

# Substance Use Disorders and Child Welfare

Part 3 of a 3-part series addressing Substance Use Disorders, the opioid epidemic, child welfare and a family-centered approach

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NCSACW Presenter



## LEARNING OBJECTIVES

By participating in this training, you will:

- Become familiar with substance use as a disorder
- Gain knowledge around the history of the disorder and the opioid epidemic
- Learn about substance use disorder treatment and recovery processes

# A THANK YOU TO OUR SPONSORS

*This project is supported by Grant No. 2017-AR-BX-K003 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance and the Office for Victims of Crime are components of the U.S. Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions are those of the authors, contributors, or presenters and do not necessarily represent the official position or policies of the U.S. Department of Justice.*



## OVC-BJA National Stakeholder Partnership (NSP)

The content provided by this resource is made possible through participation in the Office for Victims of Crime (OVC) and Bureau of Justice Assistance (BJA) **National Stakeholder Partnership (NSP)**.

This **Partnership**, comprised of seven national organizations, leverages expertise on child and youth impacted and victimized by the nation's opioid and broader substance use crisis, with an emphasis on multidisciplinary collaborations, research, and promotion of training and education.

Members of the NSP dedicate time and resources to inform the planning, development, and implementation of OVC and BJA initiatives designed to respond to, treat, and support those impacted by the opioid epidemic, specifically young victims. In addition, members participate in informative, national conversations regarding children and youth impact and best-practice models that focus on innovative strategies and force-multiplying partnerships.

The overarching goals of this work are to *advance awareness and knowledge to help mitigate the traumatization of children and youth* and to *advance dissemination of innovative practices throughout the field*.





# NCSACW PRESENTER

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# ACKNOWLEDGEMENT



National Center on  
Substance Abuse  
and Child Welfare

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and the Administration for Children and Families (ACF), Children's Bureau*

# OVERVIEW

PART 3 OF 3-PART SERIES

- Key legislation and its impact on family recovery
- Conflicting timelines for SUD treatment, child welfare and the courts
- Practical approaches in the field
- Resources



- Federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect
- Current funding provides several grant programs:
  - **State Grants:** a formula grant to improve CPS
  - **Discretionary grants:** competitively awarded funds to support research, technical assistance, and demonstration projects
  - **Community-based Grants (CBCAP):** funding to all states for support of community-based activities to prevent child abuse and neglect
  - **Children's Justice Act Grants:** to States and territories to improve the assessment, investigation, and/or prosecution of child abuse and neglect cases with particular focus on sexual abuse and exploitation of children, child fatalities, and children who are disabled or with serious health disorders

# 1974

## Child Abuse Prevention and Treatment Act (CAPTA)



# Primary Changes in CAPTA

1974

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2010

## *The CAPTA Reauthorization Act of 2010*

- Conditions for receipt of State grant were updated to clarify definition of substance exposed infant and added Fetal Alcohol Spectrum Disorder:
  - "Born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder"
- Added reporting requirements to Annual State Data Reports to include
  - Number of children referred to child welfare services identified as prenatally drug exposed or FASD
  - Number of children involved in a substantiated case of abuse or neglect determined to be eligible for referral to Part C of the Individuals with Disabilities Education Act (children under age 3)
  - Number of children referred to agencies providing early intervention services under Part C

2003

## *The Keeping Children and Families Safe Act of 2003*

- Amends CAPTA and creates new conditions for States to receive their State grant
  - Congressional report states: "To identify infants at risk of child abuse and neglect so appropriate services can be delivered to the infant and mother to provide for the safety of the child" and...
  - "the development of a safe plan of care...to protect a child who may be at increased risk of maltreatment, regardless of whether the State had determined that the child had been abused or neglected as a result of prenatal exposure"
- To receive State grant, Governor must assure they have policies and procedures for:
  - Appropriate referrals to address needs of infants "born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure"
  - Health care providers to notify CPS
  - A Plan of Safe Care for infant and immediate screening, risk and safety assessment, and prompt investigation

2016

## *Comprehensive Addiction and Recovery Act of 2016 (CARA)*

- Further clarified population requiring a Plan of Safe Care:
  - "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"
- Required the Plan of Safe Care to include needs of both the infant and family/caregiver
- Specified data reported by States, to the extent practical, through National Child Abuse and Neglect Data System (NCANDS)
  - The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder
  - The number of infants for whom a Plan of Safe Care was developed
  - The number of infants for whom referrals were made for appropriate services—including services for the affected family or caregiver
- Specified increased monitoring and oversight
  - Children's Bureau through the annual CAPTA report in the State plan
  - States to ensure that Plans of Safe Care are implemented and that families have referrals to and delivery of appropriate services



Determine who is responsible to develop/implement/monitor the Plan of Safe Care



Clarify definitions in legislation – such as defining “affected by,” “withdrawal,” and “FASD”



Develop communication protocol for submission of required data elements specified in CARA

## KEY ISSUES FOR STATE CONSIDERATION

# WHAT IS MALTREATMENT

“Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation”

“An act or failure to act which presents an imminent risk of serious harm.”

(CAPTA, 42 U.S.C.A. § 5106g)

*\*A “child” under this definition generally means a person who is younger than 18 or who is not an emancipated minor*



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Physical abuse

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Neglect

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Sexual abuse

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Emotional abuse

**TYPES OF MALTREATMENT**

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# PARENTAL DRUG USE AS CHILDA BUSE

*\*State variation*

# CHILDWELFARE RESPONSE



State policy



Severity of the maltreatment



Assessment of the child's immediate safety



Risk of continued or future maltreatment



Services available to address the family's needs



Whether the child was removed from the home and a court action to protect the child was initiated



Parent  
resilience

Knowledge

Social  
connections

Nurturing

Supports

Attachment

Protective Factors





# Adoption and Safe Families Act (ASFA)

1997



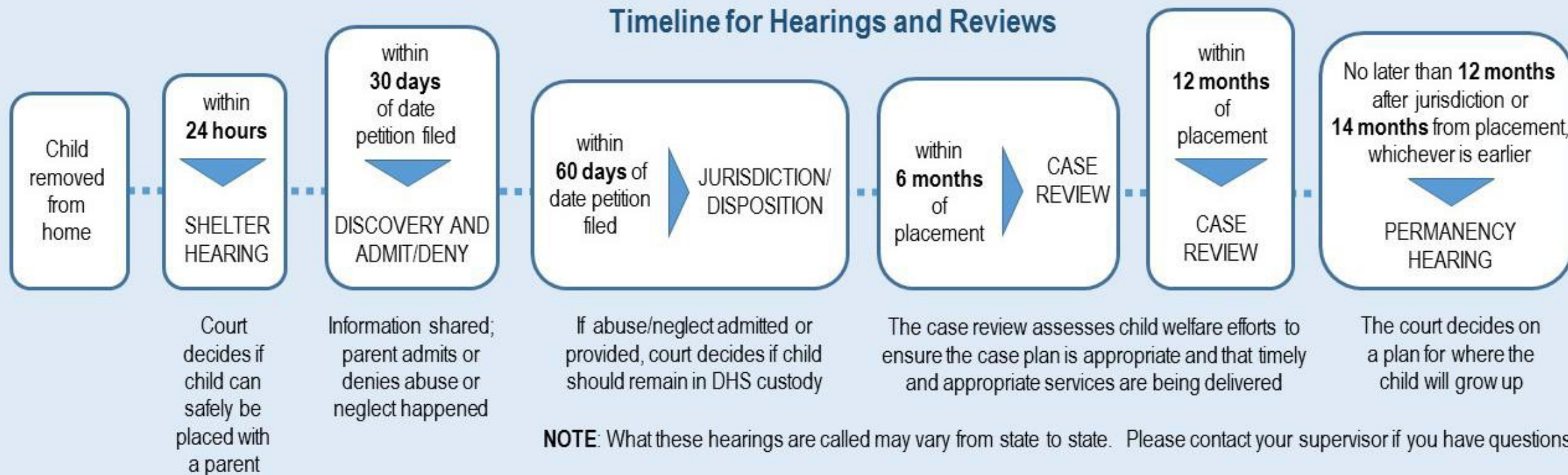


**Child Welfare**  
**12-month**  
**timetable for**  
**reunification**

**Parent-Child**  
**Relationship**  
**Attachment, loss**  
**and separation**

**Treatment and**  
**Recovery**  
**Ongoing process**  
**that may take longer**

## Timeline for Hearings and Reviews



# The ChildWelfare/Court Timetable



# The Substance Use Disorder Treatment Timetable

*\* Early access to treatment*

# TREATMENT CONSIDERATIONS ON PERMANENCY

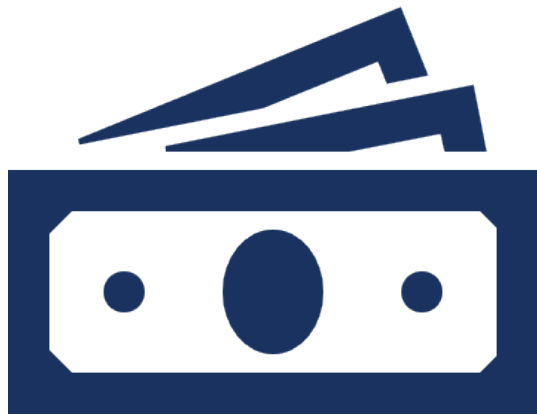
- Fear of the parents that their children will not be adopted and will grow up in foster care
- Whether the child can be adopted or placed in the guardianship of a family member who can provide ongoing consistency of care and opportunities for ongoing relationships
- Whether the child can be placed in an open adoption that will permit continuing some relationships
- The support that is given to the parent for recovery from the loss of the child or children, as part of the treatment and relapse prevention plan







## THE CHILD'S DEVELOPMENTAL TIMETABLE

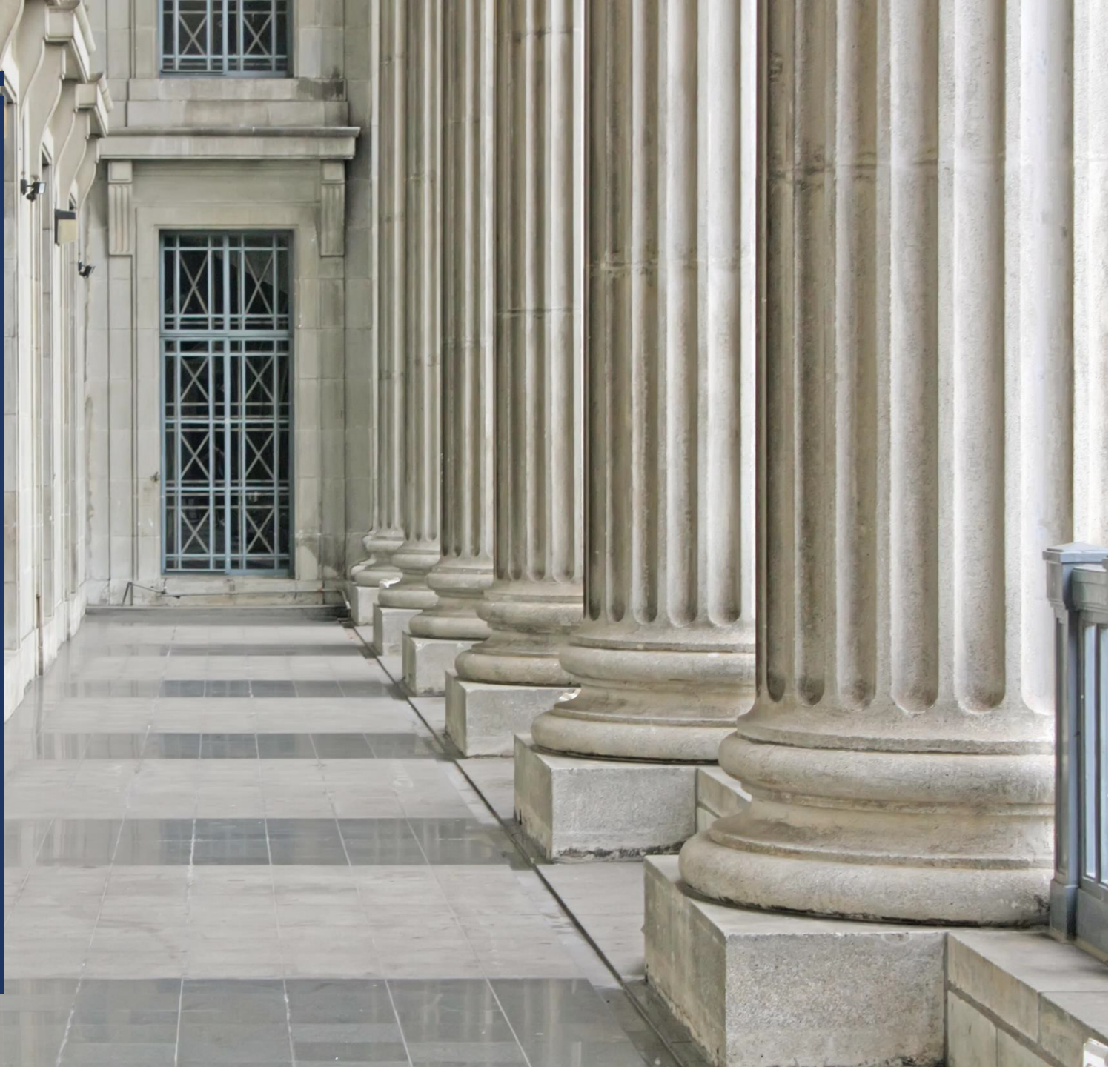


# The Welfare Reform Timetable

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

## REASONABLE EFFORTS

- Child welfare agencies make reasonable efforts to provide services that will help families remedy the conditions that brought the child and family into the child welfare system.
- When a court determines that family reunification is not in the best interest of the child, efforts must be made to finalize another permanent placement for the child





## EXEMPTIONS TO REASONABLE EFFORTS

*Adoption and Safe Families Act*

The parent subjected the child to aggravated circumstances as defined by state law.

The parent committed murder of another child of the parent.

The parent committed voluntary manslaughter of another child of the parent.

The parent aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter.

The parent committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

The parental rights of the parent to a sibling of the child were terminated involuntarily.



SERVICEARRAY

# FAMILY TREATMENT COURTS

Devoted to **cases of child abuse and neglect that involve substance use** by the child's parents and/or other caregivers

Focused on safety and welfare of the child while giving parents tools needed to become sober, responsible caregivers

Utilizes a **multidisciplinary team approach** to assess the family's situation, devising **comprehensive case plans** that address the needs of the children and the parents



# FTC Model as a Collaborative Solution

Judicial Oversight

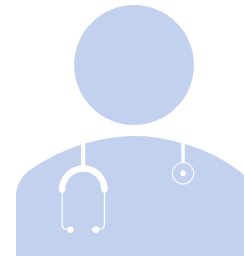
Comprehensive Services



**Treatment  
Court  
Hearings**



**Therapeutic  
Jurisprudence**



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



**Enhanced  
Family-Based  
Services**

# Family Treatment Court Outcomes

- **Higher** treatment completion rates
- **Shorter** time in foster care
- **Higher** family reunification rates
- **Lower** termination of parental rights
- **Fewer** CPS Petitions after reunification
- **Lower** criminal justice recidivism
- **Cost** savings per family





# CLOSING A CHILD WELFARE CASE

# PARENTAL RECOVERY



- Individualized safety plans for children of parents affected by a substance use disorder in the event of a parent's relapse
- The plan should include the following:
  - Persons who will regularly check on the well-being of the children, such as family members or neighbors
  - Persons or locations agreed upon in advance, where the child can stay if the parents abandon the children or are unable to provide a safe environment
  - Monitoring of trigger behaviors that would bring safety plans into play
  - Identified safe havens where parents can send children if they feel they are going to start using substances or relapse into inappropriate behavior around and toward children



# Collaboration to Address Risk



# INTERAGENCY COLLABORATION



# CREATING A COLLABORATIVE ENVIRONMENT

- Development of mutual respect, understanding, and trust
- Honest and frequent communication, both formal and informal
- Recognition that collaboration is in the self-interest of both professionals and families
- Understanding of shared values and instances where values differ
- Development of mutual sense of ownership and planning for success of specific parents
- Identification of jointly developed concrete and attainable objectives for specific parents



# COLLABORATION ACROSS SYSTEMS

- Consider differing perspectives
- Understand practices and resources
- Increasing and comprehensive interaction, such as:
  - Networking between professionals to exchange information about resources, systems and requirements
  - Coordination between professionals to schedule activities and requirements with each other's needs in mind
  - Cooperation between professionals to work toward common outcomes for specific clients by developing a common or joint plan
  - Collaborative strategies between workers to carry out a commonly defined and supported set of agency or system outcomes



# Practice Strategies

## To Support Families Affected by Substance Use



### Early Identification

Help in the identification of women during pregnancy and parents early in their child welfare case

### Effective Treatment

Understanding effective family centered treatment solutions

### Family Recovery

Understand the recovery process – some parents can safely keep/reunify with children when they are in treatment and recovery

# COLLABORATIVE PRACTICE MODEL



The Screening and Assessment For Family Engagement, Retention, and Recovery (SAFERR) is a collaborative model that helps child welfare professionals, substance use treatment providers, and family court professionals make better-informed decisions to identify parents in need of services and to better communicate important information across agencies. The focus of SAFERR is to improve outcomes for children and families affected by substance use disorders. The model also provides strategies to aid in fostering connections, communication techniques, and collaborative capacities across agencies. Sample screening and assessment tools assist staff at public and private agencies in responding to families in their caseloads.



# Development of Models – Testing Solutions



National Center on  
Substance Abuse and  
Child Welfare

**2002**

Regional Partnership  
Grants

2007-Present – 109 Grantees

**2007**

Children Affected by  
Methamphetamine

12 Family Drug Courts

**2010**

## CHILDREN AFFECTED BY METHAMPHETAMINE (CAM) GRANTS



12 FDC Awardees funded by SAMHSA



Focused on expanded/enhanced services to children and improve parent-child relationships



18 Performance Indicators



Contextual Performance Information included for indicators where state or county-level measures are similar in definition and publicly available

# COMMON PROGRAM STRATEGIES IN CAM SITES

- Parenting Education
- Therapeutic Based Parent-Child Intervention
- Engagement and Outreach
- Trauma Focused Services for Adults
- Trauma Focused Services for Children
- Developmental and Behavioral Interventions





# NEW WAYS OF DOING BUSINESS

- CAM profoundly changed the ways FDCs function
- Increased focus on children has requires new collaboration and partnerships
- Increased focus on family functioning parent- child relationships





**Recovery:** Increased parental recovery from substance use disorders

**Remain at Home:** More children remain in the care of their parents

**Reunification:** Increased number and timeliness of parent-child reunification

**Recidivism:** Decreased incidence of repeat maltreatment

**Re-Entry:** Decrease in number of children entering out of home care

## RPG AND CAM OUTCOMES

# 7 Collaborative Strategies Learned from CAM and RPG

- 1) A system of identifying families
- 2) Timely access to assessment and treatment services
- 3) Enhanced case management and recovery support
- 4) Improved family services and focus on parent-child relationships
- 5) Increased judicial or administrative oversight
- 6) Contingency management
- 7) Collaborative approach and efficient information sharing



# Systems-Level Policy Efforts that Support Practice Innovations



# Practice Strategies and Innovations



# Key Shared Outcomes for Families

<p><b>Recovery</b> Parents access treatment more quickly; stay in treatment longer; decrease substance use</p>	<p><b>Remain at Home</b> More children remain at home throughout program participation</p>	<p><b>Reunification</b> Children stay less days in foster care and reunify within 12 months at a higher rate</p>	<p><b>Repeat Maltreatment</b> Fewer children experience subsequent maltreatment</p>	<p><b>Re-entry</b> Fewer children who reunify return back to foster care</p>
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# ADDITIONAL RESOURCES

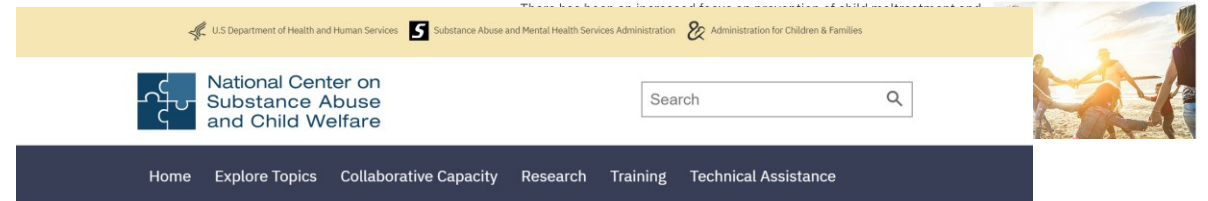
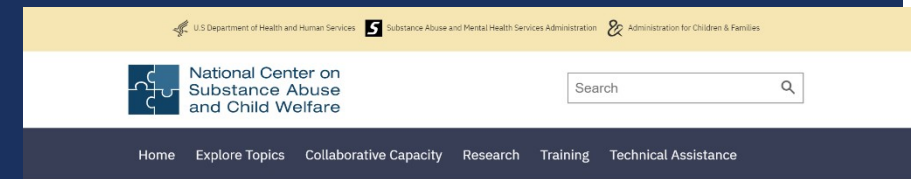
## Web-Based Resource Directory

- 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

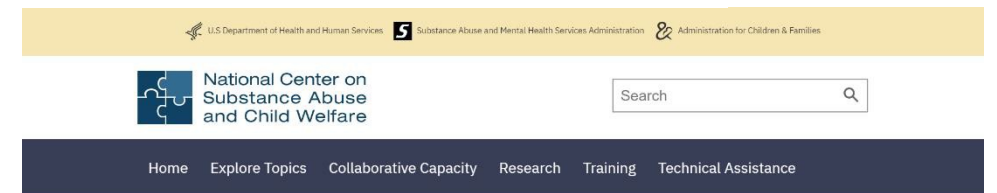
- Identifying values and principles of collaborative practice to address differences and develop agency values', missions and mandates
- Examples of effective collaborative practice between substance use providers, child welfare and the courts

[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org) | 1-866-493-2758 | <https://ncsacw.samhsa.gov/>



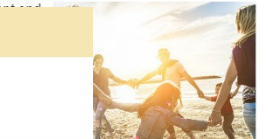
### Key Legislation

Professionals working in child welfare, substance use treatment, court, mental health treatment, healthcare, and other related systems should have an understanding of relevant federal and state legislation that affects families with substance use disorders who are involved with, or at risk for being involved with, the child welfare system. Legislation can directly shape policy and practice at the local level, as it affects funding, service delivery models, regulations, and more. This section provides resources on key legislation related to substance use disorders and child welfare.



### Family Treatment Courts

Family treatment courts, also referred to as family drug courts and dependency drug courts, use a multidisciplinary, collaborative approach to serve families with substance use disorders and who are involved with the child welfare system. Well-functioning family treatment courts bring together substance use treatment providers, child welfare services, mental health agencies, and other community partners in a non-adversarial approach. They seek to provide safe environments for children, intensive





# Free Online Tutorials for Cross-Systems Learning



Understanding Substance Abuse and Facilitating Recovery: **A Guide for Child Welfare Workers**



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**



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

# NCSACW Training Toolkit



National Center on  
Substance Abuse  
and Child Welfare

## Module 1:

Understanding the Multiple Needs of Families  
Involved with the Child Welfare System

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/>



# NCSACW Child Welfare Practice Tip Guides

## Understanding Substance Use Disorders – What Child Welfare Staff Need to Know



1

**Substance use disorders (SUDs) are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel.** SUDs affect an individual's social, emotional, and family life resulting in emotional, psychological, and sometimes physiological dependence.

**Be aware of common misperceptions and myths.** Many people incorrectly believe that a parent with a SUD can stop using alcohol and/or illicit drugs with will power alone or that if they loved their children they would be able to just stop using the drug.

2

**Relapse rates for SUDs are similar to other chronic medical conditions such as diabetes or hypertension.** Because SUDs are a chronic brain disease, a return to use or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic illness. A recurrence or return to use is an opportunity to examine a parent's current treatment and recovery support needs, and adjust them as needed.

**SUDs can be successfully treated and managed.** Like other diseases, SUDs can be effectively treated. Successful substance use treatment is individualized and generally includes psycho-social therapies, recovery supports, and when clinically indicated, medications.

4

**SUDs can affect each member of the family, relationships, and parenting.** SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting and lack of appropriate care for children. Treatment and recovery support must extend beyond solely focusing on the parent's substance use to a more family-centered approach that addresses the needs of each affected family member.

**Recognize co-occurrence of trauma.** For many people, trauma is a common experience associated with their SUD. Substance use might be an individual's way to cope with their trauma experience. Good practice integrates a trauma-informed approach that realizes the widespread impact of trauma, recognizes the signs and symptoms, and avoids causing further harm and re-traumatization.

6

## Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips



1

**Know what to look for.** When conducting child welfare assessments, know that specific drugs have specific physiological effects. Common signs in the home environment, and symptoms of substance use or misuse, may include:

### Personal Appearance

- Slurred speech
- Nodding off
- Disorientation
- Tremors
- Cold or sweaty palms
- Dilated or constricted pupils
- Blood shot or glazed over eyes
- Needle marks
- Bruises
- Poor personal hygiene

### Behavioral Signs

- Agitated behavior or mood
- Excessive talking
- Paranoia
- Depression
- Manic behavior
- Lack of motivation
- Criminal activity
- Financial challenges
- Missed appointments

### Physical Environment

- Signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons)
- Unusual smells
- Reluctance to allow home visits
- Unexplained visitors in and out of home

2

**Screen all families for substance use.** The purpose of SUD screening is to determine the presence of substance use and identify the need for a further clinical SUD assessment. Gather information from a variety of sources including review of corroborating reports, observation of signs and symptoms, drug testing, and using a valid screening tool such as the AUDIT, AUDIT-C, or ASSIST. The UNCOPE is another valid screening tool that asks the following six questions:

- U** - Have you continued to use alcohol or drugs longer than you intended?
- N** - Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?
- C** - Have you ever wanted to cut down or stop using alcohol or drugs but could not?
- O** - Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- P** - Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
- E** - Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

Source: Norman G. Hoffmann, Ph.D., Evince Clinical Assessments. For more information about the UNCOPE tool and scoring, please visit: [www.evinceassessment.com/UNCOPE\\_for\\_web.pdf](http://www.evinceassessment.com/UNCOPE_for_web.pdf)

## Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips



1

**Engage in non-judgmental conversation.** Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use "person first" language and avoid using labeling terms such as "addict." Use a conversational approach with open-ended questions such as the following:

- "Tell me more about . . ."
- "As part of our work with families, we ask all families about . . ."
- "I'm noticing that . . ."
- "How can I help you with . . .?"
- "I'm concerned about you because . . ."

**Provide active support in early recovery.** SUDs may affect cognitive functions (e.g. memory) and result in behavior that is often perceived as "resistant." Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents attend SUD treatment, court, visitation, and parent strengthening programs. Assist the parent make and keep appointments by marking their calendar/schedule providing reminders and incentives. Identify barriers for making an appointment - such as competing service priorities or lack of transportation - and work together to formulate solutions.

2

**Link to peer or recovery support.** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support roles are often persons with lived experience of recovery from substance use disorders and child welfare involvement, or by professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents and to facilitate receipt of treatment services.

3

**Support the children.** Help children develop an understanding of SUDs that is supportive and non-judgmental. Convey information about their parents' substance misuse in a way that defines the disorder, not the person, and is appropriate to their developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- "Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don't understand when they drink too much or use drugs, but this doesn't mean that they don't love you."
- "You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent's drinking or drug use."
- "There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone."
- "Let's think of people who you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or family member you trust."

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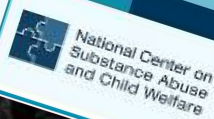




## On the Ground:

### 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 Comprehensive 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.



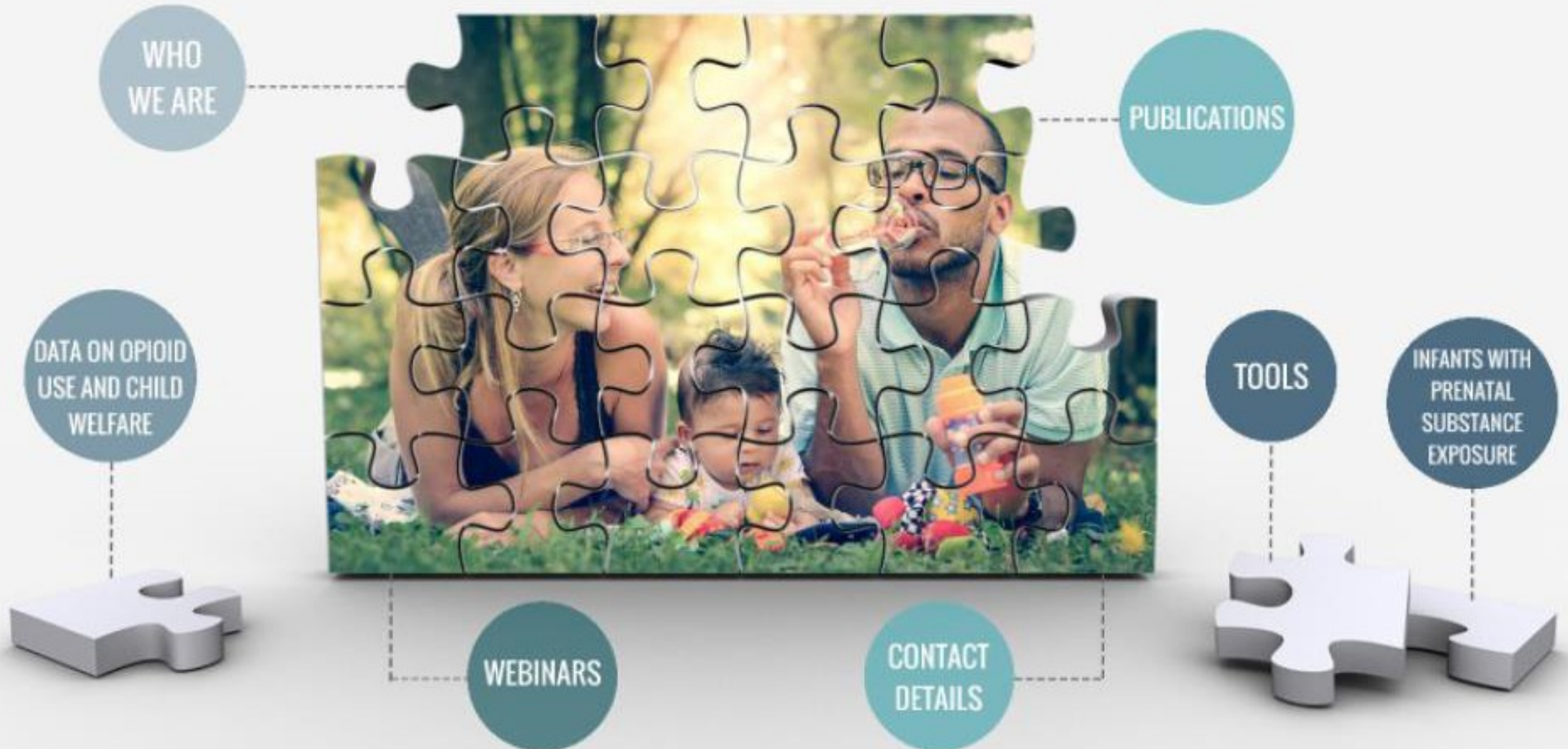
- 1 Understand CAPTA and CARA Legislation
- 2 Know your State Systems
- 3 Determine who receives a Plan of Safe Care
- 4 Identify Partners for a Comprehensive Plan of Safe Care
- 5 Define Plans of Safe Care
- 6 Create a Notification System and Protocol for Plans of Safe Care
- 7 Assess Needs to Guide 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.



# RESOURCES TO SUPPORT FAMILIES IN CHILD WELFARE AFFECTED BY OPIOID USE DISORDERS



# Webinars for Shared Knowledge Development



## **A Collaborative Approach**

Addressing the needs of pregnant women with opioid use disorders, their infants, and families.

## **Partnering to Treat Pregnant Women**

Lessons Learned from a Six Site Initiative will provide an overview and share lessons from the SAMHSA-funded initiative, Substance Exposed Infants In-Depth Technical Assistance program.

## **A Framework for Intervention for Infants with Prenatal Exposure and Their Families**

Identifies points of intervention for comprehensive reform to prevent prenatal exposure and respond to the needs of pregnant women, mothers, their families, and infants.

Visit <https://ncsacw.samhsa.gov/training/videos-and-webinars/default.aspx>



# Cross-Systems Guides



- Use these system specific guides to help establish a baseline understanding of the practices and policies used across systems

**Download**



<https://ncsacw.samhsa.gov/files/Collaborative Approach 508.pdf>

# Critical Lessons about Effective Collaboration

- **Leadership:** Identifying champions from critical partner systems and a dedicated lead agency
- **Engaging Critical Partners:** Ensuring that partners from multiple agencies and disciplines are meaningfully engaged
- **Cross-system Support:** Building a common foundation for systems change through shared resources, relationships, and results
- **Data Collection, Reporting & Integration:** Developing systems, protocols and training to support shared data collection, analysis and reporting





# Plan of Safe Care Learning Modules Coming Soon!



## Five Learning Modules:

- [\*Brief 1: Preparing for Plan of Safe Care Implementation\*](#)
- [\*Brief 2: Establishing Collaborative Partnerships\*](#)
- [\*Brief 3: Determining Who Needs a Plan of Safe Care\*](#)
- [\*Brief 4: Implementing and Monitoring Plans of Safe Care\*](#)
- [\*Brief 5: Overseeing State Systems and Reporting Data on Plans of Safe Care\*](#)

For more information on NCSACW, please  
visit: <https://ncsacw.samhsa.gov/>

# NCSACW SPONSORS

## Substance Abuse and Mental Health Administration (SAMHSA)

- SAMHSA is the agency within DHHS that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance use and mental illness in America's communities. Visit the SAMHSA website (<http://www.samhsa.gov>) for more information
- SAMHSA's treatment locator provides referrals to local treatment facilities, support groups, and community-based organizations which can be filtered by need. For more information, visit <https://findtreatment.samhsa.gov/> or call 1-800-662-4357 (HELP), a free and confidential helpline open 24 hours a day, 7 days a week.

The screenshot displays the SAMHSA website interface. At the top, it features the U.S. Department of Health & Human Services logo and the SAMHSA logo (Substance Abuse and Mental Health Services Administration). Navigation links include Home, Site Map, and Contact Us, along with a search bar for SAMHSA.gov. A secondary navigation bar lists: Find Treatment, Practitioner Training, Public Messages, Grants, Data, Programs, Newsroom, About Us, and Publications. The 'Current Topics' section highlights several key areas: COVID-19 Guidance and Resources, CARES Act Provider Relief Fund, SAMHSA COVID-19 Funding Released, TAP 34: Disaster, Millions of, and Recovery. Below this, there is a 'Find Treatment' section with a 'SHARE' button. Two prominent tiles are visible: 'Substance Use Treatment Locator' with the text 'FIND YOUR CLOSEST TREATMENT LOCATION' and 'Millions of Americans have a substance use disorder. Help is available. FindTreatment.gov.', and 'Suicide Prevention Lifeline' with the text 'NEED TO TALK? WE'RE HERE TO HELP.' and '24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.' The website footer includes the SAMHSA logo and contact information.

# NCSACW SPONSORS

## The Administration for Children and Families, Children's Bureau

- The Children's Bureau partners with federal, state, tribal, and local agencies to improve the overall health and well-being of our nation's children. Visit the Children's Bureau website (<http://www.acf.hhs.gov/programs/cb>) for more information.
- A service of the Children's Bureau, the Child Welfare Information Gateway provides child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. Visit the Child Welfare Information Gateway website (<https://www.childwelfare.gov>) to learn more







National Center on  
Substance Abuse  
and Child Welfare

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# UPCOMING WEBINARS AND TRAINING OPPORTUNITIES

Title	Date/Time	Audience	Registration link
<b>Advocating for Trafficked and High-Risk Child and Youth Victims</b>	<b>Thursday, July 23, 2020</b> 11 AM – 12:30 PM PT/12 PM-1:30 PM MT/1-2:30 PM CT/2-3:30 PM ET	CASA/GAL Staff and Volunteer Advocates	Member Portal>Events or <a href="https://nationalcasagal.zoom.us/webinar/register/WN_yHPGI9I_Rv6gbalrMzl8IQ">https://nationalcasagal.zoom.us/webinar/register/WN_yHPGI9I_Rv6gbalrMzl8IQ</a>
<b>2020 National CASA/GAL Virtual Conference Reconnect. Recharge. Reignite.</b>	<b>Tuesday and Wednesday, October 20-21, 2020</b> 12-6:30 PM ET (tentative)	CASA/GAL Staff, Board Members and Volunteer Advocates	Opens in late June. Full and on-day conference registrations will be available.