program



Statewide System  
Improvement Program



Peer Learning Court  
Program

*Funded by OJJDP*



Prevention  
and Family  
Recovery  
Program

*Funded by DDCF  
and TDE*



National Center on  
Substance Abuse  
and Child Welfare

National Center on  
Substance Abuse and  
Child Welfare

Children Affected by  
Methamphetamine

In-Depth  
Technical Assistance (IDTA)



Regional Partnership Grants  
Rounds 1-4

Substance-Exposed  
Infants IDTA

*Funded by  
ACF/CB, SAMHSA*



Quality  
Improvement  
Center for  
Collaborative  
Community  
Court Teams

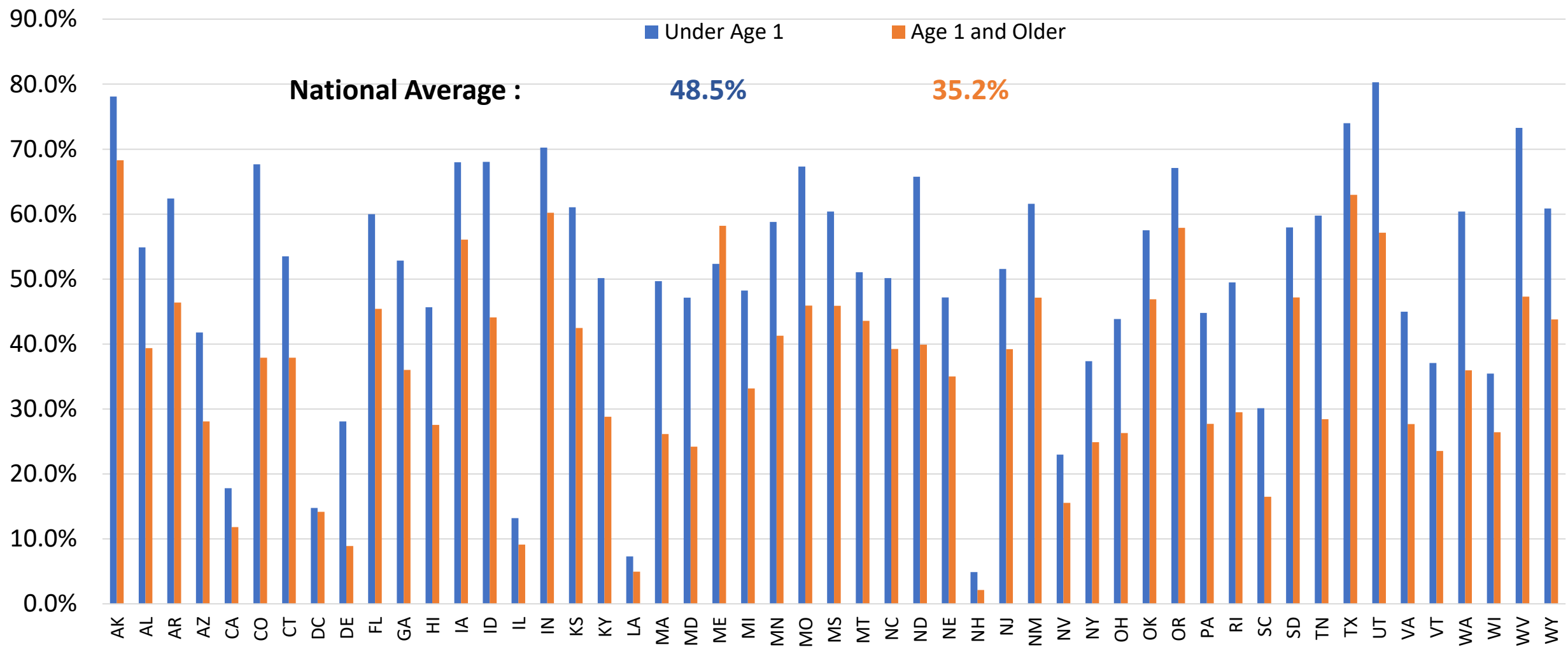
*Funded by  
ACF/ACYF, CB*



Sobriety  
Treatment  
and  
Recovery  
Teams

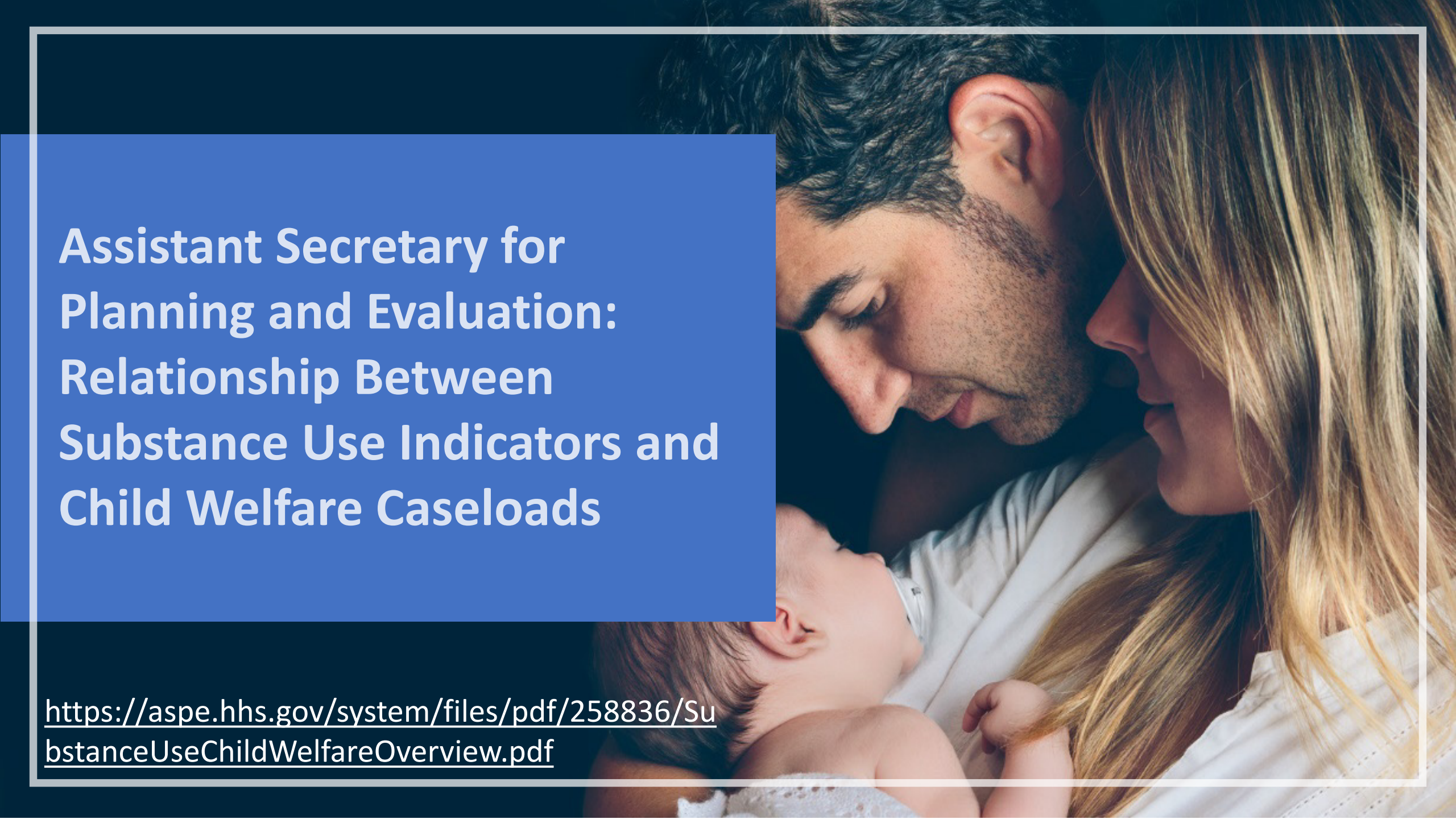
*Funding by  
Individual  
Jurisdictions*

# Percent of Children Removed with Alcohol or Other Drug Use as a Contributing Factor for Removal by Age, 2017



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

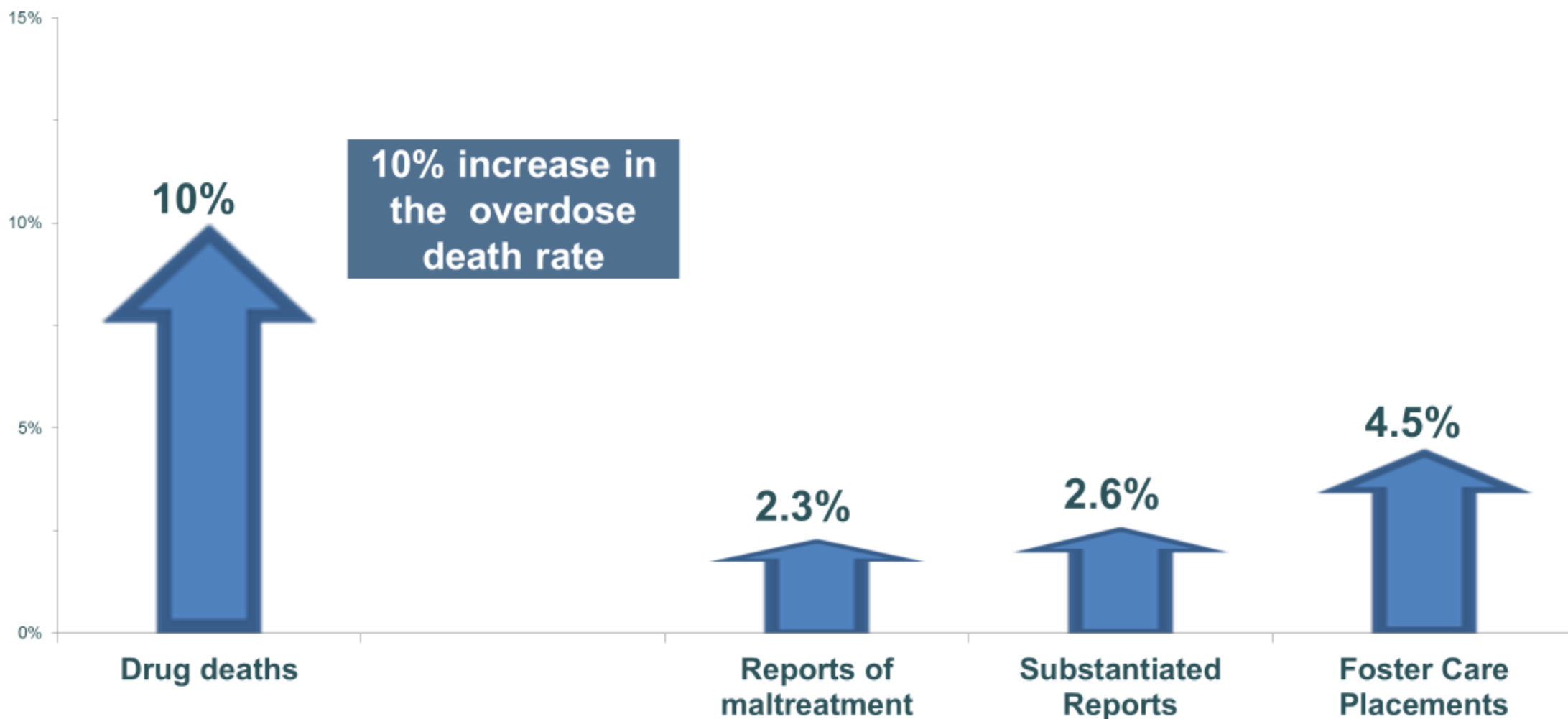
Source: AFCARS Data, 2017



**Assistant Secretary for  
Planning and Evaluation:  
Relationship Between  
Substance Use Indicators and  
Child Welfare Caseloads**

<https://aspe.hhs.gov/system/files/pdf/258836/SubstanceUseChildWelfareOverview.pdf>

# Study Findings: Relationship of Substance Use and Child Welfare Indicators



Sources: ASPE (2018) CDC/NCHS, National Vital Statistics System, Mortality; HHS/ACF, Adoption and Foster Care Analysis and Reporting System.

# Findings from the ASPE Study: Services for New Parents



- Lack of treatment specific to pregnant women
- Clients received repeated detoxification
- Mistrust of Medication Assisted Treatment (MAT)
- Family-friendly treatment options were limited
- Haphazard substance use assessment practices, barriers to collaboration and shortages of trained staff undermine the effectiveness of agencies' responses to families

# 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





# CARA's Primary Changes to CAPTA

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. Specified **data to be reported** by States
3. Required **Plan of Safe Care** to include needs of **both infant and family/caregiver**
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**



# Domains That Might Be In A Plan Of Safe Care

- Primary, Obstetric and Gynecological Care
- Substance Use and Mental Health Disorder Prevention and Treatment
- Parenting and Family Support
- Infant Health and Safety
- Infant and Child Development

**No one template fits the needs of all communities, settings or families**

# Family First Prevention Services Act (2018)

- Allows title IV-E foster care maintenance payments for up to 12 months for an eligible child placed with a parent in a licensed residential family-based substance abuse treatment facility.
  - **Implementation Date: October 1, 2018**
  - Facility services must include parent skills training, parent education, individual and family counseling and services must be trauma-informed
- Provides optional Title IV-E funding for time-limited (one year) prevention services for mental health/substance abuse and in-home parent skill-based programs for families and the children who are candidates for foster care.
  - **Implementation Date: October 1, 2019**
  - Programs or services used must be on ACF's public clearinghouse of evidence based programs as promising, supported, well supported practices.
- Reauthorization of Regional Partnership Grants effective for grants after 10/1/18
  - **FY 2019 Grants**
  - Makes several changes to the program including that State Child Welfare and SSA must be a Partner in the Application, and if RPG is to serve children in out-of-home care, the Court is a required partner and requires grants be dispersed in two phases: planning and implementation.

# Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

Below are the programs and grants specific to substance use and child welfare within the SUPPORT Act

Reauthorizes Residential Treatment for Pregnant and Postpartum Women (PPW) Program

Amends Child Abuse Prevention and Treatment Act (CAPTA) to include Grants to States to Improve and Coordinate Their Response to Ensure the Safety, Permanency, and Well-Being of Infants Affected by Substance Use

Authorizes \$20 million in funding for states to develop, enhance or evaluate family-focused treatment programs

Creates grant program to expand Sobriety Treatment and Recovery Teams (START) Program

Funding allocation for HR6 not yet appropriated; will be determined in FY20

# Innovations

- START
- IDTA
- QIC-CCCT
- Family Treatment Courts



# What is START?

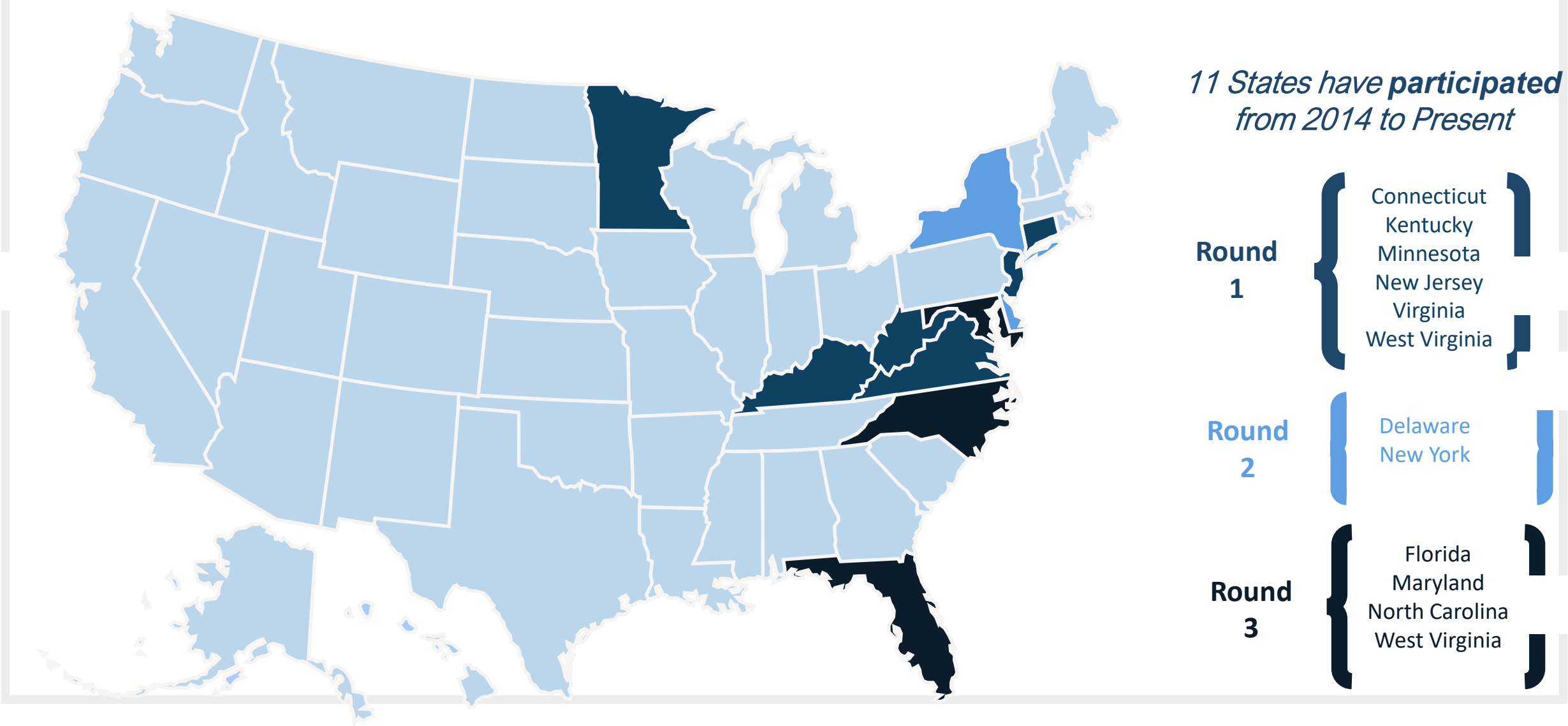
## Sobriety Treatment And Recovery Teams

- 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

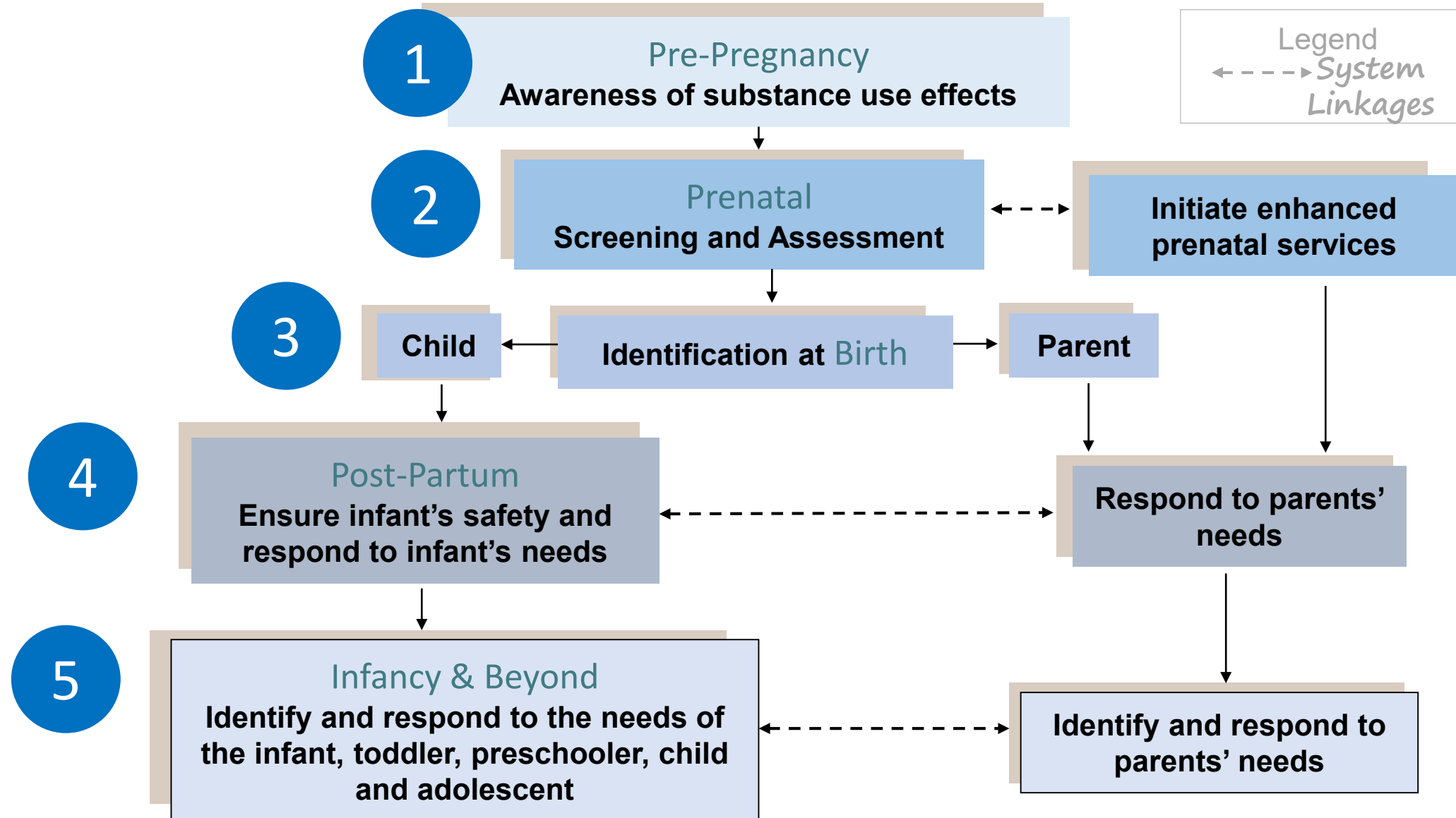
- Women in START have ***nearly double sobriety rate*** of non—START counterparts (66% vs 37%)
- Children in START are about ***half as likely to enter foster*** care (21% vs 42%)
- At case closure, over ***75% of START kids remained with or were reunified*** with their parent(s)
- For every dollar spent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

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





# 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

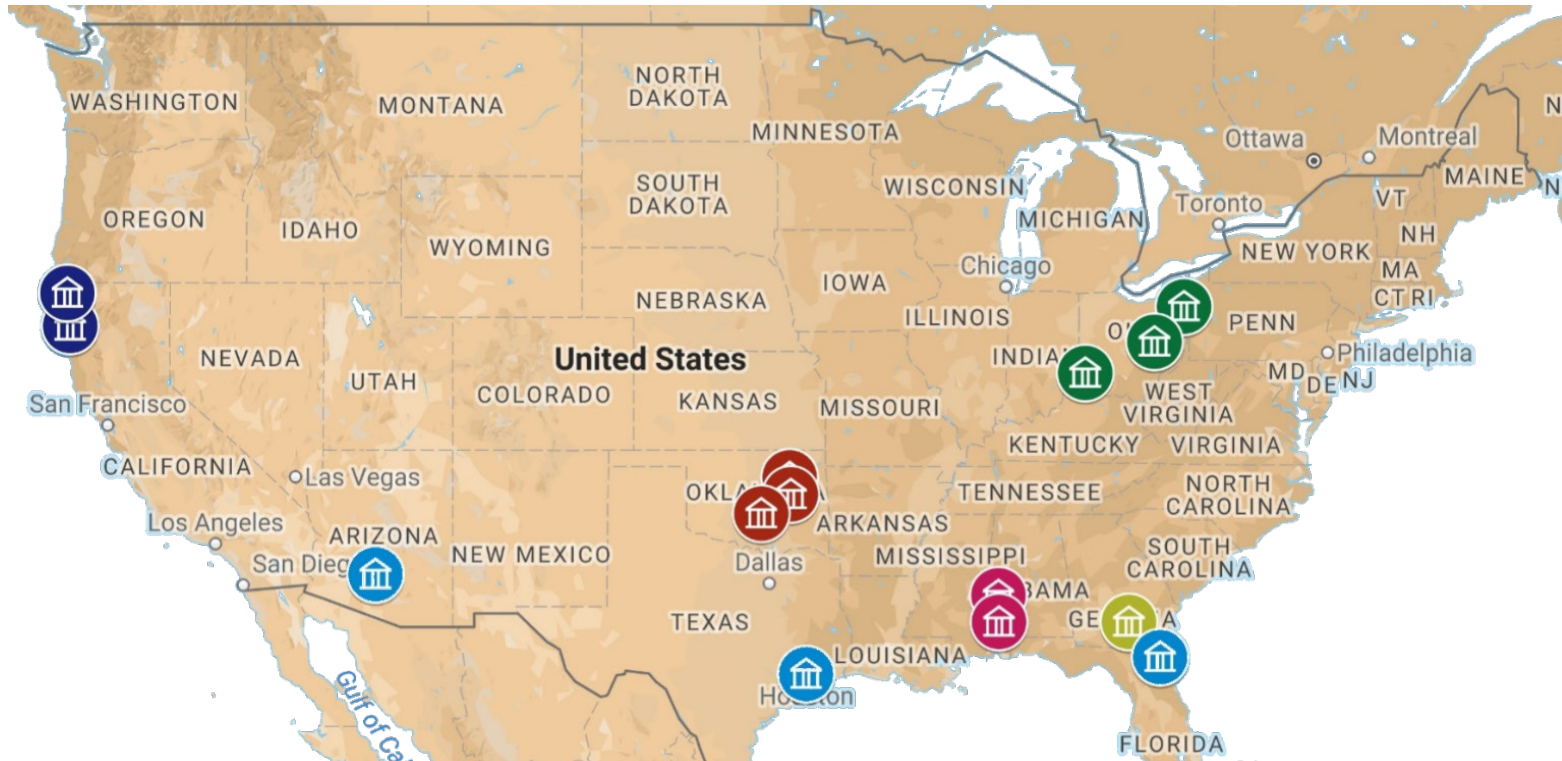
Kentucky has implemented a specific dissemination strategy for their POSC toolkit and template to move the Plan of Safe Care from policy to local implementation.

## 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](mailto:ncsacw@cffutures.org)*

# QUALITY IMPROVEMENT CENTER: COLLABORATIVE COMMUNITY COURT TEAMS



- Alabama Administrative Office of Courts
- Oklahoma Department of Mental Health and Substance Abuse Services
- Supreme Court of Georgia, Committee on Justice for Children
- Supreme Court of Ohio
- Yurok Tribe for Northern California Tribal Court Coalition
- Local Court

- 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

Current

7  
sites

10  
sites

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

2  
sites

9 sites

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

4  
sites

6 sites

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

0  
sites

9 sites

are either implementing or planning to implement **prenatal Plans of Safe Care.**

# FTC Model as a Collaborative Solution

**Judicial  
Oversight**

**Comprehensive  
Services**



**Drug Court  
Hearings**



**Therapeutic  
Jurisprudence**



**Access to  
Quality  
Treatment and  
Enhanced  
Recovery  
Support**



**Enhanced  
Family-Based  
Services**



# Achieving for Children and Families



5Rs

**R**ecovery

**R**emain at  
home

**R**eunification

**R**e-  
occurrence

**R**

# Outcomes (What Works Handout)



- **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

# In Your State, Ask:

- What entities have the lead on facilitating this multi-system work?
- Identify what residential treatment and prevention services are offered in your state?
- How are these services currently 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?

# Resources To Help Address The Opioid Crisis

For Families Involved in the Child  
Welfare System



## In-Depth Technical Assistance

<https://ncsacw.samhsa.gov/technical/sei-idta.aspx>

- 18 months of technical assistance to strengthen collaboration and linkages across systems focused on infants with prenatal substance exposure
- 11 sites: Connecticut, Delaware, Florida, Kentucky, Maryland, Minnesota, New Jersey, New York, North Carolina, Virginia, West Virginia

## Web-based Resource Directory

<https://ncsacw.samhsa.gov/resources/videos-and-webinars/webinars.aspx>

- Includes research, training materials, webinars and videos, site examples and other resources
- Topics include medication-assisted treatment, neonatal abstinence syndrome, infants with prenatal substance exposure, and supporting families with opioid use disorders

## Technical Assistance : Developing a Comprehensive Approach to Plans of Safe Care

- Identifying planning steps for developing a comprehensive approach to Plans of Safe Care
- Questions to engage partners in considering a communities Plan of Safe Care approach
- Examples of state and local legislation, policies and templates

# CLINICAL GUIDANCE FOR TREATING PREGNANT AND PARENTING WOMEN WITH OPIOID USE DISORDER AND THEIR INFANTS



Available for download here: <https://store.samhsa.gov/shin/content//SMA18-5054/SMA18-5054.pdf>



National Center on  
Substance Abuse  
and Child Welfare

**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

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



Standards & Provisions  
*Just Released!*

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

# Contact Information



**Ken DeCerchio**

Program Director

(714) 505-3525

[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)



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*