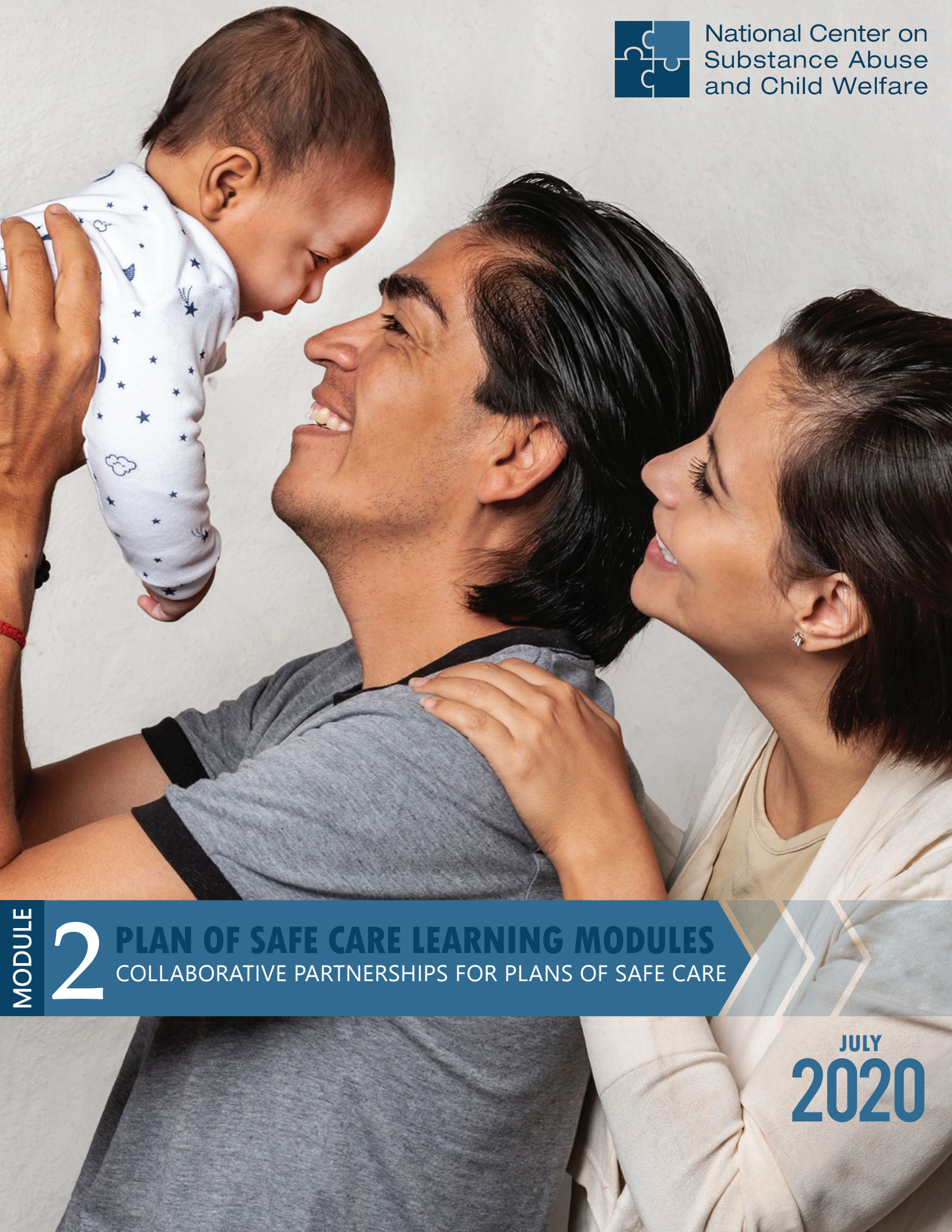

National Center on Substance Abuse and Child Welfare

MODULE 2

PLAN OF SAFE CARE LEARNING MODULES

COLLABORATIVE PARTNERSHIPS FOR PLANS OF SAFE CARE

JULY 2020

Prepared by the National Center on Substance Abuse and Child Welfare (NCSACW), this module is one of a five-part series on Plans of Safe Care for infants affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder (FASD), and their affected family or caregiver. The series is intended to provde technical assistance that guides state, tribal, and local collaborative partners to improve systems and services for infants affected by prenatal substance exposure and their families. These technical assistance modules were developed by the NCSACW. The policy and practice strategies included in these modules are derived from NCSACW's years of practice-based experience providing technical assistance to states, tribes, and communities. Points of view or opinions expressed in this tool are those of the authors and do not necessarily represent the official position or policies of the Substance Abuse and Mental Health Services Administration or the Administration on Children, Youth, and Families.

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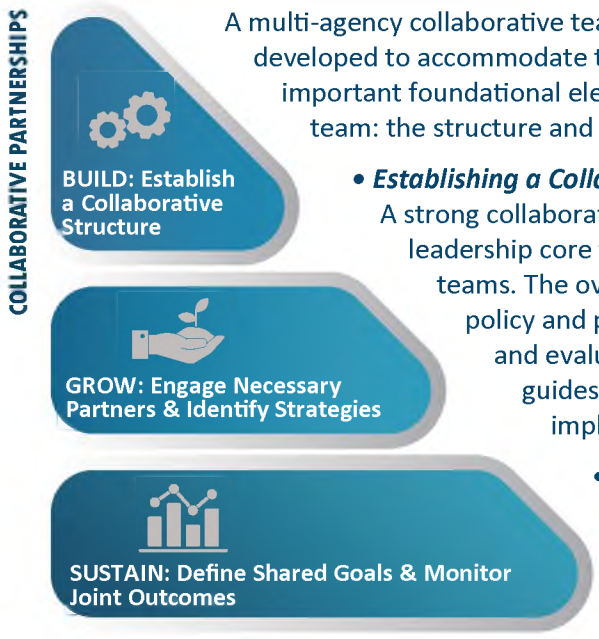
About This Module

There are multiple opportunities to intervene with infants and their families or caregivers affected by substance use and substance use disorders (SUDs) to enhance their safety and well-being. Diverse agency partners must remain committed and engaged to develop policies and practices, coordinate programs that connect across intervention points, and implement Plans of Safe Care. Jurisdictions can use their collaborative team to steer their approach to Plans of Safe Care through all stages, from developing policy and practice guidance through local implementation. This module will explore the steps states can take to build, grow, and sustain collaborative teams critical to a comprehensive approach to address the health and treatment needs of infants and affected family or caregiver, and implement Plans of Safe Care.



A multi-agency collaborative team can ensure that a flexible approach for Plans of Safe Care is developed to accommodate the specific needs and risk levels identified with each family. Two important foundational elements are essential to build, grow, and sustain a collaborative team: the structure and the partners. They are discussed in detail, as follows:

- ***Establishing a Collaborative Structure***

A strong collaborative structure includes an oversight committee, a state leadership core team, and work groups that may include local implementation teams. The oversight body ensures that the initiative is a priority for affecting policy and practice changes. The state leadership core team creates, directs, and evaluates strategies for systems change. Federal and state policy guides work groups and local implementation teams to test and implement practice changes.

- ***Role of the Oversight Committee***

A state-level agency that has convening authority across state agencies should lead the oversight committee and may report to the governor or designee. The committee provides guidance to the core team and implementation teams. It is comprised of key decision makers from state and partner agencies and ensures that all partners identify a shared vision and clearly articulated outcomes. It also resolves any cross-system barriers that the state leadership core team identifies.

- ***Role of the State Leadership Core Team***

The state leadership core team builds and grows partnerships across multiple state agencies to develop policies and procedures that create a coordinated approach to implementing Plans of Safe Care that meet the needs of infants with prenatal substance exposure and their families or caregivers. One goal is to codify a statewide family-focused system of care that equitably delivers prevention, early intervention, maternal and infant health

care, and community-based SUD treatment services. The state leadership core team draws on the expertise and resources from multiple state agencies. The oversight committee empowers this team to propose changes to current policies and practices and to guide local implementation teams that operationalize practice changes within the state's policy framework.

• ***Role of the Work Groups and Implementation Teams***

Work groups and implementation teams are key to helping service delivery systems translate state laws, policies, and guidance into practice. They accomplish this by developing and pilot testing practice changes, communication protocols, and information-sharing processes to ensure that child and family-focused service delivery systems are well coordinated and meet quality standards. The delivery systems encompass prevention, early intervention, maternal and infant health care and an array of community-based treatment and support services for infants, children, and their families or caregivers. Implementation teams can determine the range of services each family needs, the services that are currently available, gaps in the services available, and how to address the gaps. Teams should address practical implementation issues, such as the following:

- What information should the Plan of Safe Care include?
- How will professionals share information in the Plan of Safe Care while ensuring compliance with confidentiality regulations?
- In what format is the Plan of Safe Care (hard copy or electronic)?
- Should the client's medical record include the Plan of Safe Care?
- What role does each system play in serving this population of infants and their families? For example, which partner implements prevention strategies and which partner develops a Plan of Safe Care?
- Can the team identify current practices that may be contributing to disproportionality in child welfare?
- Is it feasible to implement prenatal Plans of Safe Care, and would adding Plans of Safe Care at this stage improve access to or enhance the existing array of services? (see Module 4 for additional information regarding prenatal Plan of Safe Care)

Piloting practices at a few local sites can yield critical feedback for state and local leaders; this information can guide successful statewide or regional implementation.

• ***Collaborative Communication***

A mechanism for ongoing communication between local and state teams is essential to ensure state teams are well informed about implementation challenges and opportunities and that local teams receive guidance and support from state agencies.

• ***Key Partners***

Ideally, both the state leadership core team and the work group/local implementation team includes the array of family-serving agencies that provide services and supports to address the health and SUD treatment needs of the infant and affected family or caregiver and implement the other provisions in The Child Abuse Prevention and Treatment Act (CAPTA) related to developing Plans of Safe Care. Finally, it is helpful to have members on the team with expertise in financing and budgeting to identify funding resources and strategies to support practice changes that have fiscal implications. Team members are expected to access the leadership of their respective agencies to facilitate the teams' decision-making.

Collaborative team representatives may include:

- Public Health
- Maternal and Child Health
- Home Visiting
- SUD prevention and treatment
- Mental health
- Community-Based Child Abuse Prevention
- Child Protective Services (CPS)
- Early intervention and developmental services
- Courts
- Education
- Budget and finance
- Medicaid and private insurance
- Hospitals and hospital associations
- Medical providers, such as obstetricians and pediatricians
- Tribal representatives
- Family member(s) with lived experience

KEY IMPLEMENTATION CONSIDERATIONS

• *Integrating with Current Work Groups, Coalitions, and Taskforces*

Initiatives already working with this population may include substance-exposed newborn collaboratives, perinatal quality collaboratives, opioid task forces, or maternal mortality review boards. These entities can provide guidance on their respective roles in supporting infants and families during the prenatal period, birth, postpartum, and early childhood. They can also help ensure that statewide and regional initiatives are coordinated to complement rather than duplicate efforts.

Delaware relied on existing collaborative structures to inform and guide their process of implementing Plans of Safe Care. The Child Protection Accountability Commission took on the role of the oversight committee, while the Substance Exposed Infants/Medically Fragile Children Committee served as Delaware's core team. The core team was comprised of representatives from the State Opioid Treatment Authority, March of Dimes, Medicaid/managed care, Department of Family Services, and various hospital and healthcare systems. The Investigation Coordinator, Office of the Child Advocate, and the Public Health Section Chief at the Office of Health and Risk Communication, co-chaired the core team. The co-chairs ensured both a child protection and public health lens for Plans of Safe Care implementation. This set of governing structures paved the path for successful legislative improvements, local implementation pilots, and to a successful statewide roll out of Plans of Safe Care.

• *Creating a New Collaborative Team or Enhancing Existing Partnerships*

Jurisdictions that have a long history of collaboration and developing cross-system policy among public health, SUD treatment, and child welfare can benefit from focusing efforts on:

- Expanding collaborative relationships with maternal and infant health care providers, hospitals, public health, mental health and early intervention providers
- Expanding communication channels
- Expanding services to support parents with SUDs and infants affected by prenatal substance exposure
- Expanding the collaborative to include providers serving communities of color and PWLE

Communities without a history of cross-system collaboration may benefit from creating a structure and identifying collaborative partners. Initial tasks should focus on establishing shared values and goals and identifying areas for system improvement.

• *Facilitating Bi-Directional Change Efforts*

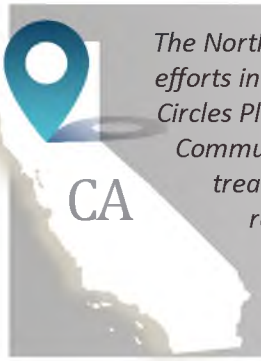
In several jurisdictions, Plans of Safe Care guidance policies are in the development stage at the state level, as local regions or counties are piloting Plans of Safe Care implementation. The local jurisdictions report back to the state the implementation challenges and innovations they are experiencing, and this information shapes and informs state guidance.

In Florida, the Duval County Early Childhood Court and Substance-Exposed Newborn Task Force has partnered with the Healthy Start Coalition to develop and implement prenatal and postpartum Plans of Safe Care. The local Department of Children and Families office has adopted this Plan of Safe Care template as well. This collaborative team is sharing lessons learned with the state child welfare agency to help inform the statewide rollout of Plans of Safe Care.

• ***Thinking Beyond Child Welfare as the Lead Collaborative Agency***

An array of government or nonprofit entities can also lead the development of Plans of Safe Care, particularly for families not involved with the child welfare system. There are strong models of co-leadership between two or more state agencies for Plans of Safe Care policy and practice development. Although child welfare agencies have primary responsibility for ensuring that families who are brought to their attention receive needed services and support, multi-disciplinary collaborative teams can develop prevention strategies for families not involved in the child welfare system. These strategies include prenatal Plans of Safe Care policies and practices that involve health and social services agencies outside of child welfare to support families for whom there are no identified concerns of child maltreatment. This approach may prevent referrals to child welfare that otherwise may have been reported in some jurisdictions.

When entities other than child welfare step into leadership roles, collaborative preventive approaches that integrate SUD treatment programs, healthcare, public health, and maternal and child health partners have emerged. The child welfare agency remains a critical partner and will be a primary resource for the highest risk families. State child welfare agencies are more successful in implementing a comprehensive collaborative approach to address the needs of infants affected by prenatal substance exposure and their affected family or caregivers when they fully engage partners to coordinate related initiatives, share subject matter expertise, and consider complimentary practice strategies to operationalize Plans of Safe Care.



The Northern California Tribal Court Coalition in conjunction with the Yurok Tribe has led community-wide efforts in Del Norte and Humboldt Counties to develop and implement prenatal and postpartum Healing Circles Plans (Plans of Safe Care) for Native American pregnant and parenting women with SUDs. Community collaborative teams comprised of hospital staff, public health workers, nonprofit staff, SUD treatment providers, and the child welfare agencies are developing Plans of Safe Care protocols that reflect Native American values and principles with a focus on wellness and healing. Staff from the Tribal Temporary Assistance to Needy Families (TANF) program are coordinating wellness teams to support pregnant women with SUDs to access treatment during pregnancy and to reduce the likelihood or intensity of child welfare involvement at the time of birth.

PLANNING STEPS

Engage Key Partners

To determine which partners should be involved in the initiative, it is helpful to map partner agencies services' array available to infants, children, and families. This exercise provides a foundation for identifying practice changes that may include improving access to existing services, expanding existing services, developing new services, and coordinating care among these family-serving agencies.

Collaborative teams should assess which partners are missing and are critical to address the needs of infants, families, or caregivers affected by prenatal substance exposure.

Define Shared Goals

Every state, tribe, and community is supported and challenged by its own systems' mission, issues, beliefs, and values. On occasion, the existing protocols, culture, and financial constraints may affect the collaborative team's ability to successfully coordinate their approach and share accountability for the outcomes. Therefore, each team member should evaluate how their system-specific and individual principles and values will inform practice and policy change and understand the perspectives that are influencing the positions and decisions of the other partners.

Each member of a newly formed team benefits from fact gathering and sharing to garner an understanding of:

- Practices and policies in all team members' service systems
- Partner mandates and priorities that are likely to affect, and possibly limit, their level of involvement
- The terminology that each team member's organization uses most often and how the organizations define these terms (e.g., "treatment," "screening")

PLANNING STEPS

- The baseline resources, resource gaps, and barriers in each system
- How stigma and bias may disproportionately affect persons of color and low-income individuals affected by substance abuse.

Identify Strategies and Jointly Monitor Outcomes

A shared understanding of how partner agencies provide services and supports to this population is a crucial component of developing a coordinated, community-based Plan of Safe Care approach. Team members must engage in ongoing knowledge transfer and share information to identify existing and new strategies, including evidence-based and evidence-informed practices and supports for pregnant women with SUDs and their infants from a multi-system perspective. Sharing information provides the foundation for the team to:

- Consider the desired outcomes for families in each system by:
  - Determining how success is defined and measured
  - Identifying baseline levels for clients, including disparate outcomes for minority and other populations
  - Exploring the availability of better (or additional) indicators that can demonstrate progress
- Determine the metrics that need to be developed and tracked to effectively measure success for these families over time. An example of a metric is the number of pregnant women treated with medications for addiction treatment. This work can include conducting an assessment of the technology available to track outcomes.
- Create a method for communicating progress related to key indicators to ensure transparency and promote accountability for results. Methods for communicating progress include cross-system report cards or dash boards.
- Make a plan to determine which changes need to be sustained and how the team will document, maintain, and build on the collaborative team's institutional knowledge, which is gathered through the metrics.

QUESTIONS TO DISCUSS WITH YOUR COLLABORATIVE TEAM

- What is each represented agency's role in achieving shared priorities and outcomes? What types of authority does each need for their agency to contribute to the team?
- What initiatives or strategies are partner agencies implementing to support infants and families affected by prenatal substance exposure?
- What does each team member understand and believe about the nature of substance use and SUDs, particularly as it relates to pregnant and parenting women? What do team members understand and believe about recovery?
- What do team members or policy leaders understand and believe about the use of medication-assisted treatment for women who are pregnant or breastfeeding?
- What do team members agree to be the markers of effective practice and service delivery? Do families and caregivers have enough input to decide this?
- How can state and implementation teams use this work to change the stigma around substance use during pregnancy to support healthy decision making and receipt of appropriate interventions that also ensure the safety and well-being of the infant or child and the family/caregivers?
- Is there over-representation of minorities in child welfare and under-representation in SUD treatment and other family support services?
- What improvements can current systems and services target, especially from the perspective of mothers, children, and family members, to provide essential care?
- Which key stakeholders are missing from the conversation?

RESOURCES

- The **Substance Abuse and Mental Health Services Administration (SAMHSA)** document entitled *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical and Services Providers* is a guide for collaborative planning and details the considerations of potential partners.
- Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR) is a guidebook that provides strategies to help improve the connections, communications, and collaborative capacities across systems.
- Teams seeking to learn about innovative approaches at a statewide level that engage health partners can check out materials developed through the **Association of State and Territorial Health Officials (ASTHO)** Opioid Use Disorder, Maternal Outcome, Neonatal Abstinence Syndrome Initiative Learning Community and the **National Association of State Health Professionals (NASHP)** briefs on state strategies to address the needs of those affected by SUDs including young children, pregnant and parenting women, and Medicaid providers.

Additional resources are available at https://ncsacw.acf.hhs.gov/.

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THE PLANS OF SAFE CARE MODULES SERIES

Although federal and state policies, regulations, and decisions guide the implementation of Plans of Safe Care, local communities must determine how to interpret and operationalize state guidance. Additional modules in this series provide states and communities with the considerations they need to think about to best implement Plans of Safe Care to support the safety and well-being of families in their jurisdictions. These modules include the following:

- ***Module 1:*** *Preparing for Plan of Safe Care Implementation,* explores the steps states can take to understand existing statutes and structures as they strategize how to effectively address the needs of infants affected by prenatal substance exposure and their families.
- ***Module 3:*** *Determining Who Needs a Plan of Safe Care,* explores the steps states can take to define affected infants as they roll out a statewide Plan of Safe Care.
- ***Module 4:*** *Implementing and Monitoring Plans of Safe Care,* explores how collaborative teams can translate policy decisions into practice through implementation and case monitoring.
- ***Module 5:*** *Overseeing State Systems and Reporting Data on Plans of Safe Care,* explores how to develop and monitor policies and procedures related to Plans of Safe Care and discusses the strategies to enhance collaborative teams' abilities to report data to the National Child Abuse and Neglect Data System.