Collaborative Community Court Teams:
Implementing Plans of Safe Care

Ken DeCerchio, MSW | Program Director
Gail Barber, MSW | Senior Associate
National Quality Improvement Center for Collaborative Community Court Teams

Children's Bureau
An Office of the Administration for Children & Families
Children and Family Futures

- National FDC Training and TA Program
- Prevention and Family Recovery Program
- Statewide System Improvement Program
- Peer Learning Court Program
  - Funded by OJJDP

- National Center on Substance Abuse and Child Welfare
- Children Affected by Methamphetamine
- In-Depth Technical Assistance (IDTA)
- Regional Partnership Grants Rounds I-6
- 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
Change our work’s focus

• Preventing maltreatment
• Preventing unnecessary placement

Prioritize the importance of families

• Children must be kept in their communities and schools
• Foster parents must become resources to help support birth parents

Focus our interventions on the well-being of children and their parents

• Address both parent and child trauma
• Don’t cause additional trauma through unnecessary removal

Build the capacity of communities to support children and families

• Locally based resources and services
• Supports families need must be located where families live

Develop and support a healthy and stable child welfare workforce

• Competent, skilled and informed
• Capable and visionary leadership
Understanding the Challenge
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States and Ohio, 2000 to 2018

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

Source: AFCARS Data, 2000-2018
Percent of Children with Terminated Parental Rights by Reason for Removal in the United States and Ohio, 2018

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

Source: AFCARS Data, 2018 v1
Incidence of Parental Alcohol or Other Drug Use as a Reason for Removal in the United States and Ohio, 2000 to 2018

Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2018
Incidence of Parental Alcohol or Other Drug Use as a Contributing Factor for Removal in the United States, 2000 to 2018

Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2018
Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as a Reason for Removal in the United States and Ohio, 2000 to 2018

Note: Estimates based on children under age 1 who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2018
Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as a Reason for Removal by Ethnicity/Race in the United States and Ohio, 2018

- NH White: 59.8% (National) 52.6% (Ohio)
- NH Black: 38.7% (National) 32.7% (Ohio)
- NH AI: 69.6% (National) 0.0% (Ohio)
- NH AS: 29.9% (National) 20.0% (Ohio)
- NH Pac: 48.1% (National) 0.0% (Ohio)
- NH multi: 55.6% (National) 46.6% (Ohio)
- Hispanic: 44.9% (National) 48.6% (Ohio)
- Unknown: 50.0% (National) 48.9% (Ohio)

Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2018 v1
10% increase in the overdose death rate corresponds with...

Drug Deaths: 10%
Reports of Maltreatment: 2.3%
Substantiated Reports: 2.6%
Foster Care Placements: 4.5%

(Radel et al., 2018)
Estimated Number of Infants Affected by Prenatal Exposure by Type of Substance and Infant Diagnosis

Note: these data are derived from varied methods and data sources

- **Potentially Affected by Prenatal Exposure**
  - Tobacco: 488,000 (12.2%)
  - Alcohol: 352,000 (8.7%)
  - Illicit Drugs: 220,000 (5.4%)
  - Binge Drinking: 176,000 (4.4%)
  - Heavy Drinking:
    - NAS: 24,000 (.6% births)
    - FASD: 28,000 (.7-7 per 1,000 births)

(National Vital Statistics Report, 2017; NSDUH, 2017; Patrick et al., 2015; May & Gossage, 2001)
5 Points Of Family Intervention for Infants with Prenatal Substance Exposure and Their Families

**Pre-Pregnancy**
Awareness of substance use effects

**Prenatal**
Screening and Assessment

**Identification at Birth**

**Child**
Neonatal, Infancy, and Postpartum
Ensure infant’s safety and respond to infant’s needs

**Parent/Caregiver**
Initiate enhanced prenatal services

Respond to parents’/caregivers’ needs

**Childhood and Adolescence**
Identify and respond to the needs of the toddler, preschooler, child, and adolescent

Identify and respond to parents’/caregivers’ needs
Opportunities and Challenges

For women with substance use disorders and their infants and families

Prenatal
- Prenatal Screening
- Substance Use Disorder Treatment

Birth
- Birth Protocols

Beyond
- Ongoing Support and Services
Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA)
Primary Changes in CAPTA Related to Infants with Prenatal Substance Exposure

1974
Child Abuse Prevention and Treatment Act (CAPTA)

2003
The Keeping Children and Families Safe Act

2010
The CAPTA Reauthorization Act

2016
Comprehensive Addiction and Recovery Act (CARA)

2018
Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT 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
PLANS OF SAFE CARE

Lessons from the National Center on Substance Abuse and Child Welfare (NCSACW)
How is *Plan of Safe Care* Different?
No one template fits the needs of all communities, settings or families.
Who could do Plans of Safe Care?

- Multi-agency
- Well-trained
- Shared trust and knowledge
- Supportive hand-offs

(Sloper, 2004)
<table>
<thead>
<tr>
<th>Populations of Women</th>
<th>Lead Agency/Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prenatal Period</strong></td>
<td><strong>Identification at Birth &amp; Infant Affected</strong></td>
</tr>
<tr>
<td>1. Using legal or illegal drugs, on an opioid medication for chronic pain or on medication (e.g., benzodiazepines) that can result in a withdrawal syndrome and <em>does not have a substance use disorder</em></td>
<td>Prenatal Care Provider in concert with pain specialist or other physician</td>
</tr>
<tr>
<td>2. Receiving medication assisted treatment for an opioid use disorder (Buprenorphine or Methadone) or <em>is actively engaged in treatment for a substance use disorder</em></td>
<td>Prenatal Care Provider in concert with Opioid Treatment Provider or waivered prescriber and/or therapeutic treatment provider</td>
</tr>
<tr>
<td>3. Misusing prescription drugs, or is using legal or illegal drugs, meets criteria for a substance use disorder, <em>not actively engaged in a treatment program</em></td>
<td>Prenatal Care Provider or High Risk Pregnancy Clinic in concert with substance use disorder treatment agency</td>
</tr>
<tr>
<td></td>
<td>Maternal and Child Health Service Provider</td>
</tr>
<tr>
<td></td>
<td>Home visiting, early childhood intervention, new parent education, etc.</td>
</tr>
<tr>
<td></td>
<td>Therapeutic Substance Use or Opioid Use Disorder Treatment Provider with support from Maternal and Child Health or Child Welfare</td>
</tr>
<tr>
<td></td>
<td>Child Welfare Services</td>
</tr>
</tbody>
</table>
Child welfare will generally not be involved with a family in the prenatal period unless there is another child with an open case.

Partners are important for early engagement of pregnant women in treatment and prenatal care to improve the health and well-being outcomes for mother and the infant.
POSC is a unique opportunity for cross-system collaboration

No single agency can do it alone
Innovations:
Quality Improvement Center
Collaborative Community Court Teams
QIC-CCCT Goals

IMPLEMENTATION
Enhance the capacity of CCCTs to appropriately implement the provisions of the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse and Prevention Treatment Act (CAPTA)

CAPACITY
Enhance and expand CCCTs’ capacity to effectively collaborate to address the needs of infants, young children, and their families/caregivers affected by substance use disorders (SUDs) and prenatal substance exposure

SUSTAINABILITY
Sustain the effective collaborative partnerships, processes, programs, and procedures implemented to achieve the goals of each demonstration site

DISSEMINATION
Provide the field with lessons they can apply about effective practices for implementing the requirements of CARA and meeting the needs of children and families affected by substance use disorders
QIC-CCCT Demonstration Sites

Court Models

Eight Family Treatment Courts

Three Early Childhood/Infant Toddler Courts

One Family Treatment Court & Early Childhood Court

Two Joint Jurisdiction Family Wellness Courts (Tribal/County)
Collaboration and Partnerships

### Core Partners

<table>
<thead>
<tr>
<th>Category</th>
<th>Members</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
Collaborative Courts are well-positioned to help infants affected by prenatal substance exposure and their families.
What can Collaborative Community Court Teams do?

| Develop collaborative partnerships and linkages between maternal and infant health care providers, hospitals, child welfare, SUD treatment providers (including medication assisted treatment) the court, and early intervention providers. |
| Develop practice, communication, and information-sharing procedures to coordinate the child and family-focused service delivery system. |
| Strengthen collaboration and enhance training and resources for all collaborative partners on the needs of infants, young children, and their families/caregivers affected by substance use disorders and prenatal substance exposure. |
What Can Judges Do?

1. For all infants ask, “where is there a plan of safe care for the infant and family/caregiver?”
2. Convene health care providers with other service systems to prevent infant removals when possible
3. Facilitate the use of Title IV-E to keep children with their parent in residential substance use disorder treatment and ensure high quality legal representation for parents and children
4. Ensure reasonable and active efforts requirements are met
5. For all families ask about family time and visitation
6. Count Children of Parents with Opioid and other Substance Use Disorders in the Data Set
7. Ensure states and communities are making good use of available technical assistance and resources
11 sites expanded their target populations to serve families outside of the collaborative court.

- Pregnant women prior to CW involvement
- Screened out families
- Screened in non-court involved families
- Collaborative Court Involvement Families

- No Child Welfare Involvement
- Report or Notification to Child Welfare
- Investigation or Differential Response
- Family Preservation
- Child Removal
- Permanency
Implementing CARA Amendments to CAPTA

**Start of QIC**
- 7 sites

**Current**
- 13 sites have begun to **implement Plans of Safe Care** in some capacity
- 11 sites reported that the **court is involved** in implementing or reviewing/asking about Plans of Safe Care
- 12 sites have **developed a template/document** for the Plan of Safe Care in at least some cases
- 12 sites are either implementing or planning to implement **prenatal Plans of Safe Care**
Questions?
Resources
Resources for Court Professionals

For more information: www.cffutures.org/qic-ccct

Reasonable and Active Efforts, and Substance Use Disorders:
A toolkit for professionals working with families in or at risk of entering the child welfare system

Plans of Safe Care:
An issue brief to help Judicial Officers better understand Plans of Safe Care and their role in bringing together community partners to improve systems for infants with prenatal substance exposure and their families.
Web-Based Resources

From Policy to Practice: Comprehensive and Coordinated Family-Centered Treatment for Families Affected by Substance Use Disorders

QIC-CCCT Demonstration Site Spotlight Webinar: Collaborating to Implement Prenatal Plans of Safe Care

Check out other QIC-CCCT web-based learning opportunities by visiting our resource page at: www.cffutures.org/qic-ccct_resources

For more information: www.cffutures.org/qic-ccct_resources
Just Published!

National Quality Improvement Center for Collaborative Community Court Teams Program

Summary

DEMONSTRATION SITES
In April 2018, the QC-CCCT selected 15 Demonstration Sites through a competitive site-selection process. Selected community court programs include Family Advocacy Court, Infant and Toddler Courts, Joint Jurisdiction Courts, and Family/Youth Wellness Courts. The assistance of dedicated Toddler and Technical Assistance Change Teams. Demonstration Sites are designing, implementing, and testing new and innovative approaches to address the health and substance use disorder treatment needs of infants, young children, and their parents or caregivers. Demonstration Sites are also participating in robust programmatic evaluations that will provide the field and local courts across the country with valuable information on multi-system collaboration and strategies to improve outcomes for infants and their families affected by parental substance exposure, including the role of court teams in implementing Plans of Safe Care.
Five Learning Modules:

- **Brief 1**: Preparing for Plan of Safe Care Implementation
- **Brief 2**: Collaborative Partnerships for Plans of Safe Care
- **Brief 3**: Determining Who Needs a Plan of Safe Care
- **Brief 4**: Implementing and Monitoring Plans of Safe Care
- **Brief 5**: Overseeing State Plans of Safe Care Systems and Reporting Data

NCSACW Online Tutorials Cross-Systems Learning


Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

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

FREE CEUs!

www.ncsacw.samhsa.gov/
Additional Resources on Collaboration

Web-Based Resource Directory

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

Technical Assistance

- Identifying values and principles of collaborative practice to address differences and develop agency values’, missions and mandates
- Examples of effective collaborative practice between substance use providers, child welfare and the courts

ncsacw@cffutures.org | 1-866-493-2758 | https://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

IDTA Webinars: Spotlight on State Implementation

Addressing Infants With Prenatal Exposure – New York’s Implementation Strategies

Discusses state leaders’ collaborative efforts and strategies to improve outcomes for pregnant women with opioid and other substance use disorders, their infants, and families.

Connecticut’s Approach to Implementing Plans of Safe Care

Highlights Connecticut’s approach for developing Plans of Safe Care, a review of their on-line notification portal for infants with prenatal substance exposure and their families, and their collaborative work with partner agencies.

For more information on IDTA, please visit: https://ncsacw.samhsa.gov/technical/idta.aspx
In-Depth Technical Assistance (IDTA) Case Study

Collaboration Pathways for Infants and Families Affected by Substance Use Disorders: Lessons From New Jersey

For more information on IDTA, please visit: https://ncsacw.samhsa.gov/technical/idta.aspx
This technical assistance tool provides on-the-ground examples from 12 states and 5 tribes across the country that have implemented comprehensive approaches to Plans of Safe Care for infants with prenatal substance exposure 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.

For more information on NCSACW, please visit: https://ncsacw.samhsa.gov/
Purpose: The brief offers implementation considerations that professionals can draw from when implementing peer or recovery specialist models in their communities.

Audience: Administrative and executive-level professionals from:
• Child Welfare
• Substance Use Disorder Treatment
• Courts

Key Informant Interviews: Representatives from four programs—2 peer support programs and 2 recovery specialist programs—that have demonstrated positive child welfare and recovery outcomes for families

This TA tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment.

The tool includes a list of questions child welfare or court staff can ask treatment providers to ensure that effective linkages are made.

With the knowledge gained, professionals will be able to make informed referral decisions for services that are a good fit to meet the parent and family’s needs.
The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

- Understand substance use and co-occurring disorders.
- Identify when substance use is a factor in a child welfare case.
- Learn strategies for engaging parents and families in services.
- Understand potential effects for the parent, children, and caregivers.
- Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice.

Visit our website to download the training toolkit: https://ncsacw.samhsa.gov/training/toolkit/
Raising the Bar!

Family Treatment Court
Best Practice Standards

Just Released!

This report highlights work between the Minnesota Department of Health Services and Tribal partners to improve coordination with substance use disorder treatment, child welfare and maternal and child health agencies as a part of a three and a half-year engagement in the Substance Exposed Infants (SEI) In-Depth Technical Assistance (IDTA) program.

The insights provided in this report are the result of a listening tour conducted in 2018 with program staff from five Tribal partners sites who implemented different collaborative care models for working with pregnant Native American women and their families.

For more information on IDTA, please visit: https://ncsacw.samhsa.gov/technical/idta.aspx
Contact Information

Ken DeCerchio
Program Director
Center for Children and Family Futures
kdecerchio@cffutures.org

Gail Barber
Senior Program Associate
Center for Children and Family Futures
gbarber@cffutures.org