



Current Policy Issues in Child Welfare and their Impact on Families Affected by Substance Use Disorders

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National Center on
Substance Abuse and Child Welfare

Bringing Systems Together for
Family Recovery, Safety, and Stability

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www.ncsacw.samhsa.gov

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Current Topics

1. Inconsistent Data
2. Protecting Our Infants Act
3. Child Abuse Prevention and Treatment Act (CAPTA)
4. Regional Partnership Grants
5. Families First Act



8.3 million children

** 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)*

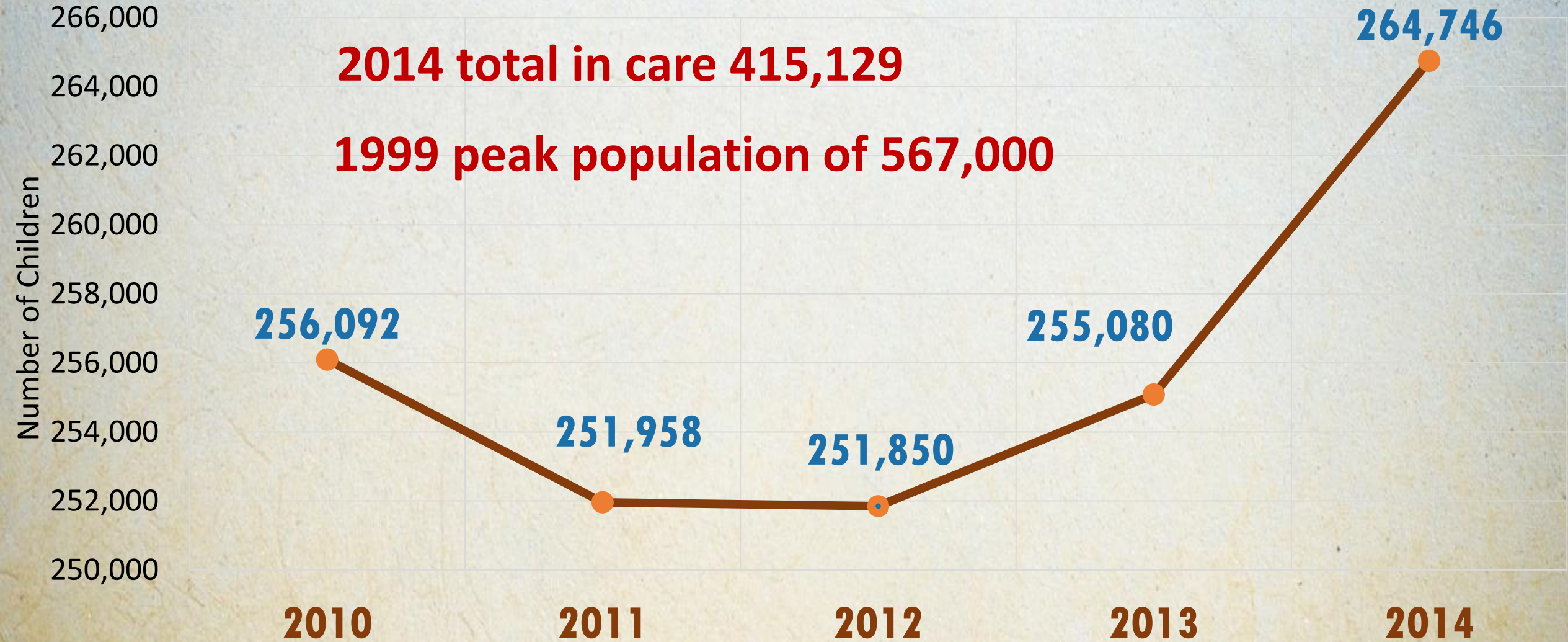


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Child Welfare Data

Number of Children who entered Out-of-Home Care, 2010-2014



Source: AFCARS Reports, 2011-2014. Retrieved from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/afcars>

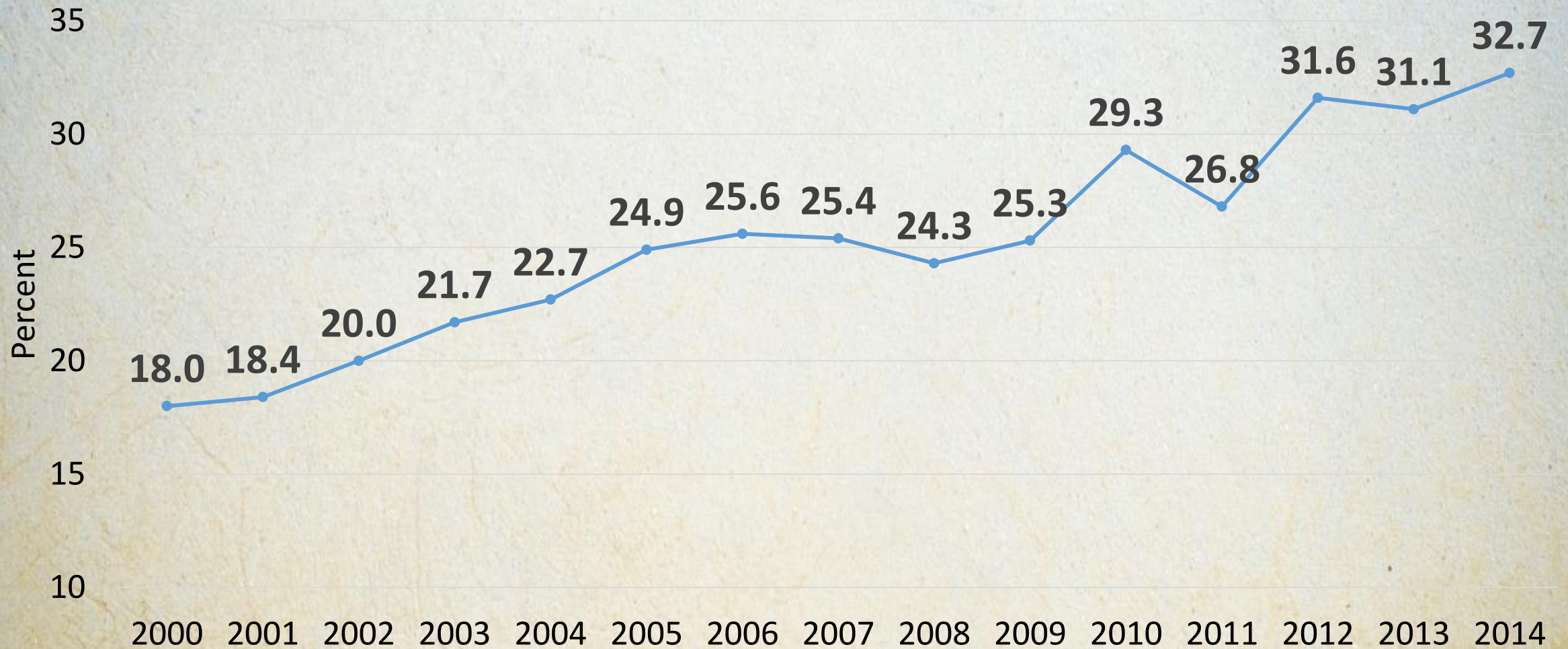
Policy Challenge – Inconsistent Data

There is no policy that requires data to be collected on child welfare cases or removals due to parental alcohol or drug use.

State variation in data on removals is a function of

- Lack of identification
- Inconsistent or lack of instruction about where to record it in the information system

Parental Alcohol or Drug Use as a Factor in Removal United States, 1999-2014

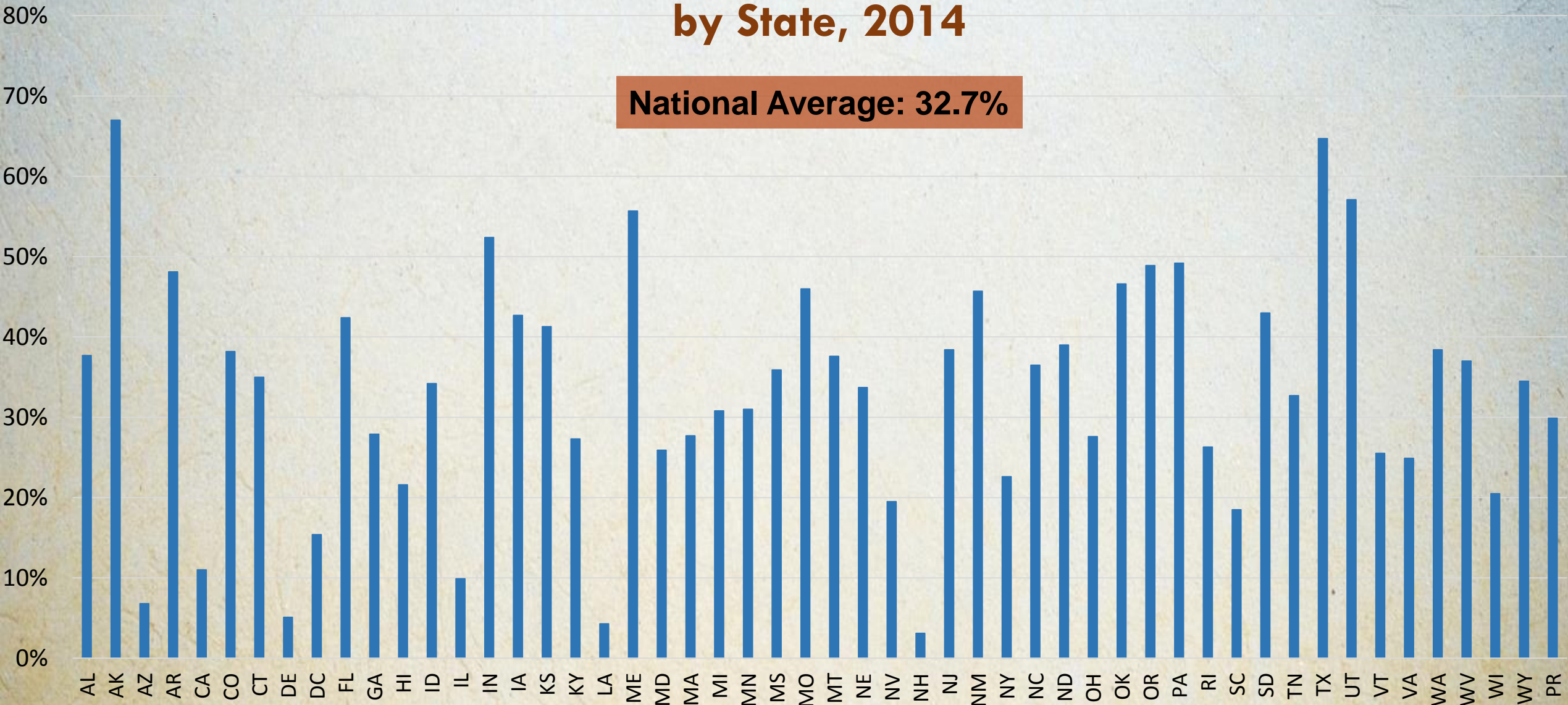


Note: Estimates based on all children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2014

Parental Alcohol or Drug Use as a Factor in Child's Removal by State, 2014

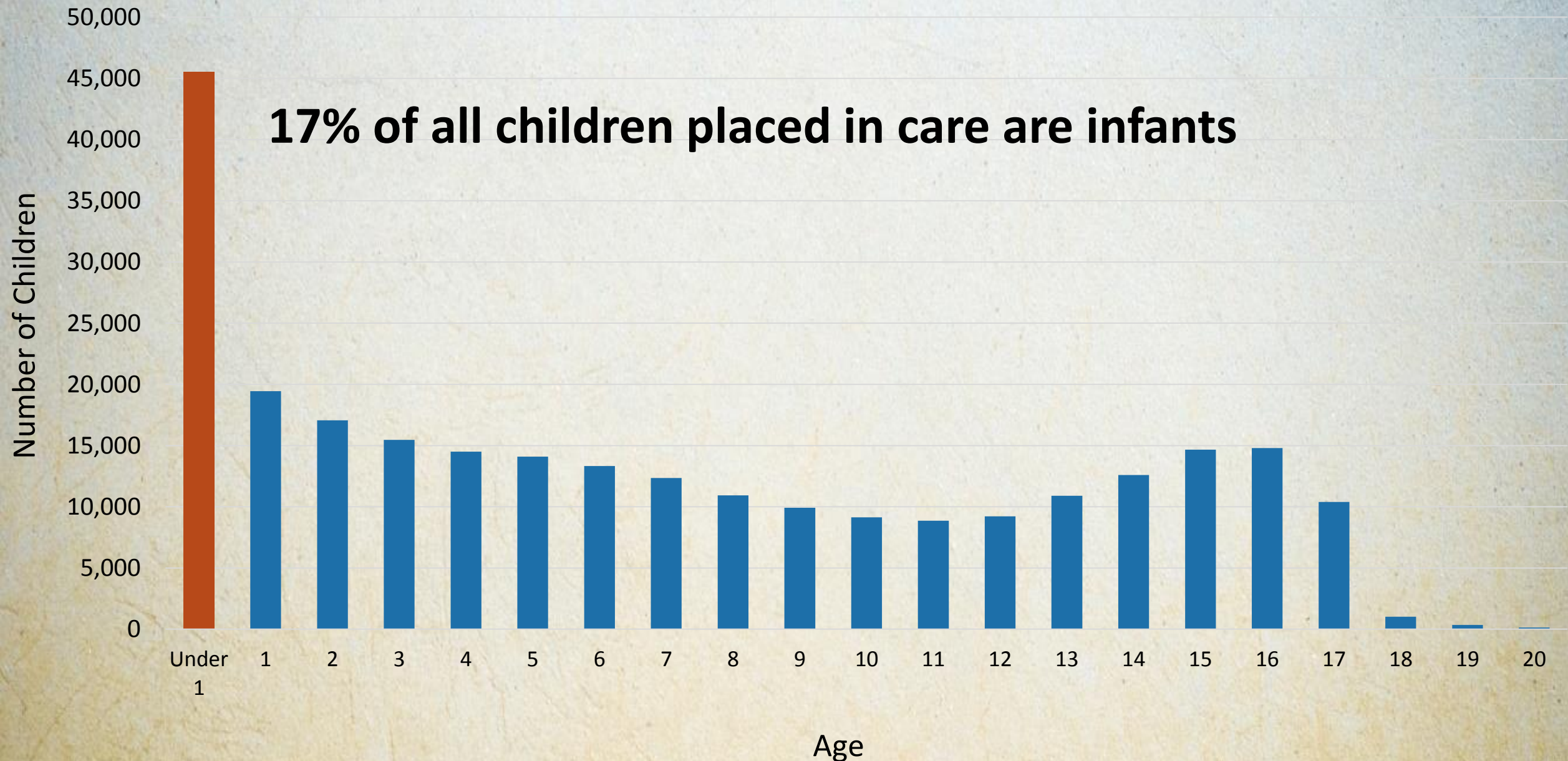
National Average: 32.7%



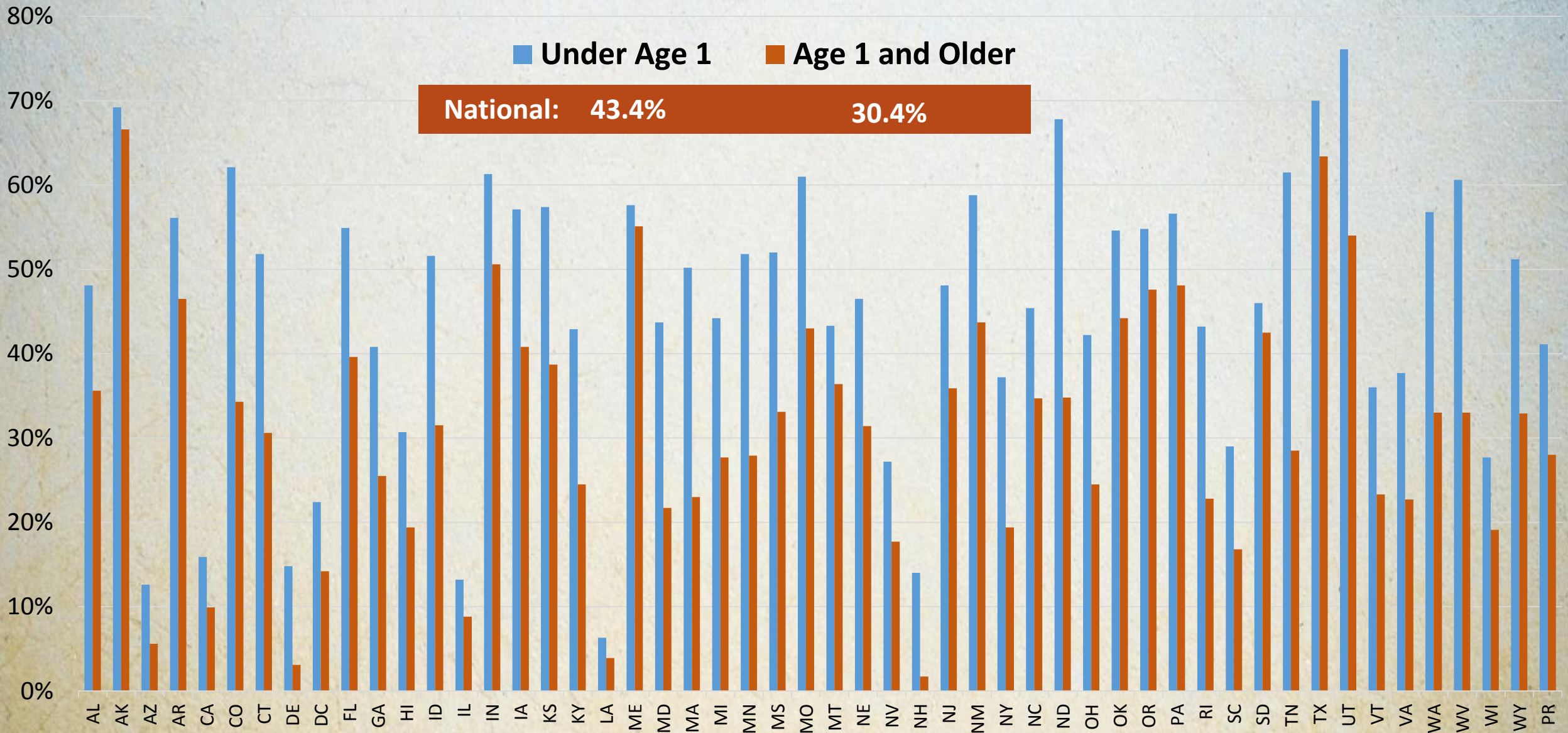
Note: Estimates based on all children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2014

Age of Children who Entered Out-of-Home Care by Age, 2014 (N=264,746)



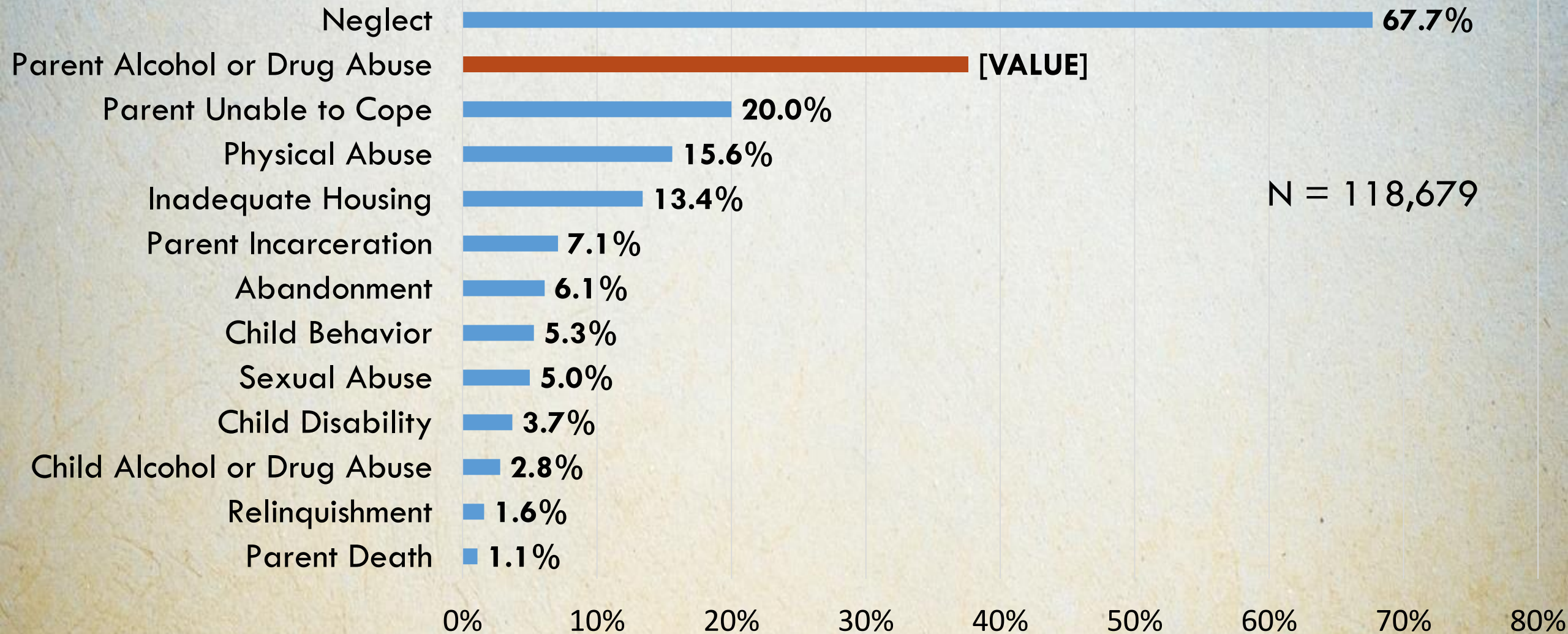
Percent of Children Removed with Parental Alcohol or Drug Use as a Factor in Removal by Age, 2014



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

Source: AFCARS Data, 2014

Percent of Children with Terminated Parental Rights by Reason for Removal in the United States, 2014



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

Source: AFCARS Data, 2014

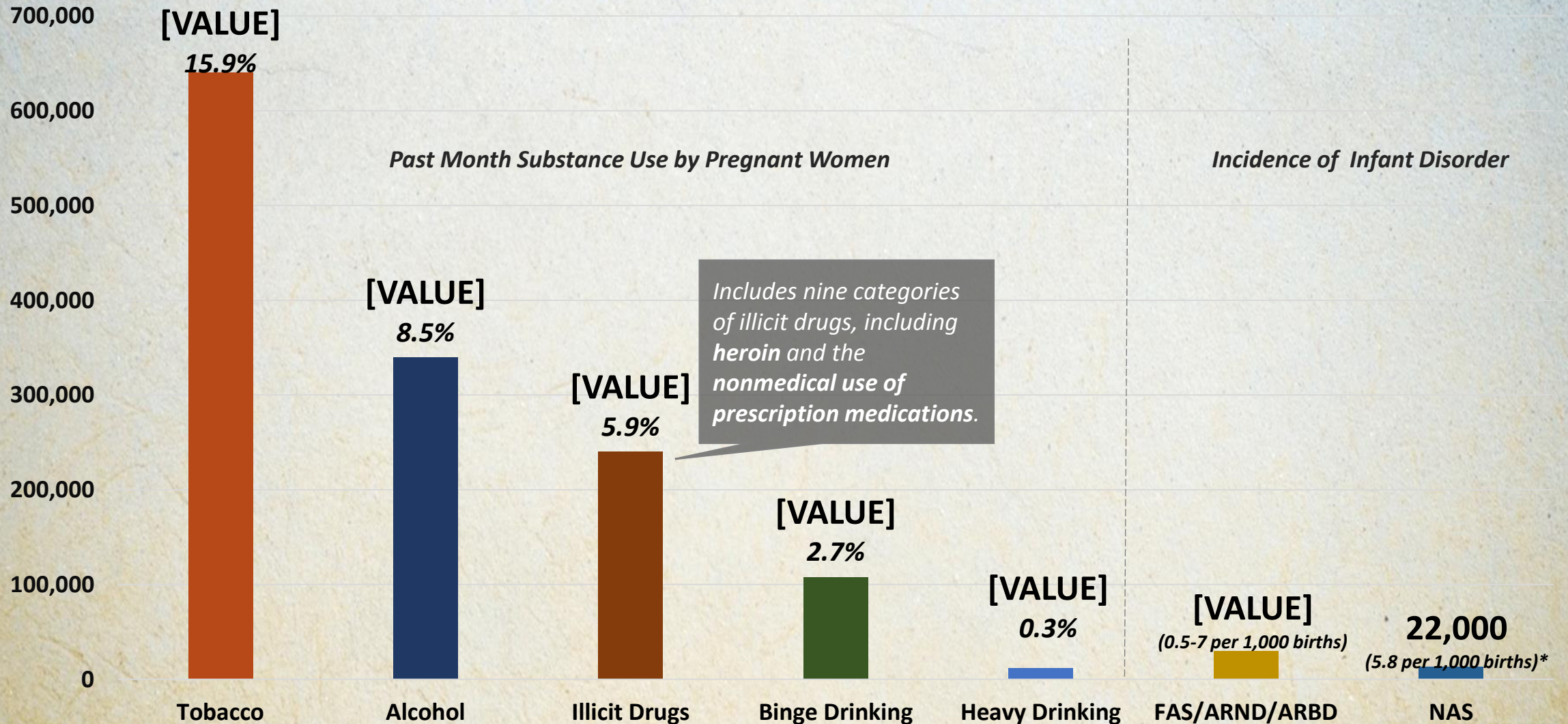


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Prenatal Exposure Data

Estimated Number of Infants* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder

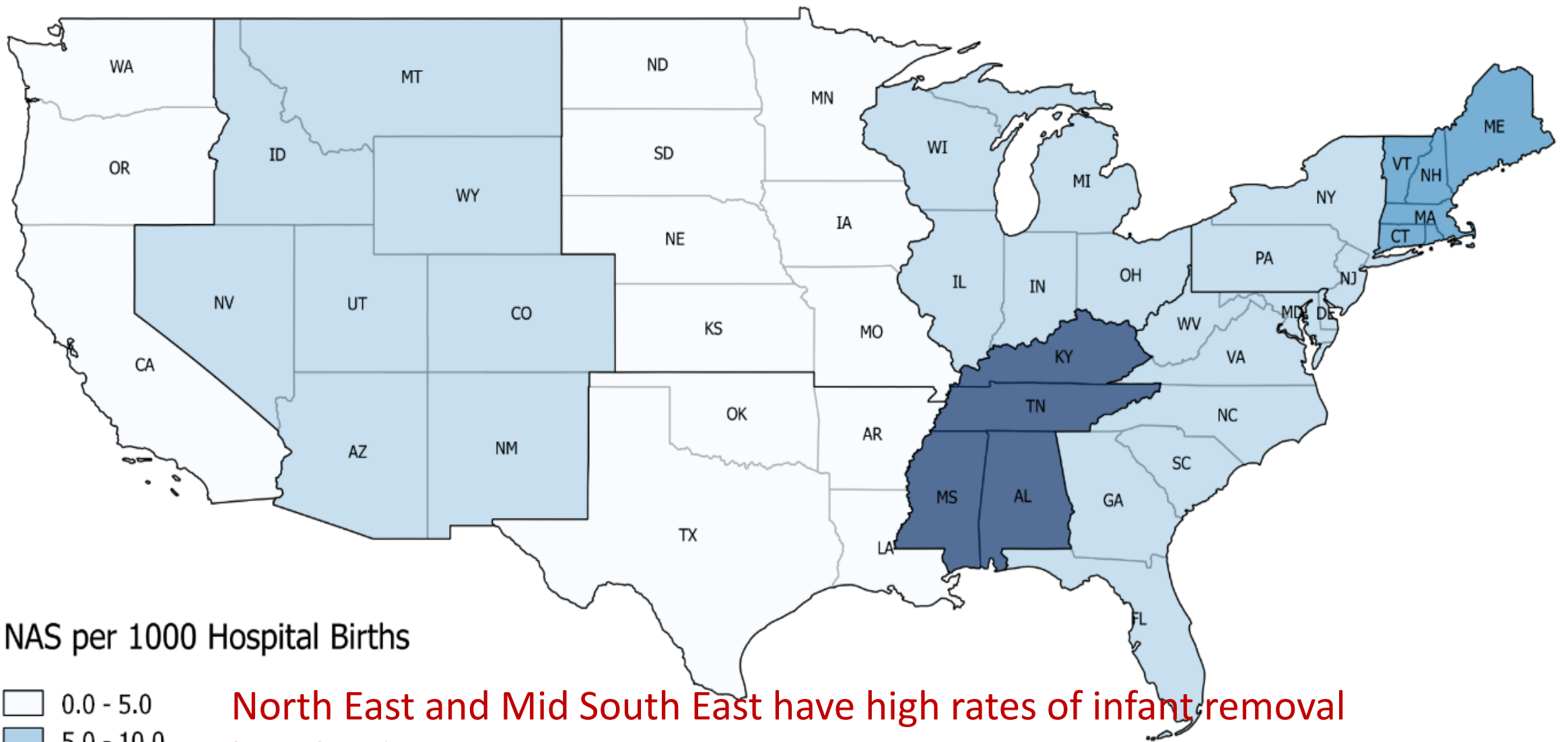


*Approximately 4 million (3,952,841) live births in 2012

Estimates based on: National Survey on Drug Use and Health, 2012; Martin, Hamilton, Osterman, Curtin & Mathews. Births: Final Data for 2012. National Vital Statistics Report, Volume 62, Number 9;

*Patrick, et al., (2015). **Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012.** Journal of Perinatology **35**, 650-655

JAMA.2012.3951; May, P.A., and Gossage, J.P.(2001).Estimating the prevalence of fetal alcohol syndrome: A summary.Alcohol Research & Health 25(3):159-167. Retrieved October 21, 2012 from <http://pubs.niaaa.nih.gov/publications/arh25-3/159-167.htm>



NAS per 1000 Hospital Births

- 0.0 - 5.0
- 5.0 - 10.0
- 10.0 - 15.0
- 15.0 - 20.0

North East and Mid South East have high rates of infant removal but the data are not consistent across region

Veeral N. Tolia, M.D., Stephen W. Patrick, M.D., M.P.H., Monica M. Bennett, Ph.D., Karna Murthy, M.D., John Sousa, B.S., P. Brian Smith, M.D., M.P.H., M.H.S., Reese H. Clark, M.D., and Alan R. Spitzer, M.D. Increasing Incidence of the Neonatal Abstinence Syndrome in U.S. Neonatal ICUs. *N Engl J Med* 2015; 372:2118-2126 [May 28, 2015](https://doi.org/10.1056/NEJMoa1502597)



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Overall Child Welfare System Data

4 million children
Had maltreatment reports that received disposition

3.2 million children
Received investigation or alternative response

702,000
Were victims of maltreatment

2,498,000
Non-victims

410,448
Victims who received post-response services

1,301,337
Total children who received post-response services

890,889
Non-victims who received post-response services

147,462
Victims who received foster care services

241,919*
Total children who received foster care services

94,457
Non-victims who received foster care services

* Represents data from 46 states



Keeping Kids Safely at Home

In-Home Cases represent the majority of the caseload of families in child welfare services, often about 70% of the state's caseload

The Policy Windows

National opioid
crisis

Reuters
articles

Increase
in NAS

Policy Initiative – Protecting Our Infants Act

S.799 – Protecting Our Infants Act of 2015; Report due in 2016

- Requires HHS to report on **prenatal opioid abuse and NAS**:
 - **Existing research** on NAS; an evaluation of the **causes and barriers** to treatment;
 - An **evaluation of treatment** for pregnant women and infants with NAS;
 - Make **recommendations** on preventing, identifying, and treating opioid dependency in women and NAS.
- Requires HHS to **review its related activities** related and develop a strategy to address gaps in research and programs.
- Requires **CDC to provide Technical Assistance** to states to improve NAS surveillance and make surveillance data publicly available.

Policy Initiative – Child Abuse Prevention and Treatment Act (CAPTA) Amendment *\$26.5 million*

Bipartisan and Bicameral Agreement, HR 4843 – *Improving Safe Care for the prevention of Infant Abuse and Neglect Act*

Passed out of the House

Creates additional provisions related to reporting to ACYF

Changes requirements for the development of plans of safe care for infants exposed to opioids and other substances

Now addresses the needs of the infants and ***affected family or caregiver***

Bill is being folded into CARA Conference Committee

Current NCSACW Initiatives

- Technical Assistance – Nearly 600 TA responses
- Review of State CAPTA plans, Children’s Bureau Program Instructions, 2016
- Resource List – Medication Assisted Treatment and Neonatal Abstinence Syndrome (MAT/NAS)
- Webinar Series
- Substance Exposed Infants In-Depth Technical Assistance Project
 - CT, KY, MN, NY, VA, WV



Policy Initiative – State and Regional Partnership Grants

Reauthorization introduced by Senators Grassley and McConnell, Part of Promoting Safe and Stable Families must **be Reauthorized** by September 30, \$20 Million in Mandatory Spending, President's Budget was \$60 Million

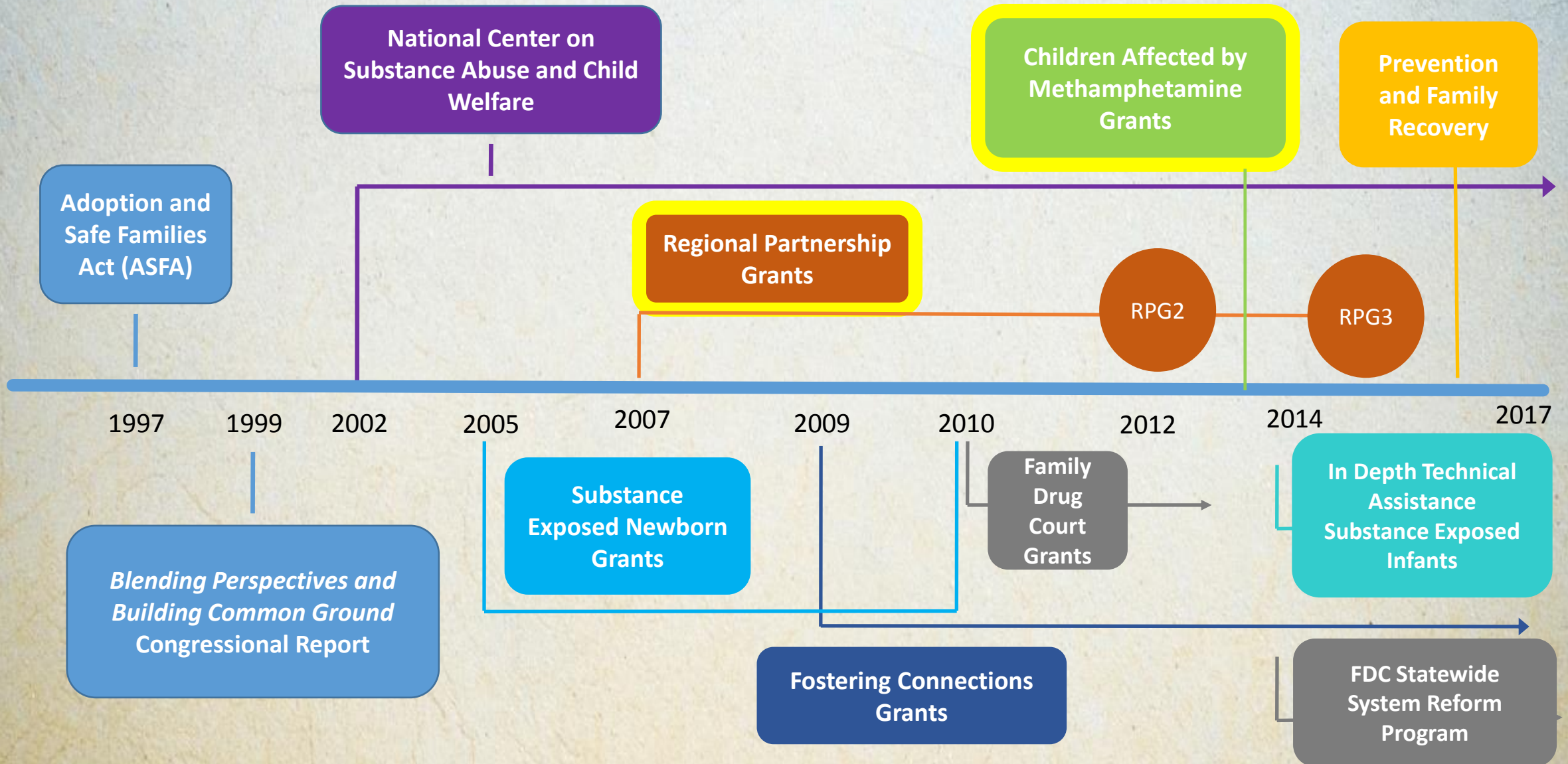
Congressman Danny Davis Proposal – Partnership Grants to Strengthen Families Affected by Parental Substance Use Act of 2016 – requires CW, SA & Court

Application

- **Request for \$60 million** to create grants for state or regional partnerships
- Funding for up to 2 years of planning and 3 of years implementation for State Partnerships
- Funding up to 1 year of planning and 4 years implementation for Regional Partnerships

Reading Tea Leaves – Perhaps it gets folded into preparation for Families First

Related Federal Initiatives: Progress Since the Adoption and Safe Families Act (ASFA)



Regional Partnership Grants (RPGs)

53 Grant Programs

17,820 adults

25,541 children

15,031 families



2007

Regional Partnership Grant Program

2012

CAM Grantees



2010

Children Affected by Methamphetamine Grant

2014

Common Ingredients and Strategies

- 1) Earlier Identification of Parents' Need
- 2) Timely Access to Treatment
- 3) Recovery Support Services
- 4) Family-Centered Parenting & C Interventions
- 5) Increased Judicial Oversight
- 6) Responses to Participant Behavior
- 7) Collaborative Structures

**OJJDP Grant Program to States
Increase Scale of FDCs and/or
Integrate these
practices in the larger
dependency system
State System Reform Program
SSRP
AL, CO, IA, NY, OH,**

How Collaborative Policy and Practice Impacts

A pair of hands with light-colored nail polish is gently holding a miniature model of a house. The house has a red roof, a chimney, and several windows with flower boxes. The background is a soft-focus image of a person's face.

5Rs

Recovery

Reunification

Remain at home

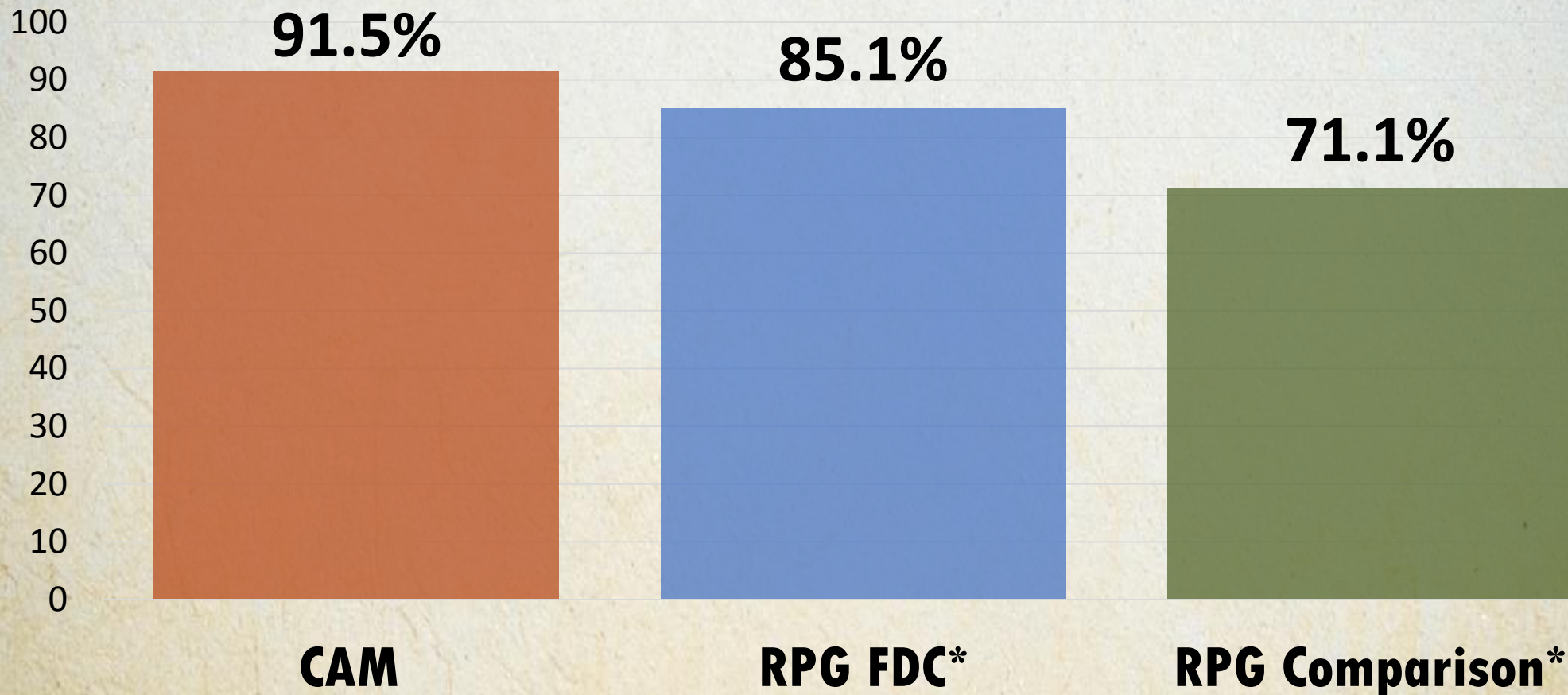
Re-occurrence

Re-entry



Remain at Home

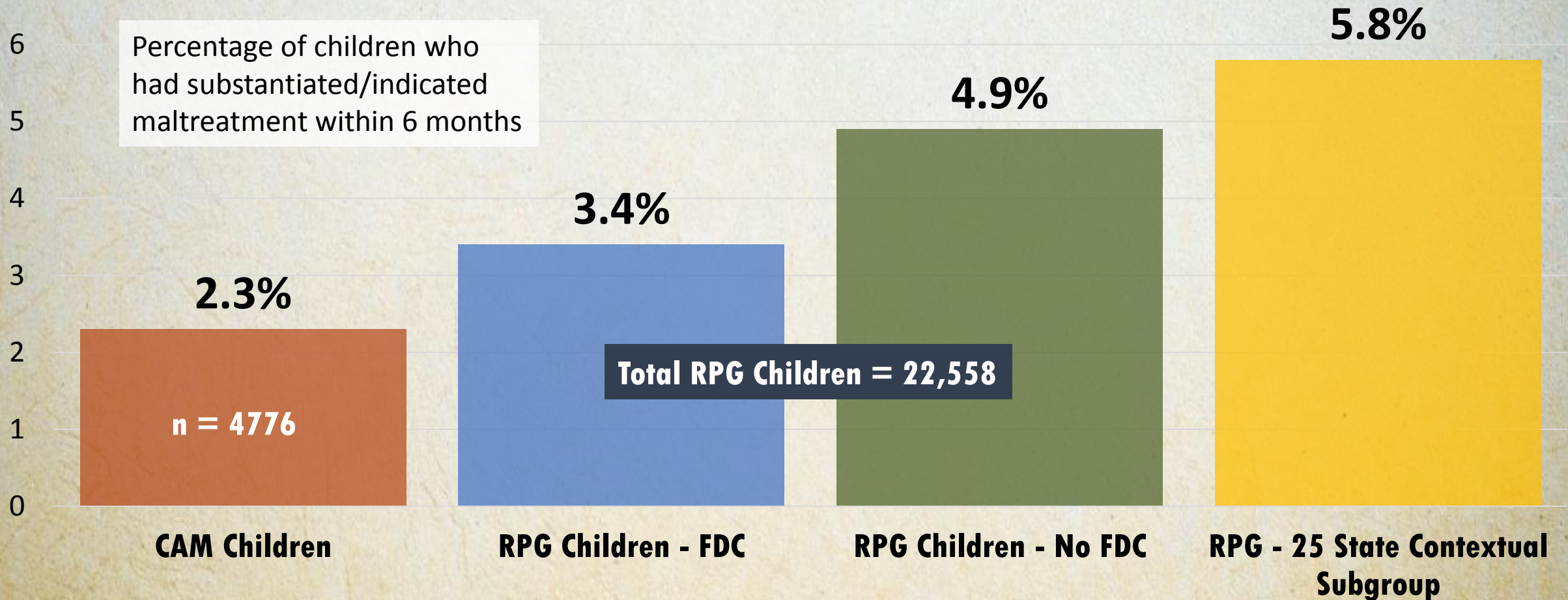
Percentage of children who remained at home throughout program participation



* This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data

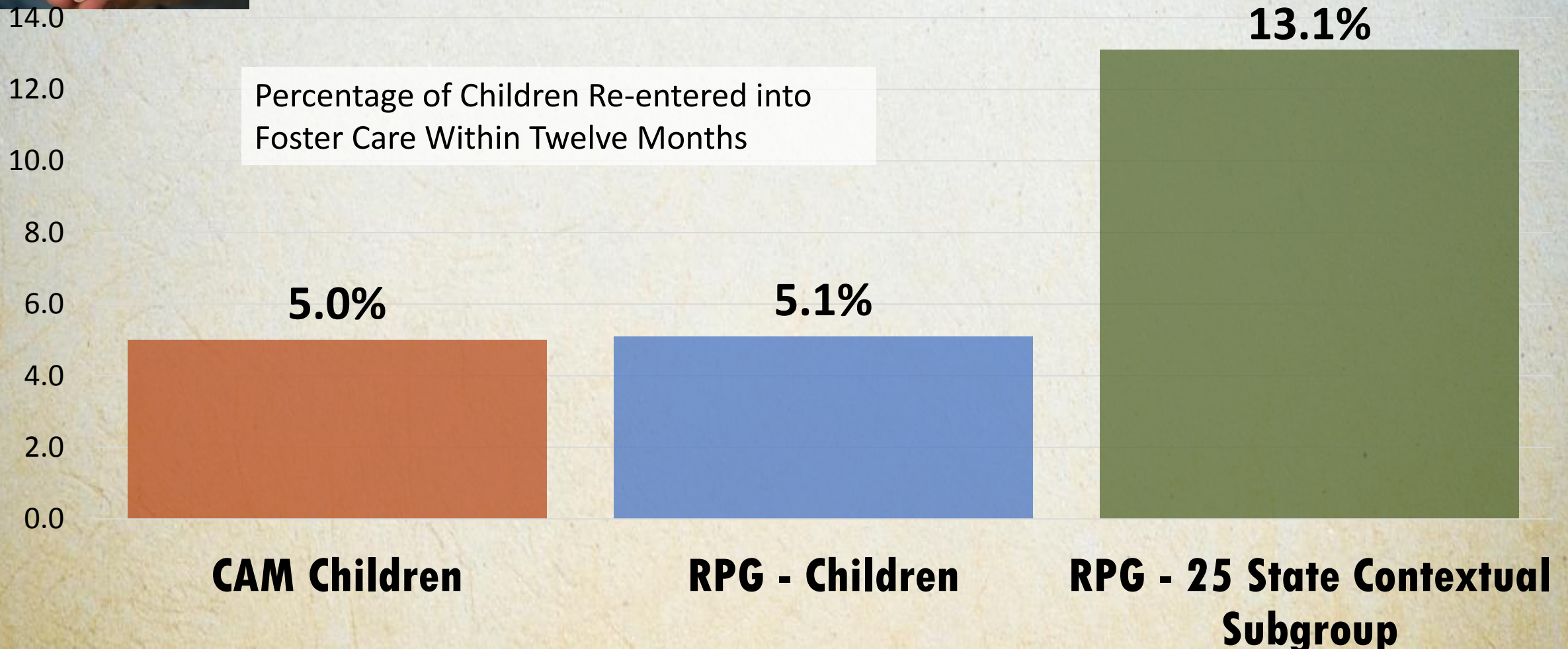


Re-occurrence of Child Maltreatment



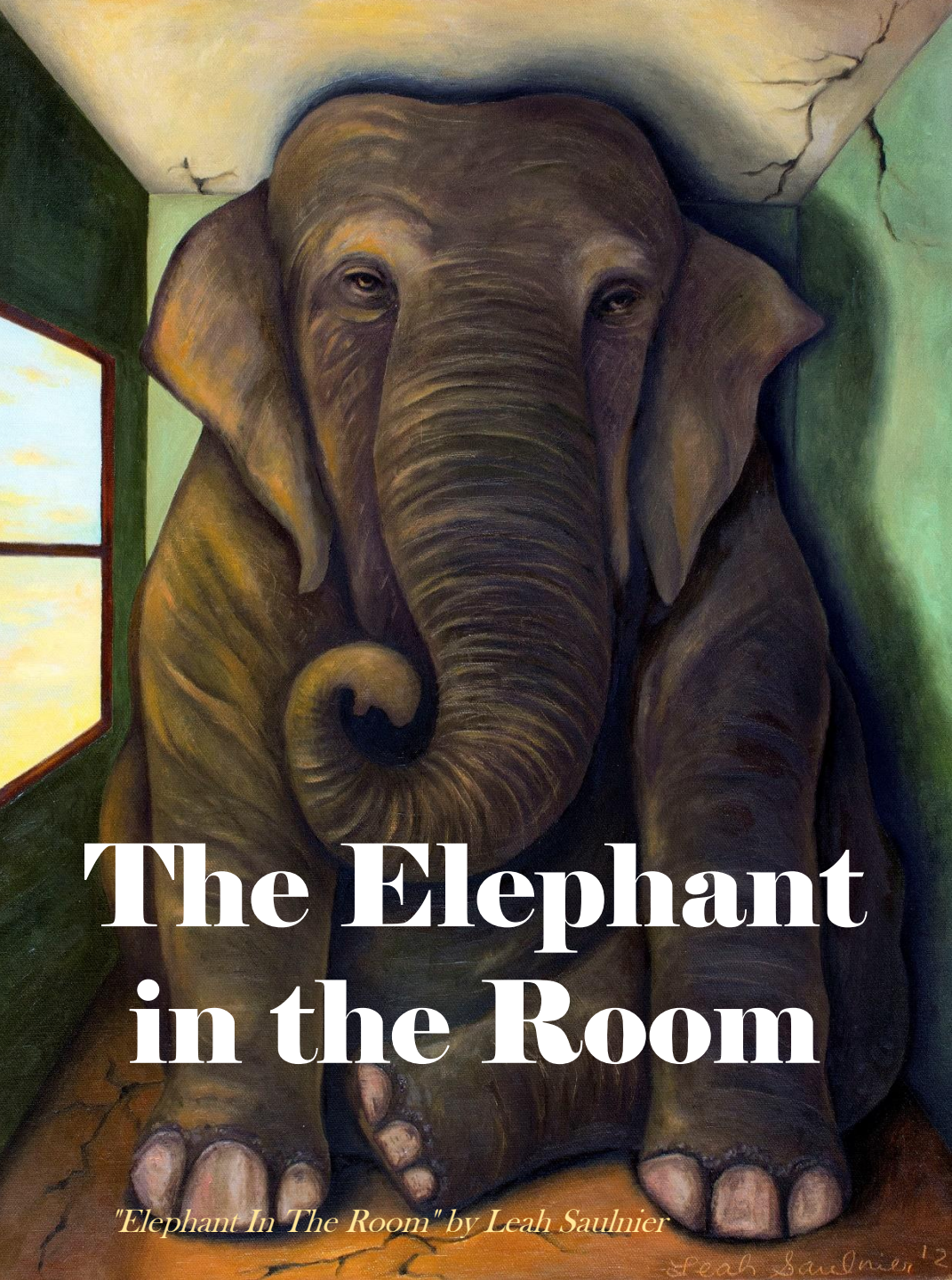


Re-entry - Foster Care within 12 Months



A photograph of a family outdoors. A man in a striped shirt is smiling and looking down at a baby in a dark-colored carrier. A woman in a teal top is smiling and looking at the baby. The background is bright and sunny with trees.

We can no longer say, “We don’t know what to do.”



The Elephant in the Room

Briefing Series on Substance Use Disorders and Child Welfare

*Substance Use Treatment:
A Core Component of Child Welfare Reform*

**Educational Campaign conducted by
Children and Family Futures**

"Elephant In The Room" by Leah Saulnier

Leah Saulnier '12

Policy Initiative – Changing IV-E Funding

Families First Act – Discussion draft from

Senator Wyden with on-going work with Senator Hatch

- State Option to Participate
- Would allow Title IV-E entitlement funds (foster care reimbursement funds) if child would have otherwise gone into foster care to
 - Pay for family services when child remains at home
 - Pay for substance use disorder treatment services
 - Payments can go to treatment agencies to keep children with parents

When we ensure timely access to effective treatment:

Families recover | Kids stay safe at home | We save money



The Ask

- SSAs Reach out to Child Welfare Directors to Prepare
- NPNs - Help Child Welfare provide Prevention programming for children of parents with SUDs in foster care, particularly those in Independent Living Programs
- Criminal Justice leads - what interventions are in place for children of parents with SUDs - **EVERY DRUG COURT IS A FAMILY DRUG COURT**
- SOTAs - Provide information to Child Welfare and Juvenile Judges on Opioid treatment
- Go to NCSACW.SAMHSA.GOV and ask us for help!

NEW JERSEY DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

IN-DEPTH TECHNICAL ASSISTANCE
NEONATAL ABSTINENCE SYNDROME AND
SUBSTANCE EXPOSED INFANTS (IDTA NAS SEI)

CHRISTINE K. SCALISE, MA LPC LCADC



NEW JERSEY OPIOID EPIDEMIC

- NJ selected for SAMHSA's 2014 Prescription Drug Abuse Policy Academy
- NJ's comprehensive plan to address the opioid epidemic includes NAS and SEI
- NJ developed "Core Opioid Workgroup"

NJ NEW INITIATIVES

- **Opioid Overdose Prevention Program (OOPP)**
 - Regional Programs provide education, training and Naloxone kits to the community (individuals, families, etc.) at risk for an opioid overdose
- **Opioid Overdose Recovery Program (OORP)**
 - Utilizes recovery specialists and patient navigators to engage individuals reversed from opioid overdoses and treated at ED
- **Medication Assisted Treatment Outreach Program (MATOP)**
 - Licensed OTPs provide outreach and other engagement strategies and MAT to diverse at-risk populations

NJ IDTA SEI

NJ awarded IDTA NAS SEI through NCSACW

Partners

- Departments of Human Services (Lead Agency), Health and Children and Families
- Treatment Providers
- Maternal Health and Other Stakeholders
- Hospitals (Obstetricians, Pediatricians, Neonatologists, Labor and Delivery Nurses)
- Medicaid

NJ IDTA SEI

- IDTA conducted walkthrough of a county with an existing SEI process and mapped out current practices and barriers in the identification and treatment of SEIs and their mothers
- IDTA assisting NJ in implementing an adopted model across the state
 - Strengths:
 - Effective practices such as multiple SEI prevention, intervention and treatment system strategies in place with intensive collaborative efforts and strong working relationships
 - SEI Gaps:
 - Lacking comprehensive system where multiple intervention opportunities can occur (i.e.; pre-pregnancy, continuing through child's developmental milestones, parental treatment, recovery support and continuing care)

NJ IDTA SEI GOALS

- Increase perinatal SEI screening at multiple intervention points by changing practice to improve SEI perinatal screening rate
- Leverage existing programs and practices to collaboratively increase the rate at which women who screen positive on 4Ps Plus get connected for a comprehensive SUD assessment
- Leverage existing programs and practices to collaboratively increase the rate at which women delivering SEIs and their babies and any other eligible children receive early intervention and other support services for which they are eligible and improve early intervention and other support services

NJ WHITE PAPER (NAS)

- **White Paper on costs associated with NAS in NJ:**
 - Paper will demonstrate the cost to the State for NAS infants compared to non-NAS infants and
 - Make the case for more investment in screening and pre-natal care, leading to an increase in the number of women with opioid use disorders receiving prenatal care
 - Increased screening and access to prenatal care would also lead to an increase in birth weight of infants with NAS
 - Identify high risk areas for a potential pilot site
 - Pilot site would link birth/Medicaid data with treatment entry data and seek to increase interventions

HOSPITAL BIRTH SURVEY

- Birth Survey developed to gain a better sense of policies, procedures and practices utilized to identify and treat SEI and their mothers
- Currently beta-tested, awaiting IRB approval
- Statewide to the 55 labor and delivery hospitals

Survey results will be used to:

- Establish statewide guideline for best practice
- Identify high risk areas
- Aid in the development of cross-system models to ensure families get access to services
- Establish education needed for birthing hospitals on issues of NAS and SEI

CHALLENGES AND OPPORTUNITIES

- Some existing policies inadvertently discourage pregnant and parenting (PPW) women from seeking care for opioid dependence or other substance use disorders
- Create collaborative agreements to facilitate seamless referrals and continuity of care from pregnancy through birth and beyond
- Determining where disparities exist in terms of adequate access to MAT
- Facilitating coordination between providers who serve PPW and those caring for their infant children
- Collecting, tracking and sharing data across State and local agencies and the collaborative partners to monitor outcomes
- NCSACW guidance with developing protocols for development of Plans of Safe Care for SEI, mothers and their families



Substance Use Disorder Services for Women and the Family



COLORADO
Office of Behavioral Health
Department of Human Services

Two Efforts of Many

Branding of Women's Services
State Systems Reform Project



Branding

Issue: Little visibility for women's SUD services outside of the funded treatment community

Solution: Statewide image for Women's SUD services

Consumer-focused

Educational

Engaging



Components

Website

Posters

Rack cards

Pocket cards



Characteristics

Consumer driven—messages based upon consumer feedback

Hopeful

Mother and family focused

Visually appealing

Limited verbal content

Feeling of calm, safe, warm



No wait.
No judgment.
Just the help
you need.

*"The staff here, they love you and they want
you to succeed. The more help you have,
the more you are going to make it."
- Sydney*

WHAT TO EXPECT:

If you are pregnant or a mother with young
children, you are our priority for treatment,
please call.

Treatment available where your
children are welcome.

Your treatment will be confidential
and nonjudgmental.

Medicaid/billing scale fees.

Find help near you,
visit MothersConnection.com today.
Colorado Crisis & Support Line - 1.844.481.5ALK (5255)

Website *Mothersconnection.com*



State Systems Reform Project

Goal: Integrate principles of Family Drug Treatment Court into D&N case practice statewide

DANSR

Dependency And Neglect Systems Reform

Collaboration—State Court Administrator's Office is lead agency

CDHS Child Welfare Division and Office of Behavioral Health

Structure

Core Planning Team

Pilot jurisdictions

Broken out by Judicial District

Executive Oversight Committee as sponsor

Work Groups

- Data
- Child Well-Being
- Training
- Treatment
- Legal

Question:

What/how should judges enter orders to support treatment participation and completion?



Strengths

Willing, committed court staff

Child Welfare agencies looking for solutions at the local level

SUD treatment providers want to come to the table



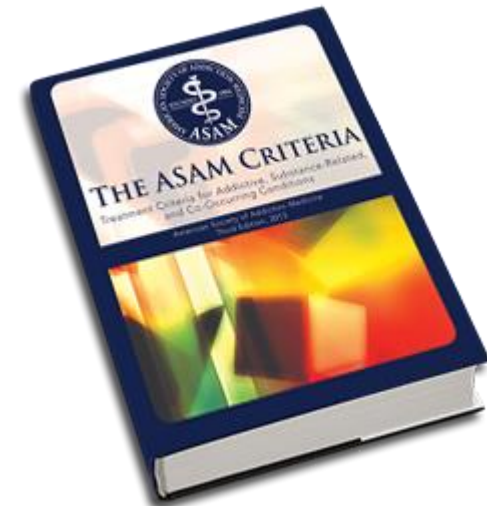
Challenges

We don't speak the same language

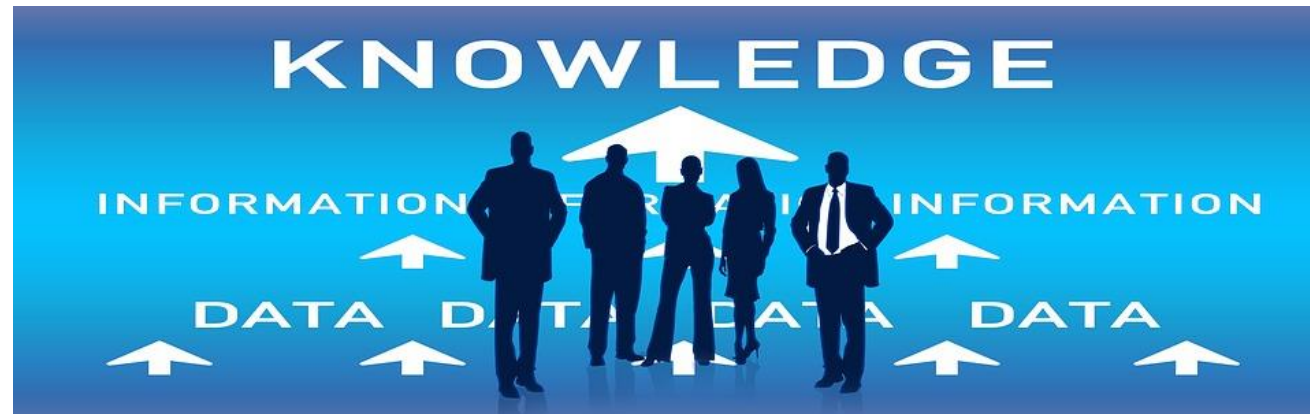
We're learning about each other's systems and fields

There is a lot to learn

Short time frame to fit in a lot of learning



DATA—what do different things mean and what should we measure?



Stay tuned...

Work in progress

Relationships are central to success

We must assume best intentions

We've been here before...

We are hopeful.



COLORADO