All-Team Quarterly Learning Collaborative:

Child Welfare & Juvenile Justice Teams

September 18, 2023

DISCLAIMER

- Please note this content has not been professionally edited and the session was conducted using Zoom.
- In the case of any security issues that may occur, this session will immediately end. A separate email will be sent to all participants with further instruction.
- Any data and information collected through polls and chats will only be used to inform future webinar/ learning collaborative topics and to provide DHCS with evaluation results.

AGENDA

- Welcome
- Harm and Overdose Reduction with Youth
- Applying an Equity Lens to Collaborative Practice When Implementing Plans of Safe Care
  - **Guest Speaker: Latonya Adjei-Tabi**
- CalAIM Implementation: Opportunities for Juvenile Justice and Probation
- Upcoming Events and Reminders

WELCOME

12:00 – 12:10 pm PDT

Presenter: Bren Manaugh

- HMA currently leads 3 MAT Expansion projects:
  - MAT in Jails and Drug Courts
    - Includes Jail, Drug Court, Child Welfare and Juvenile Justice teams
  - Systems of Care
  - Community Overdose Prevention Effort (COPE)
- If you are involved with more than one project, your coaches are aware and can coordinate to accommodate your county's needs

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STATUS OF GRANTS AND MOUs

MOU executed; full stipend sent

- Mendocino County
- Monterey County
- Santa Clara County (JJ)
- Shasta County
- Sonoma County
- Stanislaus County

MOU generated; awaiting county signature

- Kings County
- Santa Clara County (CW)
- Santa Cruz County

Waiting on confirmation of county information

- Riverside County
- San Benito County

HARM AND OVERDOSE REDUCTION WITH YOUTH

12:10 – 12:35 pm PDT

Presenter: Helen DuPlessis, MD, MPH

LEARNING OBJECTIVES

- Understand the influence of adolescent development on substance use and approaches to harm reduction
- Describes the difference in circumstances and disproportionate impact of drug overdoses between adolescents and the general population
- Identify differences in HR definitions and approaches
- List at list three adolescent-specific HR strategies

WHAT WE KNOW ABOUT TRENDS IN SUBSTANCE USE AMONG ADOLESCENTS

Individuals are most likely to begin using drugs during adolescence and young adulthood

- By the 12th grade 70% of students have tried alcohol, half will have taken an illegal drug, 40% will have smoked a cigarette, AND 20% will have used a prescription drug for NONMEDICAL reasons (NYRBS, 2019)

Fortunately, most adolescents who do experiment do NOT develop an addiction or other SUD

But, SUD among youth part of other risky behaviors

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RISK FACTORS

- Adverse Childhood Events (ACE) predispose to SUD
  - 75% of those with OUD have history of ACEs (CTIPP, 2017)
  - Having >3 ACEs is associated with earlier onset use, greater prevalence IV drug use, greater overdose rate (Hughes et al, 2017)
  - Risk of SUD increases with number of ACEs (dose-response)
- 15.2% of people who start drinking by age 14 will eventually develop alcohol use disorder or dependence vs. 2.1 % of those WHO WAIT until they are 21 years or older
- 25% of those who begin abusing Rx drugs at 13 years or YOUNGER develop a SUD some time in their lives
- 13% of those with a SUD started using marijuana by the time they were 14 years (Gray and Squeglia, 2018)

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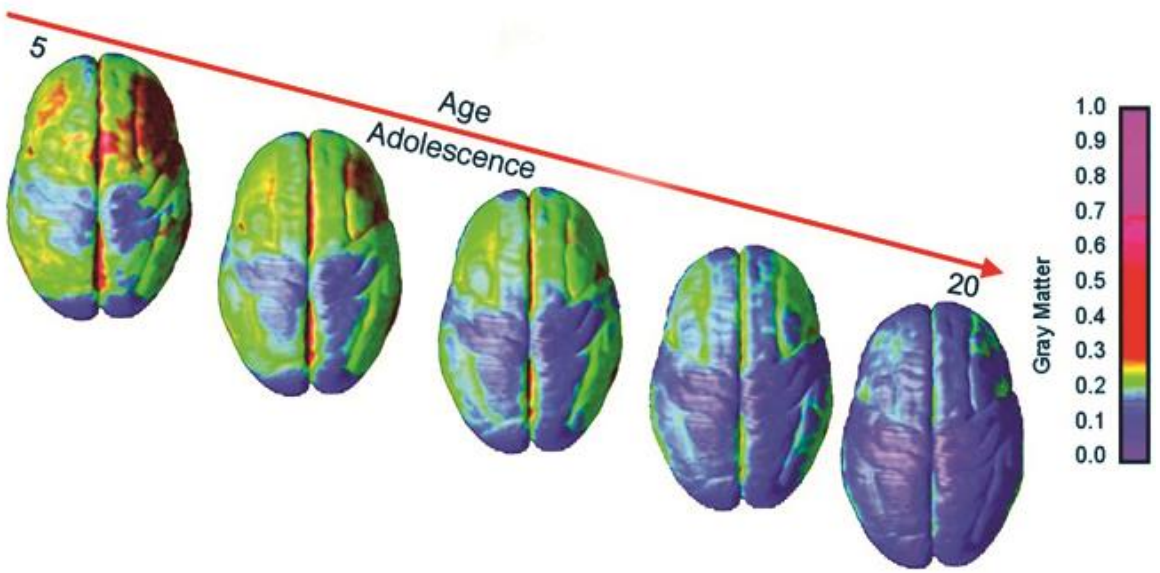
DEFINITIONS AND LEVEL-SETTING: THERE ARE MEANINGFUL DIFFERENCE IN THE POPULATIONS

	Ages in years	General Developmental Considerations	Practical and Legal Considerations
Adolescence	12 thru 17 years: Moving to independence Future Interests - Cognitive development Sexuality Ethics and Self-direction Physical Changes		

• Early adolescence	10* thru 13	• Physical changes – worries about being normal
		• Mood swings
		• Limit testing
		• Sense of invulnerability
		• Close relationships gain importance (searching outside of family)
			• Familial Context
			  • Financial dependent
			  • Health coverage dependent
			  • Emotional evolution
			• Must be enrolled in school
			• Minor Consent laws in some states (unable to consent for treatment with MAT)
			• *Emancipation is the exception not the rule*

• Mid-Adolescence	15 thru 16	• Strong peer attachment • Concerns about appearance and sexual appeal • Interest in ideals, role models, moral reasoning • Asserting independence → deeper conflicts • Risk-taking	
• Late Adolescence	17 thru 18	• Mainly independent decision-making • Ability to delay gratification • Defining realistic adult role in society and family • Capable of insight, self-regulation of self-esteem • Realization of vulnerability and limitations	
Emerging Adults	18 thru 25	Do I have a role and place in this world?	Legal age for most decision-making

ADOLESCENT BRAIN DEVELOPMENT: ALL GAS AND NO BRAKES



- Mid-brain areas are highly active during adolescence
  - Reward, motivation, moods/emotions, addiction
  - Dopamine-mediated (largely)
- Pre-frontal cortex develops much later (20s-30s)
- Brain in transition is “pruning” to develop greater efficiency and specificity (resilience)
- Pubertal hormones are implicated in development of areas of the brain that drive risk-taking

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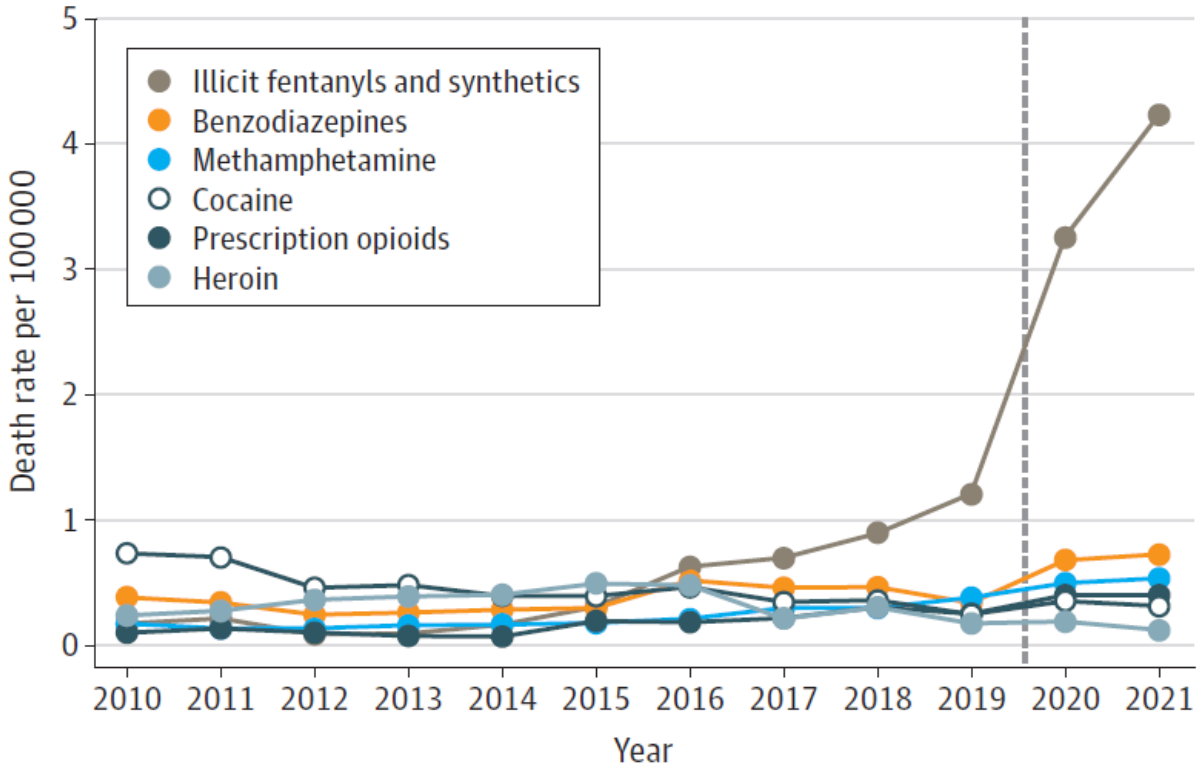
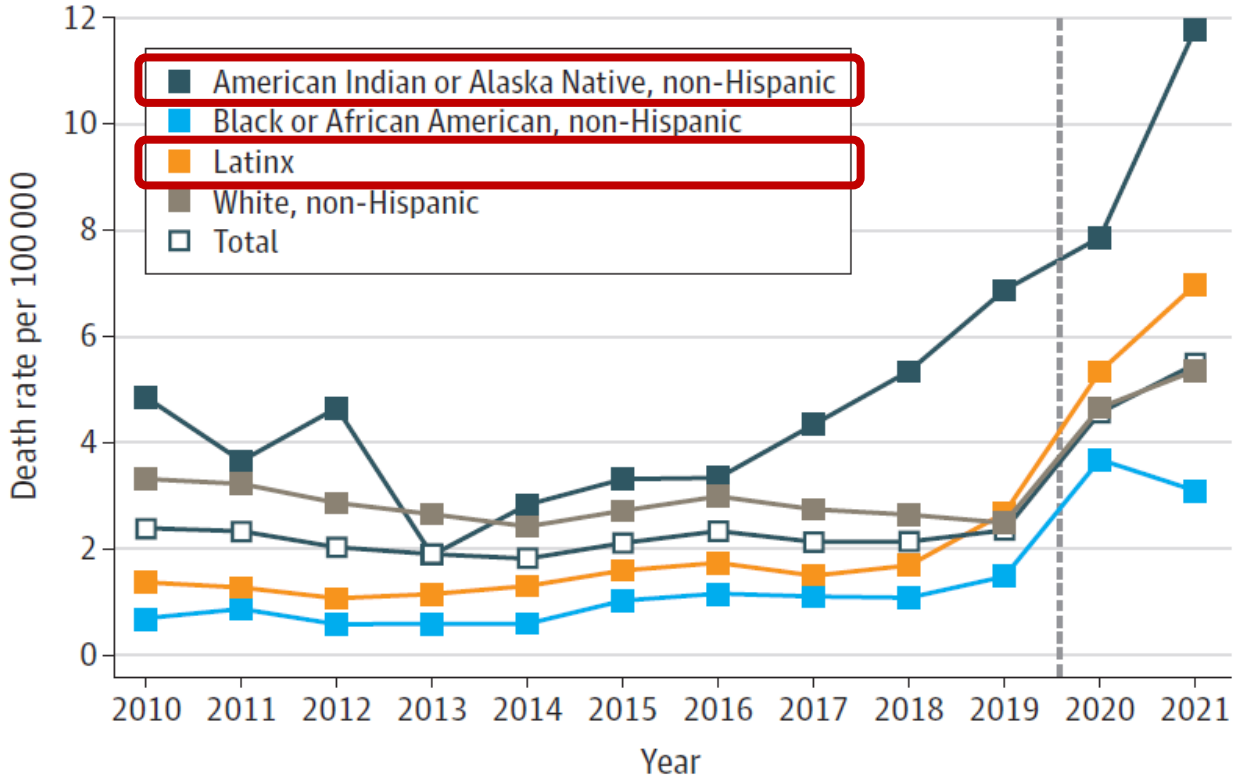
ADOLESCENT OVERDOSE DEATHS: 2010-2021?

Adolescent Overdose Mortality by Substance Type
(14 to 19yo | Rate=deaths/100,000)



Adolescent Overdose Mortality by Race/Ethnicity



Source: Friedman J, et al. *JAMA.* 2022;327(14):1398–1400. doi:10.1001/jama.2022.2847

NOTABLE INFORMATION ON CIRCUMSTANCES OF THESE OVERDOSES

- Route of Administration
  - Ingestion 23.7%
  - Injection 8.1%
  - Snorting 23.3%
  - Smoking 23.7%
- Overdose location, bystanders
  - Home 60%
  - Other house/apt 21.7%
  - No Bystander Response 67.9%
  - Naloxone Administered 30.4%

LEVEL SETTING ON HARM REDUCTION…

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. – *National Harm Reduction Coalition*
- A practical and transformative approach that incorporates community driven public health strategies — including prevention, risk reduction, and health promotion — to empower PWUD and their families with the choice to live healthy, self-directed, and purpose-filled lives. – *SAMHSA*
- Harm reduction refers to policies, programs and practices that aim to minimize the negative health, social and legal impacts associated with drug use, drug policies and drug laws. – *Harm Reduction International*

LEVEL SETTING ON HARM REDUCTION…FOR YOUTH

There is a long history of zero-use goals being implicitly or explicitly built into prevention theories and models. Consequently, there remains substantial debate about the effectiveness of prevention interventions based on the risk factors approach when abstinence is the only outcome.

- Child-centered harm reduction is the study and practice of reducing the health and social harms to those under the age of 18 due to their own drug use, parental or family drug use, or related laws and policies. – Barret et al, 2022
  - Encourages adaptation of HR theories to include issues of consent, identity, dependency
  - Draws attention to the specific sociology and psychology of children and youth

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ADOLESCENTS APPROACHES TO SUBSTANCE USE

- May use substance for a variety of reasons (address moods, connect with peers)
- Often don't believe they have a SUD
- Often don't believe there are significant risks in using substances
- Don't often use in the same settings environments
- Fear disclosure of substance use will be revealed to caregivers or have legal consequences
- May perform more rapidly under the influence, but are less effective (risky driving and other behaviors)
- Are less likely than adults to inject
- Are more likely than adults to engage in risky behaviors while under the influence (higher rates of HIV, hepatitis B and C)
- May not have abstinence as a goal

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OBSTACLES TO EFFECTIVE HARM REDUCTION FOR YOUNG ADULT USERS

Stigma and denial

Fear of law enforcement

Lack of youth-friendly services

Disconnection from networks traditionally reached by harm reduction services

Lack of knowledge about safer injecting practices, harm reduction and HIV programs in their communities

LEARNING FROM OTHER COUNTRIES ABOUT HARM REDUCTION FOR ADOLESCENTS

- International youth HR programs focus on incremental positive change that neither presupposes or preclude abstinence as a goal
- Hegemonic Model of Recreational Influence.

Setting-based approaches

- Whole School Interventions (UK) – classroom based, peer led strategies in school and address SDOH
- Responsible Beverage Service (RBS) – community-based approaches, community mobilization, bar staff training hospital staff – Stockholm Prevents Alc and Drug Problems
- Motivational interviewing and youth development programs – SBIRT can 'result in decreases in substance-related negative consequences and problems, decrements in substance use and increased

Non-judgmental, compassionate, evidence-based care that validates their experiences, preserves confidentiality and autonomy and expresses gratitude for their trust

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MORE LEARNING FROM INTERNATIONAL COUNTRIES

- Dance ‘Till Dawn Safely - decrease in alcohol-related problems, increased refusal to serve minors and a 29 % reduction in assaults
- Mass media campaigns may be politically important but appear to be largely ineffective (and occasionally counter-productive).
- School based program show some promise (using peers as educators)
- Some US providers gauging interest on shifting from a primary prevention-dominant model to a secondary and tertiary prevention model
  - Secondary prevention focuses on early ID of high-risk populations with interventions aimed at slowing/stopping disease progression
  - Tertiary prevention offer treatment and rehab after diagnosis

MAT AND ADOLESCENTS

Treatment of adolescents with OUD with MAT is recommended by:

- American Society of Addiction Medicine
- American Academy of Pediatrics
- Society for Adolescent Health and Medicine
  - *"All adolescents and young adults (AYAs) with opioid use disorder (OUD) should be offered medication for OUD as a critical component of an integrated treatment approach that includes pharmacologic and nonpharmacologic strategies."*

KEY STRATEGIES FOR EFFECTIVE HARM REDUCTION FOR YOUNG ADULTS

Must be contextually relevant and responsive

- Distribution of harm reduction materials and education using social networks and digital media.
- Venue-based interventions (distribution of harm reduction materials in clubs, bars, music events in which youth prescription opioid use may occur) should be considered.
- Peer-based naloxone training and distribution, and drug user-led programs to provide safer injection education are two examples of effective drug user “intravention”.
- Can the US embrace “differentiated normalization?”

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WHAT DOES THIS MEAN?

Go Slow

If you use drugs, take action to prevent overdose. When you take a drug, start with a very small amount to test the strength. Don't slam it. You can always take more, but you can never take less. If you inject drugs, inject a little bit first and wait 20 seconds to see how strong it is. If it feels off, consider not using it or using less than planned. Be sure someone with you has naloxone.

If you use heroin, pills or even other drugs in Maryland, there's a good chance you're using fentanyl. Fentanyl has caused a huge spike in overdose deaths. Fentanyl acts FAST. Be careful.

Source: https://www.goslow.org/

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SUMMARIZING HR CONSIDERATIONS FOR A CHILD-HR MODEL

Consideration	High-level Strategies
General Approach	Create multiple touchpoints Normalize responses to stigmatized behaviors
Understanding motivations	"Decisional balance" approaches Facilitate access to behavioral health treatment as needed
Acknowledge and address settings for use	Ask about settings Encourage "buddy system"
Leveraging family and social connections	ID friends/family that can reinforce HR approach and carry naloxone Educate on OD prevention Discuss safe medication storage
Reduce risk of driving injury	Designated driver and other protective strategies
Reducing overdose risk	Facilitate access to and knowledge about naloxone and MAT
Reducing infectious disease transmission	Ask about modes of use | Offer info on safe use techniques, sites Offer testing | Vaccinate for communicable diseases

REFERENCES

- American Academy of Pediatrics Committee on Substance Use and Prevention. Medication-assisted treatment of adolescents with opioid use disorders. Pediatrics. 2016;138(3):e20161893
- Adolescent Brain and Cognitive development (ABCD) study https://www.drugabuse.gov/drug-topics/adolescent-brain/longitudinal-study-adolescent-brain-cognitive-development-abcd-study
- American Academy of Child and Adolescent Psychiatry https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Teen-Brain-Behavior-Problem-Solving-and-Decision-Making-095.aspx
- Barrett, D., Stoicescu, C., Thumath, M., Maynard, E., Turner, R., Shirley-Beavan, S., ... & Lines, R. (2022). Child-centred harm reduction. International Journal of Drug Policy, 109, 103857.
- Camenga DR, Colon-Rivera HA, Muvvala SB. Medications for Maintenance Treatment of Opioid Use Disorder in Adolescents: A Narrative Review and Assessment of Clinical Benefits and Potential Risks. J Stud Alcohol Drugs. 2019 Jul;80(4):393-402.
- Chang DC, Klimas J, Wood E, Fairbairn N. Medication-assisted treatment for youth with opioid use disorder: Current dilemmas and remaining questions. Am J Drug Alcohol Abuse. 2018;44(2):143-146. doi: 10.1080/00952990.2017.1399403. Epub 2017 Nov 30. PMID: 29190156; PMCID: PMC5815926.
- Feder KA, Krawczyk N, Saloner B. Medication-assisted treatment for adolescents in specialty treatment for opioid use disorder. J Adolesc Health. 2017;60(6):747–750
- Fletcher, Adam, et al. "Young people, recreational drug use and harm reduction." (2010): 357-378. European Monitoring Center for Drugs and Drug Addiction (EMCDDA).
- Friedman J, Godvin M, Shover CL, Gone JP, Hansen H, Schriger DL. Trends in Drug Overdose Deaths Among US Adolescents, January 2010 to June 2021. JAMA. 2022;327(14):1398–1400. doi:10.1001/jama.2022.2847

REFERENCES

- James Michael Winer, Amy M. Yule, Scott E. Hadland & Sarah M. Bagley (2022) Addressing adolescent substance use with a public health prevention framework: the case for harm reduction, Annals of Medicine, 54:1, 2123-2136, DOI: 10.1080/07853890.2022.2104922
- Levy S, Mountain-Ray S, Reynolds J, Mendes SJ, Bromberg J. A novel approach to treating adolescents with opioid use disorder in pediatric primary care. Subst Abus. 2018;39(2):173-181
- Marshall BD, Green TC, Yedinak JL, Hadland SE. Harm reduction for young people who use prescription opioids extra-medically: Obstacles and opportunities. Int J Drug Policy. 2016 May;31:25-31. doi: 10.1016/j.drugpo.2016.01.022. Epub 2016 Feb 4. PMID: 26919826; PMCID: PMC4975034.
- National Academies of Sciences, Engineering, and Medicine. (2019). Medications for opioid use disorder save lives. Washington, DC: The National Academies Press.
- National Center for Youth Law. Frequently Asked Questions about Minor Consent for Substance Use Disorder Services in California. https://cshca-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/NCYL-SUD-Minor-Consent-FAQ.pdf
- National Center for Youth Law. Consent to Treatment for Minors in Foster Care – By Custody and Placement. http://teenhealthlaw.org/wp-content/uploads/2021/09/Dep-Custody-Consent-chart2021.pdf
- Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf
- Substance Abuse and Mental Health Services Administration and Office of the Surgeon General. (2018). Facing addiction in America: The Surgeon General's spotlight on opioids. Washington, DC: US Department of Health and Human Services.
- Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10-19 Years - United States, July 2019-December 2021. MMWR Morb Mortal Wkly Rep. 2022 Dec 16;71(50):1576-1582. doi: 10.15585/mmwr.mm7150a2. PMID: 36520659; PMCID: PMC9762908.
- Wilson JD, Berk J, Adger H, Feldman L. Identifying Missed Clinical Opportunities in Delivery of Overdose Prevention and Naloxone Prescription to Adolescents Using Opioids. Journal of Adolescent Health, Volume 63, Issue 2, 2018, Pages 245-248. ISSN 1054-139X. https://doi.org/10.1016/j.jadohealth.2018.05.011

APPLYING AN EQUITY LENS TO COLLABORATIVE PRACTICE WHEN IMPLEMENTING PLANS OF SAFE CARE

12:35 – 1:20 pm PDT
Presenter: Latonya Adjei-Tabi, MPA
Introduced by Liz Stanley-Salazar

APPLYING AN EQUITY LENS TO COLLABORATIVE PRACTICE WHEN IMPLEMENTING PLANS OF SAFE CARE

Latonya Adjei-Tabi, MPA| Senior Program Associate, National Center on Substance Abuse and Child Welfare

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National Center on Substance Abuse and Child Welfare

Acknowledgment

National Center on Substance Abuse and Child Welfare

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Children's Bureau

ACF

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Substance Abuse and Mental Health Services Administration

https://ncsacw.acf.hhs.gov | ncsacw@cffutures.org

WHY THIS WORK IS URGENT

Infants with Prenatal Substance Exposure

And Their Families

BEFORE WE HEAR ABOUT THE DATA…

It’s important to remember that people can and do recover from trauma and SUDs.

SUD is a treatable, chronic, medical disease that can affect the whole family.

Healthcare professionals have similar levels of public and structural stigma toward those with a SUD compared to the general population.

75.2% of the public *do not believe* SUD is a chronic medical illness like diabetes, arthritis, or heart disease.

(American Society of Addiction Medicine, 2019);
(Shatterproof, and The Hartford, 2021)

Stigma Impacts:

People **seeking** help;

Numbers of families **receiving** treatment;

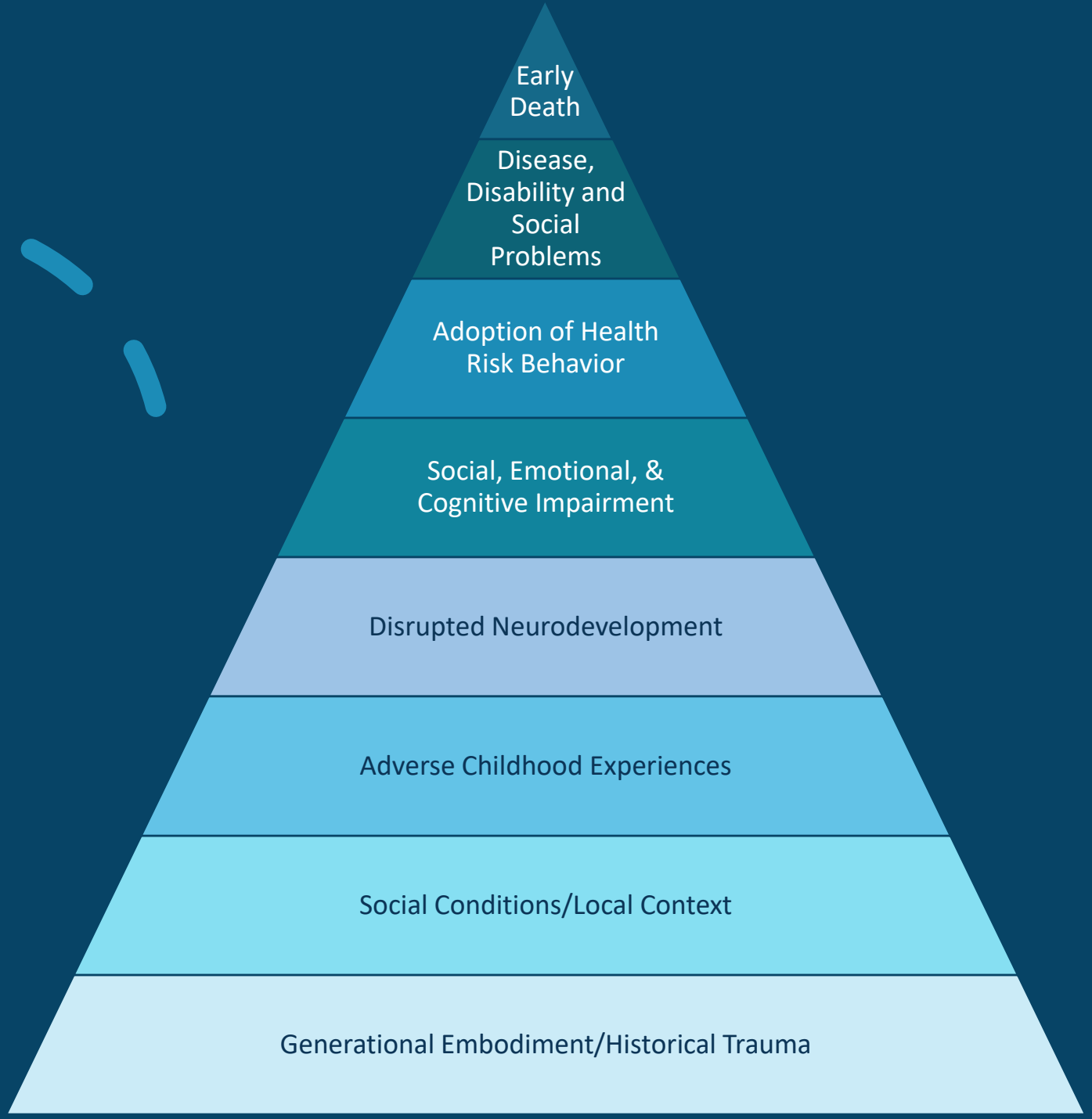
Quality of treatment;

Likelihood of **staying in active recovery; and**

Resources allocated to prevention and treatment.

(Shatterproof, 2020)

Mechanism by which Adverse Childhood Experiences influence health and well-being throughout the lifespan



Centers for Disease Control and Prevention. (2020, September 3). *About the CDC-Kaiser ACE Study*. Www.cdc.gov. https://www.cdc.gov/violenceprevention/aces/about.html

Including:

- Non-Hispanic American Indian or Alaska Native people or multiracial people
- People with less than a high school education
- People who make less than $15,000 a year
- People who are unemployed or unable to work
- LGBTQ+ population

Adverse Childhood Experiences Resources. (2022). Center for Disease Control and prevention. https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630

Discrimination and Substance Use and Substance Use Disorders

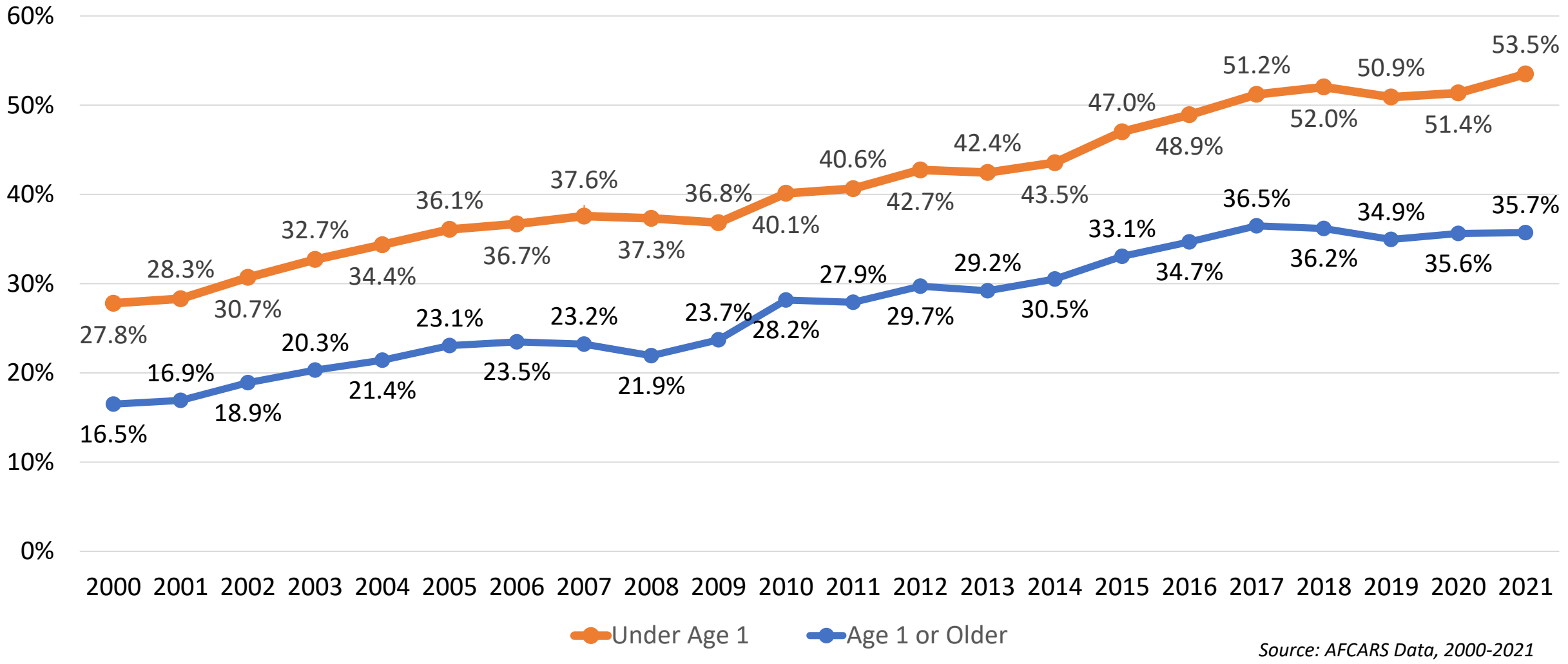
An individual's exposure to racism and discrimination **increases** the risk of developing toxic stress and ACE-associated health conditions, such as SUDs.

A study of SUD disparities in rural Native American communities found that stress from racism and historical trauma **causes SUDs and is a barrier to recovery.**

Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. American Psychologist, 74(1), 88–100. https://doi.org/10.1037/amp0000331

Racism and discrimination as risk factors for toxic stress. (2021). [Webinar]. ACEs Aware. https://www.acesaware.org/events/racism-and-discrimination-as-risk-factors-for-toxic-stress/

Incidence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2000 to 2021

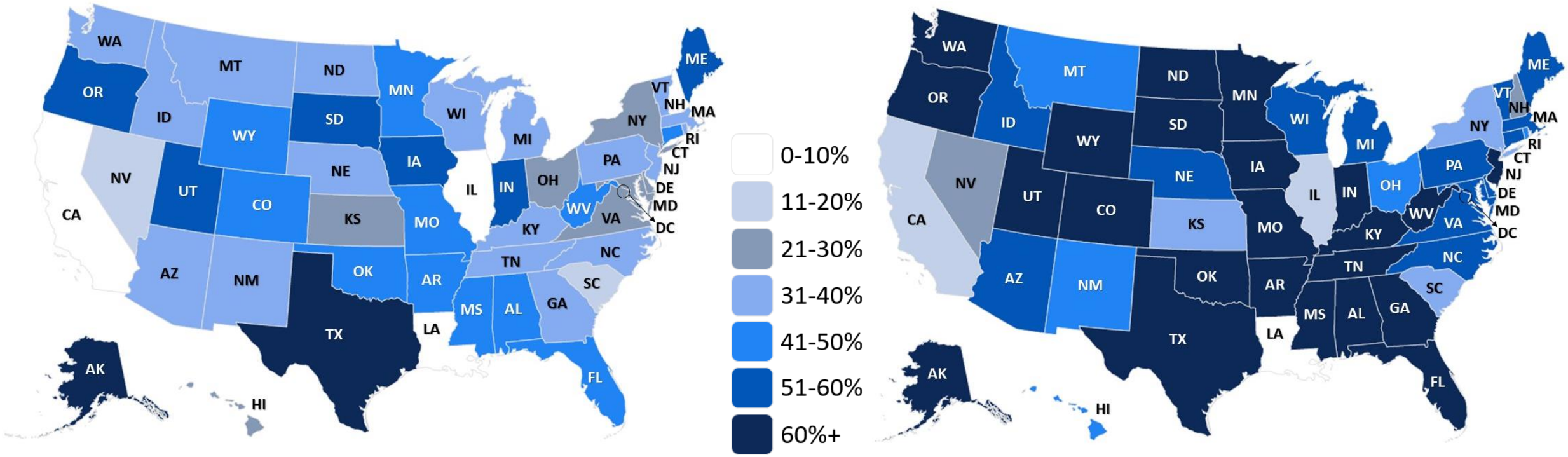


Source: AFCARS Data, 2000-2021

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

Parental Alcohol and Drug Abuse as an Identified Condition of Removal for Children by Age, 2021

N = 606,1877



Age 1 and Older

National Average: 36.0%

N=480,645

Under Age 1

National Average: 51.3

N= 123,178

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

Source: AFCARS Data, 2021 v1

OPPORTUNITIES

CARA Primary Changes to CAPTA in 2016

- 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”**
- Specified **data to be reported** by States to the maximum extent practicable
- Required **POSC** to address “the health and substance use disorder treatment needs of the infant and affected family or caregiver.”
- 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.”

The Necessity Of Collaboration

Substance use and child maltreatment are often **multi-generational problems** that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)


Proportional Access
Equitable Treatment
Equal Outcomes

Early Identification of Families in Need of SUD Treatment

Family Centered Treatment Services

Recovery Supports

Peer Supports & Doulas

Early Identification of Families in Need of SUD Treatment

Prenatal POSC

Developing	Developing guidance for working with families experiencing a SUD
Consulting	Consulting with tribal representatives to adapt the approach to meet needs of Native American families
Expanding	Expanding to prenatal care and the NICU

Impact of Prenatal Family Wellness Plans in Two Pilot Sites Oklahoma

The Center for Therapeutic Interventions

Prenatal FCP initiated & Monitored by SUD/OTP Provider

*(Data from October 2019-August 2022)

S.A.F.E.R. Program
Safely Advocating for Families Engaged in Recovery

100% of infants discharged home with parents to continue treatment with SAFER FCP
(*Two babies are currently in NICU with plans to be discharged home)

73 Prenatal Family Care Plans Implemented OUTCOMES	
64	Babies born w/ CTI SAFER FCP
8	DHS Investigation at Birth
0	DHS Custody of Child (Foster Care)
5	VSA of FCS Child home w/ Family
9	Pregnant Women currently in Care
1 (currently)	Baby NICU Stay due to NAS (+1 non-NAScurrently)
62	Baby able to Room-in as requested
62	Baby/mom utilized Eat-Sleep-Console
61	Moms on MAT at time of Delivery

OU STAR Clinic Updates (Prenatal FCP initiated by OB/GYN)

*(Data from October 2019-March 2022)

91% of infants are discharged with parents

Number of pregnant individuals served: 172

Number of infants delivered: 108*

Number currently pregnant: 24

Number of individuals on MAT at time of delivery: 85%

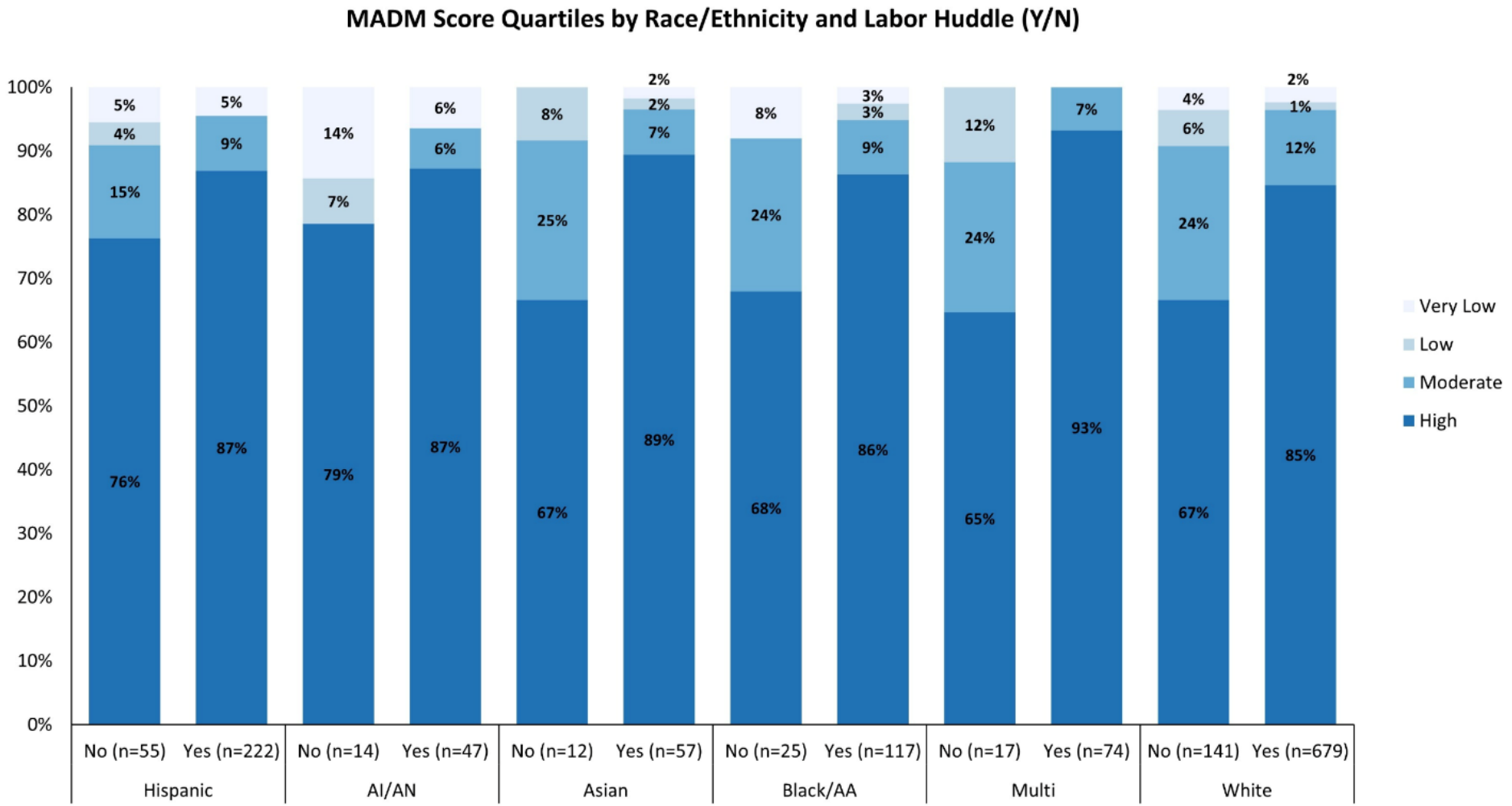
Percentage of infants placed in Out of Home Care (DHS custody): 9%
(12 out of 108, 2 of the 9 were due to mother's current incarceration)

"Over the past generation, giving birth in America has become less trustworthy."

- U.S. women have the **highest rate of maternal mortality** among high-income countries, and this rate is rising. These women are also more likely to experience severe maternal morbidity.
- **Black women** experience **3-4x higher mortality.**
- **Two-thirds** of pregnancy-related deaths may be **preventable.**
- In a national survey, almost **1/3 of women who gave birth in a hospital reported experiencing one or more types of mistreatment,** such as loss of autonomy or receiving no response to requests for help.
- Mistreatment is experienced more frequently by **women of color** and among those with **social, economic, or health challenges.**

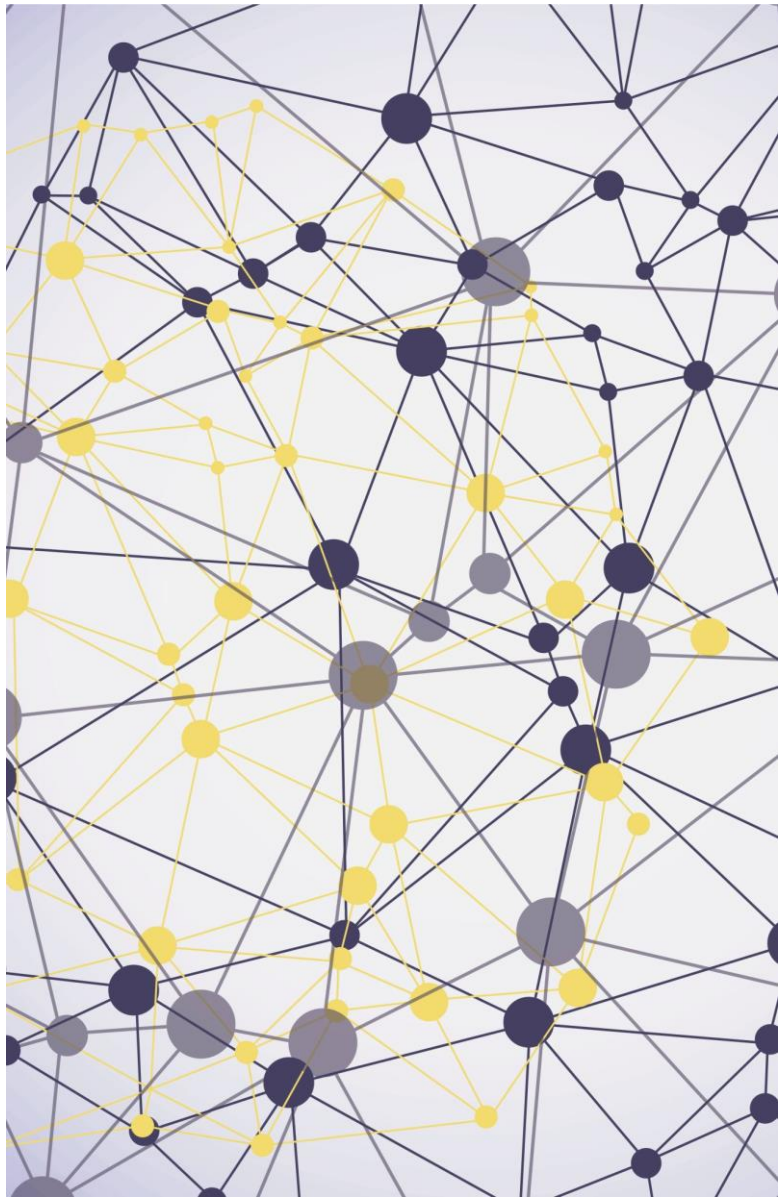
(Vedam, S., Stoll, K., Taiwo, T.K. et al., 2019)

Mothers Autonomy in Decision Making* by "Huddle" And Race/Ethnicity



(Vedam S, Stoll K, Martin K, et al., 2017)

*Data includes Oklahoma Cohort 1 sites May-August 15, 2022



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**

Provides a comprehensive array of clinical treatment and related support services that meet the needs of **each member in the family**, not only the individual requesting care

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Extends well beyond the substance use disorder (SUD) treatment system, the child welfare system, the courts, and mental health services, and includes **all other agencies and individuals** that interact with and serve families

(Adams, 2016; Bruns et al., 2012; Children and Family Futures et al., 2020)

- Family Intervention Response To Stop Trauma (F.I.R.S.T clinic) (Everett, WA).
- Interdisciplinary and cross-discipline upstream approach to child welfare **combines legal advocacy with connecting a family with services to prevent removal and future involvement with CPS.**
- Having a confidential and trusted resource to help a parent navigate through the hurdles of CPS involvement **PRIOR** to court action has made all the difference in the lives of clinic clients.
- Between July 2019 and November 2021, out of 72 cases with a recorded outcome, **89% of babies remained with their parents or other relatives.**

(The First Clinic)

CHARM COLLABORATIVE

A collaborative approach to supporting pregnant and parenting individuals with SUDs and infants affected by prenatal substance exposure

- In many jurisdictions, all infants with prenatal substance exposure are mandated reports of child abuse or neglect to child welfare.
- However, many are screened out at intake or closed after initial investigation.

What if:

- A CAPTA notification option for families with a lower risk profile were created, and
- Family engagement, POSC development and ongoing tracking were provided by a community partner (such as a treatment provider or home visitor)

Then:

- All infants with prenatal substance exposure and their families could receive supports and services.

CAPTA Notifications: 3 Key Points

1. Healthcare providers involved in the delivery of care of an infant born "affected by substance abuse" **must notify** CPS. These reports on their own, are not grounds to substantiate child abuse or neglect.

2. A POSC is required for "infants affected by substance abuse" whether or not the circumstances constitute child maltreatment under state law.

3. CAPTA does not specify which agency or entity (such as hospitals or community-based organizations) must develop the POSC.

RECOVERY SUPPORTS

PEER SUPPORT SPECIALISTS/FAMILY MENTORS/DOULAS

Functions of Recovery Support Specialists

- *Liaison*
  - Links participants to ancillary supports; identifies service gaps
- *Treatment Broker*
  - Facilitates access to treatment by addressing barriers and identifies local resources
  - Monitors participant progress and compliance
  - Enters case data
- *Advisor*
  - Educates community; garners local support
  - Communicates with FDC team, staff and service providers

- Provide mentoring and coaching
- Serve as recovery role models
- Help families navigate public systems
- Parent engagement in child welfare setting
- Connect families to services, community resources, and recovery supports
- Help remove barriers to services and progress
- Transportation, childcare referrals, court, family meetings
- Help raise awareness, reduce stigma, and
- promote advocacy and recovery
- Help establish new recovery supports in community
- Change organizational cultures where they work
- Share experience, strength, and hope

Published Outcomes

- Women in START have **nearly double sobriety** rate of non-START counterparts (66% vs 37%)
- Children in START are about **half as likely to enter foster care** (21%vs 42%)
- At case closure, over **75% of START kids remained with or were reunified** with their parent(s)
- For every dollar spent on KY START, **$2.22 is saved in offset of foster care costs**.
- Listed as having **promising evidence of effectiveness** on the California Evidence-Based Clearinghouse for Child Welfare

(Huebner, R.A., Willauer, T., and Posze, L. 2012)

START Sobriety Treatment and Recovery Teams©

Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Comprehensive Screening & Assessment

+

Early Access to Treatment

+

=

Positive Outcomes

(Ryan, Perron, Moore, Victor & Park, 2017)

The effectiveness of the program emerges out of the trusting relationship between the community-based doula and the participant, established through the months of pregnancy, birth and early infant care.

RESOURCES

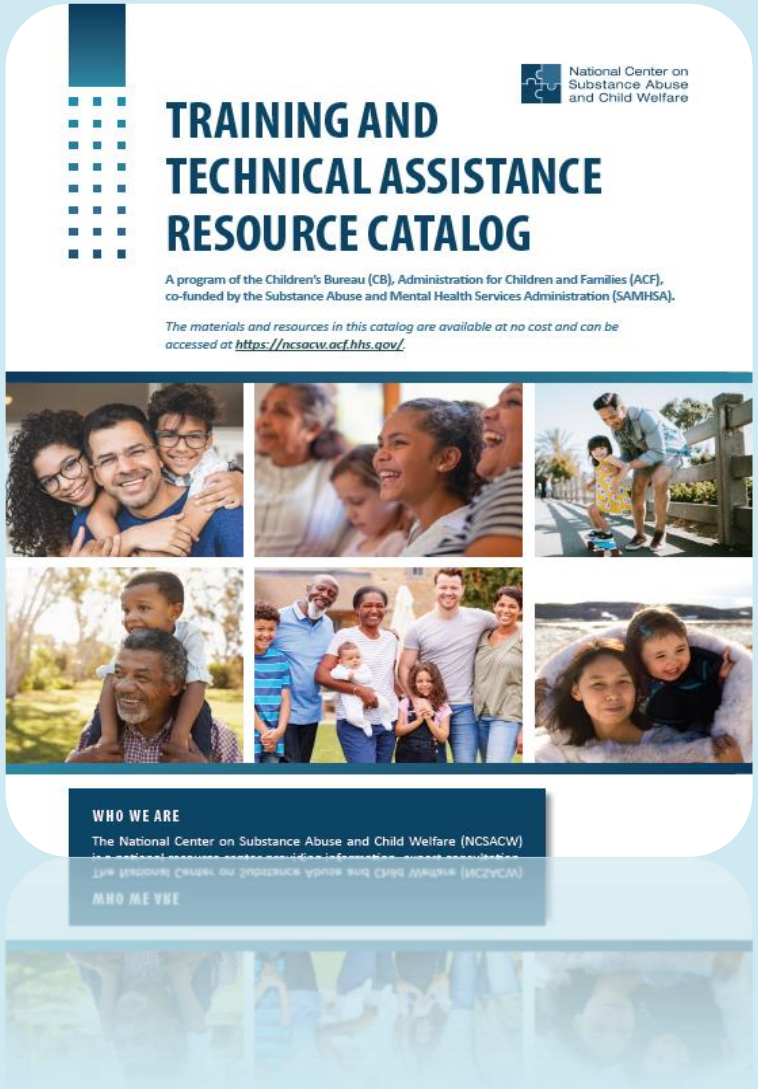
JOIN US!

Subscribe to our newsletter to get the first look at tools, resources, and webinars!

Scan the QR code to subscribe to our newsletter!

Learn More About Resources from NCSACW!

Use this QR code to access ***The Training and Technical Resource Catalog*** which includes all the most recent materials from NCSACW to help professionals best serve families.

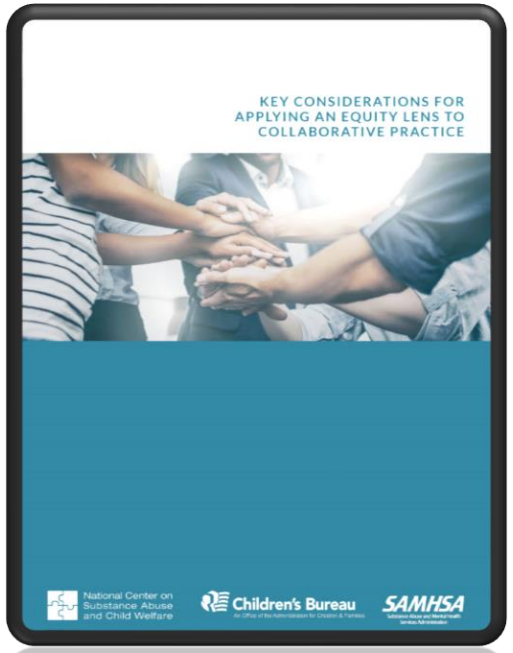


WHO WE ARE

NCSACW provides training and technical assistance (TTA) to help agencies and professionals develop or enhance policies, practices, and procedures that improve child and family outcomes and promote their social and emotional well-being.

Contact us to learn more and for a copy of *Who We Are* at NCSACW@cffutures.org

Key Considerations for Applying an Equity Lens to Collaborative Practice



This brief helps collaborative teams formally **assess existing policies** to determine if and how they **contribute to disproportionate and disparate outcomes for families** being served. By working through the "*Questions to Consider*", teams begin applying an **equity lens** to collaborative policies and practices.

Available @ https://ncsacw.acf.hhs.gov/files/equity-lens-brief.pdf

NCSACW Child Welfare Practice Tip Series

- *Understanding Substance Use Disorders: What Child Welfare Staff Need to Know*
- *Understanding Engagement of Families Affected by Substance Use Disorders-Child Welfare Practice Tips*
- *Understanding Screening and Assessment of Substance Use Disorders-Child Welfare Practice Tips*
- *Identifying Safety and Protective Capacity for Families with Parental Substance Use Disorders and Child Welfare Involvement*
- *Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement*

Download @ https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx

Safety & Risk Video Series

National Center on Substance Abuse and Child Welfare

This video series provides child welfare professionals with details on child safety and risk factors related to parental substance use disorders (SUDs). The series highlights strategies to promote parent engagement and support a coordinated approach—across systems—that helps families mitigate child safety and improve family well-being. It includes considerations when planning for safety with families.

- ***Engagement and Safety Decision-Making in Substance Use Disorder Cases***
- ***Planning for Safety in Cases When Parental Substance Use Disorder is Present***

@ https://ncsacw.acf.hhs.gov/training/videos-and-webinars/webinars.aspx

Disproportionalities and Disparities in Child Welfare

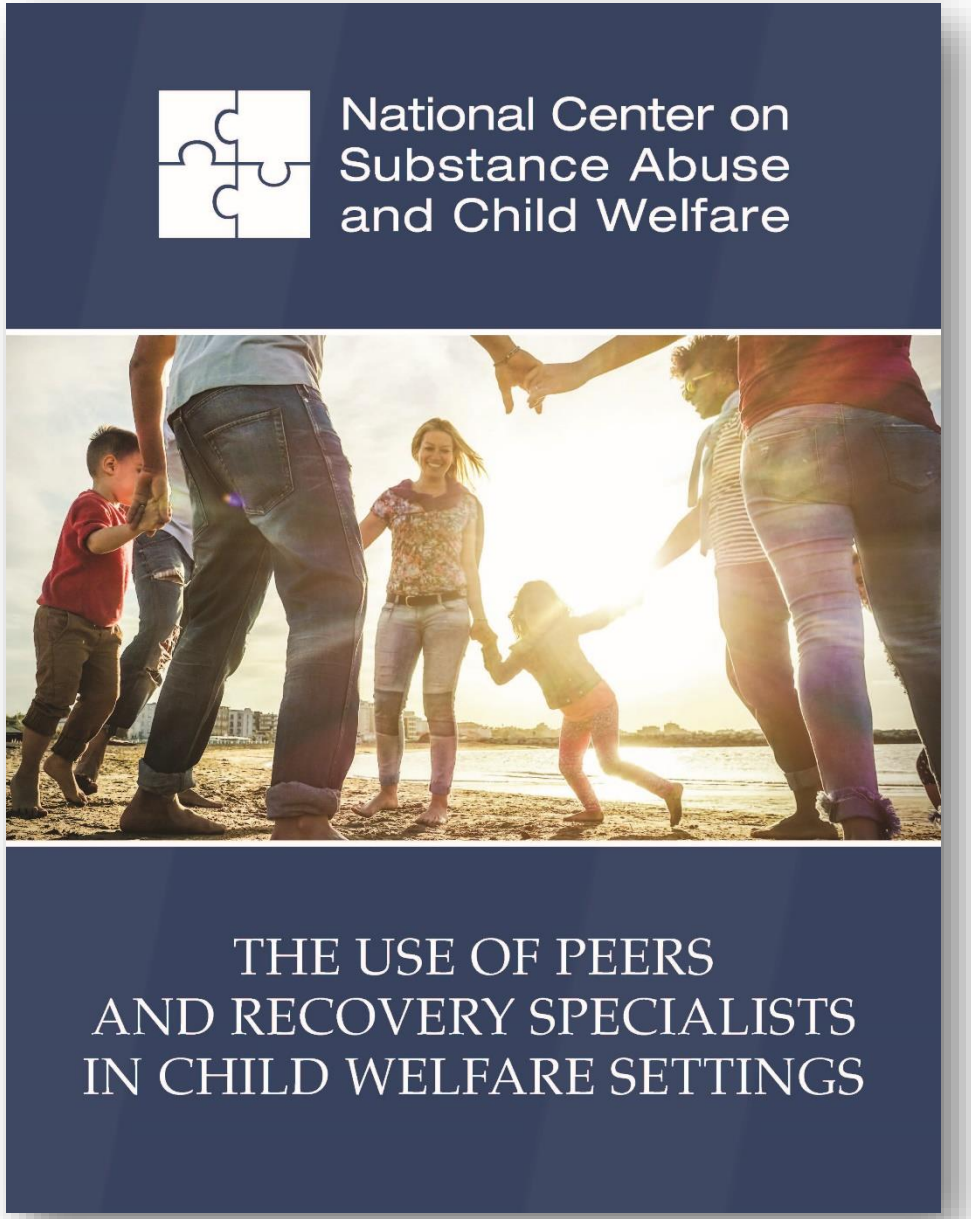
A resource for child welfare workers to help

Understand the link between disproportionalities, disparities, and the child welfare system.

Recognize disproportionalities and disparities when working with families affected by SUD.

Implement strategies to increase engagement with families and reduce inequities.

Available @ https://ncsacw.acf.hhs.gov/files/cw-tutorial-supplement-equity.pdf



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

Available for download here: https://ncsacw.acf.hhs.gov/files/peer19_brief.pdf

National Center on Substance Abuse and Child Welfare

Understanding Fetal Alcohol Spectrum Disorders

For child welfare and substance use treatment professionals

Overview of fetal alcohol spectrum disorders (FASD)
Effect of FASD on child development
Treatment for FASD
Practice strategies to support infants, children, and families with a family-centered approach
Indicators of FASD among adults in SUD treatment

Now Available!

Download @ **https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx**

Free Online Tutorials for Cross-Systems Learning

Understanding Substance Use Disorders and Facilitating Recovery: A Guide for Child Welfare Workers

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

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

Visit us @ https://ncsacw.acf.hhs.gov/training/default.aspx

National Center on Substance Abuse and Child Welfare

CONTACT US

NCSACW

(714) 505-3525

ncsacw@cffutures.org

References

- Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.. Academic Pediatrics, 17 (7S). http://dx.doi.org/10.1016/j.acap.2016.12.011
- Children and Family Futures created estimate-based information in the Child Welfare Outcomes Report. Data available from: Children's Bureau (2013). Child Welfare Outcomes Report Data, Custom Report Builder. U.S. Department of Health & Human Services, Administration for Children & Families. http://cwoutcomes.acf.hhs.gov/data/overview/about
- Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist, 74*(1), 88 100. https://doi.org/10.1037/amp0000331
- Vedam, S., Stoll, K., Taiwo, T.K. *et al.* The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health* **16**, 77 (2019). https://doi.org/10.1186/s12978-019-0729-2
- Trost SL, Beauregard JL, Smoots AN, Ko JY, Haight SC, Moore Simas TA, Byatt N, Madni SA, Goodman D. Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008-17. Health Aff (Millwood). 2021 Oct;40(10):1551-1559. doi: 10.1377/hlthaff.2021.00615. PMID: 34606354.
- Margerison, Claire E. MPH, PhD; Roberts, Meaghan H. MA; Gemmill, Alison MPH, PhD; Goldman-Mellor, Sidra MPH, PhD Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019, Obstetrics & Gynecology: February 2022 - Volume 139 - Issue 2 - p 172-180
- Vedam S, Stoll K, Martin K, Rubashkin N, Partridge S, et al. (2017) The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. PLOS ONE 12(2): e0171804. https://doi.org/10.1371/journal.pone.0171804
- Ryan, Perron, Moore, Victor & Park (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment (77): 178-184.
- Huebner, R.A., Willauer, T., and Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. Families in Society, 93(3), 196-203.

CALAIM IMPLEMENTATION: OPPORTUNITIES FOR JUVENILE JUSTICE AND PROBATION

1:20 – 1:50 pm PDT

Presenters: Julie White, MSW and Rebekah Kharrazi, MPH, CPH

THE BIG PICTURE

- Between 2000 and 2020, the number of youth held in juvenile justice facilities fell from 109,000 to 25,000—a 77% decline.
- Improving public safety depends on finding practical, proven responses to youth crime.
- Responses that work are those that focus on what's best for young people's long-term outcomes and keep them from becoming repeat offenders as adults.

SOURCE: Sample Blog Post (Juvenile Justice) | FrameWorks Institute

THE PUSH TO KEEP YOUTH IN THEIR COMMUNITIES

Community-based programs that involve families as a critical component enhance youth outcomes, increase public safety, and strengthen neighborhoods.

- State-run youth detention facilities are typically the most expensive but have negligible public safety benefits compared to community-based programs.
- They are also ill-equipped to address the trauma and mental health challenges that bring many young people into contact with the juvenile justice system.
- There is a push to keep youth in their communities and transition them out of detention facilities as soon as safely possible.

https://ojjdp.ojp.gov/about/ojjdp-priorities#serve-children-at-home-with-their-families-in-their-communities

HEALTH RELATED SOCIAL NEEDS AND HEALTHCARE ACCESS

- Detained youth represent a vulnerable group, for whom social determinants often have had a detrimental impact on their lives and health.
- Insufficient access to food and stable housing, quality educational and economic opportunities, secure family and community environments, adequate recreation and transportation infrastructure, and community-based social and healthcare services are crucial factors in how and why many young people become involved in the criminal justice system

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30251-8/fulltext

THE OPPORTUNITY FOR YOUTH DETAINED

There are no simple solutions to improve health outcomes for this vulnerable population. We must expect more of the systems and adults entrusted with the care of this population during detention.

- Improve screening for unmet health needs—inadequate childhood vaccination, poor oral health, possible STIs, or underlying mental, behavioral, or developmental health conditions
- Provide high-quality care in a timely, respectful, and adolescent-friendly manner
- Detention of a young person, although undesirable, can be a rare opportunity to address unmet health and social needs and to proactively re-establish connections with community-based resources before and upon release.

https://www.thelancet.com/action/showPdf?pii=S2468-2667%2819%2930251-8

UNIQUE HEALTHCARE AND HRSN OF YOUTH DETAINED

Detained youth with limited involvement in the justice system are a resilient group that has notably higher health risk than same-age peers, signifying a critical opportunity for intervention.

Between September 2018 and February 2019, social workers from the Los Angeles County Whole Person Care Juvenile Reentry Aftercare Program (WPC) assessed the health and social needs of youth in pre-trial detention.

- The researchers partnered with the WPC team to analyze assessments completed by 83 youth participants. Youth were on average 16 years old, most (83%) identified as male, and all were from racial or ethnic minority groups.
- Participants reported high behavioral health needs, including a high prevalence of prior suicide attempts (16%) and a history of substance use (81%).
- Participants demonstrated a pattern of crisis healthcare utilization.
- Most youth (74%) desired vocational training, and nearly all (94 %) wanted to return to school after release.

HMA DHCS

YOUTH WITH JUSTICE INVOLVEMENT & TRAUMA

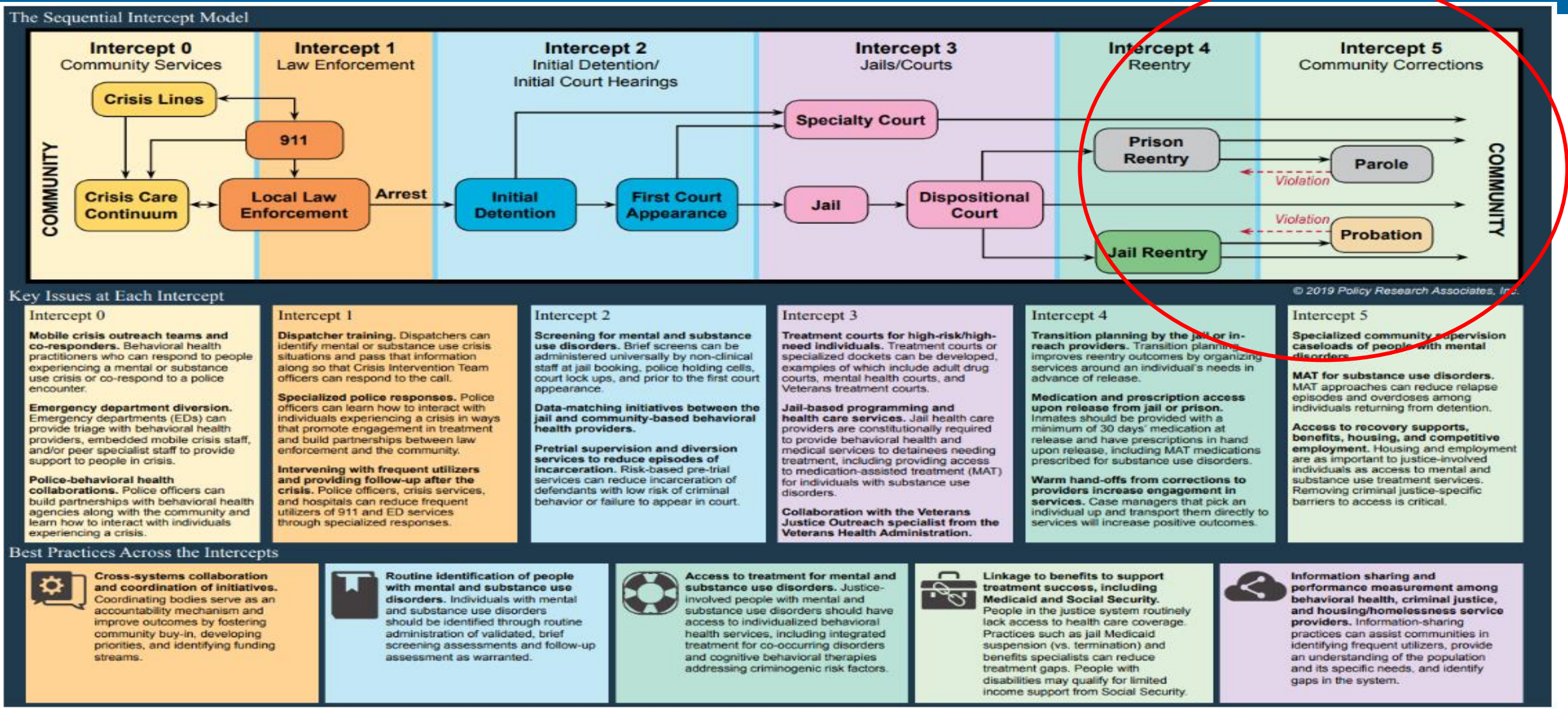
More than 80% of juvenile justice-involved youth report a history of **exposure to at least one traumatic event** at some point in their lives, and the majority of youth report multiple forms of victimization.

Many youth in the juvenile justice system have experienced **multiple, chronic, and pervasive interpersonal traumas**, which places them at risk for chronic emotional, behavioral, developmental, and legal problems.

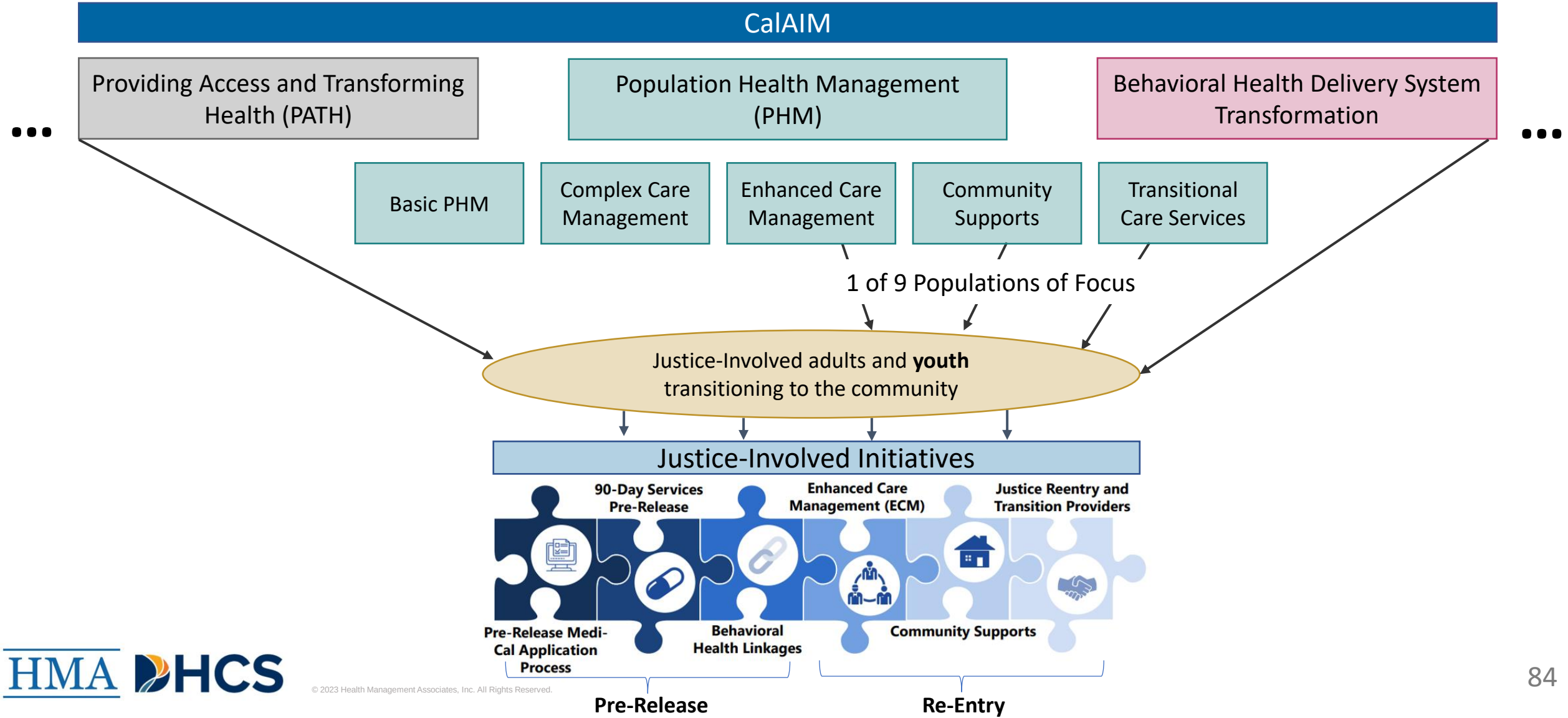
e.g., Abram et al., 2004; Charak, Ford, Modrowski, & Kerig, 2019; Dierkhising et al., 2013; Ford, Grasso, Hawke, & Chapman, 2013; Bennett, Kerig et al., 2014; for a review, see Kerig & Becker, 2012

Charak et al., 2019; Ford, Charak, Modrowski, & Kerig, 2018; Ford et al., 2013.

SEQUENTIAL INTERCEPT MODEL (SIM) & YOUTH



CALAIM JUSTICE-INVOLVED INITIATIVES: OVERVIEW



CA 1115 RE ENTRY WAIVER: ELIGIBLE YOUTH POPULATIONS

Medicaid-eligible youth and adults in state prisons, county jails, or youth correctional facilities are potentially eligible for the targeted re-entry services.

All youth in youth correctional facilities will be considered eligible without needing to meet the health criteria.

Eligible enrollees can be either pre- or post-adjudication.

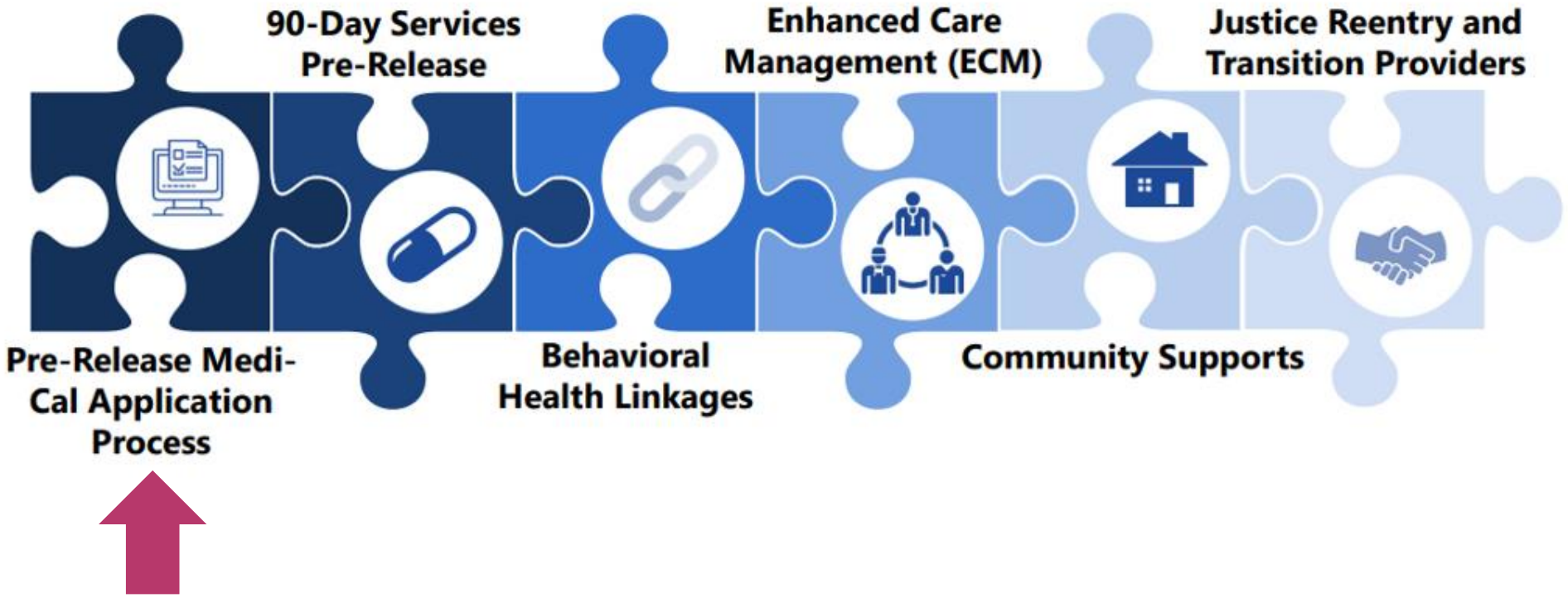
CALAIM JUSTICE-INVOLVED INITIATIVE GOALS

Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but are often without care and medications upon release.

Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical and behavioral health outcomes.

Serve as a model for the rest of the nation: California is the first state to receive approval for this initiative. We hope our model will serve as a blueprint for the dozen additional states with pending justice-involved 1115 waivers.

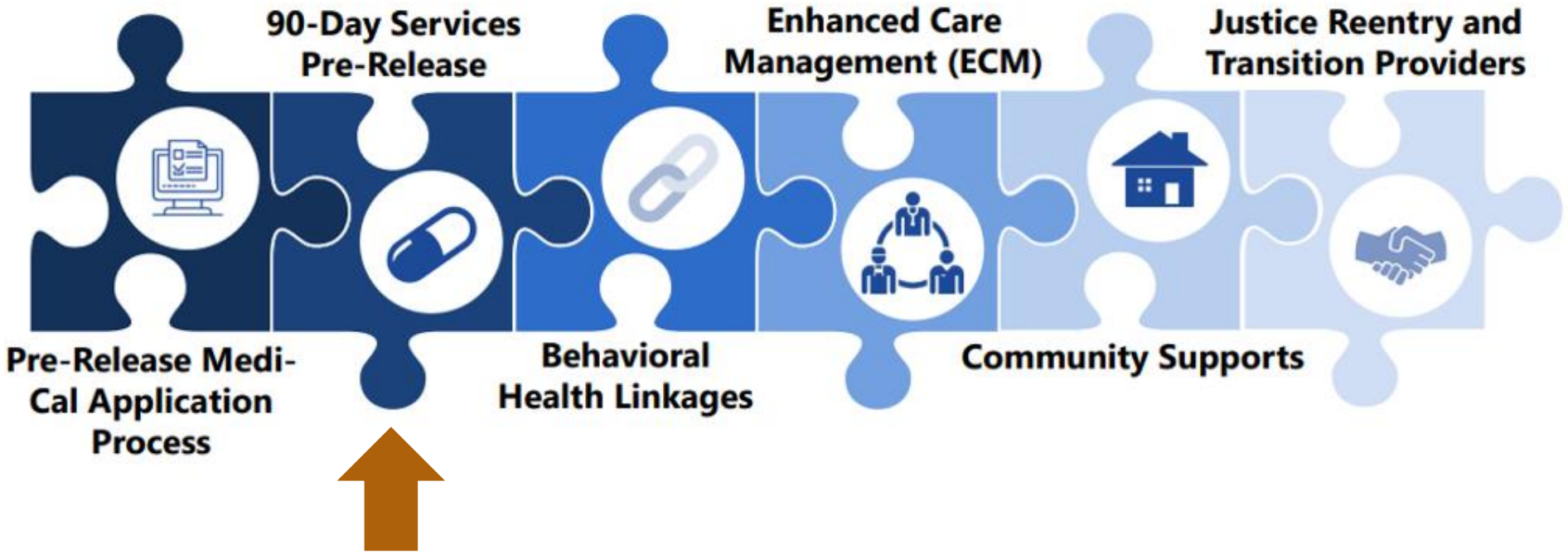
PRE-RELEASE MEDI-CAL APPLICATION PROCESS



Medi-Cal enrollment for eligible youth prior to release

Image created by DHCS

90-DAY PRE-RELEASE SERVICES



Medi-Cal coverage for certain services prior to release

Image created by DHCS

90-DAY PRE-RELEASE SERVICES OVERVIEW

California is **first in the nation** to receive approval from the Federal government to offer **a targeted set of services** to incarcerated adults and **detained youth** on Medicaid (Medi-Cal) **90 days prior to release**

The intent of the demonstration is to **build a bridge to community-based care for justice-involved Medi-Cal members**, offering them services to stabilize their condition(s) and establishing a re-entry plan for their community-based care prior to release.

This demonstration is **part of California's comprehensive initiative to improve physical and behavioral health care for the justice-involved population** and builds on the State's substantial experience and investments on ensuring continuity of Medi-Cal coverage and access to care for JI populations.

With its 1115 demonstration, California will directly test and evaluate its expectation that **providing targeted pre-release services to Medi-Cal-eligible individuals will avert the unnecessary use** of inpatient hospitals, psychiatric hospitals, nursing homes, emergency departments and other forms of costly and inefficient care that otherwise would be paid for by Medi-Cal.

STATE-MANDATED FACILITIES

County Adult Correctional Facilities	County Youth Detention Facilities	State Prisons
Sheriff's Offices	Probation Offices	California Department of Corrections and Rehabilitation

ELIGIBILITY

Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a **Medicaid or CHIP Eligibility Group** and
- ✓ Meet **one** of the following health care need criteria (for adults):
  - Mental illness
  - Substance use disorder (SUD)
  - Chronic condition/significant clinical condition
  - Intellectual or developmental disability (I/DD)
  - Traumatic brain injury
  - HIV/AIDS
  - Pregnant or postpartum

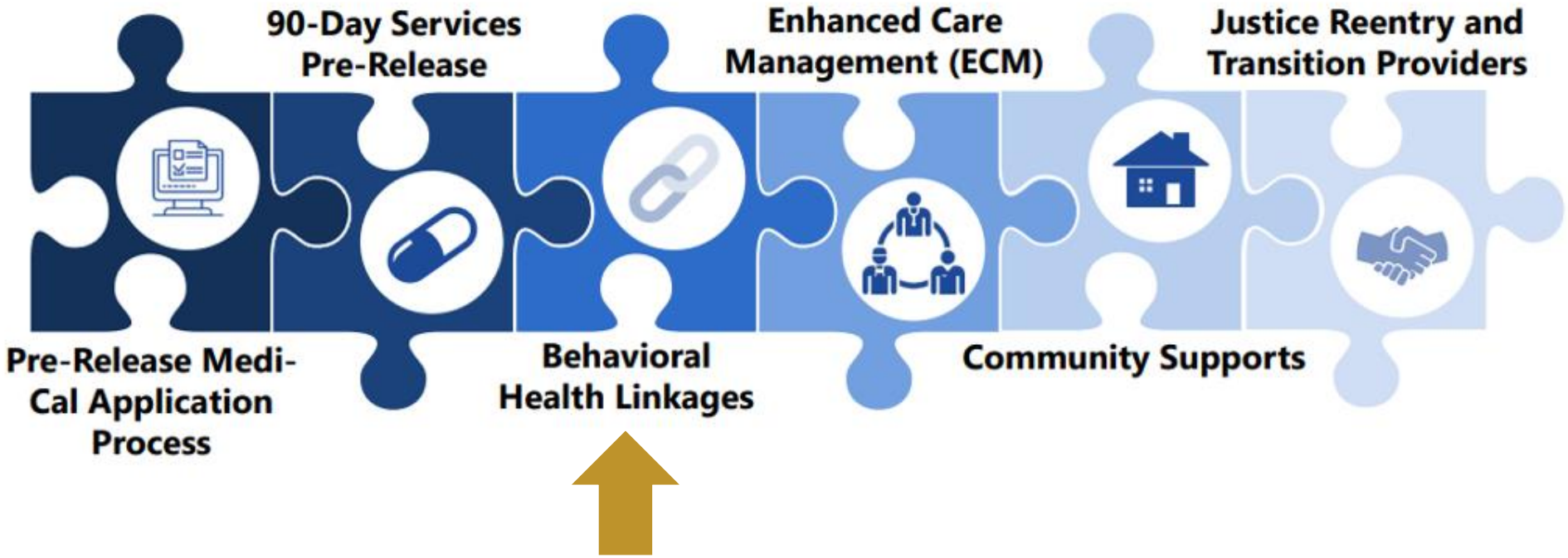
Note: All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.

COVERED SERVICES

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.

In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

BEHAVIORAL HEALTH LINKAGES



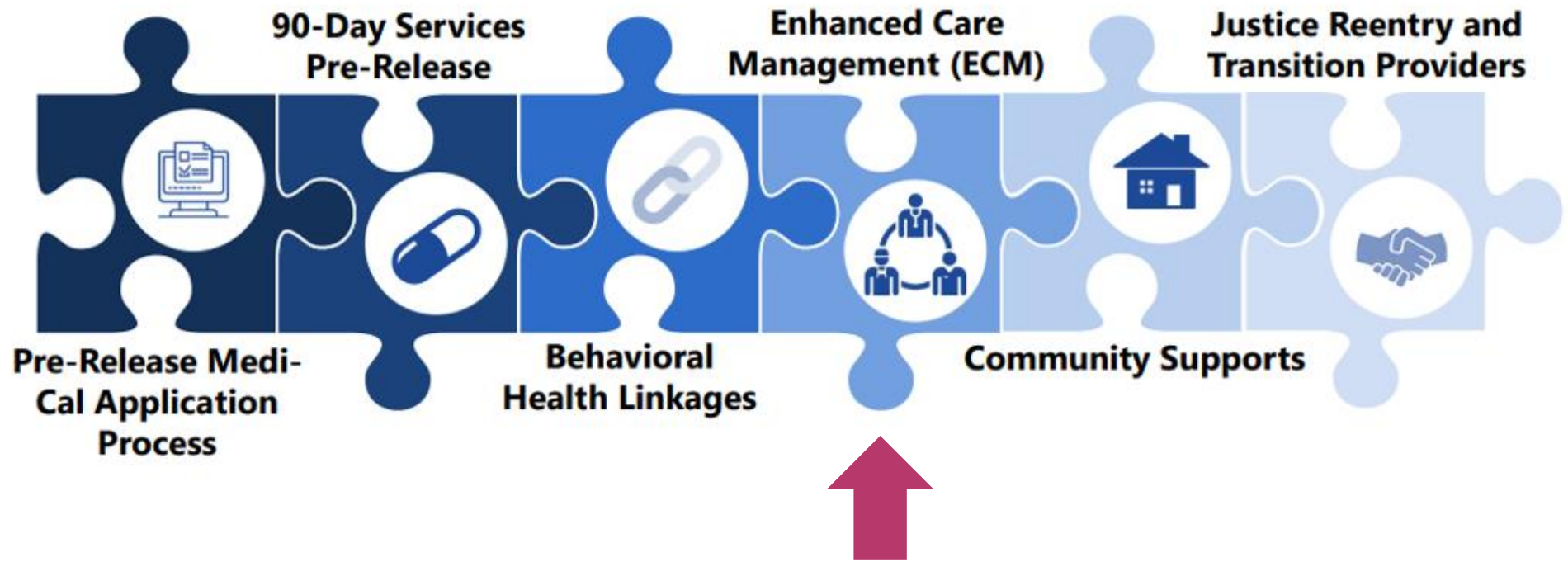
Collaboration between pre- and post-release behavioral health providers

Image created by DHCS

BEHAVIORAL HEALTH LINKAGES

- Screening for behavioral health needs
- Initiation of behavioral health services during detention
- Link pre- and post-release behavioral health providers
- Ensure smooth transition and continuity of care (critical!)

ENHANCED CARE MANAGEMENT (ECM)



Case management for youth with complex needs

(managed care plan benefit for select "Populations of Focus")

Image created by DHCS

CARE MANAGEMENT CONTINUUM AND CORE SERVICES

Enhanced Care Management (ECM) is for the **highest-need Members** and provides intensive coordination of health and health-related services.

Complex Care Management (CCM) is for Members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

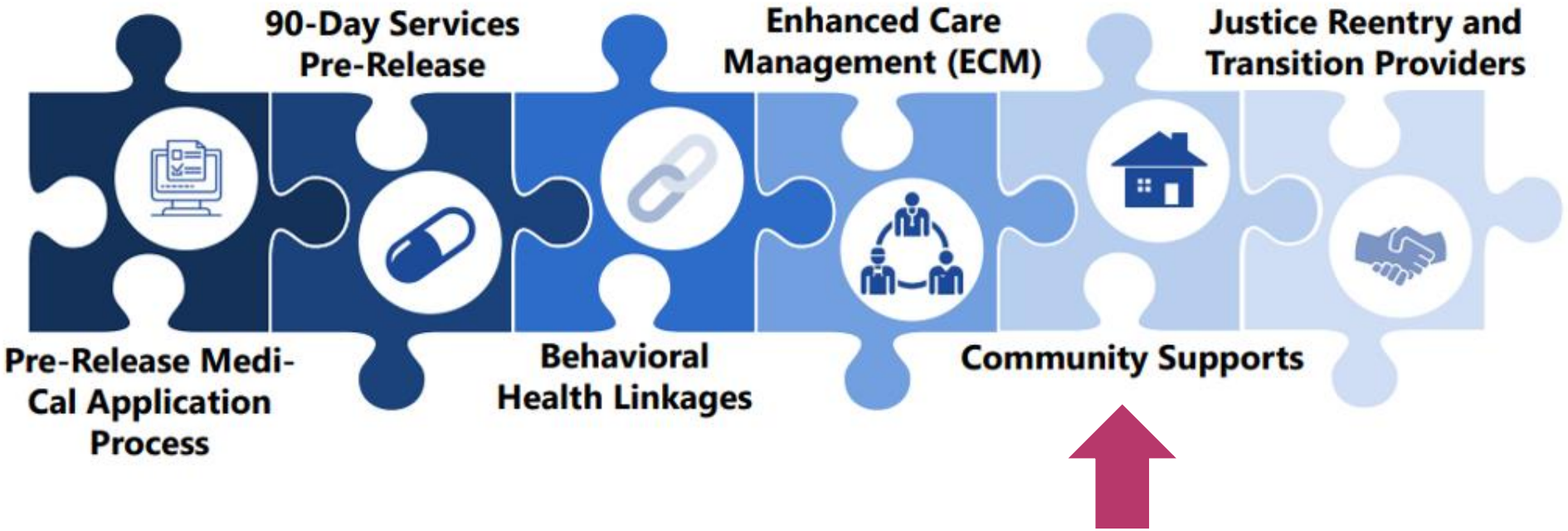
Basic Population Health Management (BPHM). BPHM is the array of programs and services for **all** MCP Members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Coordination of and Referral to Community and Social Support Services
- Member and Family Supports
- Health Promotion
- Comprehensive Transitional Care

POPULATIONS OF FOCUS

ECM Population of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration **launching statewide 1/1/24**	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

COMMUNITY SUPPORTS



Supports to address youth's social needs, including food and housing (optional for managed care plans to implement)

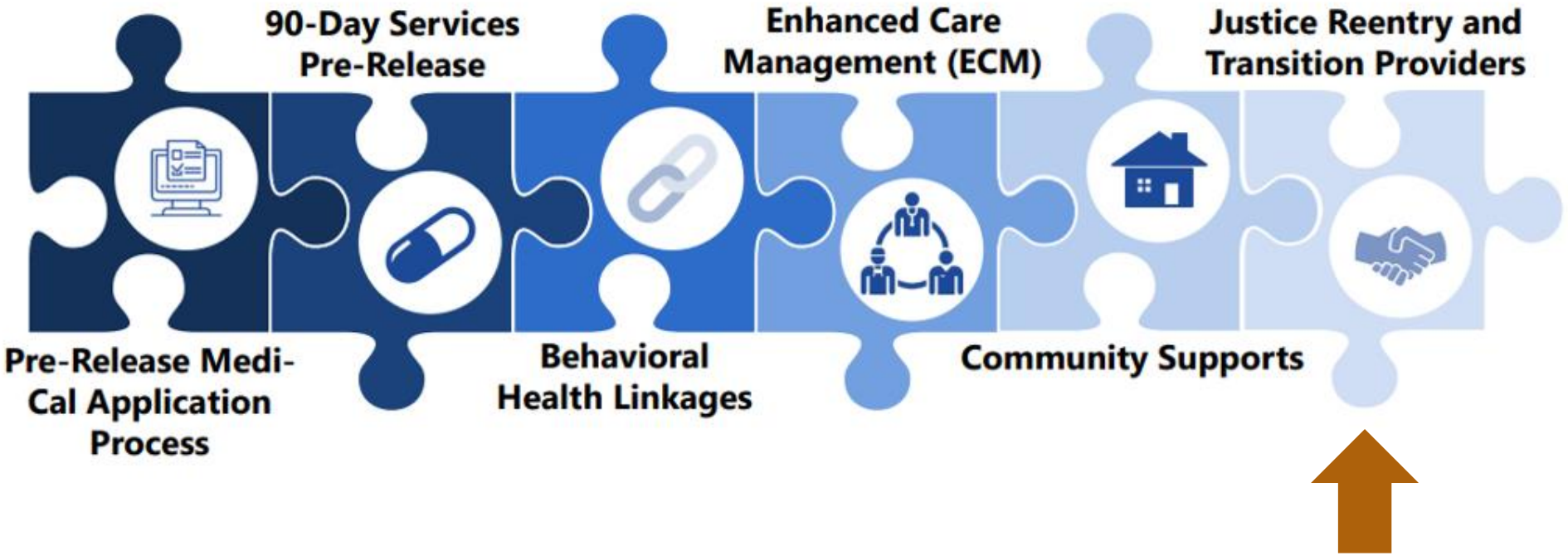
Image created by DHCS

COMMUNITY SUPPORTS

- Community-based supports to address youth's social needs
- Medically appropriate, cost-effective alternative services or settings
- Managed care plans are strongly encouraged (but not required) to offer
- ECM providers support linkages

1. **Housing Transition Navigation Services**
2. **Housing Deposits**
3. **Housing Tenancy and Sustaining Services**
4. **Short-Term Post-Hospitalization Housing**
5. **Recuperative Care (Medical Respite)**
6. **Respite Services**
7. **Day Habilitation Programs**
8. **Nursing Facility Transition/Diversion to Assisted Living Facilities**
9. **Community Transition Services/Nursing Facility Transition to a Home**
10. **Personal Care and Homemaker Services**
11. **Environmental Accessibility Adaptations (Home Modifications)**
12. **Meals/Medically-Tailored Meals or Medically-Supportive Foods**
13. **Sobering Centers**
14. **Asthma Remediation**

JUSTICE REENTRY AND TRANSITION PROVIDERS



Experienced and trusted providers play an important role

Image created by DHCS

QUESTIONS

WRAP UP

1:50 – 2:00 pm PDT

Presenter: Bren Manaugh

SAVE THE DATE:
DECEMBER LEARNING COLLABORATIVE

MONDAY, DECEMBER 11
1:30 – 3:30 PM PST

If you are not currently on our listserv, please email MATinCountyCJ@healthmanagment.com to be added.

RECORDINGS FROM RECENT WEBINARS

- Increasing Health Care Professionals' Understanding of the Juvenile Justice Landscape: https://vimeo.com/864595069?share=copy

POLLING QUESTIONS

1. Overall, today's session was:
   A. Very useful
   B. Somewhat useful
   C. Not very useful
   D. Not useful at all

2. The material presented today was:
   A. At the right level
   B. Too basic
   C. Too detailed

Please drop into the chat any webinar or other TA topics/ ideas that your county would like information on.

CONTACT US

FOR ANY QUESTIONS OR COMMENTS

MATinCountyCJ@healthmanagement.com