



To promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse.

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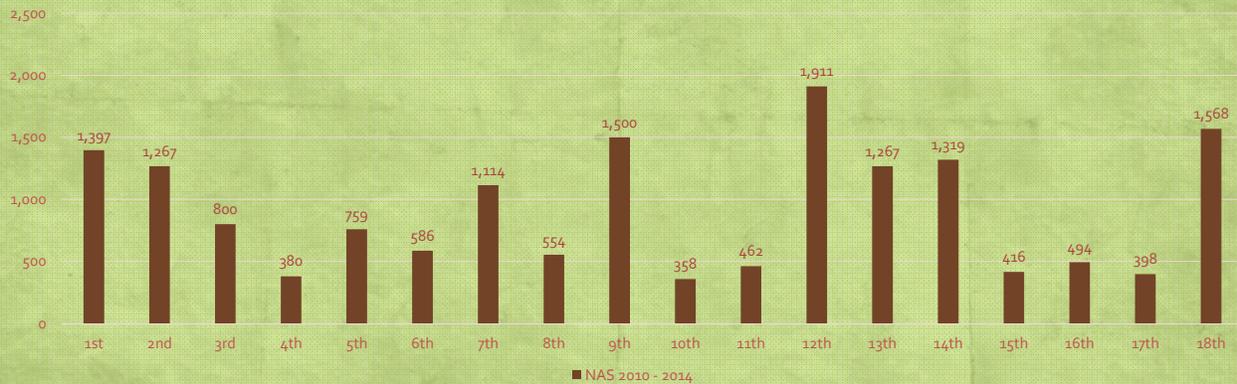
Purpose of the roundtable

- **DIALOGUE:** getting folks in the trenches and those making policy and practice decisions engaged in shared learning
- **CONNECTING DOTS:** identifying and weaving threads across disciplines, systems and sectors **AND** generations.
- **DATA:** recognizing the importance of and advocating that timely, reliable data be used to drive decisions and investments
- **PROMOTING ACCOUNTABILITY:** compliance with existing laws YES, but compliance ALONE will not improve outcomes. Ask tough questions about what is working, broaden the view of who/how we protect children, be intentional and be open to new approaches.

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7,500+ infants diagnosed with Neonatal Abstinence Syndrome (NAS) in 5 years in PA (*includes only infants born onto Medicaid)

Infants diagnosed with Neonatal Abstinence Syndrome (NAS) born onto Medicaid (2010-2014)
by Congressional District



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Spotlight opioids, don't overlook impact of other substances

Children that are exposed prenatally to toxins are at extraordinarily high risk for substantial levels of health care, behavioral health, special education, foster care and juvenile justice intervention and services. The most extreme and most prevalent population reflected by the research are children exposed to alcohol resulting in Fetal Alcohol Spectrum Disorder (FASD). While the opioid epidemic and NAS has drawn great attention **I strongly encourage legislative analysis and consideration of research and intervention funding for FASD.**

Connell O'Brien, Director Children's Division, Rehabilitation and Community Providers Association

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Across disciplines, a call to action

As a neonatologist, I have personally cared for hundreds of newborns and their families as they go through withdrawal. When I started practicing 20 years ago, I would see an occasional baby diagnosed with neonatal abstinence syndrome. Now there are times when we have 5 or 6 babies all withdrawing at the same time. this has become an epidemic and **we need a coordinated effort at the federal, state, and local levels to get this under control and start saving lives.**

Michael Goodstein, MD, York County Crib for Kids

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Across disciplines, a call to action

Communities and professionals must become better informed and aware of the unique needs of substance impacted infants and their parents. In addition, various entities such as evidence based home visitation programs, public health/maternal child health programs, Early Head Start, Nurse Family Partnership programs must coordinate their approach and services with Child Protective services. **There is a great need for leadership, coordination of care, and additional financial resources to fully address this complex, urgent crisis.**

Paula J. Margraf, Executive Vice President, Community Services for Children

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Across disciplines, a call to action

Care for the drug addicted pregnant women must occur in a safe, supportive environment that **considers the safety and security of both mother and child**. A range of services is required, including high quality pre-natal care as well as other support services such as substance abuse treatment, family services, parenting classes, child care, referrals for safe housing post release/discharge, physical and mental health care as needed.

Carol Hertz, THE PROGRAM For Offenders, Inc.

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Across disciplines, a call to action

Identify early in pregnancy and **work together with the family across all specialties to develop plan**; this can't begin after delivery and the infant is in withdrawal.

Lauren A Johnson-Robbins, MD., Associate in Neonatology Geisinger Health System

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Common themes

- Be INTENTIONAL
- DUAL, not one generation
- MANY, not one discipline or leader
- MULTIFACETED, not one singular law, strategy or funding stream
- COORDINATE, COORDINATE, COORDINATE

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Gratitude

- Members of Congress and staff
- (retired) Congressman Jim Greenwood
- Spotlight created by Reuters & NPR
- Network of Victim Assistance
- Each of YOU!

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The Center for Children's Justice



"The Wider Impact: Parental Substance Abuse on PA Children"

A roundtable focused on shared learning with PA's Congressional Delegation

March 29, 2016

Tom Wolf, Governor
Pedro A. Rivera, Secretary of Education | Theodore Dallas, Secretary of Human Services



Office of Child Development and Early Learning

Evidenced Based Home Visiting Programs

- Early Head Start
- Nurse Family Partnership
- Parents as Teachers
- Healthy Families America

Bureau of Early Intervention

- Birth to Three Early Intervention Program IDEA (Part C)
- Preschool Early Intervention Program IDEA (Part B)

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Data Collection

Both Nurse Family Partnership (NFP) and Health Families America (HFA) collects data that aids in identifying unmet needs, and to make referrals

If a child is referred for Early Intervention (EI) tracking, they do not go on a waiting list. All children birth to age three, born to a chemically dependent mother and referred, receive tracking services

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Cross-Office Collaboration

Enhanced focused on collaboration between DHS/PDE Offices/Bureaus

OCDEL partners with OCYF to screen and then refer children for EI services

OCDEL integration of supports will allow for cross-training between Bureau of EI Services and Bureau of Early Learning Services (BELS)

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FY 16-17 Governor’s Budget Proposal

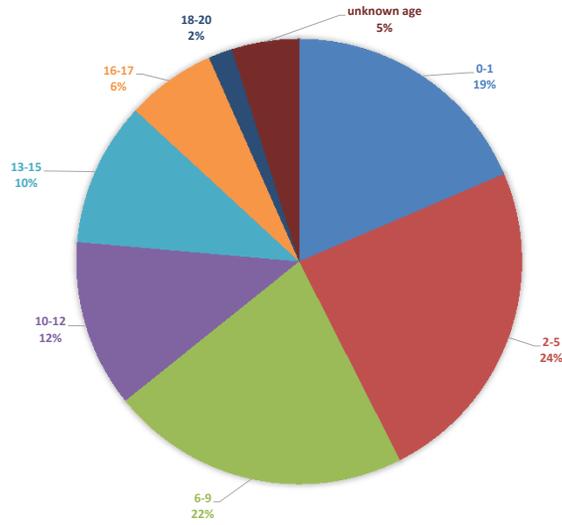
- \$10 million proposed new investment in evidence based home visiting, opportunity to serve more at-risk children, families
- Family Centers - enhanced opportunities for prevention

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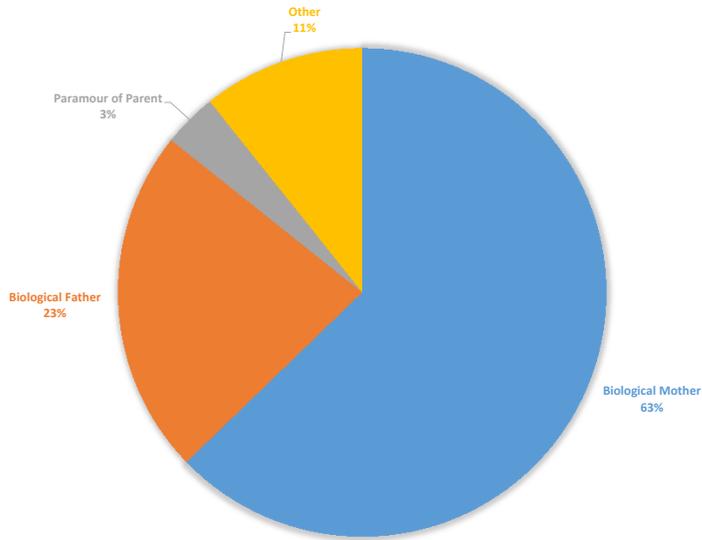
Initial Referral Substance Abuse Related Allegations

GPS Referrals in 2015	141,672
Number of Reports w/ Substance Abuse Related Allegations	30,741
Total number of subject children on these reports	44,539

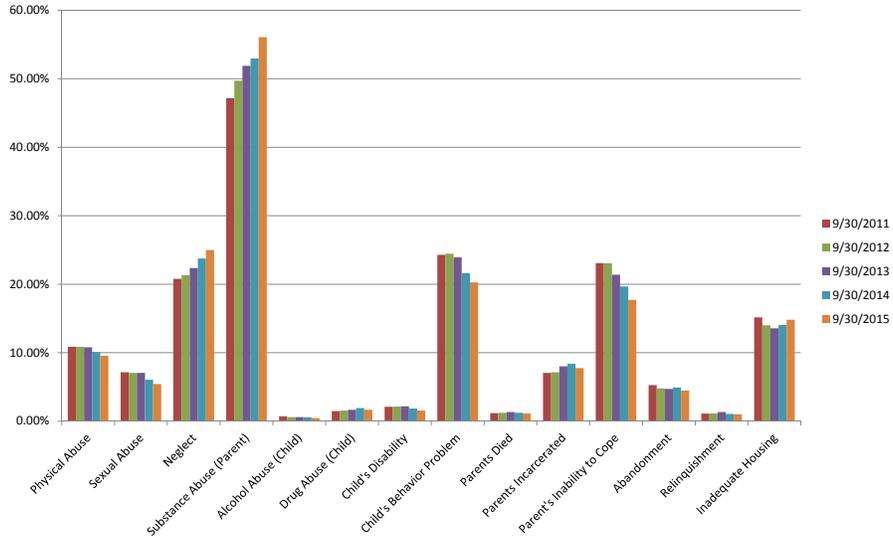
AGES OF CHILDREN IMPACTED BY SUBSTANCE ABUSE



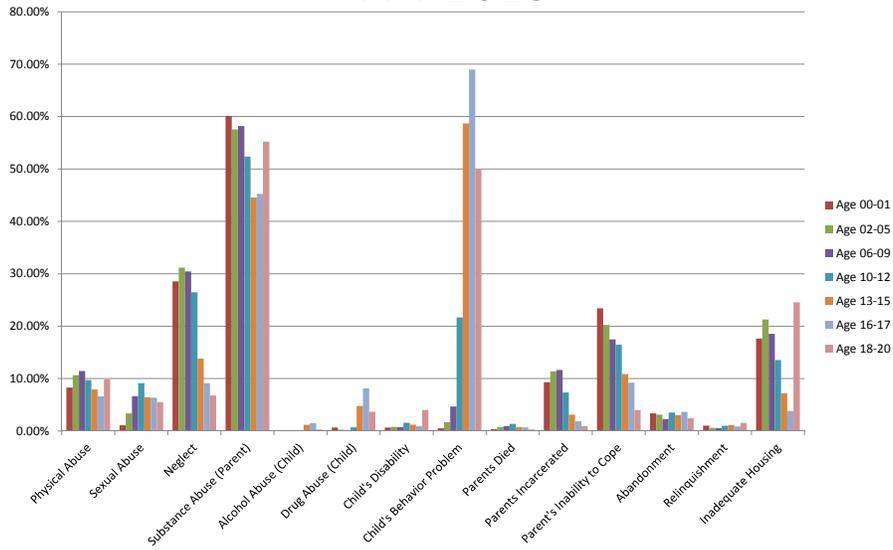
RESPONSIBLE PERSON RELATIONSHIP



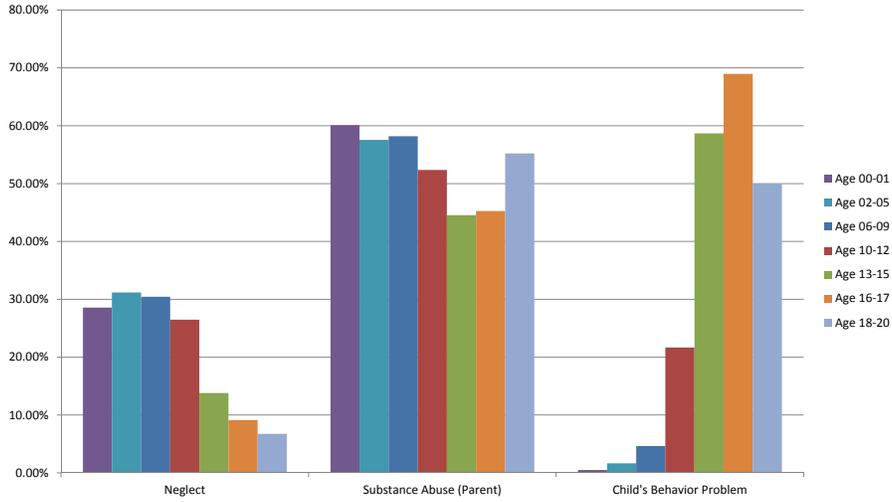
Reason For Removal



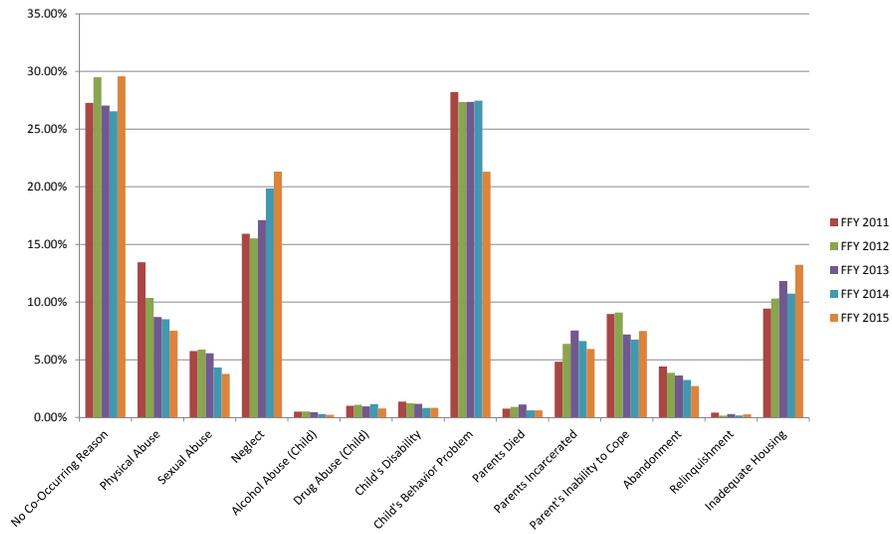
Reason for Removal by Age FFY 2015



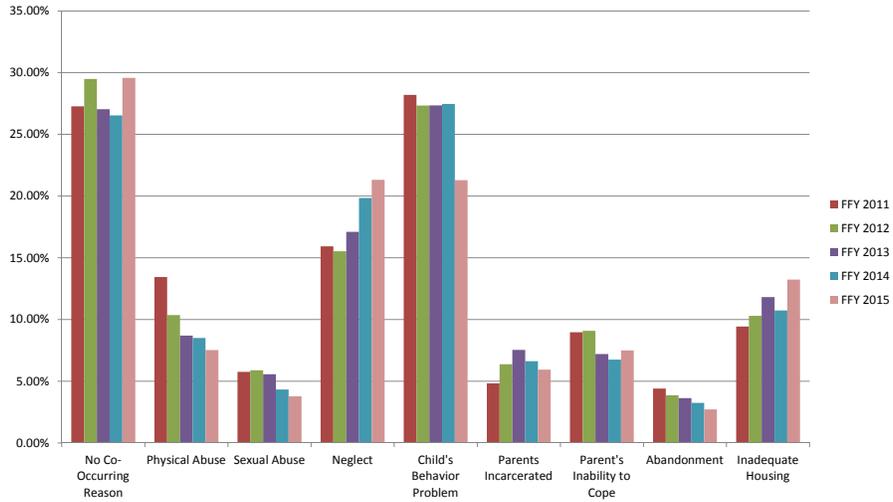
Top Three Reasons for Removal by Age FFY 2015



Co-occurring Reasons for Removal Substance Abuse Parent



Most Common Co-occurring Reasons for Removal



SUBSTANCE ABUSE IN PENNSYLVANIA'S DEPENDENCY COURT

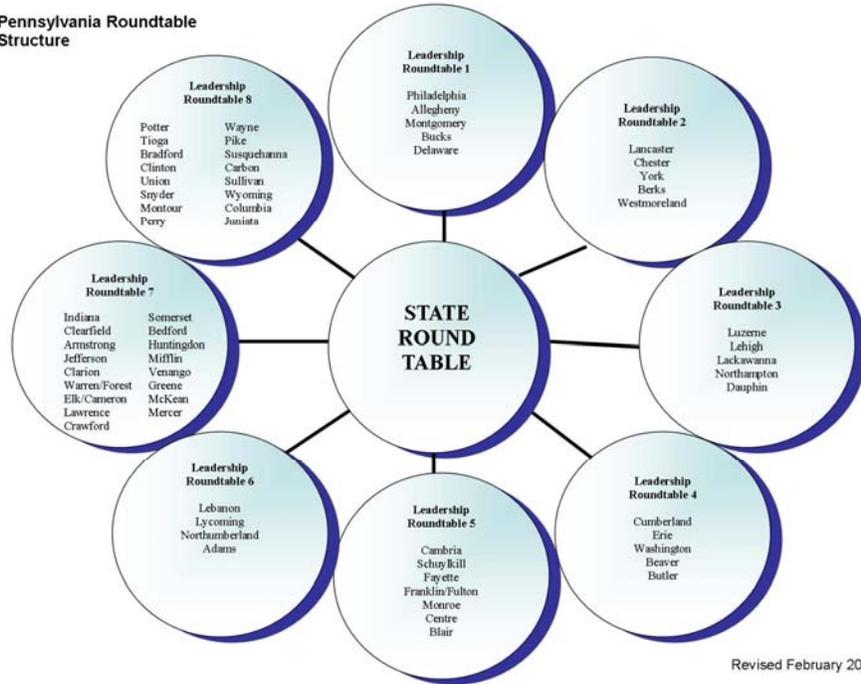
*Honorable Jon Mark
Court of Common Pleas of Monroe County
State Roundtable Drug and Alcohol Workgroup Co-Chair*

ROUNDTABLE STRUCTURE



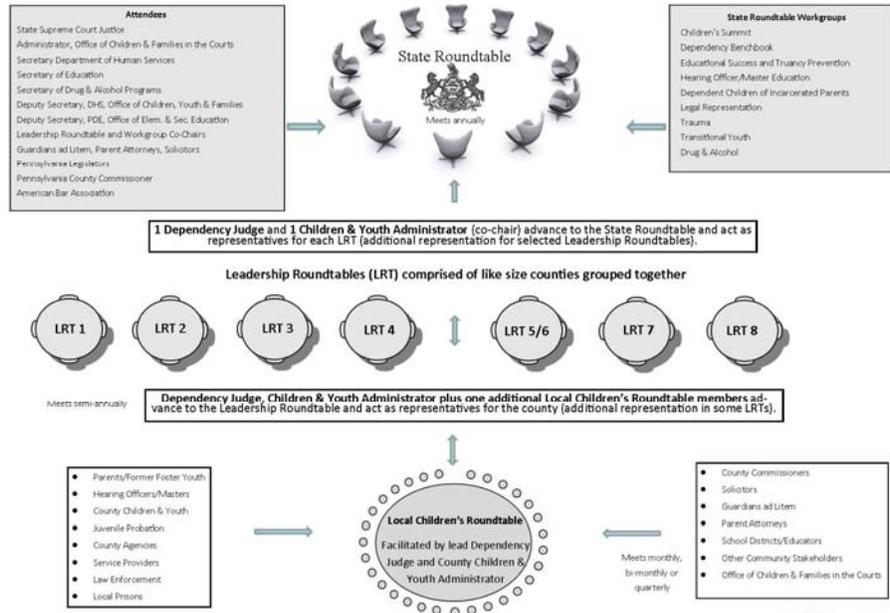
- State, Regional, and Local Children's Roundtables
- Vertical flow of information up and down Roundtable system
- Horizontal dissemination of information and practices at local level

Pennsylvania Roundtable Structure



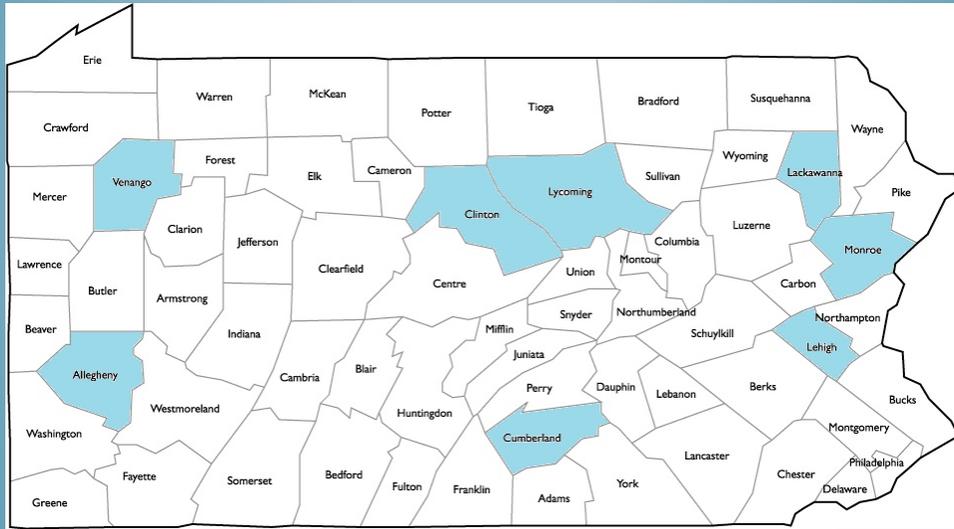
Revised February 2016

Pennsylvania Children's Roundtable Structure



Revised: February 2015

IDTA Counties

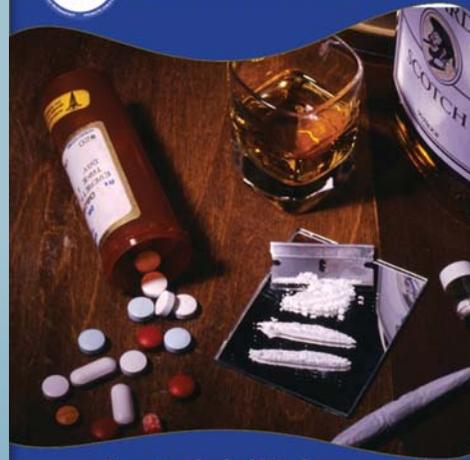


2014 Pennsylvania State Roundtable Report



Drug & Alcohol Workgroup

2015 Pennsylvania State Roundtable Report



Drug & Alcohol Workgroup

www.ocfcpcourts.us

THE PROBLEM (HOW IT IMPACTS SYSTEM)

- Substance abuse is a factor in 70% of Child Welfare cases
- Opiate epidemic – pregnant mothers, addicted-born babies, general use by parents and children
- PA law – Substance abuse “considered” in dependency adjudications
- ASFA and Juvenile Act timelines vs. recovery timeline



How BIG is the substance use problem in Pennsylvania?

- PA's Department of Drug and Alcohol Programs 2013 *State Plan* to the Governor and the members of the General Assembly, reports that **one out of every four Pennsylvania families suffers from drug and alcohol abuse in the family.**
- In a case review exercise conducted in October by 7 counties, up to 70% of the child welfare cases (court and non-court) had substance use as a factor in the case. The percentage was higher among court-involved child welfare cases.

THE MOST IMPORTANT CLOCK

- *The 5th Clock: The one that's ticking on us*
- *How long do we have to act if our families have*
 - 24 months to work and
 - 12 months to reunify?
- *Do PA's SUD treatment providers understand ASFA timelines? Do PA's CW and court staff understand addiction and treatment?*
- *Taking this clock seriously means that we take aggressive action to reconcile the clocks on children and families.*



THE FIVE CLOCKS

Temporary Assistance for Needy Families (TANF)

- 24 months work participation
- 60 month lifetime

Adoption and Safe Families Act (ASFA)

- 12 months permanency plan
- 15 of 22 months in out-of-home care must petition for Termination of Parental Rights (TPR)

Recovery

- One day at a time for the rest of your life

Child Development

- Clock doesn't stop
- Moves at the fastest rate from prenatal to age 5

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- Time from identification/child welfare involvement to treatment
- Substance abuse and risk assessments
- Capacities of persons in recovery





Preparation and Planning For Safe Care

Nancy K. Young, M.S.W.,
Ph.D.
March 29, 2016



Children and Family Futures



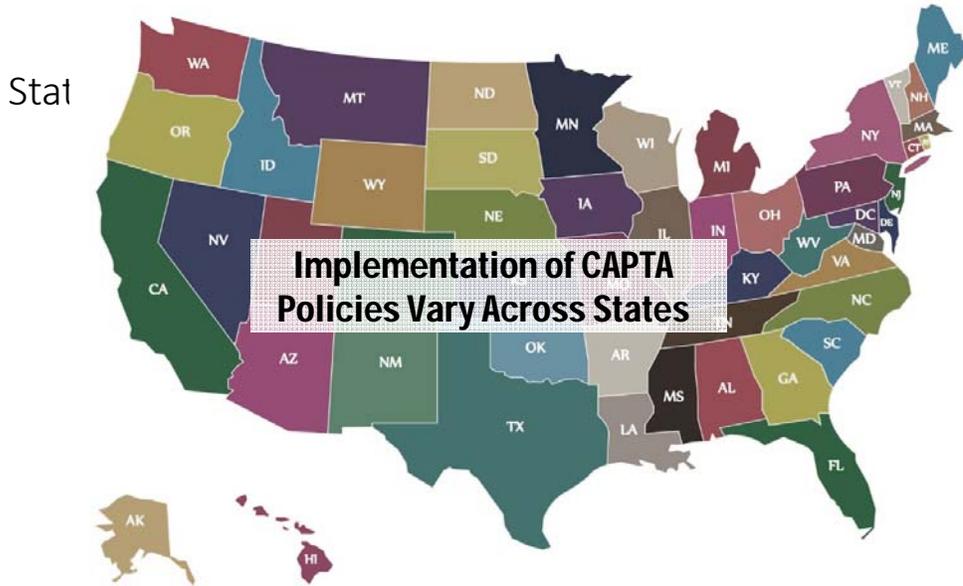
Preparing for Baby

- A coordinated approach based on early identification and intervention will help avoid or minimize crisis at delivery
- Plan of Safe Care = Roadmap
- The mother's involvement in developing the Plan of Safe Care is critical



Plan of Safe Care: Intent

To identify infants at risk of child abuse and neglect as a result of prenatal substance exposure, so appropriate services can be delivered to the infant and mother, ensuring the safety and well-being of infants, their mothers and their families



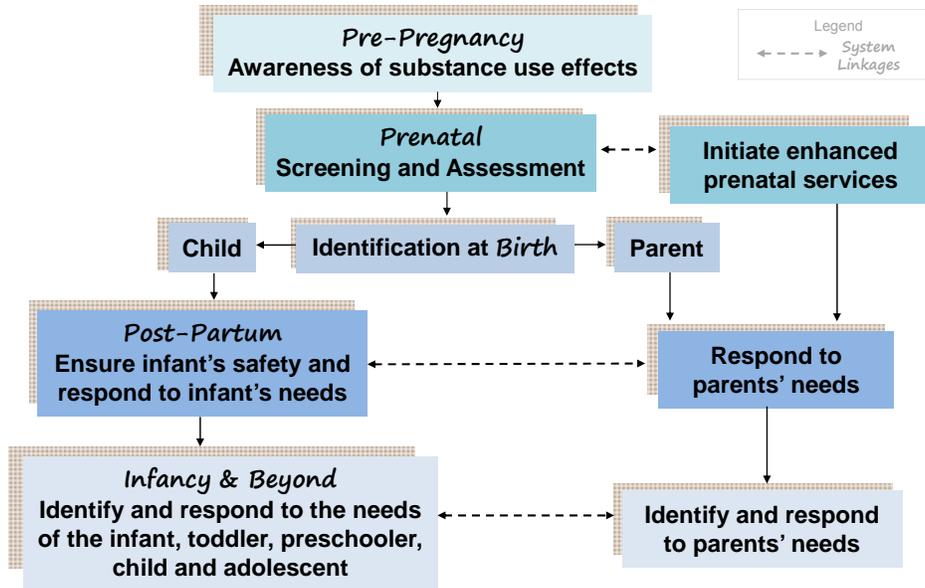
A Plan of Safe Care, Not a Safety Plan



Safety plans are developed by child welfare to address risk and safety factors that have already occurred. A Plan of Safe Care provides services and supports for mothers and families to reduce or eliminate risk to newborns.

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Policy and Practice Framework: 5 Points of Intervention





Collaboration is the Key to Success

- Child Welfare
- Obstetricians and Pediatricians
- Substance Use, Mental Health and Medication-Assisted Treatment (MAT)
- Public Health and Maternal Child Health
- Early Intervention Providers and Others

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Common Barriers to Collaboration

- CAPTA needs practice and communication protocols to be implemented in each community
- Prenatal screening practices are inconsistent
- Treatment availability, misunderstanding of MAT
- Identification of infants is inconsistent

Setting the Stage: State Level Implementation



Governor's Interagency Task Force is formed to develop a State plan that sets policy and practice protocols, addresses barriers, and sets and monitors benchmarks for addressing prenatal exposure at all five points of intervention.

The Task Force reports directly to the Governor and is charged with convening authority to work across agencies and providers.

Setting the Stage: State Level Implementation



The Task Force is charged with:

- Developing, coordinating and supporting child and family-focused service delivery
- Evaluating the State's existing legislation and policies and practices that govern CAPTA implementation
- Issuing guidance on developing an effective Plan of Safe Care

Setting the Stage: State Level Implementation



The Task Force's Plan of Safe Care includes:

- Strategies focused on the prevention of substance exposed infants
- Screening, assessment and intervention during pregnancy, at birth and childhood
- Data collection and monitoring

State Task Force Examples

Delaware:

- Child Protection Accountability Committee developed a subcommittee on Substance Exposed Infants (SEI)
- The SEI Committee reviewed current legislation and drafted new legislation
- Newly proposed legislation clarifies the **notification requirements** for SEIs to child welfare along with who oversees the development of a Plan of Safe Care

State Task Force Examples

Florida:

- Developed a Statewide Task Force on Prescription Drug Abuse and Infants
- Included Doctors and Public Health Experts
- Released a report with recommendations on:
 - ✓ Prevention
 - ✓ Intervention
 - ✓ Best Practice
 - ✓ Substance Use Disorder Treatment

State Task Force Examples

North Dakota:

- Developed a Senate led Task Force on Substance Exposed Infants:

“for the purpose of researching the impact of substance abuse and neonatal withdrawal syndrome, evaluating effective strategies for treatment & prevention and providing policy recommendations” – Senate

Bill 2367 (North Dakota)

- Convened by the Attorney General and jointly staffed by community and State representatives

The Plan of Safe Care is a *Community Safety Net*



Plans are enacted during pregnancy, **prior to** child welfare involvement.

Communities must collaboratively develop a response that addresses the needs of **infants and mothers, and their families.**

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Plan of Safe Care: Community Implementation



The Interagency Community Team is formed to implement the State Task Force's recommendations.

The charge is to develop specific practice and communication protocols that coordinate the child and family-focused delivery system emphasizing prevention, early intervention and community-based treatment and support services.

Plan of Safe Care: Community Team Tasks



- Implement MOAs that codify roles and responsibilities
- Focus on changing culture on substance use and pregnancy
- Implement a continuum of care with a preference that families can stay together when possible, and assign responsibility for follow-up
- Ensure coordination and efficient communication
- Identify resources and barriers
- Identify and address information and data sharing barriers

Elements of a Plan of Safe Care



Health:

- Post-Partum Care
- Medical Home
- Medication Management
- Pain Management
- Contraception and Pregnancy Prevention
- Support with Breast Feeding

Elements of a Plan of Safe Care



Substance Use and Mental Health:

- Timely Access
- Engagement, Retention and Recovery Supports
- Appropriate Treatment
- Depression/Anxiety
- Treatment for Partner/Other Family Members

Elements of a Plan of Safe Care



Parenting/Family Support:

- Coordinated Case Management
- Home Visiting
- Child Care
- Benefits/Eligibility Determination, Employment Support
- Housing
- Transportation

Elements of a Plan of Safe Care



Infant Health and Development:

- Medical Home
- High Risk Follow-up Care
- Referral to Specialty Care
- Developmental Screening and Assessment
- Linkage to Developmental Pediatrician
- Linkage to Early Intervention Services
- Early Care and Education Program

Next Steps:

- Define State Task Force and Membership
- Develop Initial Goals and Recommendations
- Review Current Legislation, Identify Needed Data and Current Barriers
- Develop New Legislation or Policy Changes for Implementation



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