

Implementing Plans of Safe Care into Family Treatment Courts

California Association of Collaborative Courts

Monday, March 1, 2023

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CENTER FOR CHILDREN AND FAMILY FUTURES
Strengthening Partnerships, Improving Family Outcomes

Acknowledgment



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CHILDREN & FAMILY FUTURES TECHNICAL ASSISTANCE & EVALUATION PROJECTS

- Casey Family
- Sacramento County Early Intervention Family Treatment Court
- Sacramento County Dependency Family Treatment Court
- Recovery Opportunities Open for Men (ROOM) for Dads
- Strong Families, Strong Children
- Prevention and Family Recovery
- National Quality Improvement Center on Family-Centered Reunification



Children and Family Futures strives to prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes with equity for all children, parents and families affected by trauma, substance use and mental health disorders.



NATIONAL CENTER ON SUBSTANCE ABUSE & CHILD WELFARE

- In-Depth Technical Assistance
 - Regional Partnership Grants
- Funded by Substance Abuse and Mental Health Services Administration and the Administration on Children, Youth, and Families, Children's Bureau*



NATIONAL FAMILY TREATMENT COURT TRAINING & TECHNICAL ASSISTANCE PROGRAM (FTCTTA)

- Office of Juvenile Justice and Delinquency Prevention FTC Grantee TTA
 - FTC TTA (Non-grantee)
- Funded by Office of Juvenile Justice and Delinquency Prevention*



NATIONAL SOBRIETY TREATMENT & RECOVERY TEAMS TRAINING AND TECHNICAL ASSISTANCE PROGRAM

Funded by Individual States and/or Local Jurisdictions

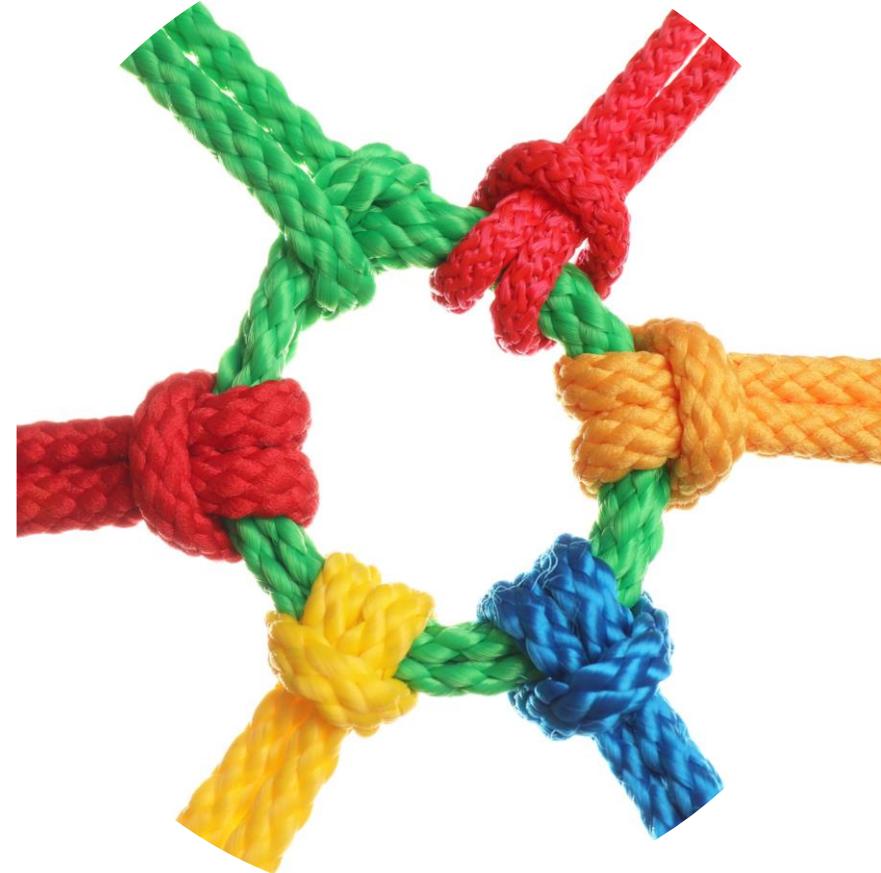


CENTER FOR CHILDREN AND FAMILY FUTURES

Learning Objectives

At the end of this session, participants will be able to:

- Understand best practices in serving parenting and pregnant persons with SUDs and their infants and important initiatives across the state of California
- Identify strategies to expand the FTC collaborative approach to effectively work with parenting and pregnant women affected by SUDs and their families
- Learn how your collaborative team can be part of the approach to implement comprehensive and effective CAPTA Plans of Safe Care



Understanding the Problem:
The impact of SUD on Child
Welfare



An hourglass with black sand falling from the top bulb to the bottom bulb. In the background, a child's face is visible, looking down. The hourglass is set against a dark background with light rays emanating from behind it.

Today:

Over 730 children will be removed from their parents

This hour:

30 children will be removed; **5** of these will be **babies under age 1**

(AFCARS 2018)

There are an estimated **21.6 million children (16.2%)** under the age of 18 who are living with a parent who misuses substances.

(Ghertner, 2022)

94,400 children are removed due to parental substance use (AFCARS, 2019)

By the Numbers....

In 2020, **216,838** children were separated from their families and placed in out of home care - **that equates to a removal every two min**

Behind neglect, parental alcohol or drug abuse was the leading identified condition of removal

20% of all removals were infants under one

Black and American Indian/Alaska Native children make up a disproportionate number of children removed from their homes

Effects of Parental Substance Use on Children

 <p>Home Life</p>	 <p>Emotional Challenges</p>	 <p>Adjustment Difficulties</p>
<ul style="list-style-type: none">• Chaotic, unpredictable home life• Inconsistent parenting & lack of appropriate supervision• Inconsistent emotional responses from parents to children• Secrecy about home life• Parental behavior that may make the child feel guilt, shame, or self-blame	<p>Children develop feelings of:</p> <ul style="list-style-type: none">• Believing they have to be perfect• Believing they have to be a parent to their parent• Difficulty trusting others & maintaining a sense of attachment• Difficulty achieving positive self-esteem & autonomy• Extreme shyness or aggressiveness	<p>Children who grow up in an inconsistent environment or with limited guidance are at risk for:</p> <ul style="list-style-type: none">• Resistance to rules or authority• Experimentation with or use of alcohol or other drugs• Social withdrawal• Difficult relationships with peers, adults, & others

Research Update: Long-term Effects of Prenatal Opioid Exposure



2017-2019: Publication of various studies examining the long-term effects of prenatal opioid exposure.

Among school-aged children with a neonatal abstinence syndrome (NAS) diagnosis or prenatal opioid exposure, findings include:

- Significant academic achievement effects
- An increased need for special education services

Oei, J.L., Melhuish, E., Uebel, H., Azzam, N., Breen, C., Burns, L., Hilder, L., Bajuk, B., Abdel-Latif, M.E., Ward, M., Feller, J.M., Falconer, J., Clews, S., Eastwood, J., Li, A. & Wright, I.M. (2017). Neonatal Abstinence Syndrome and High School Performance. *Pediatrics*, 139(2):e20162651.

Fill, M-M.A., Miller, A.M., Wilkinson, R.H., Warren, M.D., Dunn, W.S. & Jones, T.F. (2018). Educational Disabilities Among Children Born With Neonatal Abstinence Syndrome. *Pediatrics*: 142(3).

Lee, S.J., Woodward, L.J., Henderson, J.M.T. (2019). Educational achievement at age 9.5 years of children born to parents maintained on methadone during pregnancy. *PLoS One*, 14(10): e0223685.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6786534/citedby/>

Fetal Alcohol Spectrum Disorders (FASD)

Fetal Alcohol Syndrome (FAS)

FAS represents the part of the FASD spectrum that includes specific facial features (small eye openings, thin upper lip, smooth ridge between nose and upper lip); small stature; and a variable range of issues with learning, memory, attention, executive functioning, self-regulation, and communication.

Alcohol-Related Neurodevelopmental Disorder (ARND)

Individuals with ARND may have the same combination of impairments listed under FAS but none of the physical markers.

Alcohol-Related Birth Defects (ARBD)

People with ARBD have problems with the heart, kidneys, bones, or hearing.

Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE)

This is the emerging term encompassing all fetal alcohol-related conditions except ARBD. Although the range and types of impairments are the same as mentioned above, ND-PAE encompasses individuals with and without the facial features and small stature of FAS.¹

- Prenatal exposure to alcohol is the single largest known preventable cause of intellectual disability
- FASD is a lifelong, chronic disorder with no known cure
- Treatment models have been shown to improve the adjustment of the child and family
- Treatment aims to improve the symptoms of FASD through a range of supports: early intervention services, mental health therapy, medication, and parent/caregiver education and training.



“Do the best you can until you know better. Then when you know better, do better.” –Maya Angelou



PRE-PREGNANCY

Focus on **preventing substance use disorders before an individual becomes pregnant** through promoting public awareness of the effects of substance use (including alcohol and tobacco) during pregnancy and encouraging access to appropriate substance use disorder treatment

PRENATAL

Focus on **identifying substance use disorders among pregnant individuals** through screening and assessment, engaging women into effective treatment services, and providing ongoing services to support recovery

BIRTH

Focus on **identifying and addressing the needs of infants affected by prenatal substance exposure, withdrawal symptoms, and Fetal Alcohol Spectrum Disorder including the immediate need for bonding and attachment with a safe, stable, consistent caregiver**

NEONATAL, INFANCY, & POSTPARTUM

Focus on **ensuring the infant's safety and responding to the needs of the infant, parent, and family** through a comprehensive approach that ensures consistent access to a safe, stable caregiver and a supportive early care environment

CHILDHOOD & ADOLESCENCE

Focus on **identifying and responding to the unique developmental and service needs of the toddler, preschooler, child, and adolescent who was prenatally exposed through a comprehensive family-centered approach**

5 POINTS OF FAMILY INTERVENTION

National Priority: Early Intervention

- Family First Prevention Services Act (FFPSA)
- Children's Bureau priorities – prevention of maltreatment and unnecessary removal
- CARA's primary changes to CAPTA
- Funding for Plans of Safe Care (PoSC)



How FFPSA Can Support Families Affected by SUDs

Two Major Provisions

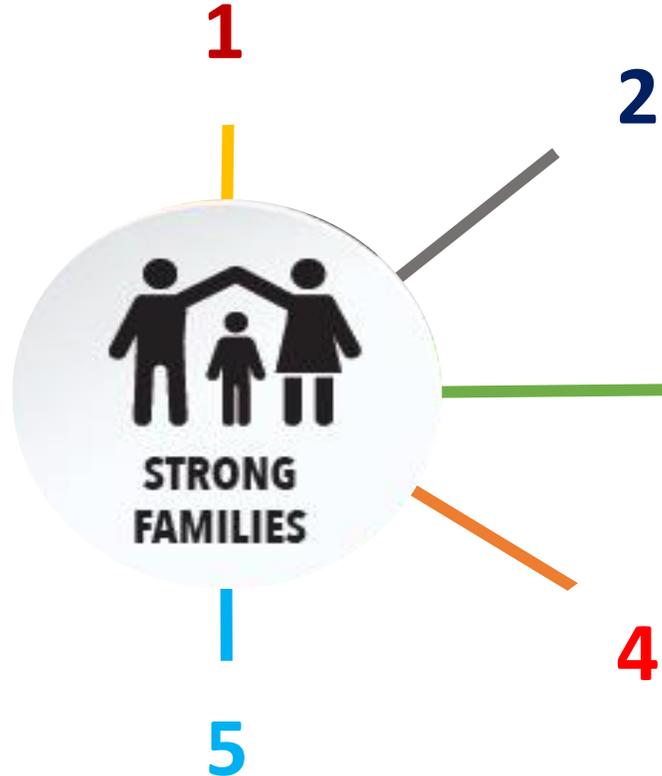
- Residential Family-Based SUD Treatment
 - Effective date: October 1, 2018
 - For children placed in out-of-home care
 - Funding stream: Title IV-E foster care maintenance payments
- Prevention Services
 - Effective date: October 1, 2019
 - For “candidates” for foster care, at imminent risk of being removed from their homes and placed into foster care if services were not provided
 - Funding stream: Title IV-E prevention services



Children's Bureau: Goals and Priorities

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

3 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

4 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

Overview



**Comprehensive Addiction and Recovery Act (CARA) amendments
to the Child Abuse Prevention and Treatment Act (CAPTA)**

Comprehensive Addiction and Recovery Act (CARA)

Primary Changes to CAPTA in 2016

1. Further clarified population to infants “born with and identified as being 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 to the maximum extent practicable
3. Required **Plan of Safe Care** to address “the health and substance use disorder treatment needs of the infant and affected family or caregiver.”
4. Required “the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.”



Plan of Safe Care

- A notification to child welfare by medical professionals of infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,”
- Development of a Plan of Safe Care for both the affected infant and affected family/caregiver
- State monitoring and oversight to ensure that Plans of Safe Care are implemented and that families have access to appropriate services

A close-up photograph of a hand holding a white, oval-shaped pill. The hand is positioned in the lower half of the frame, with fingers gently gripping the pill. The background is a soft, out-of-focus light green.

**CWS
Safety
Plan**

**SUD
Treatment
Plan**

**Hospital
Discharge
Plan**

How is *Plan of Safe Care* Different?

Plan of Safe Care Components – Best Practices

Infant's Medical Care

- Prenatal exposure history
- Hospital care (NICU, length of stay, diagnosis)
- Other medical or developmental concerns
- Pediatric care and follow-up
- Referral to early intervention and other services
- Other

Mother's Medical Care

- Prenatal care history
- Pregnancy history
- Other medical concerns
- Screening and education
- Follow-up care with OB-GYN
- Referral to other health care services

Mother's Substance Use and Mental Health Needs

- Substance use history and needs
- Mental health history and needs
- Treatment history and needs
- Medication Assisted Treatment (MAT) history and needs
- Referrals for services

Family/Caregiver History and Needs

- Family history
- Living arrangements
- Parent-child relationships
- Prior involvement with child welfare
- Current services
- Other needed services
- Child safety and risk concerns

Ensure consents are signed with all providers.

CAPTA Plan of Safe Care

Preparing for Baby's Arrival and Beyond

- Ideally, developed prior to birth of infant
 - Comprehensive multi-disciplinary assessment
 - Multiple intervention points: pregnancy, birth and beyond
 - Addresses needs of infant and family/caregiver
 - Structure in place to ensure coordination of, access to, and engagement in services
 - Perfect referral source for an early intervention collaborative court
- 

Why POSCs During the Prenatal Period?

- Can be developed with women, families by SUD or MAT programs, maternal health care providers, home visitor, or other public health supports (e.g., Early Head Start, Healthy Start, etc.) during pregnancy
- Supports stronger partnerships across providers
- Can inform child welfare response to infants affected by prenatal substance exposure
- Can mitigate impact of exposure & minimize a crisis at the birth event
- Not required by federal CAPTA changes, but a supportive, preventive practice



Plan of Safe Care Learning Modules

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*

**For more information on NCSACW,
please visit:**

<https://ncsacw.acf.hhs.gov/>



National Center on
Substance Abuse
and Child Welfare



Family-Centered Approach

Recognizes that addiction is a brain disease that affects the entire family and that recovery and well-being occurs in the context of the family.

A Family Focus

Parent Recovery

- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence

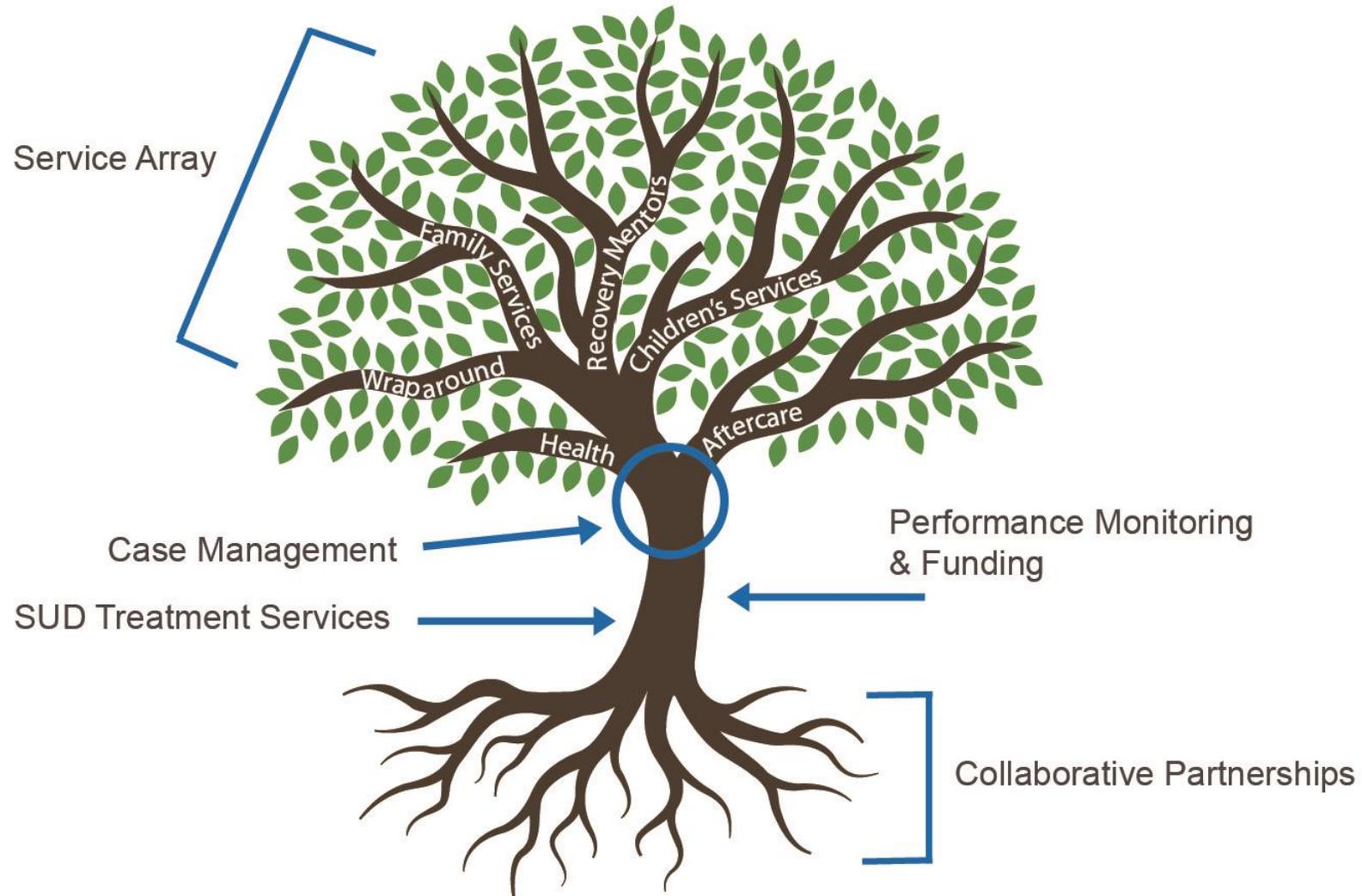
Family Recovery and Well-Being

- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling
- Specialized parenting

Child Well-Being

- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance abuse
- At-risk youth prevention

Essential Ingredients of a Family-Centered Approach



(National Center on Substance Abuse and Child Welfare, 2021, p. 6)

Continuum of Family-Based Treatment Services

Parent's Treatment with Family Involvement

Services for parent(s) with substance use disorders. Treatment plan includes family issues, family involvement

Goal: improved outcomes for parent(s)

Parent's Treatment with Children Present

Children accompany parent(s) to treatment. Children participate in childcare but receive no therapeutic services. Only parent(s) have treatment plans

Goal: improved outcomes for parent(s)

Parent's and Children's Services

Children accompany parent(s) to treatment. Parent(s) and attending children have treatment plans and receive appropriate services

Goals: improved outcomes for parent(s) and children, better parenting

Family Services

Children accompany parent(s) to treatment; parent(s) and children have treatment plans. Some services provided to other family members

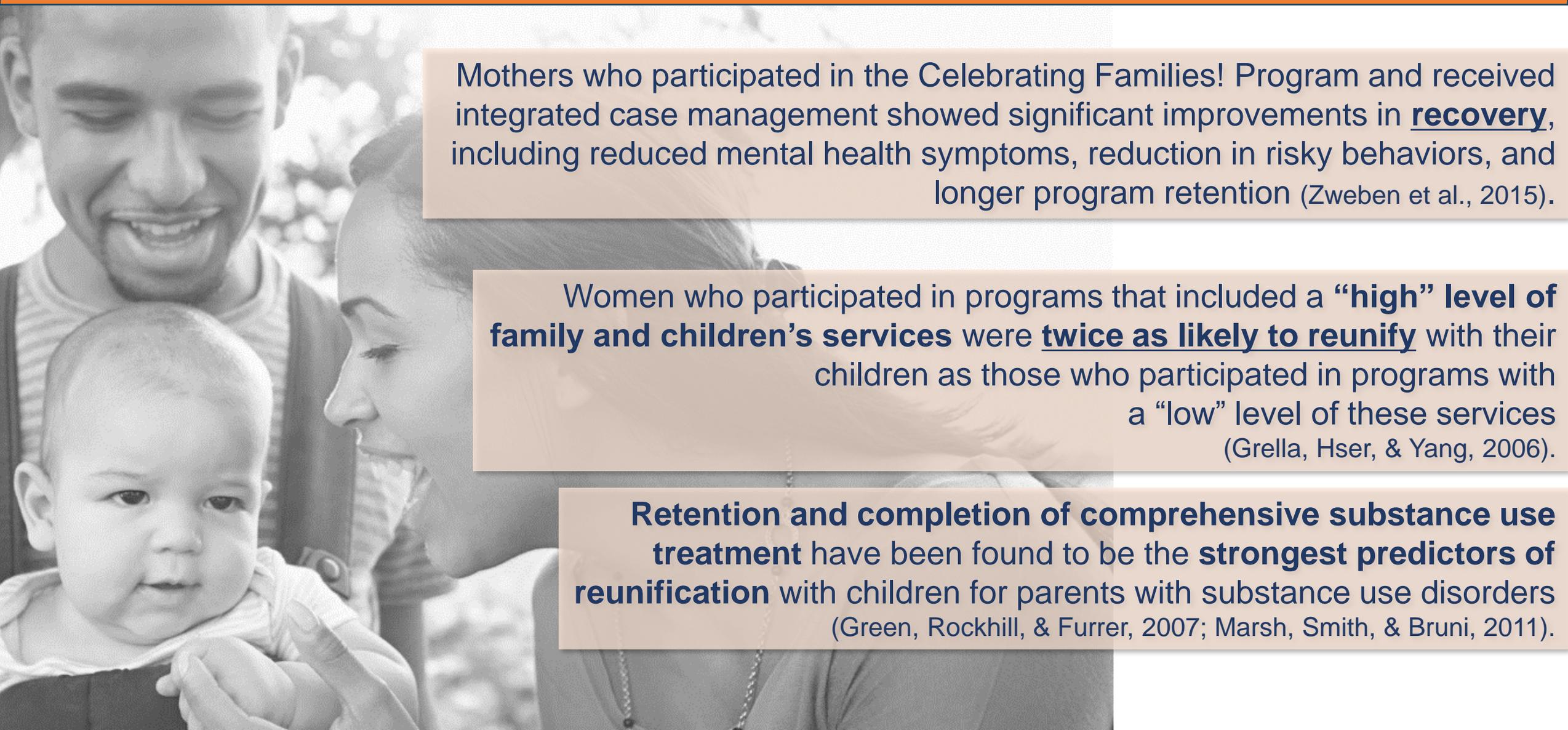
Goals: improved outcomes for parent(s) and children, better parenting

Family-Centered Treatment

Each family member has a treatment plan and receives individual and family services

Goals: improved outcomes for parent(s), children, and other family members; better parenting and family functioning

Positive Outcomes of Family-Centered Treatment Approaches

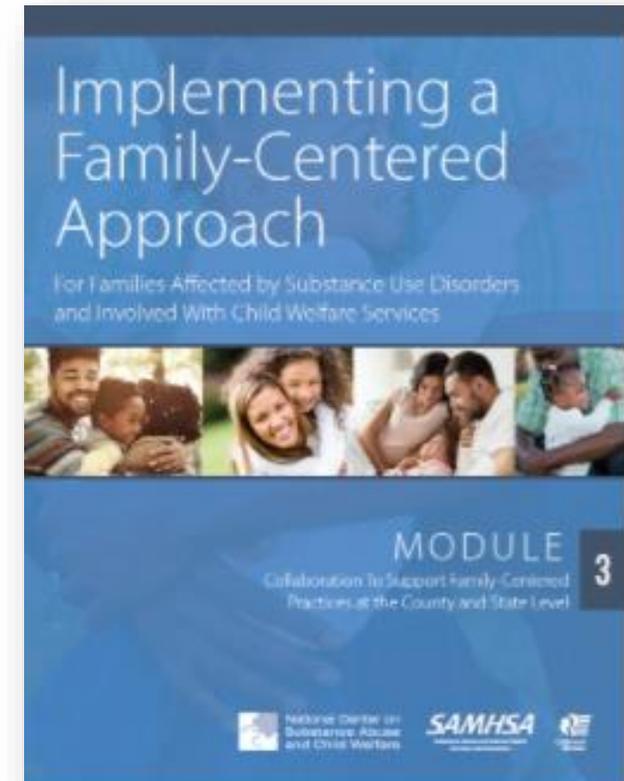
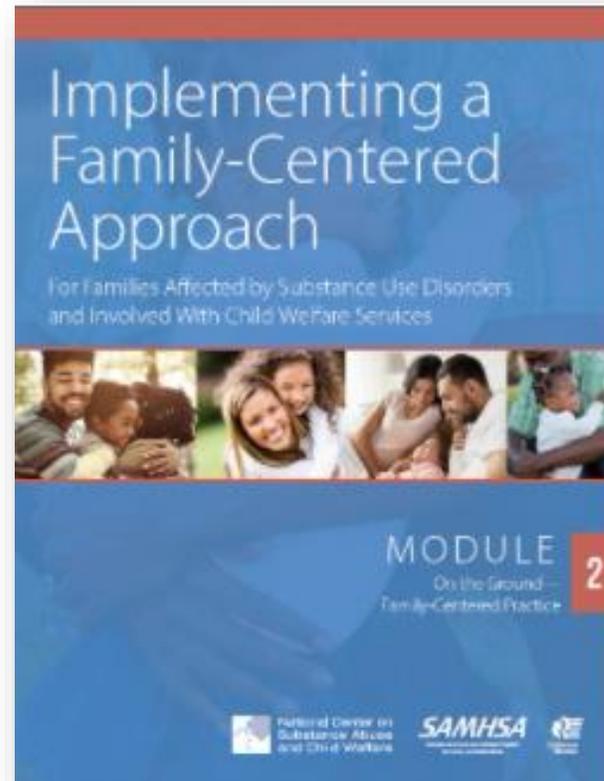
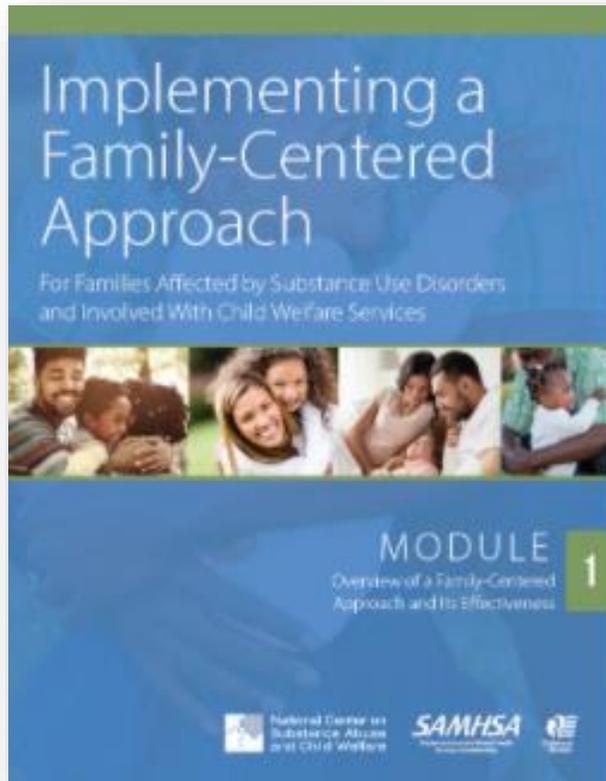


Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in **recovery**, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a **“high” level of family and children’s services** were **twice as likely to reunify** with their children as those who participated in programs with a **“low” level of these services** (Grella, Hser, & Yang, 2006).

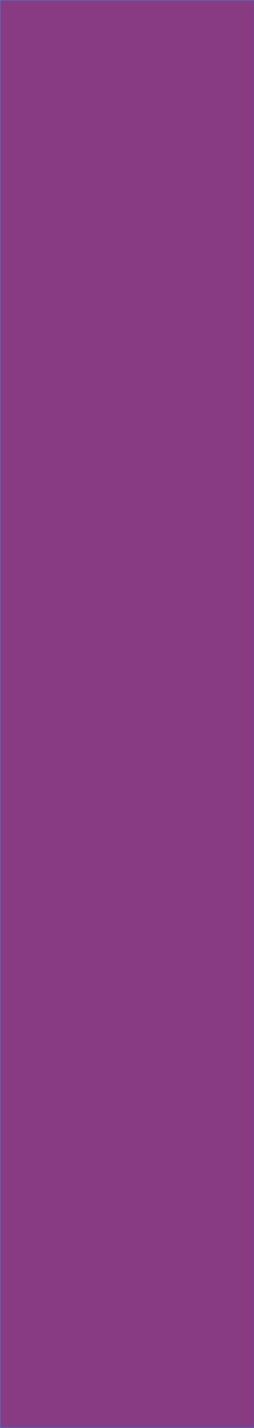
Retention and completion of comprehensive substance use treatment have been found to be the **strongest predictors of reunification** with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2011).

Family Centered Approach Modules



<https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx>





Riverside University Health Systems Behavioral Health Substance Abuse Prevention and Treatment

The Substance Abuse Prevention and Treatment Program of the RUHS-BH system aims to improve the health and well-being of our patients and communities through our dedication to exceptional and compassionate care, education, and research.

Substance Abuse and Prevention Treatment (SAPT) Services

SAPT Services

Behavioral Health Integration, CARES

Care Coordination Teams & Start Teams

BH Navigation Teams

Mobile Crisis Management Teams

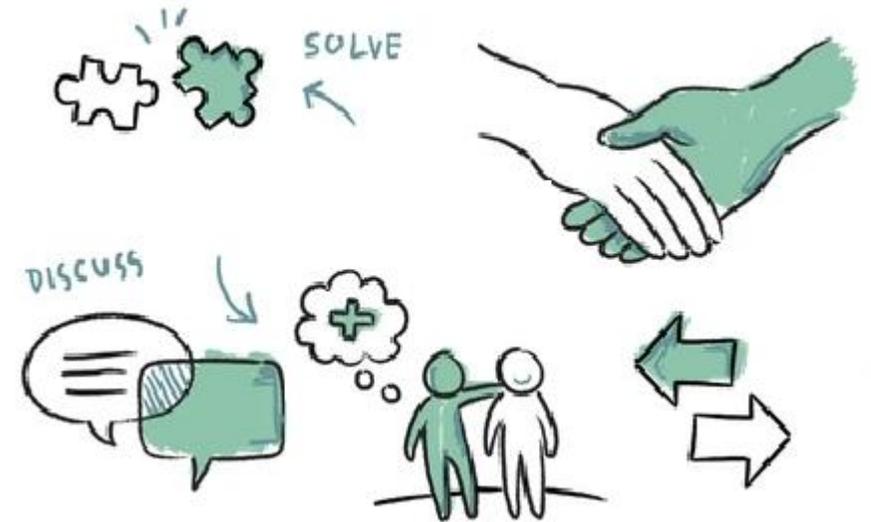
Outpatient Clinics, Contracted Providers

Prevention, Friday Night Live, Youth Services

New Life & Day Reporting Centers

Recovery Residence, Family Advocate

Program, Medication for Addiction Treatment
& Psychiatry



Riverside County Determination of who will receive a POSC

- Any person pregnant or has a child up to 12 months old with a hx of substance use or is currently using substances.
- Pregnant woman with positive toxicology screen related to substance misuse while pregnant or at time of delivery
- Pregnant woman who self discloses substance misuse during pregnancy or at time of delivery
- Infant and family/caregiver with positive toxicology screen of infant at birth which is reasonably attributed to maternal controlled substance use during pregnancy
- Family members/caregivers involved with the Department of Public Social Services due to substance use.



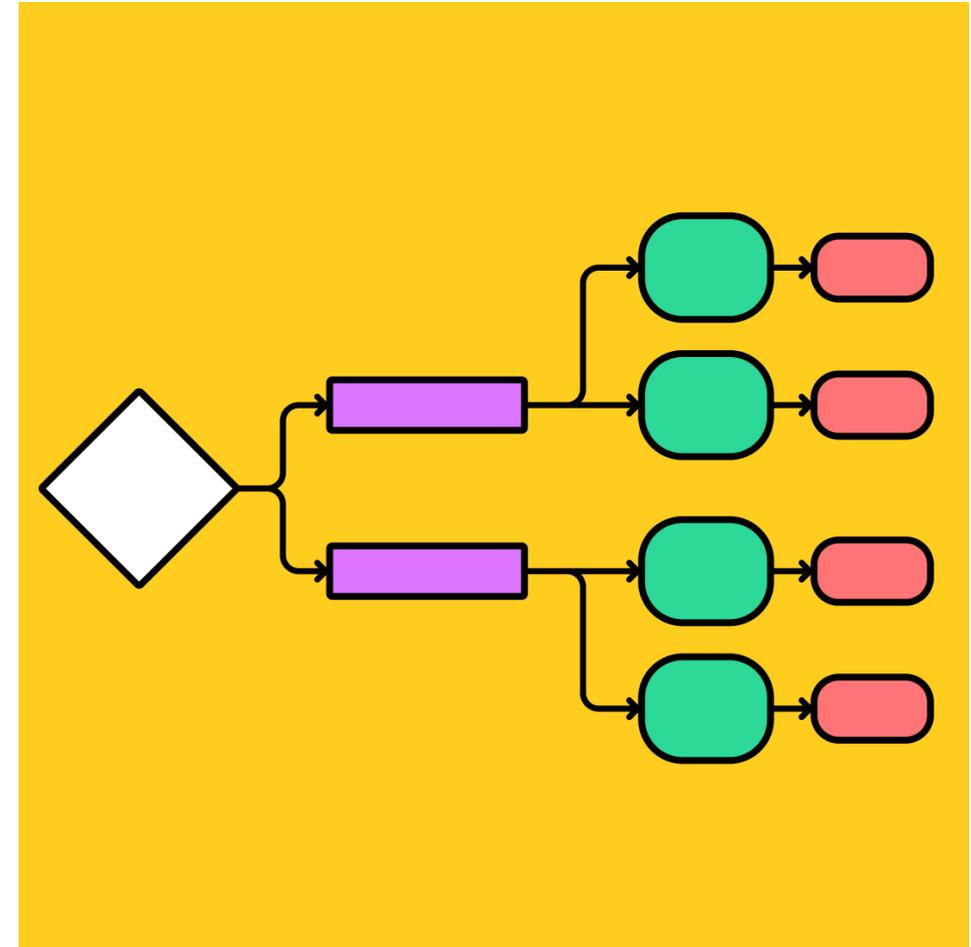
Riverside County **SAPT** Pilot Program Overview

- Pilot Program began with two Riverside County SAPT clinics: Moreno Valley and San Jacinto in May of 2021. A perinatal navigator was added January 2022 and stationed at RUHS Hospital, Perinatal Unit
- The Pilot Program currently utilizes paper templates to test for accuracy, efficiency, and needed adjustments
- When treatment services are provided and a need for a POSC is identified at a different location, (RESIDENTIAL or DETOX treatment) the Perinatal Navigator Behavioral Health Specialist III develops the POSC
- Plans of Safe Care are fluid documents that are updated over the course of a client's treatment and a copy is given to the client
- Needed Resources and services are identified and linked to consumers

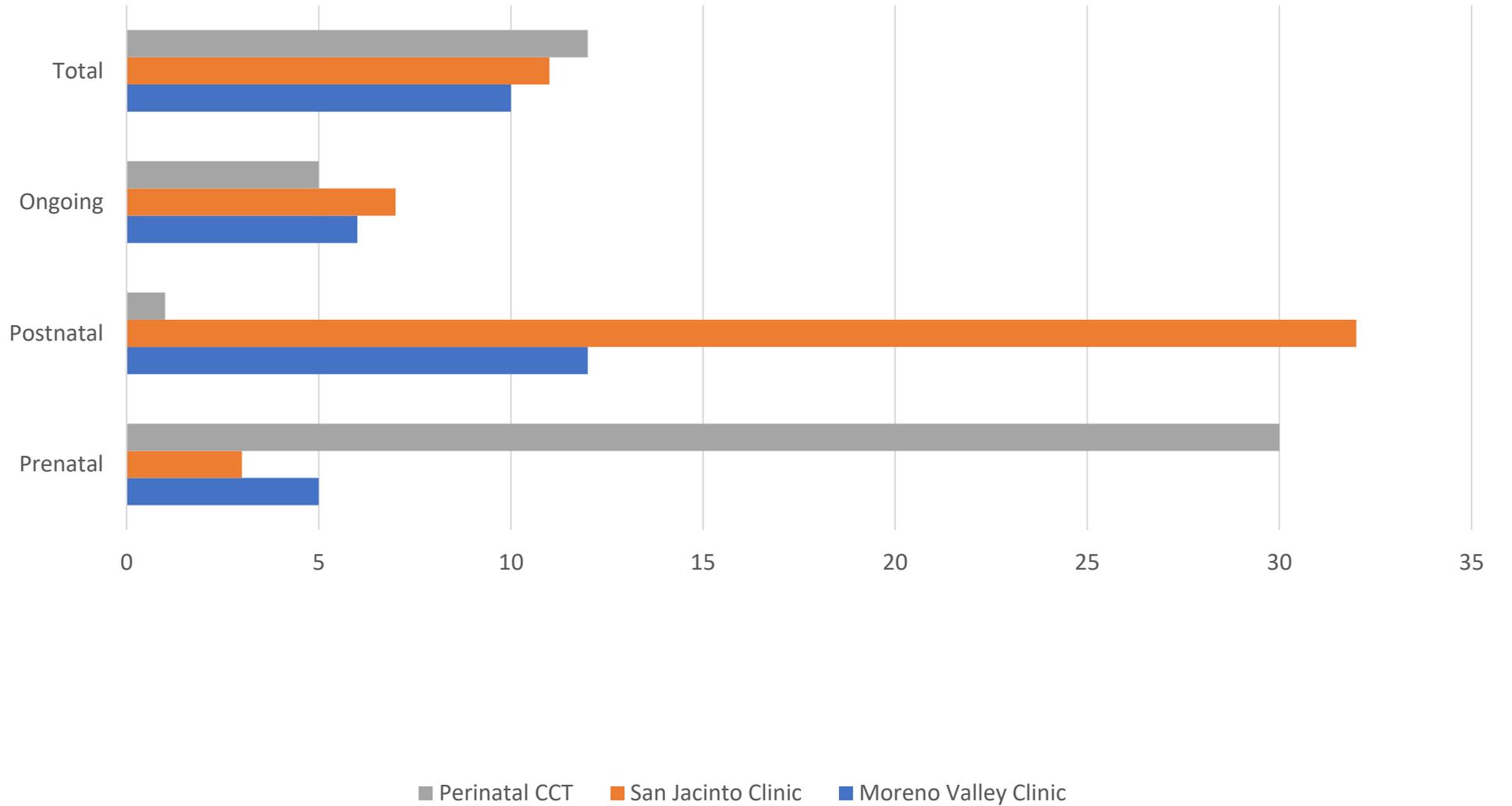


Flow for Consumer Obtaining a POSC

- Primary indication of eligibility, development and overseeing of the POSC is overseen by the counselor
- The POSC is a collaboration between staff and the consumer to ensure consumer is actively involved with their treatment and their Plan of Safe Care
- Needs are identified for the mother, father, child, and any other children in the home and linkage is provided (housing, baby essentials, other services such as: anger management or parenting)
- The POSC follows the client and is updated throughout different levels of care of treatment



Data



Plans for Plan of Safe Care

- Currently in process of having forms modeled in electronic medical record system: ELMR.
- Train all county clinics with a perinatal program in implementing and facilitating Plans of Safe Care for clients.
- Discuss with hospitals and collaborate with training for hospital social workers.
- In process of hiring a perinatal navigator for the desert region to facilitate the Plans of Safe Care in the desert region.



Resources and Relationship Building

A wealth of resources has been created through partnerships with outside agencies, in particular: First Five. First Five attends monthly POSC meetings, presents new resources, and bridges the gap of needed support and resources for our clients. Some of the resources provided include:

- Diapers
- Utility Assistance
- Daycare Assistance
- Employment Services: Resume building & Interview Clothes
- Transportation Services
- Tutoring
- Local Events
- Food Banks



MOMs Perinatal Program

- Transportation for women and their five (5) years and under children to medically necessary treatment.
- A child learning laboratory structured as part of treatment, where women learn hands-on parenting skills.
- Group topics specific to pregnant and parenting mothers.
- Education regarding the reduction of harmful effects of alcohol and drugs
- Special speakers who provide information and referrals to other community programs available for women's program



Challenges and Successes

Challenges

- Overcoming Regulation challenges in the beginning
- Deciding on who would hold the POSC
- Multiple EHRs in our county
- Finding a way to share EHR
- Trainings for all agencies
- Building relationships with hospitals outside our system

Successes

- Building Relationships
- Including County Counsel in our planning
- Coming to consensus on decisions
- Developing a comprehensive form
- Integrated teams
- Utilizing CBOs for resources
- Innovation within the pilot teams

Collaborative Courts are well-positioned to help infants affected by prenatal substance exposure and their families



**Convene
Multi-Agency
Collaboration**



**Family-
Centered
Approach**



**Information
Sharing**



**Oversight
Accountability
Focus on Outcomes**

Models of Family Treatment Court Intervention

Allegations of abuse/neglect. Petition is held in abeyance, voluntary, **administrative review not conducted by an acting judicial officer**

Allegations of abuse/neglect. Petition is held in abeyance, voluntary, **administrative review conducted by a judicial officer**

Allegations sustained, court filing, **children remain in home**

Allegations sustained, court filing, **children placed in out-of-home care**

Petition held in abeyance

Petition Filed

Petition sustained

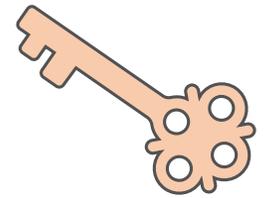


No one agency can tackle this issue on its own—it requires a *coordinated response* that draws on the *talents and resources* of many.

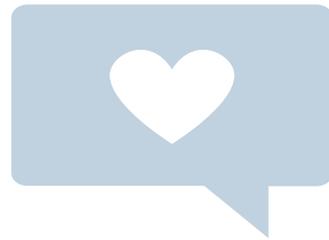


Align with parallel initiatives

Identifying Key Community Stakeholders



Education System



SUD Treatment



Child Welfare



Court System



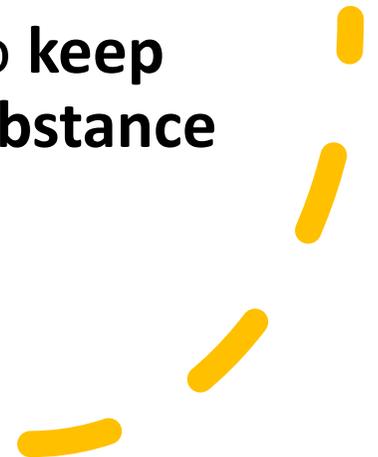
MH Professionals



Medical
Providers

Role of the Judge and Court: Prevention and Plan of Safe Care

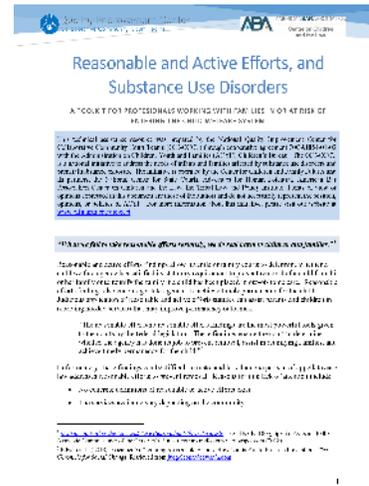
- Encourage a **prevention mindset** within the courtroom and with partners to help prevent removals
- Develop **collaborative partnerships** with maternal and infant health care providers, hospitals, child welfare, SUD treatment providers (including medication assisted treatment), the court, and early intervention providers
- Advocate for the use of Title IV-E funding to **keep children with their parent in residential substance use disorder treatment**



Role of the Judge and Court: Prevention and Plan of Safe Care

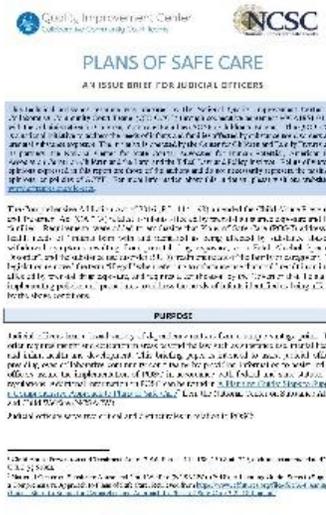
- For families with SUDs, ask **“is there a plan of safe care for the infant and family/caregiver?”**
- If the request is for the child to be placed in out of home care, ask **“What would it take to maintain the child in the home?”**
- Ensure **reasonable or active efforts** are met
- Ensure access to timely and effective **family-centered treatment services** and how they are coordinated with maternal and infant healthcare
- If the infant is placed in foster care, ask about the frequency of **family time and visitation** that promotes parent/infant bonding

Resources for Court Professionals



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.

Coordinating Across Prevention and Early Intervention Points

Develop collaborative partnerships and linkages with maternal and infant health care, hospitals, and early intervention providers.

Integrate into larger prevention and early intervention systems of care to ***prevent court involvement when possible*** and ensure coordination and continuity of care when necessary.

Key Considerations

- Outside of the courts role and function
- Widening the net
- Legal representation and due process
- Disproportionality and disparate outcomes



A decorative graphic on the left side of the slide features several ropes in yellow, orange, blue, and purple. The ropes are braided and tied into knots, with some loops and crossings visible. The background behind the ropes is a light blue gradient.

TAKE ACTION

-
- Understand your baseline data
 - Understand your state child welfare prevention and early intervention system
 - Map your community and conduct a systems walk-through

A photograph of a man with a full beard and a young girl in a living room. The man is kneeling on the right, looking at the girl. The girl is standing on the left, wearing a denim dress and having her hair in two braids. They are holding hands. In the background, there is a blue sofa with a checkered pillow, a window with light coming through, and a desk lamp on the left.

Q&A

Discussion

Thank you for the work
you do on behalf of
children and families in
California!



Center for Children and Family Futures

Family Treatment Court Training and Technical Assistance Program

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ftc@cffutures.org

