DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment. The project is funded through California's Department of Health Care Services (DHCS) with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties. 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.

Effective Child Welfare and Justice Systems for Families Impacted by Opioid and Stimulant Use

Learning Collaborative
9-29-2022

County Touchpoints in Access to MAT for Justice Involved Individuals

A Joint Effort of the California Department of Health Care Services Medication Assisted Treatment Expansion Project, Health Management Associates, and California Health Policy Strategies

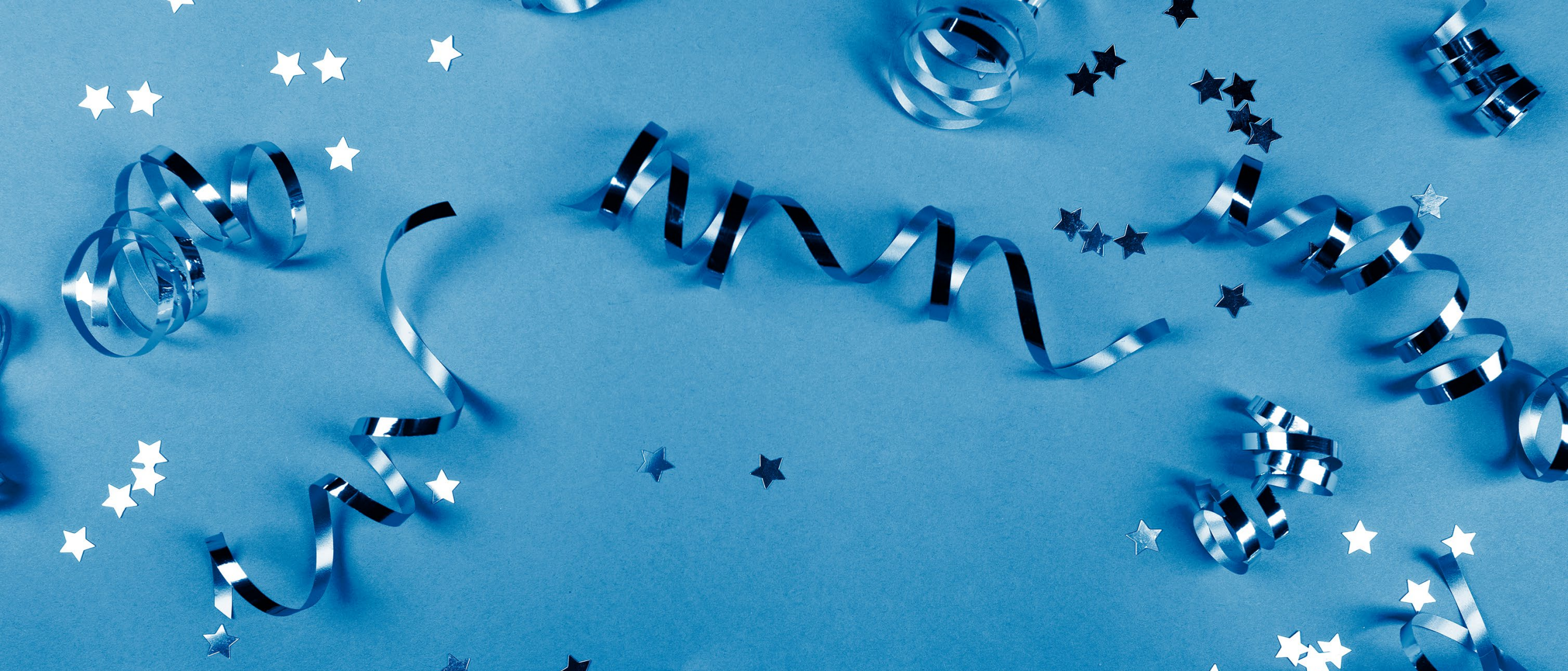# Welcome
Bren Manaugh, Project Director

Celebrations

What's Next: MAT in Jail and Drug Courts Project Update
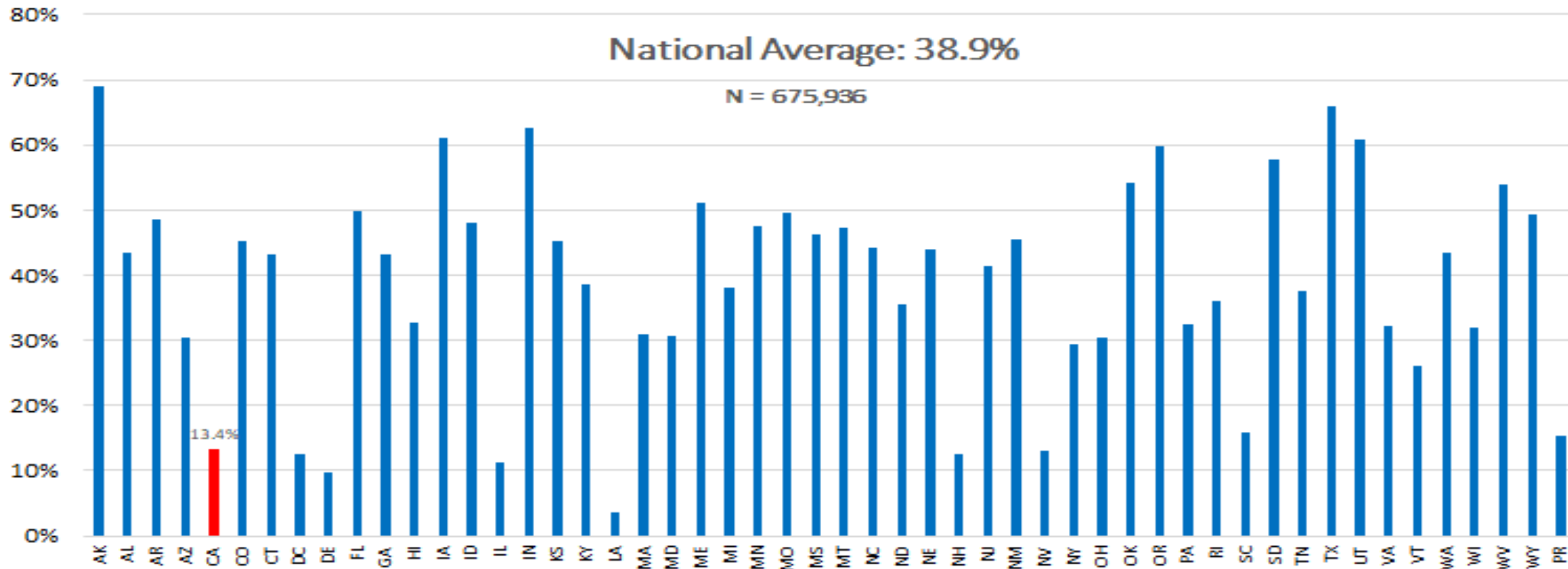
Moving Ahead: County Integration

CELEBRATIONS

Data

Howard Himes, County Team Coach

Parental Alcohol or Drug Abuse as an Identified Condition of Removal by State, 2019

National Average: 38.9%

N = 675,936

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

Source: AFCARS Data, 2019 v1

DATA WORKGROUP | DATA COMMITTEE PARTICIPANTS

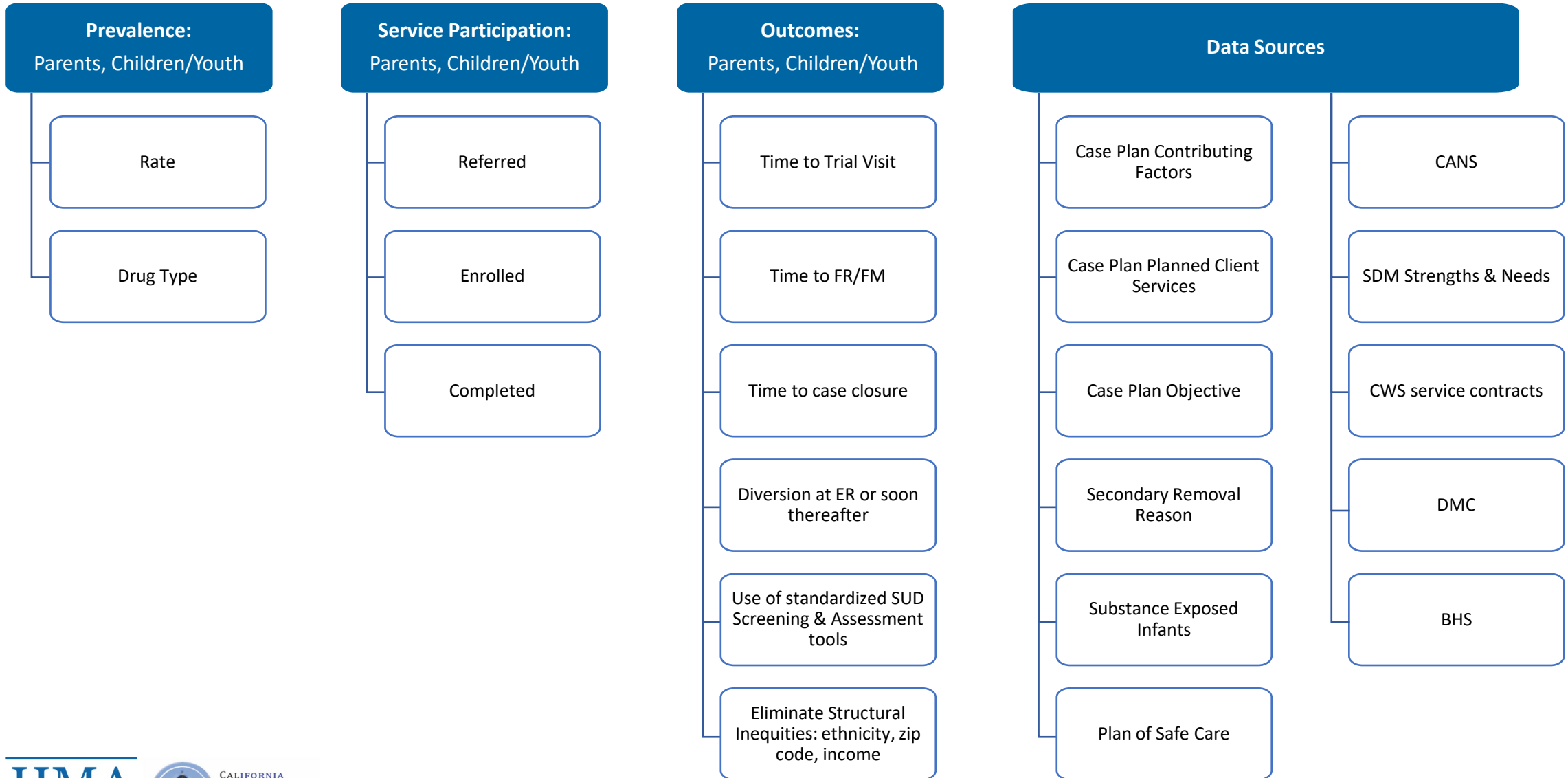**Chairs:** Howard Himes, Daniel Webster, Charles Wilson

Members:

- County project members
- UC Berkeley Indicators Project
- California Department of Social Services (various branches)
- Children and Family Futures
- Evident Change (SDM-Safe Measures)

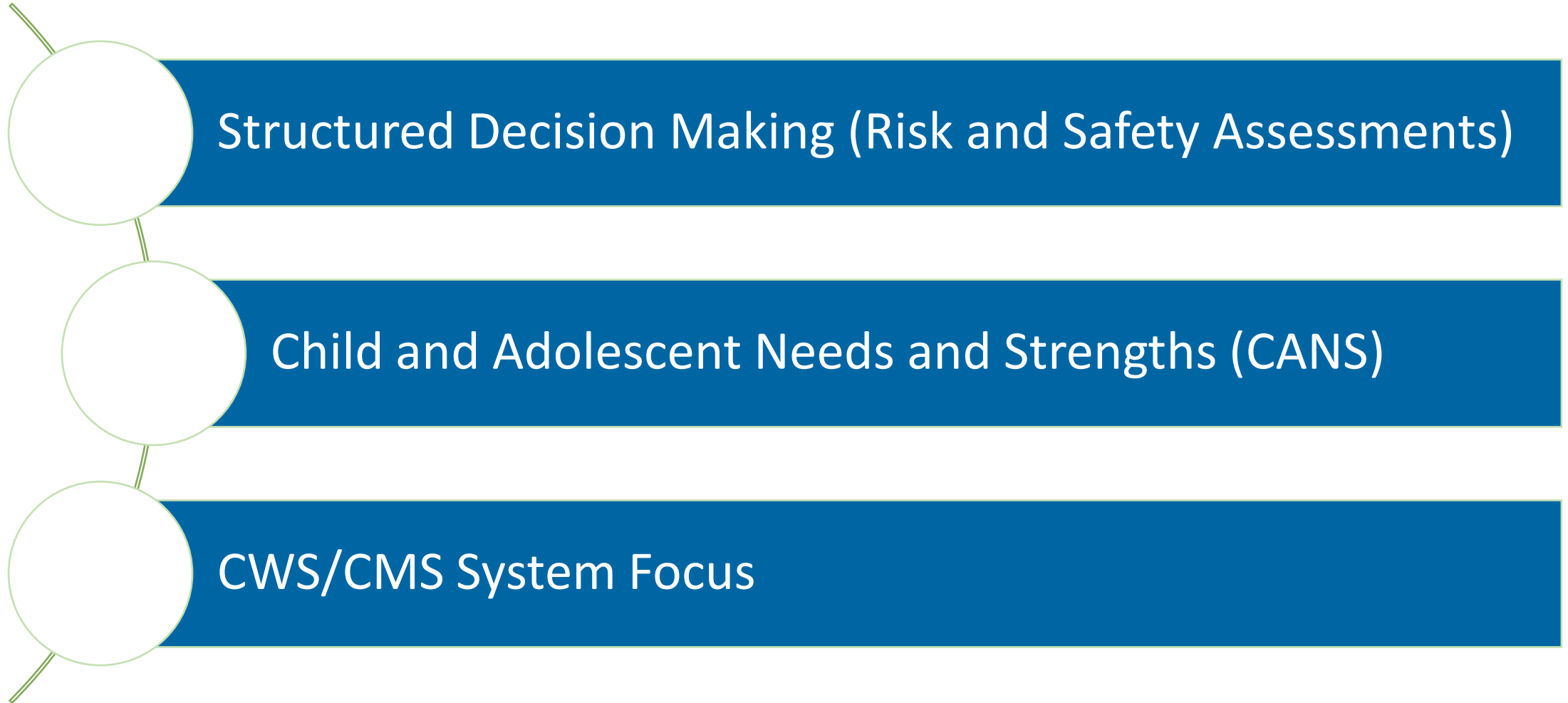## DATA WORKGROUP | KEY COMMITTEE DATES

➢Data committee begins   8/30/2021

➢Data presentation to Learning Collaborative   9/14/2021

➢Presentation to Child Welfare Council Data Linkages Committee   12/1/2021

➢Presentation to Child Welfare Council   12/1/2021

➢CANS data presentation with Dr. Lyles of Univ. of KY   8/29/2022

➢Action item presentation to Child Welfare Council   12/7/2022

DATA WORKGROUP | INITIAL MAPPING

Prevalence:
Parents, Children/Youth

- Rate
- Drug Type

Service Participation:
Parents, Children/Youth

- Referred
- Enrolled
- Completed

Outcomes:
Parents, Children/Youth

- Time to Trial Visit
- Time to FR/FM
- Time to case closure
- Diversion at ER or soon thereafter
- Use of standardized SUD Screening & Assessment tools
- Eliminate Structural Inequities: ethnicity, zip code, income

Data Sources

- Case Plan Contributing Factors
- Case Plan Planned Client Services
- Case Plan Objective
- Secondary Removal Reason
- Substance Exposed Infants
- Plan of Safe Care

- CANS
- SDM Strengths & Needs
- CWS service contracts
- DMC
- BHS

Structured Decision Making (Risk and Safety Assessments)

Child and Adolescent Needs and Strengths (CANS)

CWS/CMS System Focus

TOOL	DOMAIN	WHICH CASES	ON				
HOTLINE			HOTLINE_2	HOTLINE_3	HOTLINE_4		
	Reporter indicates concern about **caregiver substance abuse**	All referrals created in CWS/CMS					
	Reporter indicates concern about **prenatal substance exposure**	All referrals created in CWS/CMS	Threat of neglect - Prenatal substance use	Threat of neglect - Prenatal substance use (**n_thr_prenatal_drugs**)	Threat of neglect - Prenatal substance use (**n_thr_prenatal_drugs**)		
	Reporter indicates concern about caregiver allowing **child** to **use**	All referrals created in CWS/CMS	Threat of neglect - Allowing child to use alcohol or other drugs	Threat of neglect - Allowing child to use alcohol or other drugs	Threat of neglect - Allowing child to use alcohol or other drugs		
	Response priority - concern about **imminent impact of prenatal substance** use on child safety	All referrals assigned an in-person response	Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge	Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge	Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge		
	For **DR counties,** path decision for **evaluate out** - current caregiver substance abuse	All referrals that are evaluated out (for DR counties)	Current caregiver substance abuse, domestic violence, or mental health issues	Current caregiver substance abuse, domestic violence, or mental health issues (**pd_eo_substance_abuse**)	Current caregiver substance abuse, domestic violence, or mental health issues (**pd_eo_substance_abuse**)		
	For **DR counties,** path decision for **in-person response** - current	All referrals assigned an in-person response (for DR counties)	Caregiver has a current substance abuse issue	Caregiver has a current substance abuse issue	Caregiver has a current substance abuse issue		
SAFETY			SAFETY_2	SAFETY_3			
	Safety threat - substance exposed infant	All in-person responses	Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by: Drug-exposed infant.	Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by: Drug-/alcohol-exposed infant			
	Safety threat - caregiver substance use impairs ability to supervise/care for child	All in-person responses	Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.				
	Caregiver complicating behavior - substance abuse	All in-person responses		Caregiver complicating behavior - substance abuse (**cg_subst_abuse**)			
RISK			RISK_2	RISK_3	RISK_4	RISK_5	RISK_6
	Caregiver alcohol use - within last 12 months	RECOMMENDED: all in-person responses. REQUIRED: all substantiated and inconclusive in-person responses	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Alcohol (last 12 months)	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Alcohol (last 12 months)	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Alcohol (last 12 months)	Primary or secondary caregiver alcohol and/or drug use: Past or current alcohol/drug use that interferes with family functioning (mark all applicable): Past or current alcohol/drug use that interferes with family functioning –	Primary or secondary caregiver alcohol and/or drug use: Past or current alcohol/drug use that interferes with family functioning (mark all applicable): Past or current alcohol/drug use that interferes with family functioning –
	Caregiver alcohol use - prior to last 12 months	RECOMMENDED: all in-person responses. REQUIRED: all substantiated and inconclusive in-person responses	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Alcohol (prior to the last 12 months)	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Alcohol (prior to the last 12 months)	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Alcohol (prior to the last 12 months)	Primary or secondary caregiver alcohol and/or drug use: Past or current alcohol/drug use that interferes with family functioning (mark all applicable): Past or current alcohol/drug use that interferes with family functioning –	Primary or secondary caregiver alcohol and/or drug use: Past or current alcohol/drug use that interferes with family functioning (mark all applicable): Past or current alcohol/drug use that interferes with family functioning –
	Caregiver alcohol use - timing unspecified	RECOMMENDED: all in-person responses. REQUIRED: all substantiated and inconclusive in-person responses					
	Caregiver drug use - within last 12 months	RECOMMENDED: all in-person responses. REQUIRED: all substantiated and inconclusive in-person responses	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Drugs (last 12 months)	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Drugs (last 12 months)	Primary Caregiver Has/Had an Alcohol and/or Drug Problem: Drugs (last 12 months)	Primary or secondary caregiver alcohol and/or drug use: Past or current alcohol/drug use that interferes with family functioning (mark all applicable): Past or current alcohol/drug use that interferes with family functioning –	Primary or secondary caregiver alcohol and/or drug use: Past or current alcohol/drug use that interferes with family functioning (mark all applicable): Past or current alcohol/drug use that interferes with family functioning –

Structured Decision-Making Data Review of Ten Counties

California Child Welfare Indicators Project
University of California at Berkeley
All Children with Investigated Referrals
SDM Data reported at referral child level
Substantiated, Inconclusive, and Unfounded Only
Data Workgroup Counties (n=10)

Referrals Received in 2020

Status	Caretaker Drug Use Status							
	No SDM Risk data		No Interfering Drug Use		Interfering Drug Use		Total	
	N	%	N	%	N	%	N	%
Children with Investigated Referrals	13,345	10.2	83,199	63.3	34,853	26.5	131,397	100.0
Referral Outcome								
Substantiated	1,607	5.3	13,101	43.1	15,672	51.6	30,380	23.1
Inconclusive	5,649	8.8	43,772	68.5	14,449	22.6	63,870	48.6
Unfounded	6,089	16.4	26,326	70.9	4,732	12.7	37,147	28.3
CWS Case Opened								
Yes	1,190	5.0	9,160	38.9	13,223	56.1	23,573	17.9
No	12,155	11.3	74,039	68.7	21,630	20.1	107,824	82.1
Placed in Out-of-home Care								
Yes	862	7.5	3,702	32.3	6,899	60.2	11,463	8.7
No	12,483	10.4	79,497	66.3	27,954	23.3	119,934	91.3

University of Kentucky

College of Public Health
Center for Innovation in Population Health

Child and Adolescent Needs and Strengths (CANS)

Dr. John Liles

Table 1. Caregiver Items, All Ages: Developmental, Medical/Physical, Mental Health, Substance Use

item	N	N Caregiver Rated	N Rated 1, 2 or 3	Proportion Rated 1, 2 or 3	N Rating = 1	Proportion Rating = 1	N Rating = 2	Proportion Rating = 2	N Rating = 2	Proportion Rating = 3
Developmental	56230	53567	2512	0.05	1615	0.03	718	0.01	179	0.00
Medical/ Physical	56230	53567	7855	0.15	5607	0.10	1907	0.04	341	0.01
Mental Health	56230	53567	19132	0.36	9249	0.17	8920	0.17	963	0.02
Substance Use	56230	53567	**19495**	**0.36**	7344	0.14	10195	0.19	1956	0.04

Table 2. Caregiver Items, By Age Group: Developmental, Medical/Physical, Mental Health, Substance Use

Item	Age Group	N	N Caregiver Rated	N Rated 1, 2 or 3	Proportion Rated 1, 2 or 3	N Rating = 1	Proportion Rating = 1	N Rating = 2	Proportion Rating = 2	N Rating = 2	Proportion Rating = 3
Developmental	0-5	24507	24167	1329	0.05	840	0.03	414	0.02	75	0.00
Developmental	6-13	21150	20797	859	0.04	580	0.03	217	0.01	62	0.00
Developmental	14+	10573	8603	324	0.04	195	0.02	87	0.01	42	0.00
Medical/Physical	0-5	24507	24167	3458	0.14	2489	0.10	839	0.03	130	0.01
Medical/Physical	6-13	21150	20797	3035	0.15	2201	0.11	710	0.03	124	0.01
Medical/Physical	14+	10573	8603	1362	0.16	917	0.11	358	0.04	87	0.01
Mental Health	0-5	24507	24167	9538	0.39	4382	0.18	4665	0.19	491	0.02
Mental Health	6-13	21150	20797	7134	0.34	3623	0.17	3172	0.15	339	0.02
Mental Health	14+	10573	8603	2460	0.29	1244	0.14	1083	0.13	133	0.02
Substance Use	0-5	24507	24167	**10573**	**0.44**	3572	0.15	5775	0.24	1226	0.05
Substance Use	6-13	21150	20797	**6829**	**0.33**	2826	0.14	3442	0.17	561	0.03
Substance Use	14+	10573	8603	**2093**	**0.24**	946	0.11	978	0.11	169	0.02

DATA WORKGROUP | CWS/CMS DATA FIELDS MAPPING

Existing Source	Field(s)	Attribute Description/Values	2019 Usage	Accessibility Constraints (if known)
Hotline/Reports to CPS				
SDM - Hotline Tool	See accompanying SDM document			Completed for nearly all reports (caregiver SU discontinued after hotline 1)
SUB_ABST	SUBABUSC	SUBSTANCE_ABUSE_TYPE - The substance that has affected the alleged perpetrator: 6411 0001 Amphetamine 6412 0002 Barbiturates 6413 0003 Benzodiazepines 6414 0004 Cannabinoids (Marijuana-THC) 6415 0005 Cocaine 6416 0006 Cocaine Metabolite 6417 0007 Codeine 6418 0008 Crack Cocaine 6419 0009 Ecstasy 6420 0010 Fentanyl 6421 0011 Hallucinogens 6422 0012 Heroin 6423 0013 Hydrocodone (Vicodin)		
SUB_ABST	ESTBFORCD	This code defines each type of recipient entity for which a specific SUBSTANCE_ABUSE was identified: R R Referral Client S S Secondary Reason For Removal		
SAI_AFCT	SAI_AFCC	This code represents the conditions why the **Plan of Safe Care** was created. 7172 0030 Substance Abuse 7173 0040 Withdrawal Symptoms 7174 0020 Fetal Alcohol Spectrum Disorder 7175 0010 None 7176 0050 Other		Accessible for all Substance Exposed Infants

California Department of Social Services Service Change Request 8643

- "Substance Use/ Mental Health / Domestic Violence Issues Affecting this Client" – name may change
- Mandatory grid to collect drug use, alcohol use, mental health issues, and domestic violence.
- Similar to the "Drug/Mental Health Issues Affecting this Client" grid that is available on the Referral > Client Notebook > ID page for the Perpetrator:

New CWS/CMS substance use mandatory field to be added in February 2023

Follow up on CANS data for 13 project counties

Next Data Committee meeting scheduled for November 28, 2022

Presentation of action items to Child Welfare Council on December 7, 2022

Plans of Safe Care
Charles Robbins, County Team Coach

PLANS OF SAFE CARE

County Status on POSC

Completed
- Orange (Guidelines & Template)
- Santa Barbara (Protocol & Template)
- Butte
- Lake

In process
- King
- Los Angeles
- Santa Clara
- Santa Cruz*
- Sonoma – completed plan and getting approval before training staff
- Stanislaus*

*plan in place but not a policy yet

Upcoming Activities

- POSC Discussion Group: On pause

- Webinar: *Developing and Coordinating Plans of Safe Care for Substance Exposed Women and Infants in a Hospital Setting* – Monday, September 26, 2022. The slides and recording are posted on AddictionFreeCA.org (recording also available here: https://vimeo.com/754885930/c2be0bfb9f)

All Plans of Safe Care resources are located on https://addictionfreeca.org/project/justice-system-touchpoints/child-welfare

Resource Library>Plans of Safe Care

County Successes

1. What is your biggest success so far?

- Creation of the Plan of Safe Care policy/document
- Two other counties have reached out to use our policy
- Mid-September 2022 first hospital initiated and completed POSC

2. What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- Reduces stigma surrounding substance use while parenting
- Provides education to service providers and clients as to resources, thus encouraging preventative services and care
- Reduces trauma to clients by providing preventative assessment and care, while limiting CW interaction and interventions.
- Promotes children remaining safely in the care of their parents and/or with family

KINGS COUNTY

1. What is your biggest success so far?

- Development of SUDS system manager (Data tracking)
- Creation of monthly meeting between Behavioral Health, Child Welfare, Probation and SUDS treatment provider to discuss referral status and problems.

2. What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- SUD treatment and referral process is more transparent allowing various systems to have opportunities to support families through targeted interventions. Families are receiving more timely services and wait lists have been dramatically reduced.

LAKE COUNTY

What is your biggest success so far?

- We developed a Plan of Safe Care that included participation of area hospitals.

What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- More collaboration among providers and hospitals to ensure transitions of care to keep the mother/baby dyad together.

What is your biggest success so far?

- We have been successful in engaging a robust cross-sector POSC workgroup that has included Child Welfare, DHS, DMH, DPH, SAPC, and representatives from hospitals. The result of this work has been the development of a template and process map. We will also launch a POSC pilot at one of our county hospitals.

What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- The nexus to FFPSA/community pathways to provide community-based services to substance-using pregnant or parenting people and their babies.

ORANGE COUNTY

What is your biggest success so far?	**What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?**
• We figured out a way to share data between our systems that has allowed us find out how many child welfare involved families are being served by our treatment providers and what type of services they are accessing. • The OC public child welfare services agency developed the POSC form and policy which was finalized & implemented in August 2021.	• A recent success is that during the taskforce we learned a perinatal residential facility needed more family supports and through collaboration between behavioral health and public health we are working to build in these supports. • We applied for continued TA through the National Center on Substance Abuse & Child Welfare's Policy Academy on Promoting Healthy Development & Family Recovery for Infants, Children, Parents & Caregivers Affected by Prenatal Substance Exposure. The application process further galvanized the cross-systems commitment to expand the beneficial reach of PoSC to earliest opportunity during pregnancy bringing together birthing hospitals, prenatal care providers, First 5 & other supporters of improving birth outcomes & building stronger families.

SANTA CLARA COUNTY

1. What is your biggest success so far?

- Working with the larger community and new partners in removing stigma associated with the child welfare system and developing prevention and early intervention pathways for child welfare. This includes early discussions on embedding our newly developed Plan of Safe Care for individuals on county supported consumer resource website. Additionally, beginning work with the Maternal, Child and Adolescent Treatment Advisory Council.

2. What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- It is our hope that these new alliances and cross-agency understanding of our work will increase early intervention and access to services to prevent removals.

Coach:
Howard Himes

1. What is your biggest success so far?

- Conversations with hospital regarding current Pressley assessments and referral content to Child Welfare. Training provided to CWS staff by the hospital on issues related to infants born with positive toxicology.

2. What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- Families will continue to be provided a continuity of care by incorporating assessment and plans conducted by the hospitals into Child Welfare service plans.

1. What is your biggest success so far?

- Created and implemented a training on MAT for staff and community.

MAT: Medication Assisted Treatment

GAINING AN UNDERSTANDING
ADDRESSING THE STIGMA
MODIFYING OUR PRACTICE

KRISTI CLAYCAMP, MSW
JOE ROSS, CAS

MEDICATION-ASSISTED TREATMENT
What You Need to Know

Welcome and Workshop Overview

- ▶ Neuroscience of Addiction Video
- ▶ Discussion
- ▶ MAT Overview
- ▶ Effects of Withdrawal
- ▶ Benefits of MAT
- ▶ Local Resources
- ▶ Provider Q & A
- ▶ Practice Change Discussion

2. What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- Child Welfare and Court staff will have a good working knowledge of MAT which will mitigate inappropriate pressure on parents to prematurely and inappropriately terminate MAT. Training will also provide opportunities for staff and courts to advocate for MAT treatment when appropriate.

SONOMA COUNTY

1. What is your biggest success so far?

- Supporting the growth of a healthy working relationship between child welfare, public health nursing, Substance Use Disorders and a local high risk prenatal clinic

2. What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- Better coordination of services and movement towards higher quality treatment and maybe even a future for a high quality in county adolescent SUDS treatment program for our youth. We also created a Plan of Safe Care with voices from public health, local hospitals, child welfare, high risk prenatal clinics, and SUDS. We just need to implement it into our practice.

STANISLAUS COUNTY

1. What is your biggest success so far?

- Plan of Safe care work that captures existing relationships and service networks that provide care for mothers struggling with addiction during and after the birth of their children. Including: Warm hand offs between Hospital, Child Welfare and Community Treatment; Pressley assesments provided by Hospitals to partners; Publice Health particpate in rounds with Hospital NICU.

2. What is one thing that this will change in your county for county residents impacted by substance use disorders and child welfare system involvement?

- Mothers who are struggling with addiction issues while pregnant or after birth will be wrapped in a system of care that provides seamless services and supports for both the mother and her infant.

SUDs Youth System of Care Focus

Mapping of treatment beds within community

Stakeholder interviews (jails, hospital, juvenile hall, treatment agencies, child welfare, juvenile probation, etc.)

Four areas of focus (service provision, partnerships, challenges, and future opportunities) through Jam Board

Presentation of findings to project as well as larger community group

Focus on addressing gaps in the system through alignment and leveraging of resources

WHAT'S NEXT?

MAT Expansion in County CJ Systems – "Jail MAT"
Leading the Country!

PARTICIPATING COUNTIES

Counties and Population Covered by Jail MAT Project				
	Project Team Cohort			Total
	1	2	3	
# Counties	22	7	8	37
2022 Population	24,882,338	7,553,871	2,778,437	35,214,646
% State Population	63%	19%	7%	89%

22,143+

have received **MAT** in CA county jails (as of March 2022)

PARTICIPATING JAIL MAT COUNTIES

- Alameda
- Contra Costa*
- Del Norte
- Fresno
- Humboldt
- Imperial
- Inyo
- Kern
- Kings*
- Lassen
- Los Angeles
- Marin
- Mariposa

- Mendocino
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Sacramento*
- Riverside
- San Diego
- San Luis Obispo
- San Mateo

- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Siskiyou
- Solano
- Sutter
- Tehama*
- Ventura
- Yolo

*Counties no longer participating

PROGRESSION OF JAIL MAT & COUNTY TOUCHPOINTS FUNDING

California Department of Health Care Services

- Initial Contract – SOR I funding

  - Jail MAT Total: $2,754,893   Grants to Counties: ~25%; County Touchpoints Total: $2,000,000

- Second Contract - SOR II funding – September 2020 through September 2022

  - Jail MAT Total: $4,384,442 Grants to Counties ~ 45%; County Touchpoints Total: $2,521,920

- DHCS – Medication Assisted Treatment Expansion Project

  - $9 million general revenue funding - timeline through June 2025 (with programming through September 2024)

MAT EXPANSION PROJECT IN COUNTY JAILS, DRUG COURTS AND CHILD WELFARE SYSTEMS: 2022-2025

Improve coordination among all county agencies and providers who serve justice-involved county residents and to develop bridges between counties and the state prison systems to further build system capacity to assure access to effective treatment and recovery supports.

This county justice ecosystem focused technical assistance approach coordinates and builds capacity and competencies in county agencies: jails, drug courts, probation, juvenile probation, child welfare, dependency courts, and county behavioral health agencies.

MAT EXPANSION PROJECT IN COUNTY JAILS, DRUG COURTS AND CHILD WELFARE SYSTEMS: 2022-2025

Now funded by general revenue instead of federal grant – congratulations teams!

Counties currently participating in Child Welfare Touchpoints Learning Collaborative

Can apply to continue in the Learning Collaborative and apply for a participation stipend

Counties interested in Child Welfare Learning Collaborative

Can apply to the Learning Collaborative and apply for a participation stipend

Counties currently with *both* a Jail MAT team and a County Touchpoints Child Welfare/Juvenile Justice team
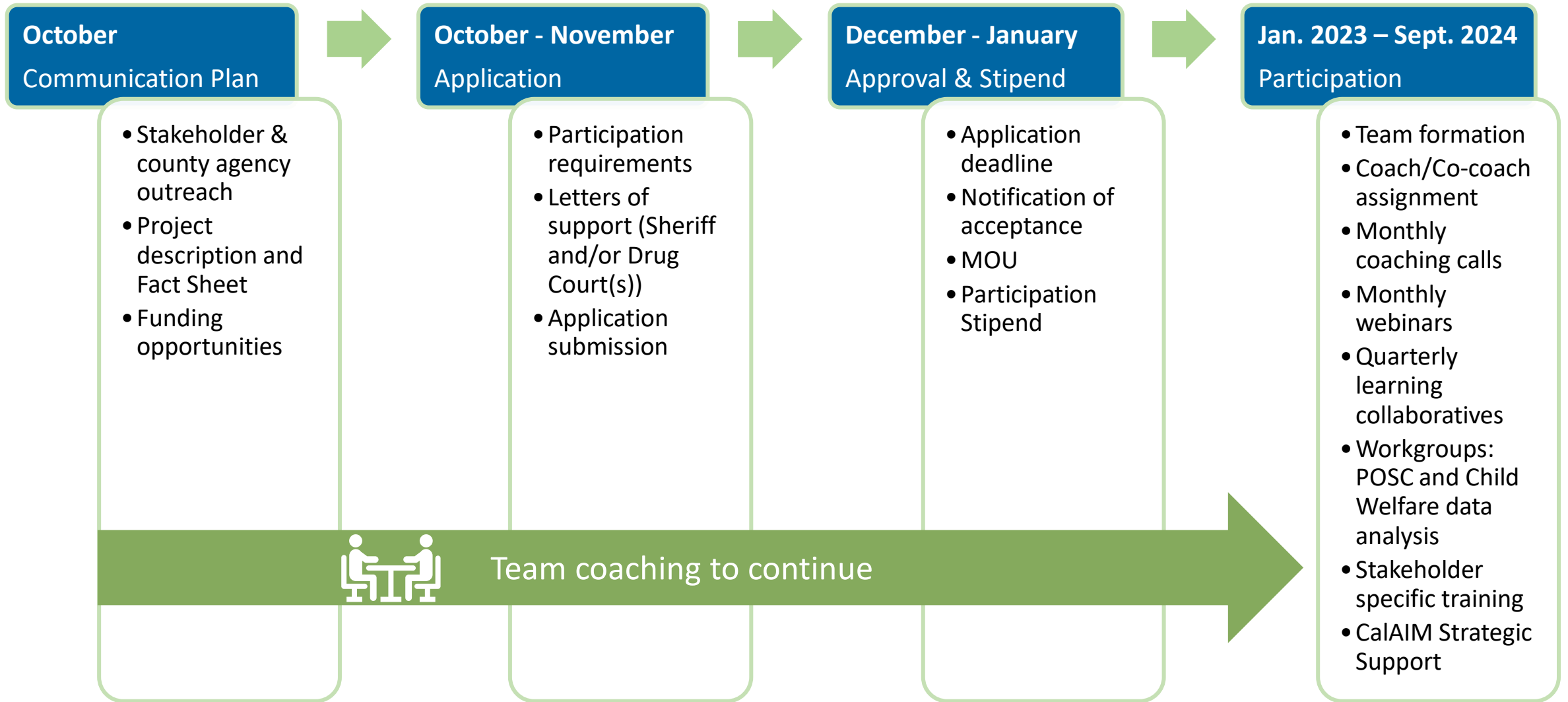
- Will have an integrated TA approach to inform and drive additional progress toward a coordinated county plan for county residents with OUD and justice system involvement

- HMA co-coaches for Jail MAT and Child Welfare

- Opportunity to apply for a participation stipend with a letter of support from Sheriff and/or Drug Court (~$25,000 for up to 20 counties)
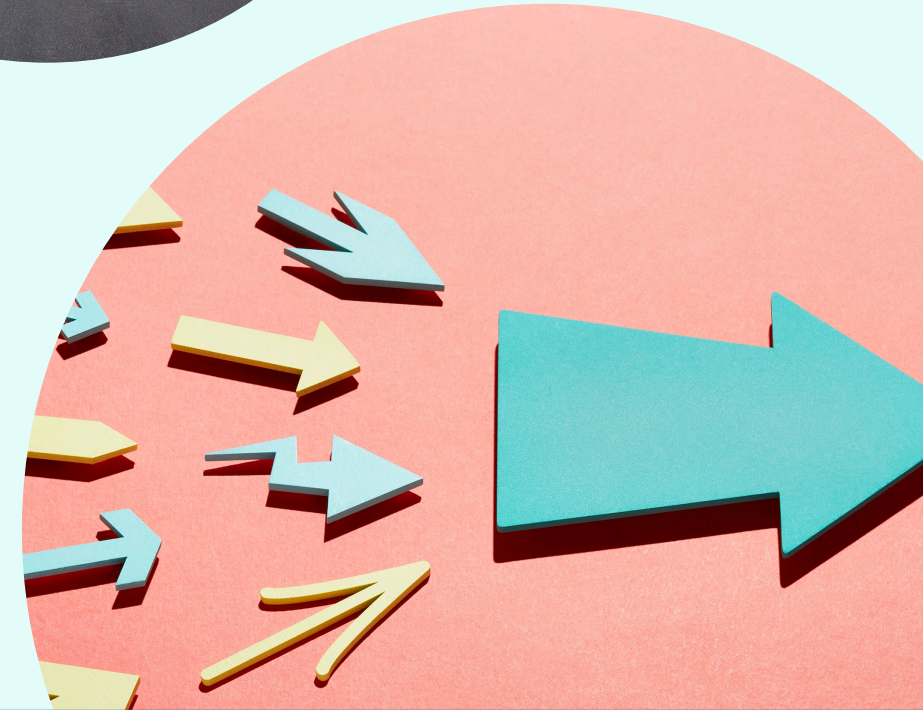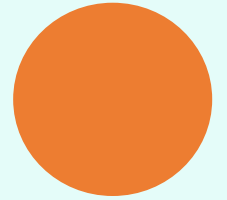
Counties currently with Touchpoints Child Welfare/Juvenile Justice team with *no* Jail MAT Team

- Team must include a letter of support from their Sheriff representing the Jail and/or an appropriate Drug Court representative with their application to remain in the learning collaborative.

- A Jail MAT team co-coach will be assigned

- Opportunity to apply for a participation stipend with a letter of support from Sheriff and/or Drug Court (~$25,000 for up to 20 counties)

TIMELINE

October
Communication Plan

- Stakeholder & county agency outreach
- Project description and Fact Sheet
- Funding opportunities

October - November
Application

- Participation requirements
- Letters of support (Sheriff and/or Drug Court(s))
- Application submission

December - January
Approval & Stipend

- Application deadline
- Notification of acceptance
- MOU
- Participation Stipend

Jan. 2023 – Sept. 2024
Participation

- Team formation
- Coach/Co-coach assignment
- Monthly coaching calls
- Monthly webinars
- Quarterly learning collaboratives
- Workgroups: POSC and Child Welfare data analysis
- Stakeholder specific training
- CalAIM Strategic Support

Team coaching to continue

Moving ahead: More county integration and progress to address the needs of county residents with SUD

CONTINUED CHILD WELFARE TA

- Plans of Safe Care – Development, Implementation
  - MAT and pregnant persons; perinatal and postnatal best practices
- Data – using data to understand and respond to the needs of residents with child welfare/SUD/justice involvement; data sharing among referring partners
- County system mapping of existing county resources for residents with child welfare/SUD/justice involvement; strengths and gap analysis
- Facilitation and implementation planning to align and leverage partners and resources in county ecosystem
- Consultation on evidence-based and best practices for those with child welfare/SUD/justice involvement
- Training to targeted stakeholder groups

WHAT MIGHT JUVENILE JUSTICE TA INCLUDE?

- County system mapping of existing county resources for adolescents with SUD and justice system involvement; strengths and gap analysis

- Facilitation and implementation planning to align and leverage partners and resources in county ecosystem

- Consultation on evidence-based and best practices for adolescents with SUD at existing programs/facilities

- Training to targeted stakeholder groups

WHAT MIGHT DRUG COURT TA LOOK LIKE?

- County system mapping of existing county Drug Courts and related treatment and services

- Strengths and gap analysis of referral and treatment resources

- Facilitation and implementation planning to align Drug Court(s) with county partners and resources; other courts

- Consultation on evidence-based and best practices for Drug Courts

- Training to targeted stakeholder groups

STRATEGIES

- Identify and engage all drug/collaborative courts per county
  - Meet with your Drug Court Administrator to inform them about your intended project and vet the steering committee process with them
- Tap into existing coalitions such as First 5, Child Welfare Prevention, or Opioid Prevention Network
- Engage your BHS and/or Public Health Director to endorse your effort
- SUD Block Grant – leverage the perinatal services requirement
- Engage the sheriff/jail – ask to meet regarding a county team initiative that includes reduction in recidivism as a key outcome
- Methamphetamine/Stimulant Use Disorder – is your county in the DHCS Contingency Management pilot?

DISCUSSION AND Q&A

Wrap Up & Evaluations

Bren Manaugh, Project Director
12:55 – 1:00

We are in this together!

Please rate today's learning collaborative:

1. **Overall, today's learning collaborative 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**

Questions?
CountyTouchpoints@healthmanagement.com

Additional resources on **addictionfreeca.org** website