



11th Annual Tribal Healing to Wellness Court
Virtual Enhancement Training

Friday June 25, 2021
12:15pm AKT | 1:15pm PT | 2:15pm MT
3:15pm CT | 4:15pm ET

BUILDING COLLABORATIONS TO REDUCE PRENATAL SUBSTANCE EXPOSURE AND KEEP FAMILIES TOGETHER

PRESENTED BY:
SUZANNE GARCIA
TERI KOOK





PRESENTERS



Suzanne Garcia

Tribal Legal and Child Welfare
Specialist
Tribal Law and Policy Institute

Suzanne@tlpi.org



Teri Kook

Senior Program Associate
Children and Family Futures

tkook@cffutures.org





POLL QUESTION

What is your role in your Healing to Wellness Court?

- A. Court Staff
- B. Substance Use Provider
- C. Criminal Justice
- D. Child Protection
- E. Medical Provider
- F. Other



▶ TODAY'S DISCUSSION

- Why this work is important
- Brief history of substance use & addiction interventions
- Plans of Safe Care (state systems)
 - POSC as prevention
 - POSC notification option
 - Prenatal POSC
- Suggestions for developing your own collaborations to serve women during the perinatal period, using the five points of intervention to frame the work





POLL QUESTION

How are the systems you are working in now addressing infants with prenatal substance exposure?

- A. Targeted outreach and engagement
- B. Criminal Justice
- C. Preventative case planning
- D. Focus on child safety/out of home placement



▶ WHY CONCENTRATE ON THIS POPULATION?

The data from state systems looks bad:


- About the kids:
 - 52% of the children separated from their families where substance use was identified as a condition of removal were under 1 year old (2018)
 - Native families are disproportionately represented in that number
 - The majority of state cases that go to termination of parental rights involve substance use or neglect
 - In 2016, American Indian/Alaskan Natives had the highest rate of neonatal abstinence syndrome
- But don't forget the moms:
 - Most substance use-associated pregnancy mortality is after delivery.



▶ BUT THERE IS REASON FOR HOPE

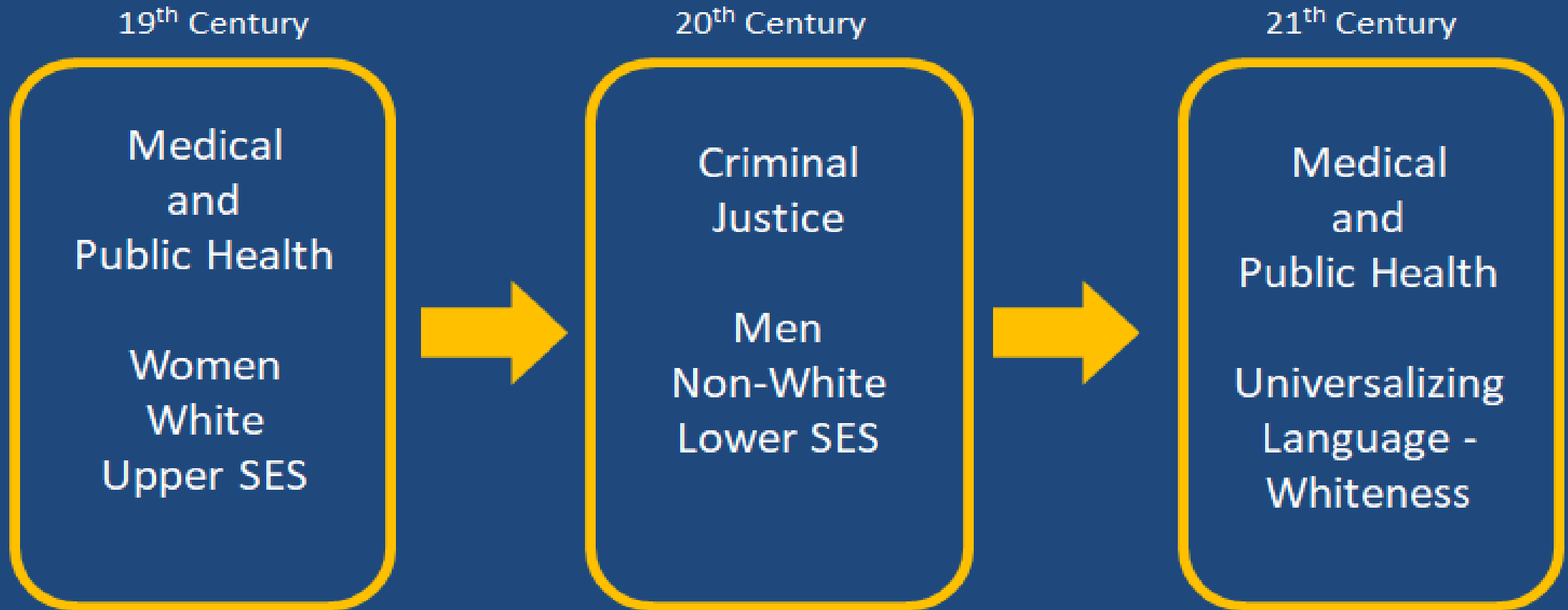
- Medication Assisted Treatment reduces maternal overdoses substantially
- Focusing on this population and coordinating care can mitigate all of these numbers

The question shouldn't be “Why do women who are pregnant use substances?”, it should be “What do we do when a women how struggles with substance use disorders becomes pregnant?”



Addressing Prenatal Substance Exposure and Infants and Families Affected by SUDs

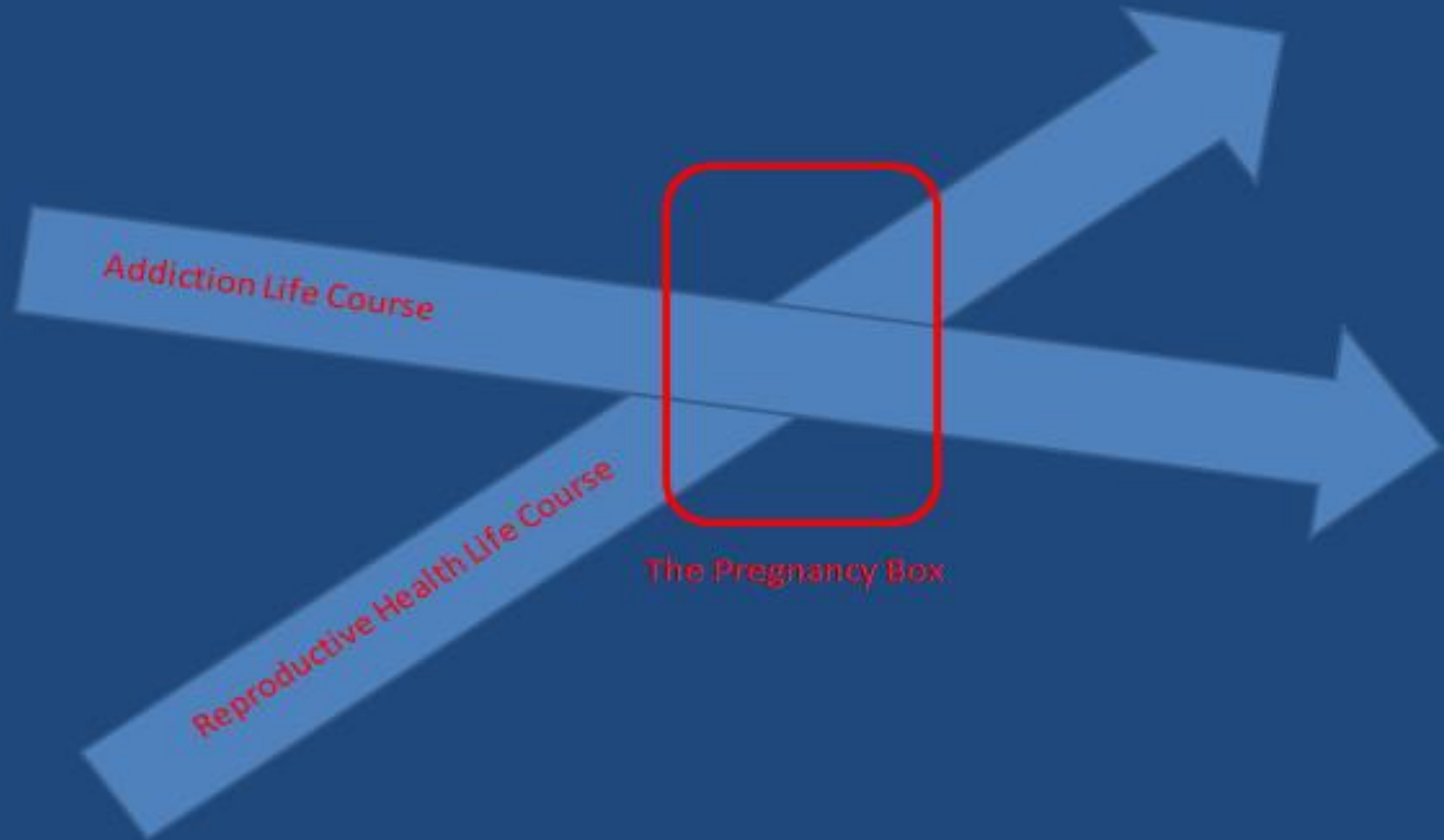
Substance Use and Addiction



Source: Mishka Terplan MD

- Addiction was a medical condition – before it wasn't
 - We are (re)discovering medicine and public health in substance use and addiction
- There is a relationship between what we consider addiction to be, and how we treat people with the disorder
 - Compassion and empathy predate judgment and discrimination

Source: Mishka Terplan MD



Source: Mishka Terplan MD

Most People with Addiction Receive no Treatment in Pregnancy



Table 3

Past year substance use disorder treatment receipt among reproductive age women in need of treatment.

Substance use disorder diagnosis	Total ^a	Not pregnant nor parenting	Pregnant [†]			Parenting	P values [‡]
			1st trimester	2nd trimester	3rd trimester		
Any past year substance use disorder treatment need [§]	9.3% (8.4–10.2)	8.8% (7.7–9.8)	12.8% (8.7–16.9)	9.4% (4.7–14.0)	18.7% (5.5–32.0)	9.9% (8.5–11.4)	0.063
Alcohol use disorder	7.4% (6.6–8.3)	6.8% (5.9–7.7)	11.8% (7.2–16.5)	9.0% (3.3–14.7)	16.2% (2.6–29.9)	8.2% (6.6–9.9)	0.021
Illicit drug use disorder	17.1% (15.5–18.7)	17.0% (14.8–19.2)	21.8% (13.9–29.6)	13.2% (5.1–21.3)	29.2% (8.5–49.9)	16.5% (13.7–19.3)	0.439
Opioid use disorder [¶]	23.6% (18.9–28.2)	31.1% (27.0–35.1)	34.7% (20.7–48.7)	20.0% (3.5–36.5)	31.1% (0.0–63.7)	23.6% (18.9–28.2)	0.033
			54.2% (30.2–78.1)				0.152



Plans of Safe Care



What is a Plan of Safe Care?

A plan of safe care addresses the **health and safety needs of the affected infant**, and the health and substance use disorder treatment needs of the affected family or caregiver.



Plan of Safe Care Components

Infant's Medical Care

- Prenatal exposure history
- Hospital care (NICU, length of stay, diagnosis)
- Other medical or developmental concerns
- Pediatric care and follow-up
- Referral to Early Intervention and other services
- Other

Mother's Medical Care

- Prenatal care history
- Pregnancy history
- Other medical concerns
- Screening and education
- Follow-up care with OB-GYN
- Referral to other health care services

Ensure Consents are signed with all providers.

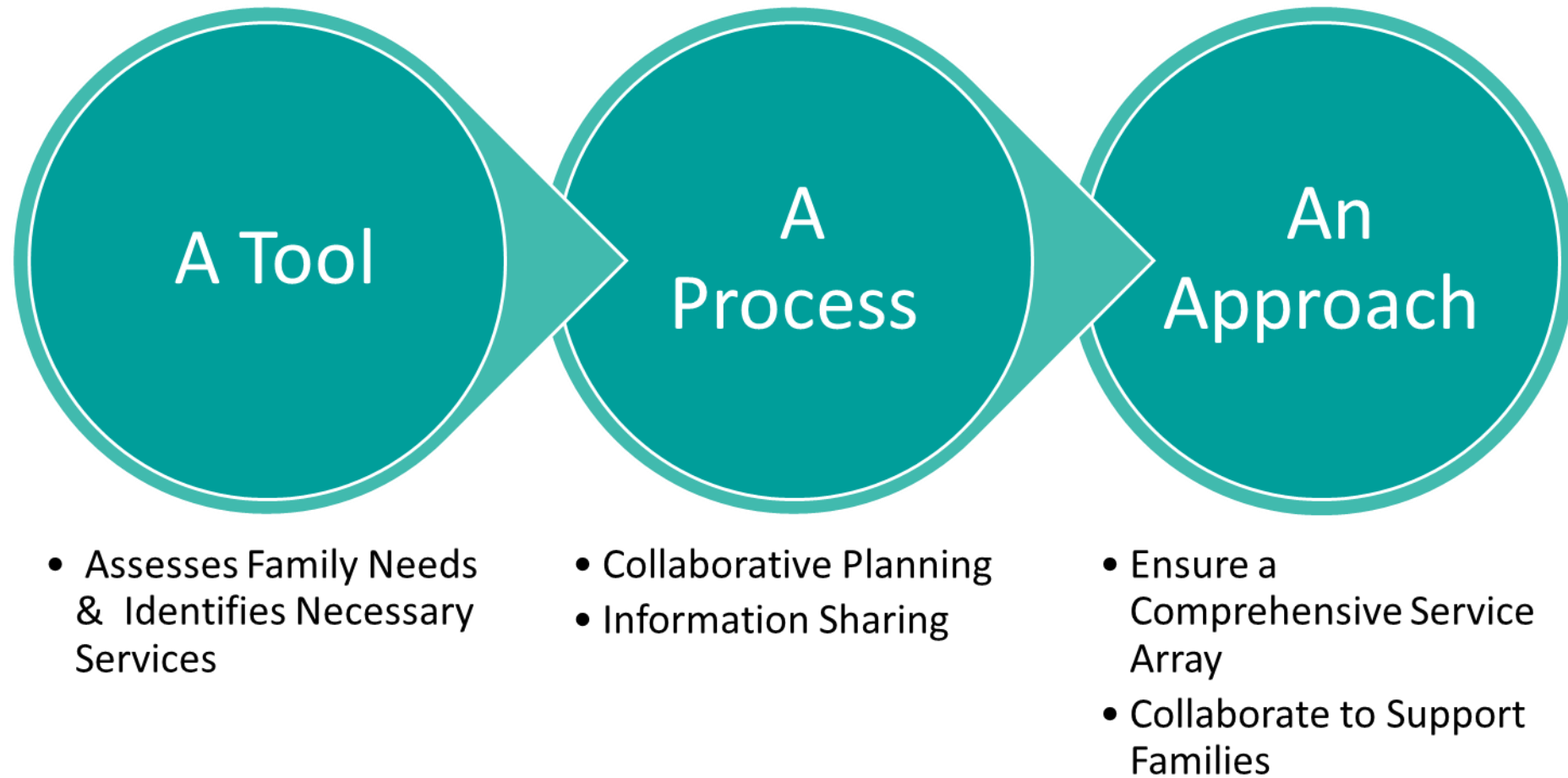
Mother's Substance Use and Mental Health Needs

- Substance Use history
- Mental Health history
- Treatment history
- Medication Assisted Treatment history
- Referrals for services

Family/Caregiver History and Needs

- Family history
- Living arrangements
- Parent-child relationships
- Prior involvement with child welfare
- Current services
- Other needed services
- Child safety and risk concerns

PLANS OF SAFE CARE



PREVENTION OPPORTUNITIES

Three options that jurisdictions are piloting:

- Creating a CAPTA Notification Pathway to provide an alternative to a child abuse report
- Developing prenatal plans of safe care
- Early intervention team to prevent family separation and to access treatment



PREVENTION OPPORTUNITIES

Not all States choosing a prevention approach during pregnancy

Emphasis on criminalization and punishment over public health



Result of Punitive Practices

Barriers to accessing care

Erosion of trust between patients and providers

Increased rates of Neonatal Abstinence Syndrome (JAMA, Nov. 2019)*

* Arkansas, Arizona, Colorado, Kentucky, Massachusetts, Maryland, Nevada, and Utah

Best Practices: Public Health Approach

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

A Public Health Response to Opioid Use in Pregnancy

Stephen W. Patrick, MD, MPH, MS, FAAP,^{a,b,c,d,e} Davida M. Schiff, MD, FAAP,^f COMMITTEE ON SUBSTANCE USE AND PREVENTION

The use of opioids during pregnancy has grown rapidly in the past decade. As opioid use during pregnancy increased, so did complications from their use, including neonatal abstinence syndrome. Several state governments responded to this increase by prosecuting and incarcerating pregnant women with substance use disorders; however, this approach has no proven benefits for maternal or infant health and may lead to avoidance of prenatal care and a decreased willingness to engage in substance use disorder treatment programs. A public health response, rather than a punitive approach to the opioid epidemic and substance use during pregnancy, is critical, including the following: a focus on preventing unintended

abstract

FREE

^aDepartments of Pediatrics and ^bHealth Policy, ^cMildred Stahlman Division of Neonatology, ^dVanderbilt Center for Health Services Research, and ^eVanderbilt Center for Addiction Research, Vanderbilt University, Nashville, Tennessee; and ^fDepartment of Pediatrics, Boston Medical Center and Boston University School of Medicine, Boston, Massachusetts

Dr Schiff conceptualized and drafted the initial manuscript and critically reviewed the revised manuscript. Dr Patrick conceptualized the manuscript and critically reviewed and revised the manuscript.



CAPTA Notification Option



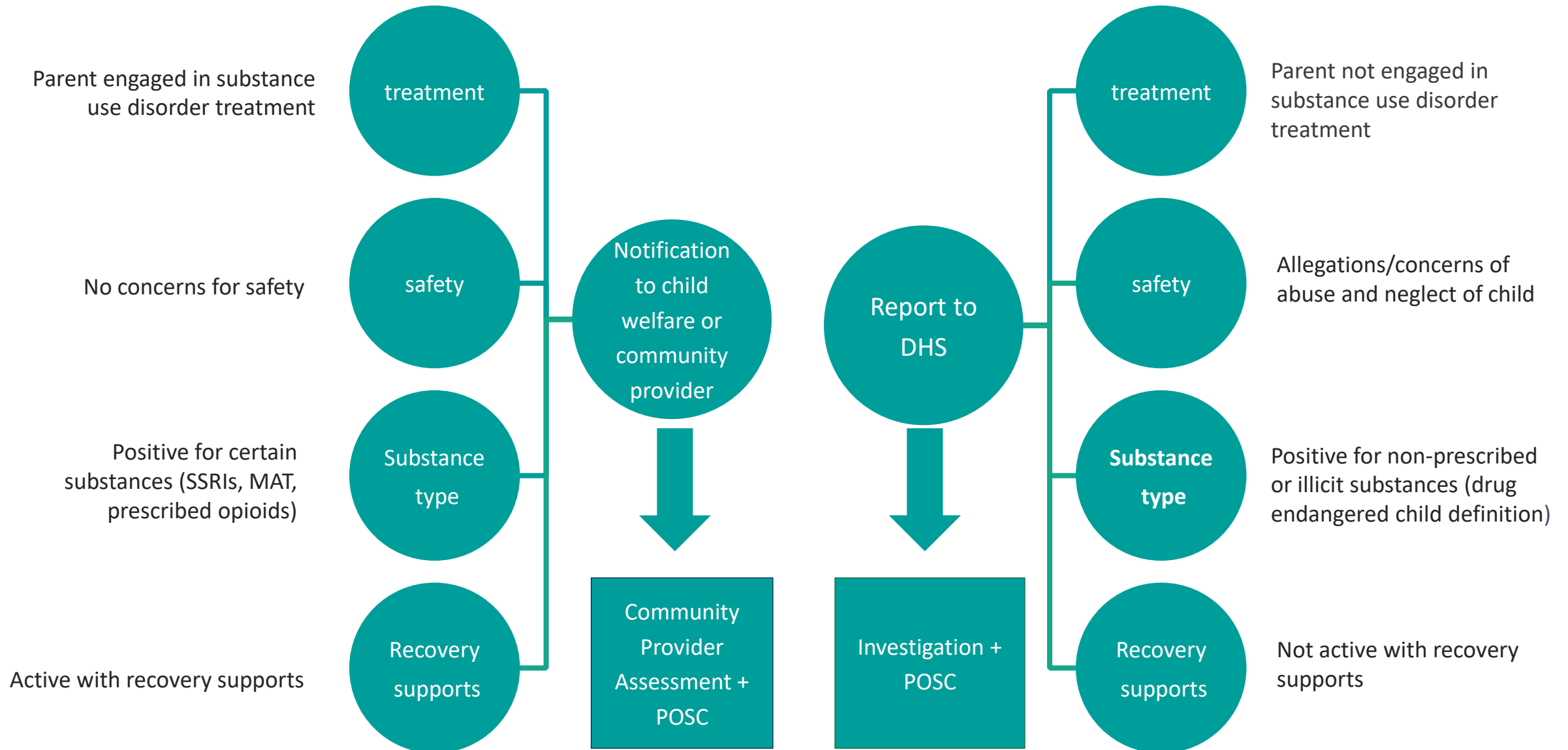
CAPTA Substance Exposed Infant (SEI) Definition

- Healthcare providers involved in the delivery of care of an infant born “affected by substance abuse” must notify child protective services.
- A plan of safe care is to be developed for these infants and their families.
- The requirements are intended to provide the needed services and supports for infants with prenatal exposure, their mothers with substance use disorders and their families to ensure a comprehensive response to the effects of prenatal exposure.
- Congress stated that these reports to CPS, on their own, are not grounds to substantiate child abuse or neglect.

Further Guidance from the Children’s Bureau(Program Instruction: ACYF-CB-PI-17-02....the development of a plan of safe care is required whether or not the circumstances constitute child maltreatment under state law.



Notification or Child Abuse Report Pathway Option



Child Abuse Report or CAPTA Notification Differentiators

Risk factors

Preparations for Newborn

Parent has not planned for safe sleep, does not have car seat, items for infant care

SUD & Co-Occurring Disorder

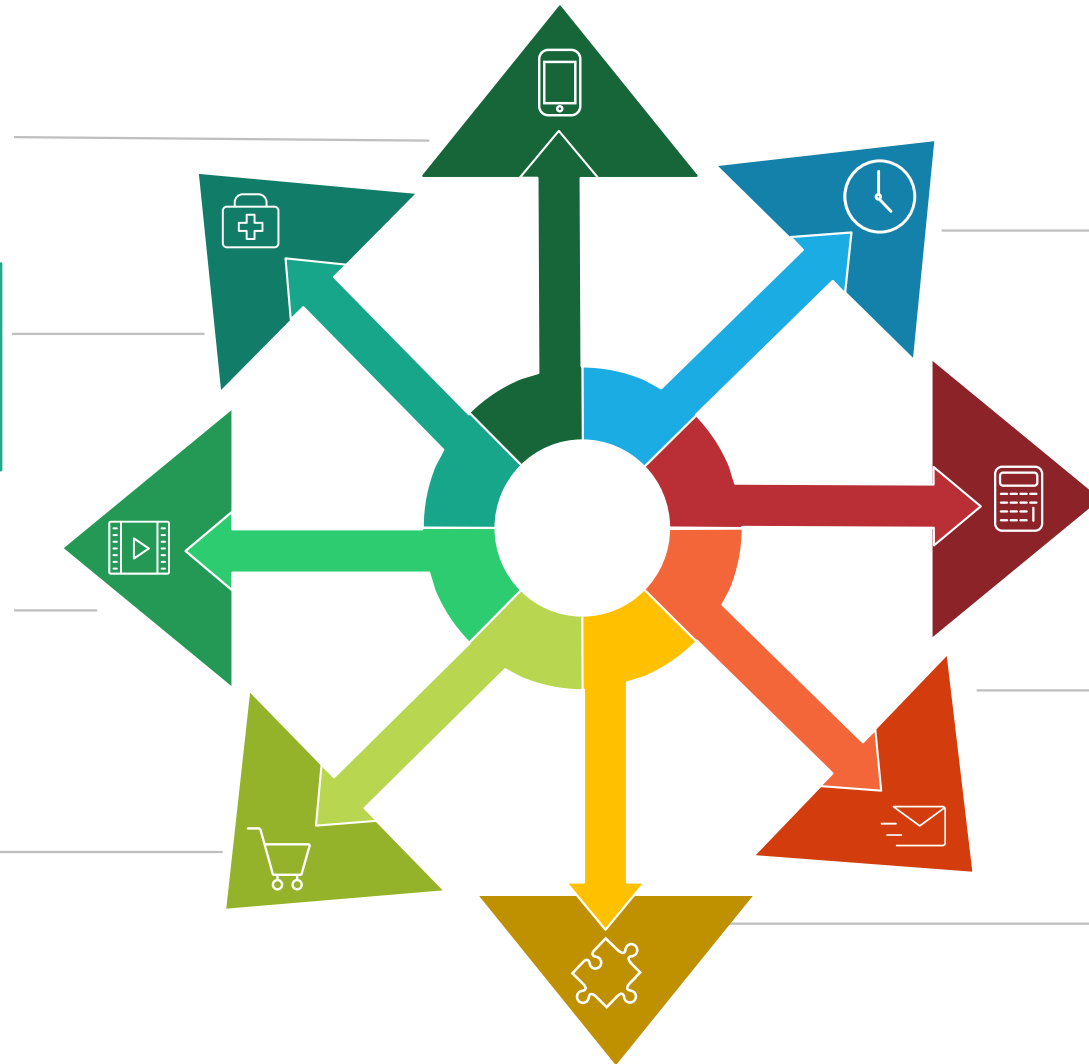
Recent entry to SUD treatment and/or untreated co-occurring mental health disorder that impairs parenting

Family and Community Supports

Not utilizing family or community supports

Infant Care/Medically complex

Significant difficulty with care of the infant (e.g., not visiting or participating in care) and/ or infant has complex medical needs and parent hasn't received training or demonstrated caretaking capacity



Strengths

Preparations for Newborn

Parent has a safe sleep plan, has obtained car seat and items for infant care

SUD & Co-Occurring disorder

Parent stable in SUD treatment and/or receiving treatment and supports for co-occurring disorder

Family and Community Supports

Family and community supports intact and actively providing support

Infant Care/Medically complex

Attentive care to infant, frequent visiting and/ or infant has complex medical needs, parent has received training and demonstrated capacity



Prenatal Plans of Safe Care



Promising Practice: Prenatal Family Care Plan in Oklahoma



Piloted in Tulsa and Okmulgee (2019-2020)



SUD Treatment Providers developed and monitored Family Care Plan



Plan to scale statewide in 2021 via new contract requirements



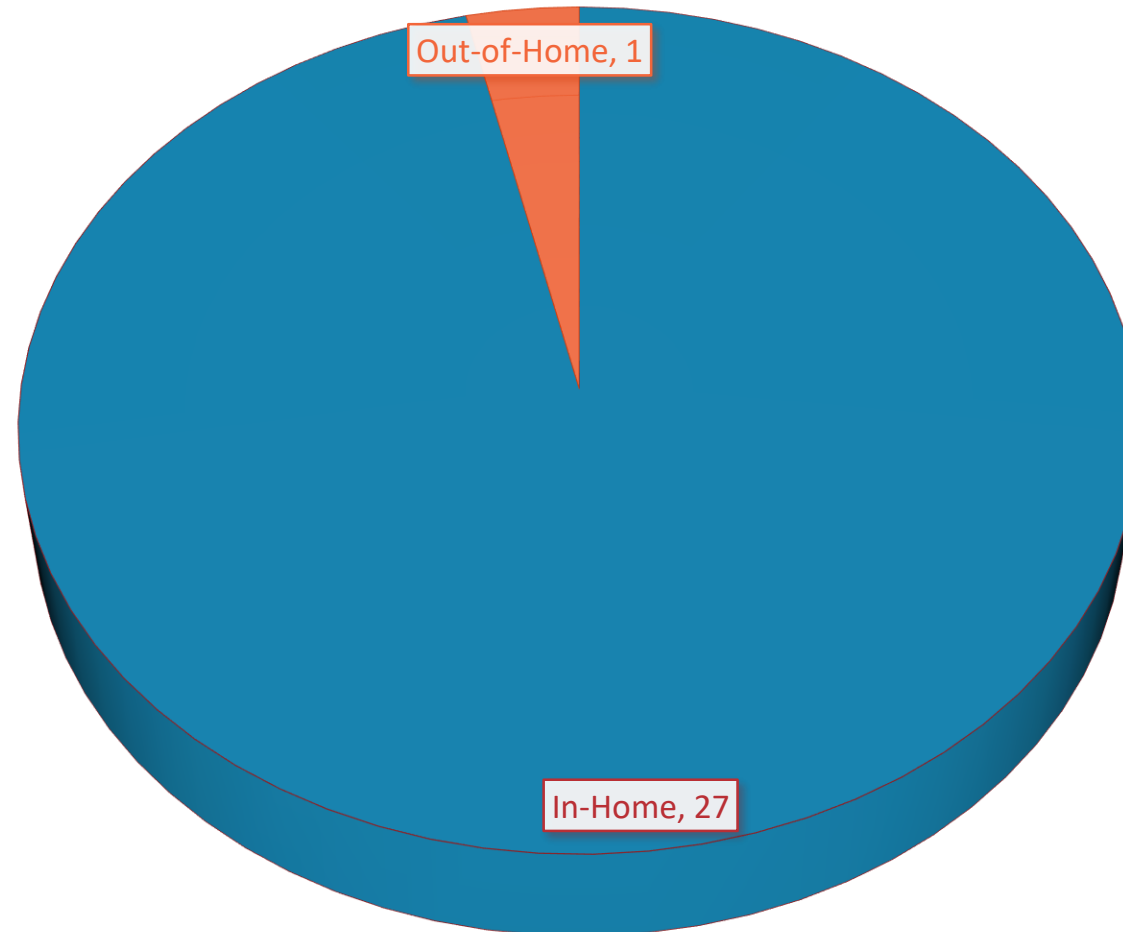
Prenatal FCP Infant Placement Outcomes

Tulsa and Okmulgee County (through August 2020)

S.A.F.E.R.
PROJECT



PROGRAM BIRTHS



EARLY INTERVENTION FOR INFANTS WITH PRENATAL SUBSTANCE EXPOSURE



- 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.



▶ THE 4TH TRIMESTER - POSTPARUM

- Critical Period
 - Newborn care, breastfeeding, maternal/infant attachment
 - Mood changes, sleep disturbances, physiologic changes
 - Cultural norms, “the ideal mother” in conflict with actuality of newborn care
 - Insurance and welfare realignment
- Neglected Period
 - Care shifts from frequent to infrequent
 - From Mom-focused (PNC provider) to Baby-focused (Pediatrician)
 - From “medical” to “social” (WIC)
 - Continuity of Care: Addiction Provider



5 POINTS OF FAMILY INTERVENTION



PRE-PREGNANCY

Focus on preventing substance use disorders before a woman becomes pregnant through promoting public awareness of the effects of substance use (including alcohol and tobacco) during pregnancy and encouraging access to appropriate substance use disorder treatment

PRENATAL

Focus on identifying substance use disorders among pregnant women through screening and assessment, engaging women into effective treatment services, and providing ongoing services to support recovery

BIRTH

Focus on identifying and addressing the needs of infants affected by prenatal substance exposure, withdrawal symptoms, and Fetal Alcohol Spectrum Disorder including the immediate need for bonding and attachment with a safe, stable, consistent caregiver

NEONATAL, INFANCY, & POSTPARTUM

Focus on ensuring the infant's safety and responding to the needs of the infant, parent, and family through a comprehensive approach that ensures consistent access to a safe, stable caregiver and a supportive early care environment

CHILDHOOD & ADOLESCENCE

Focus on identifying and responding to the unique developmental and service needs of the toddler, preschooler, child, and adolescent who was prenatally exposed through a comprehensive family-centered approach

Opportunities and Challenges

For women with substance use disorders and their infants and families

Prenatal



Prenatal Screening
Substance Use
Disorder Treatment

Birth



Birth Protocols

Beyond



Ongoing Support
and Services

What Outcomes Are We Trying to Achieve ?



Healthier
pregnancies




Healthier
babies



Remain
together



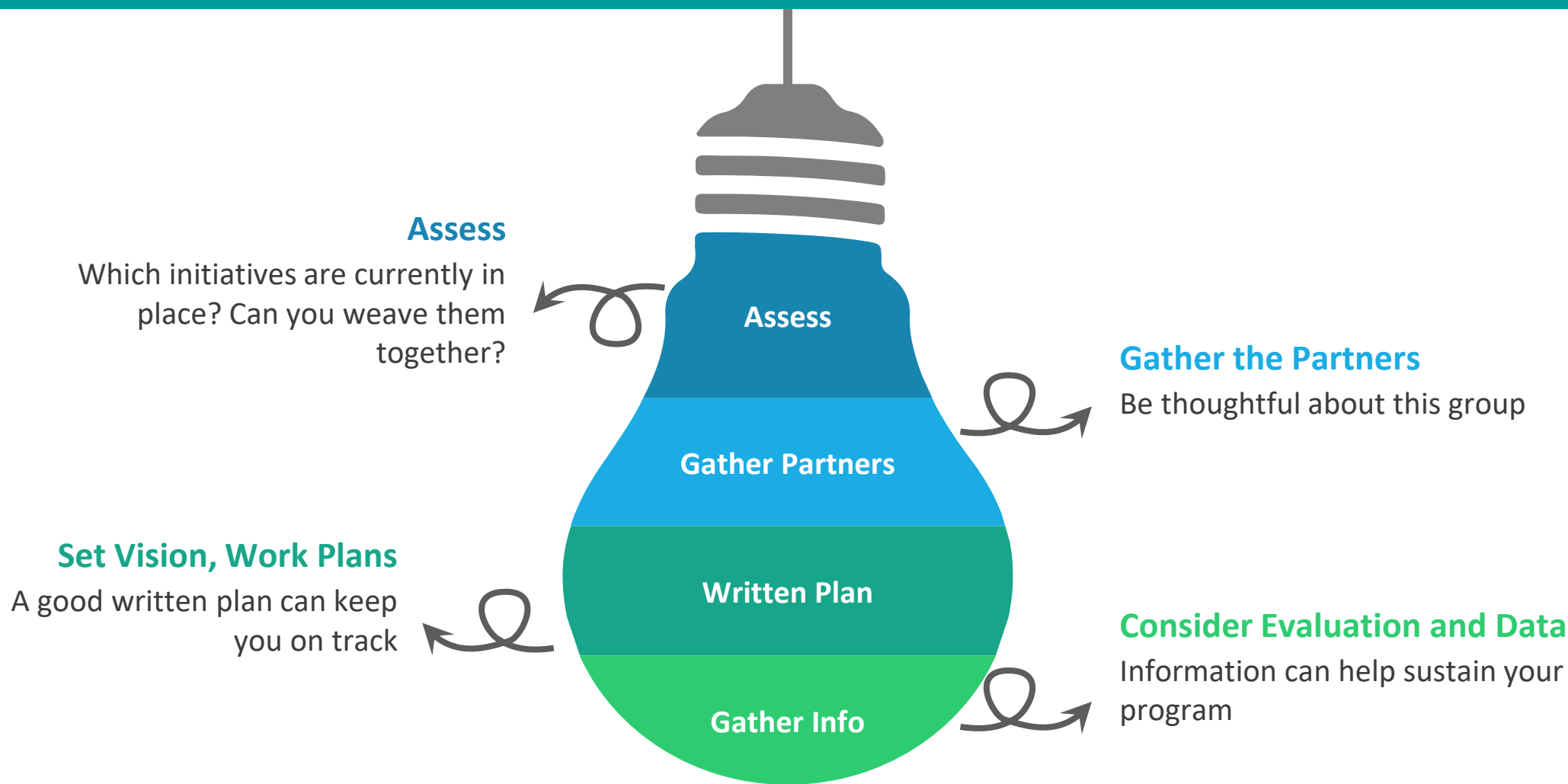
Stronger
families



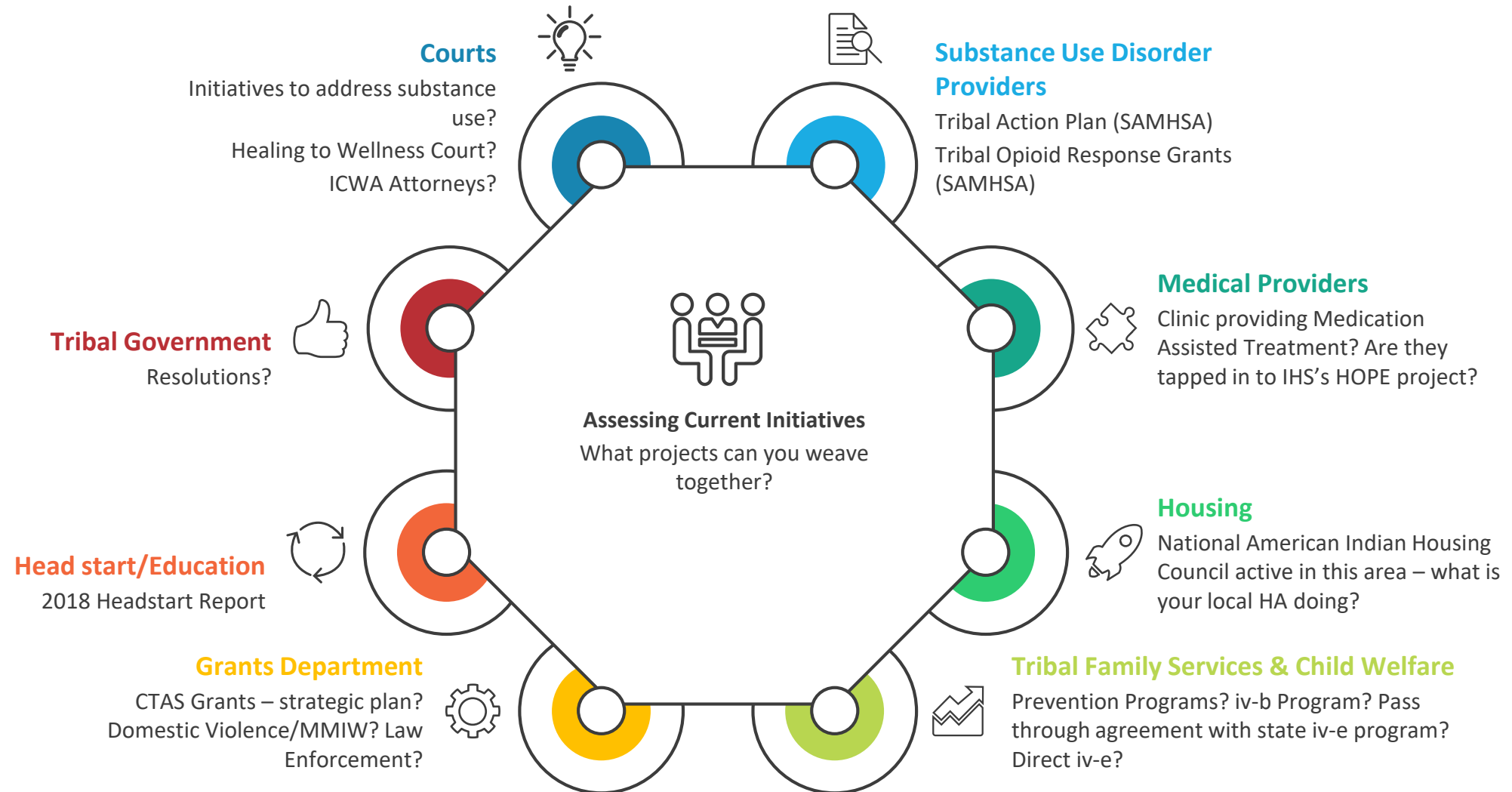
Building your own Collaborations



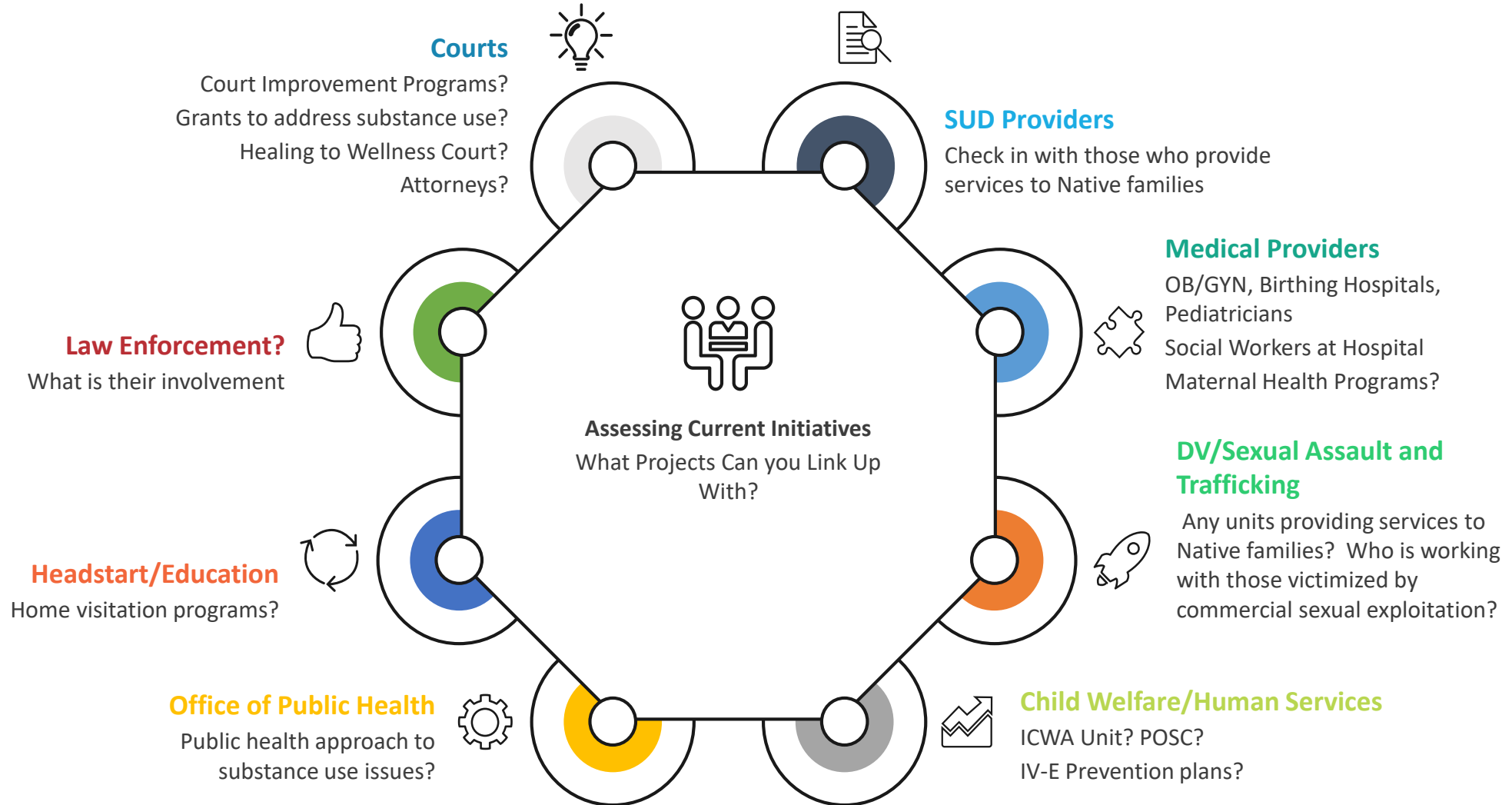
Building Your Plan of Safe Care Program



Assessment – Intra-Tribal

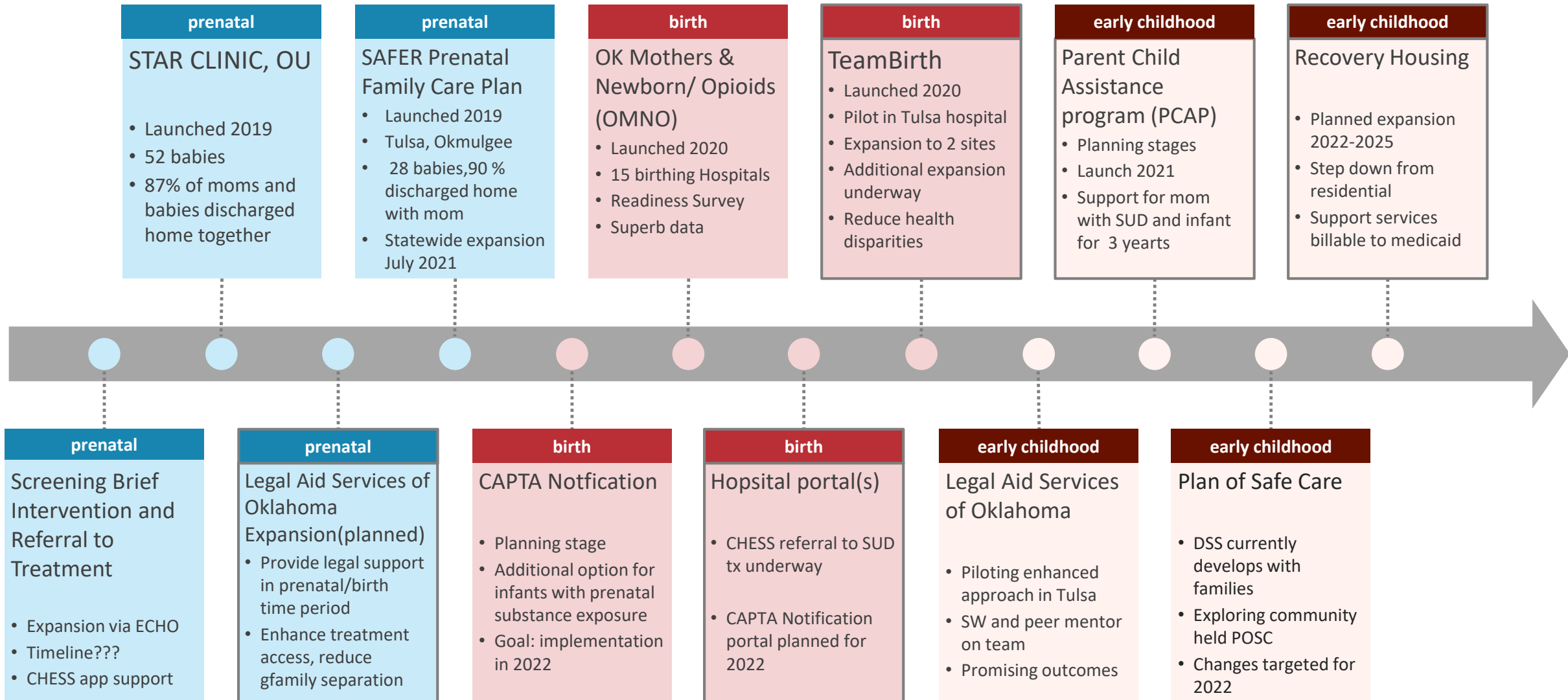


Assessment – State & Local Initiatives



Oklahoma Continuum of Supports for families experiencing an SUD

Prenatal through Early Childhood



Assemble the Team

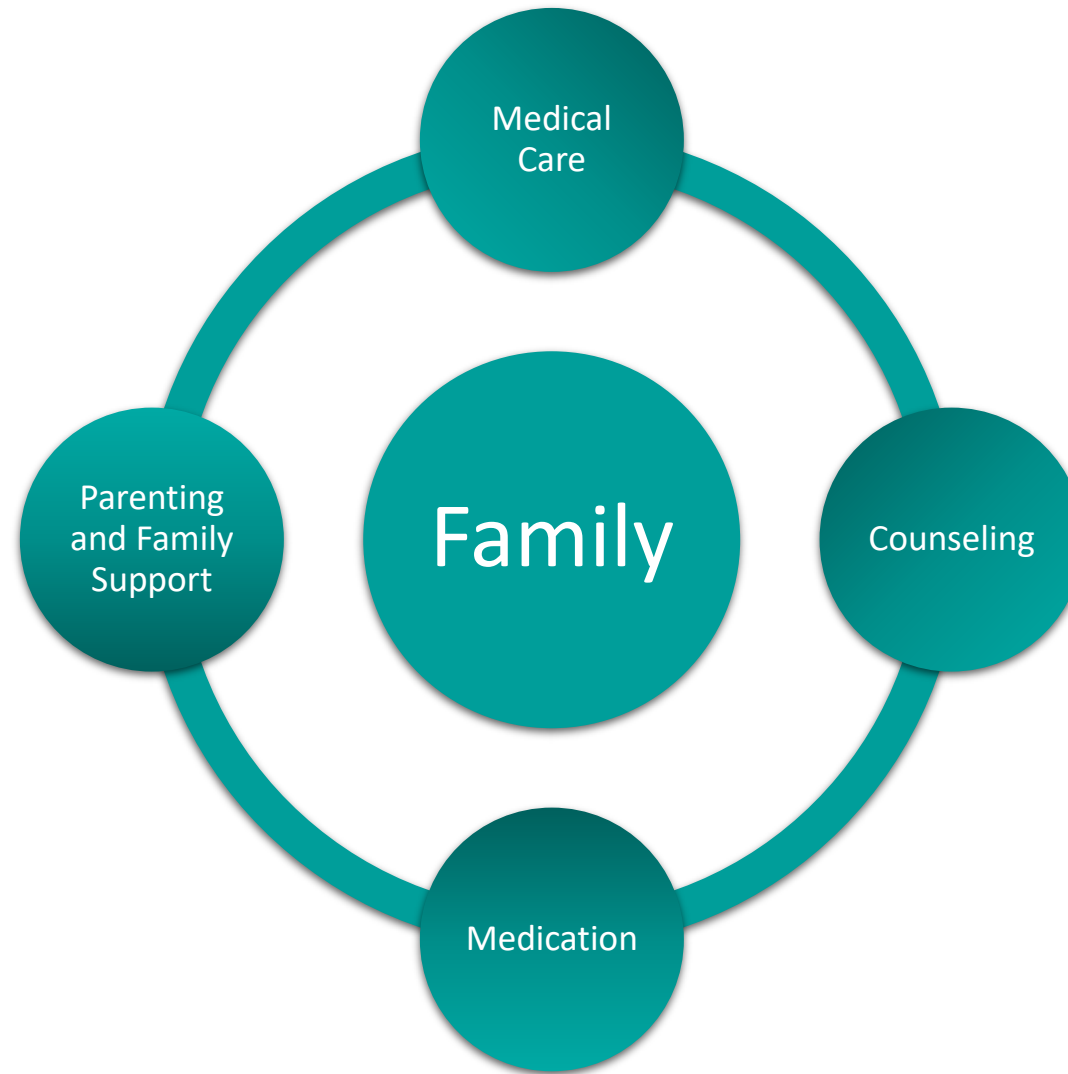
- Community Members
- Cultural Advisors
- Families with Lived Experience
- Support staff

But don't forget

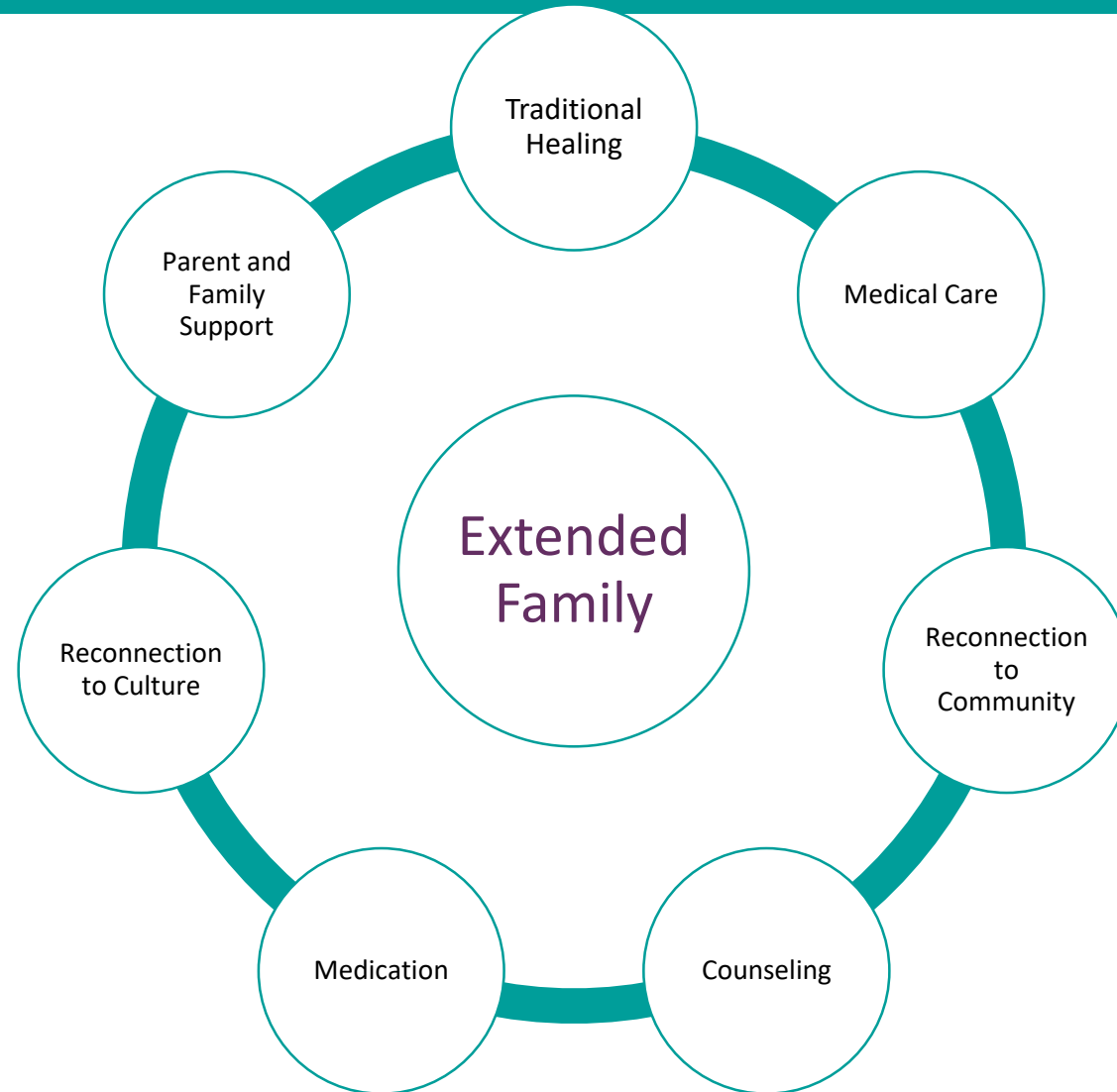
- Champions
- Visionaries
- Consensus builders
- People with insight into history of relationships



Typical domains in state plan of safe care templates



What a template for Native families might include



Yurok Tribal Court Cultural Survey Please choose the answer that best fits you.	Not at all important	Not very important	Somewhat important	Very important
Do you identify with Yurok Culture and Traditional practices?				
Are you interested in connecting with Yurok Culture and Traditional practices?				
Does your family support that?				
Do you have support from family or community to participate in these practices?				
Do you know your family tree?				
Do you understand the Yurok Tribe Family system?				
Do you know the history of the Yurok Tribe?				

My Family, Friends, Tribe, and Community Resources are here to support me attain Pyuech we-son-o-wok (a state of being when everything is just as it should be—balanced/wellness)		
	Name	Organization/Phone Number/Contact Information
Family		
Friends		
Mentor/Navigator		
Family Advocate		
Service Provider		
Service Provider		
Others		

To attain Pyuech ‘we-son-o-wek, I must first identify my challenges. Please circle all substances used in the past year.			
Methadone		Opioids	
Buprenorphine		Benzodiazepines	
Naltrexone		Methamphetamine	
Prescribed opioids for chronic pain		Amphetamine	
Prescribed benzodiazepines		Kratom	
Marijuana		Other	
Nicotine/Tobacco		Other	
Alcohol		Other	
What Steps Can I take to overcome my challenges (for example, open to using NARCAN):			
1.			
2.			
3.			

My Prenatal Plan	
My Immediate need: (Ex Housing, Food, Transportation, car seat, diapers, etc.	
1.	
2.	
Please list healthy goals you would like to achieve during your pregnancy (Ex: Prenatal Vitamins, nutritional classes, exercise, AOD meeting,	
1.	. Prenatal Period
2.	
My Prenatal Appointment	
Scheduled Date: _____ Time: _____ Place: _____ Care Provider: _____	

Information I can expect at my prenatal visit

What to Expect during your birth hospital stay, a tour of the birth place, a review of your preference for your birth plan

Information about Safe Sleep

Child Birth Class Options

The benefits of Breast Feeding

Guides on Rooming In

Resources available to you and your family

Options available to help you manage pain

Information about substance use and pregnancy

a review of Neonatal Abstinence Syndrome: what it is, how it is diagnosed and treated and the important role moms have in caring for their babies

Mandatory Reporting and the role of Child Welfare

My Birth Plan
Due Date: _____; Emergency Contact: _____
Schedule registration at the hospital: Mad River, Saint Joe's, or Sutter Coast or Other: _____ Address: _____; Telephone: _____; With: _____; Date: _____
Important Things to Know About me:
Special Instructions for Delivery and Birth: (Ex. I would like to labor naturally/or receive pain medication when I arrive at the hospital)
In the Case of a Caesarean Section:
Important Issues, Fears, or Concerns:
Important People I Would Like in the Room While I Give Birth

III. Post-Partum Period

My Post- Partum Plan	
My Immediate Needs:	
Do you plan to have another baby within the next 12 months? (if appropriate, birth control discussion)	
Please discuss whether you would be open to family or friends helping you in your home with your baby? Other children?	
Sleeping Arrangements Mother/Baby:	Feeding Mother/Baby:
Visitors:	

IV. Infant Needs

My Baby	
Prenatal Exposure History:	
Hospital Care: (Ex. NICU, APGAR, Length of stay, Diagnosis)	
Follow up Pediatric Care:	Provider:
Other Medical Care or Developmental Concerns:	
Referral to Trauma Informed Early Child Care:	
Referral to Early Intervention and Other Services:	



The Family Care Plan (FCP) is developed with the pregnant individual and other involved caregivers before the infant is born. The goal of the FCP is to serve as a tool to help the pregnant individual navigate the care and services for them and their infant both before and after delivery.

Demographic Information

Partner's Name:	Partner's DOB:	Partner Contact Info:
-----------------	----------------	-----------------------

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

Name	Role	Contact Info

1000



OKLAHOMA FAMILY CARE PLAN

Immediate Needs		
<input type="checkbox"/> Basic Needs	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Physical Needs
<input type="checkbox"/> Educational Needs	<input type="checkbox"/> Parenting & Family Support	<input type="checkbox"/> Other (Describe below)
If other, describe below:		
Services, Supports, and Referrals		
Basic Needs		
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Food Supports (WIC, SNAP, etc.)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Safety Supports (DV)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Behavioral Health		
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Medication Assisted Treatment (MAT)/ Office-Based Opioid Treatment (OBOT)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Mental Health Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Substance Use Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Recovery Supports (ex. 12-step group, NA/AA)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable
Peer Support		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable



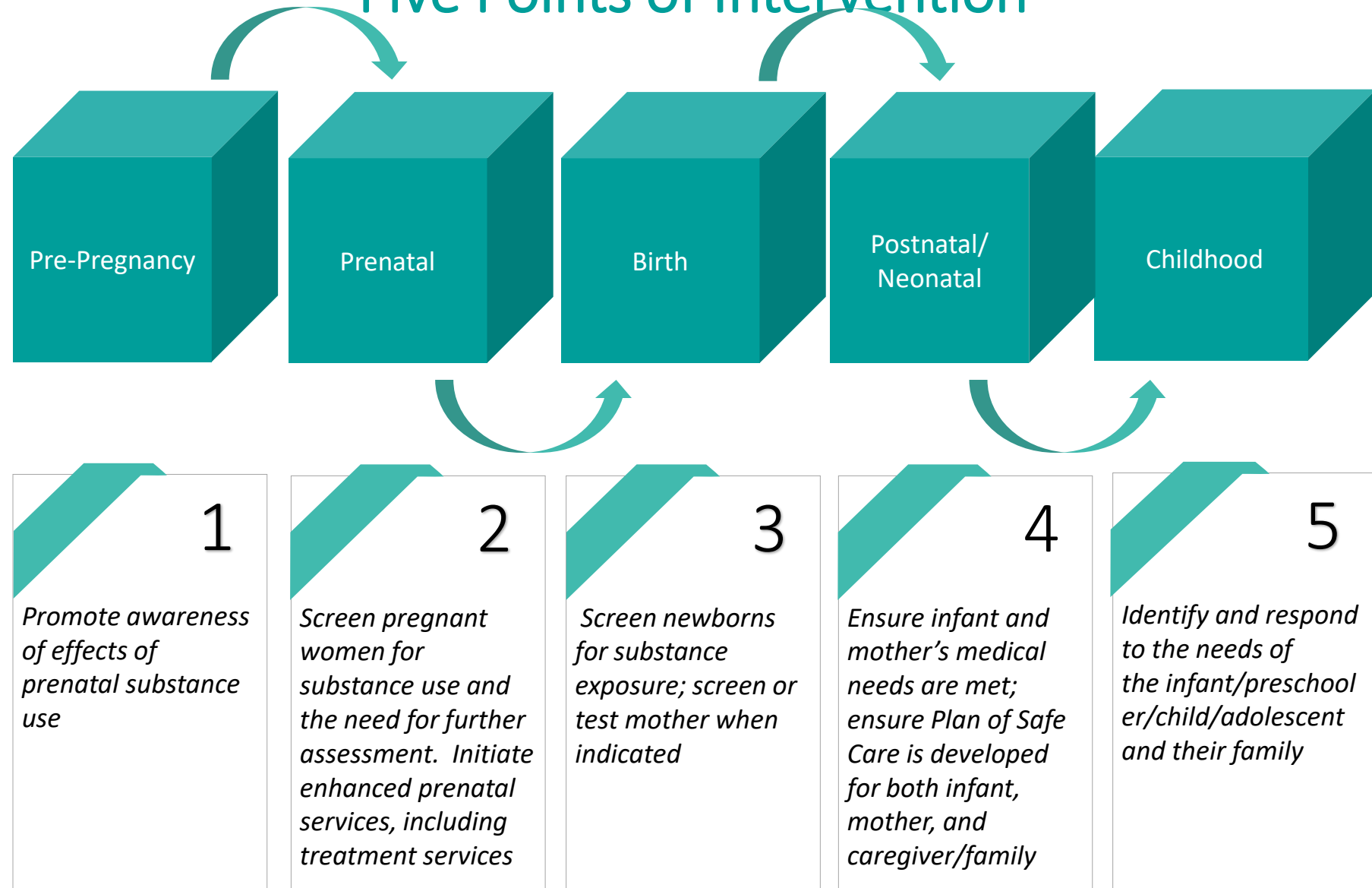
OKLAHOMA FAMILY CARE PLAN

Physical Health			
Pediatric specialist referral		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable	
Medical/Primary Care Support		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable	
Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable	
Education Support			
Employment/ Education			
Legal Assistance			
Parenting & Family Support			
Safe Sleep/ Eat, Sleep, Console Education		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable	
Sooner Start/ Early Head Start		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable	
Childcare Resources		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable	
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New Referral Placed <input type="checkbox"/> Not Applicable	
**confidentiality must be protected; parent/caregiver may choose to disclose contact information or leave blank			
Notes/ Follow-Up Needed			
Tracking			
Date FCP initiated:	Date Revised:	<input type="checkbox"/> Copy on file	<input type="checkbox"/> Copy given to parent
Date Baby Delivered:		<input type="checkbox"/> Copy given to Infant's PCP	<input type="checkbox"/> Declined FCP

The Binder

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Five Points of Intervention



DISCUSSION QUESTION

- What services would you want to provide to families at each of the 5 points of intervention?
 - Pre-pregnancy
 - Prenatal
 - Birth
 - Neonatal, infancy & postpartum
 - Childhood and adolescence





QUESTION AND ANSWERS





FOR FURTHER INFORMATION



Suzanne Garcia

Tribal Legal and Child Welfare
Specialist
Tribal Law and Policy Institute

Suzanne@tlpi.org



Teri Kook

Senior Program Associate
Children and Family Futures

tkook@cffutures.org





THANK YOU!

www.Home.TLPI.org
info@TLPI.org



Resources



Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

▶ ROLE OF THE JUDGE: PLAN OF SAFE CARE

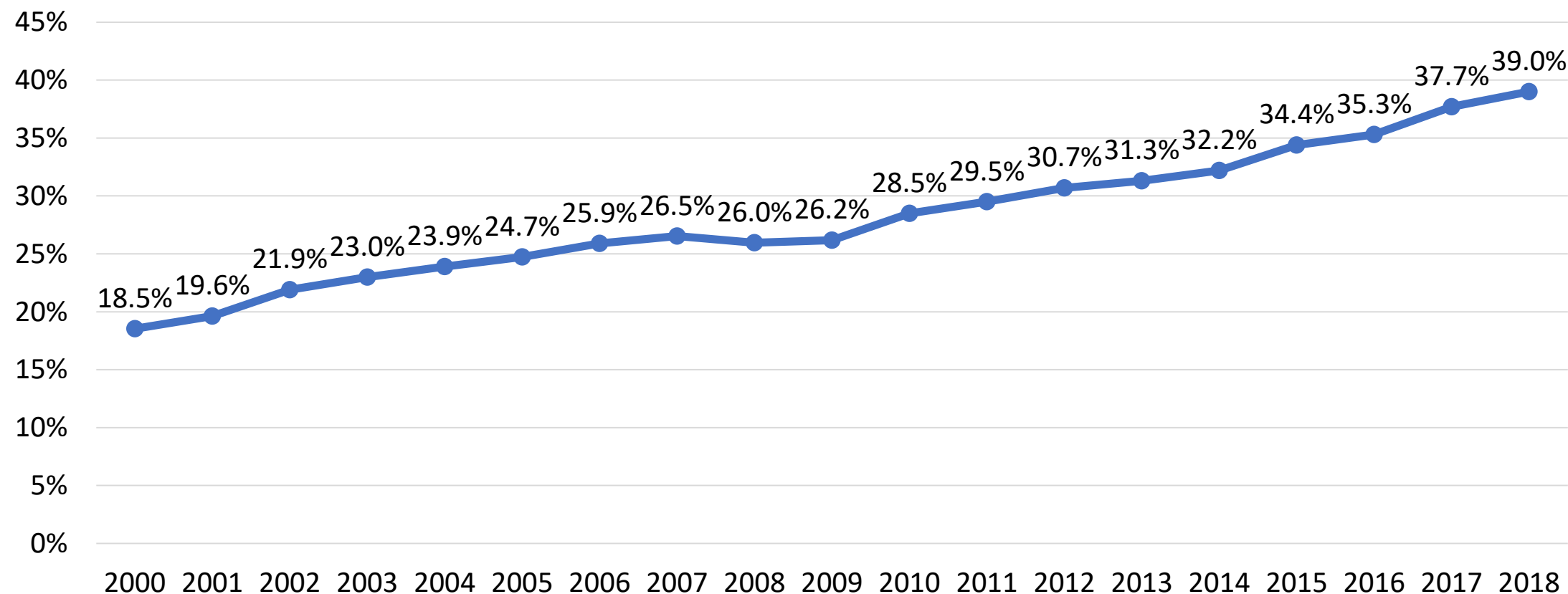
- For families with SUDs, ask “is there a plan of safe care for the infant and family/caregiver?”
- If the infant is placed in foster care, ask about the frequency of family time and visitation that promotes parent/infant bonding
- Ensure reasonable efforts are met
- Ensure access to timely and effective family-centered treatment services and how they are coordinated with maternal and infant healthcare.
- Develop collaborative partnerships with maternal and infant health care providers, hospitals, child welfare, SUD treatment providers (including medication assisted treatment), the court, and early intervention providers
- Encourage a prevention mindset within the courtroom and with partners to help prevent removals
- Advocate for the use of Title IV-E funding to keep children with their parent in residential substance use disorder treatment

What the Data Tells Us



Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2000 to 2018

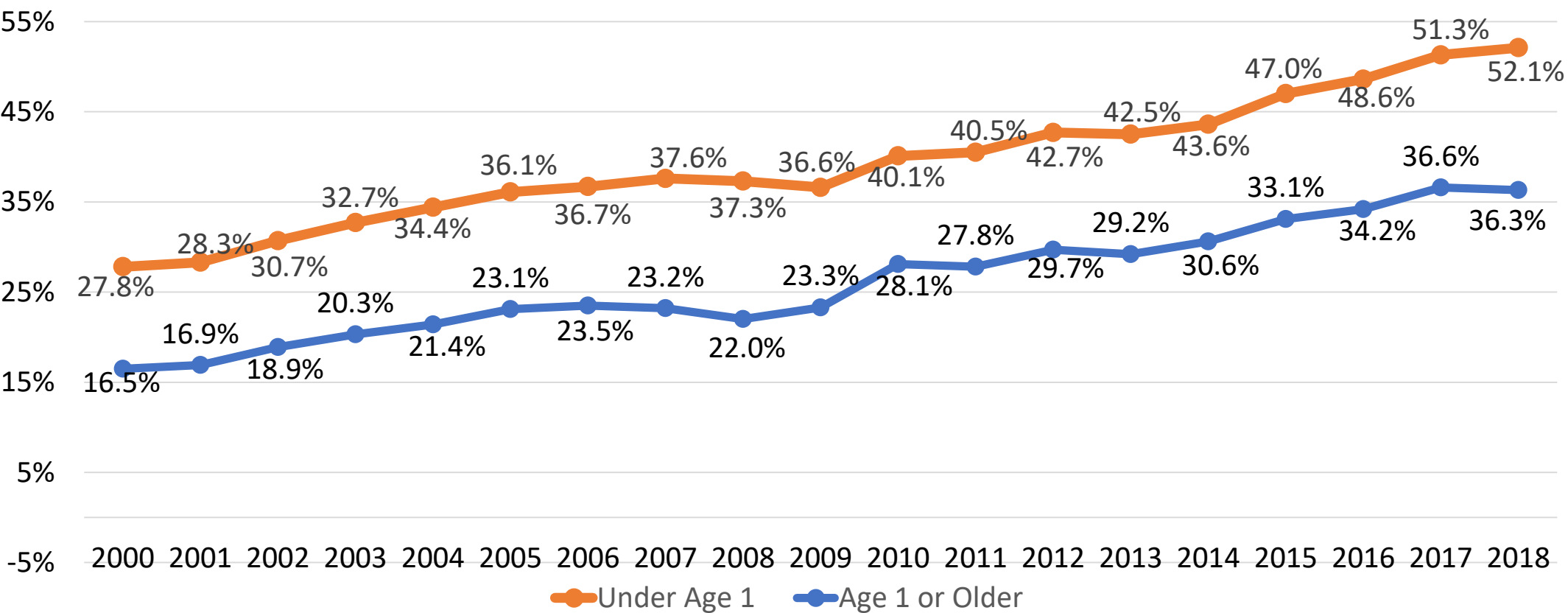
Source: AFCARS Data, 2000-2018



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

Incidence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal **By Age** in the United States, 2000 to 2018

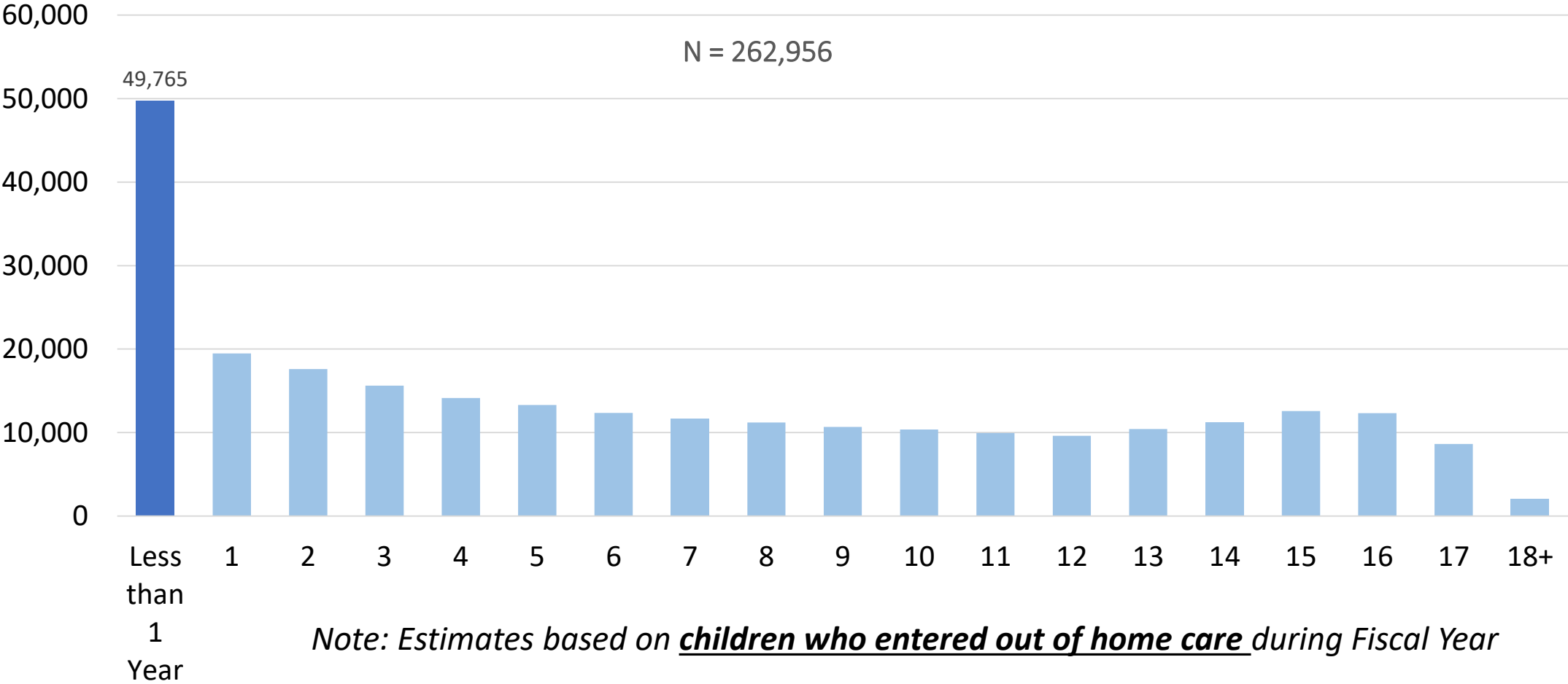
Source: AFCARS Data, 2000-2018



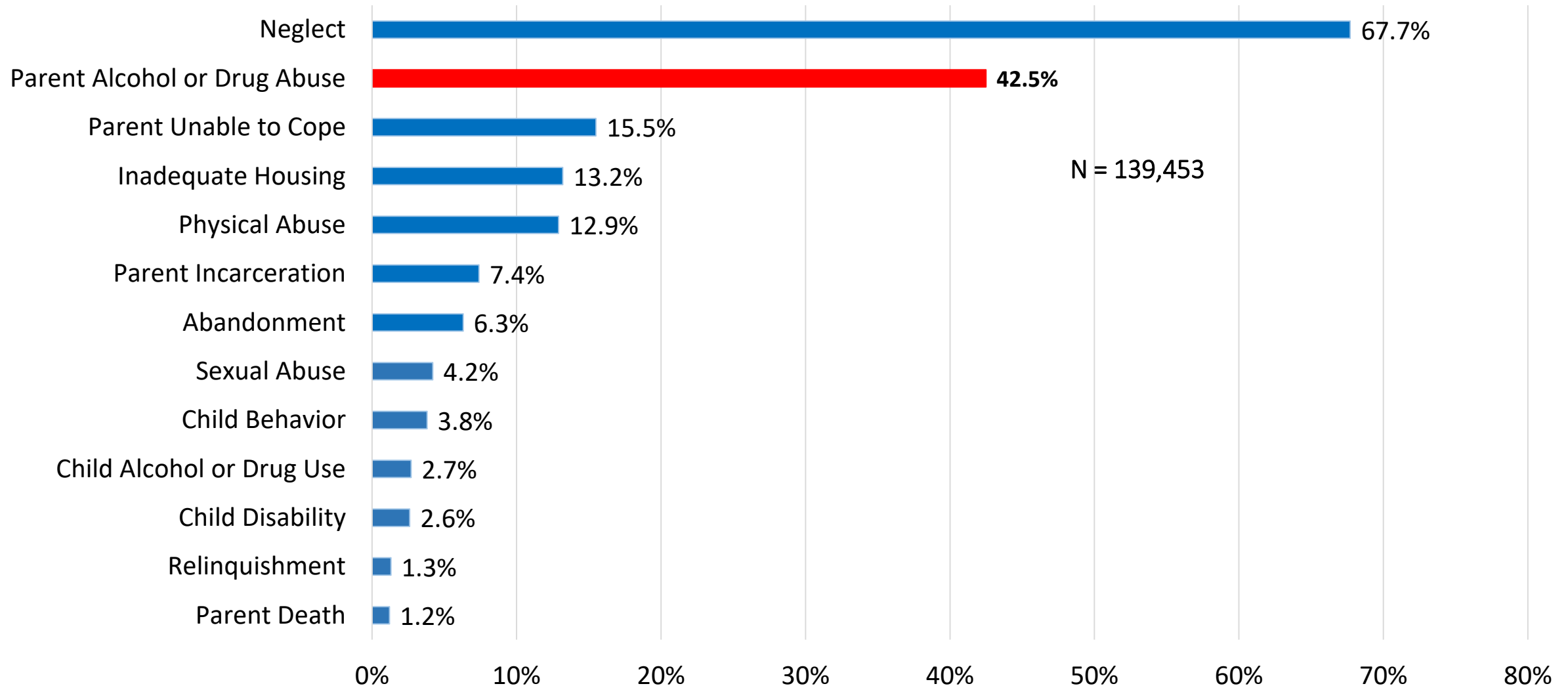
Note: Estimates based on children who entered out of home care during Fiscal Year

Number of Children Who Entered Out of Home Care, by Age at Removal in the United States, 2018

Source: AFCARS Data, 2018 v1



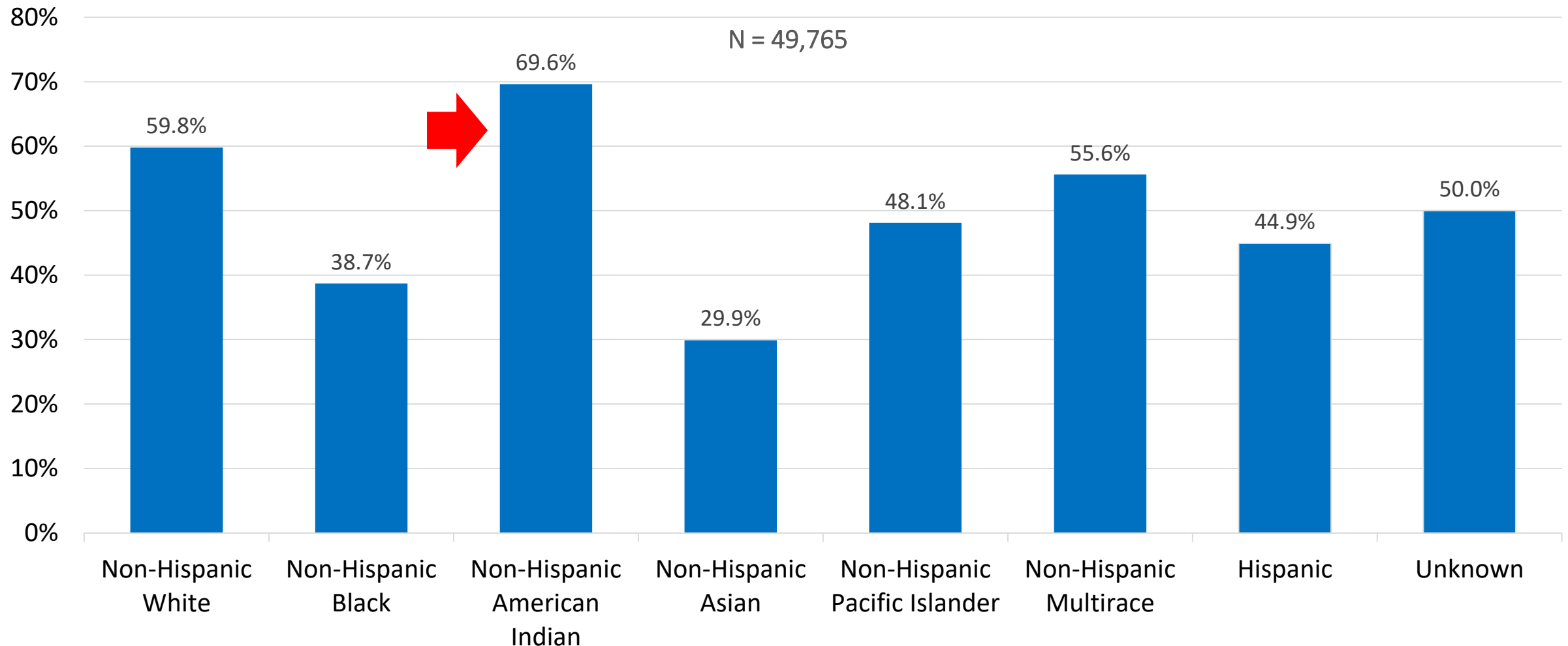
Percent of Children with **Terminated Parental Rights** by Identified Condition of Removal in the United States, 2018



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

Source: AFCARS Data, 2018 v1

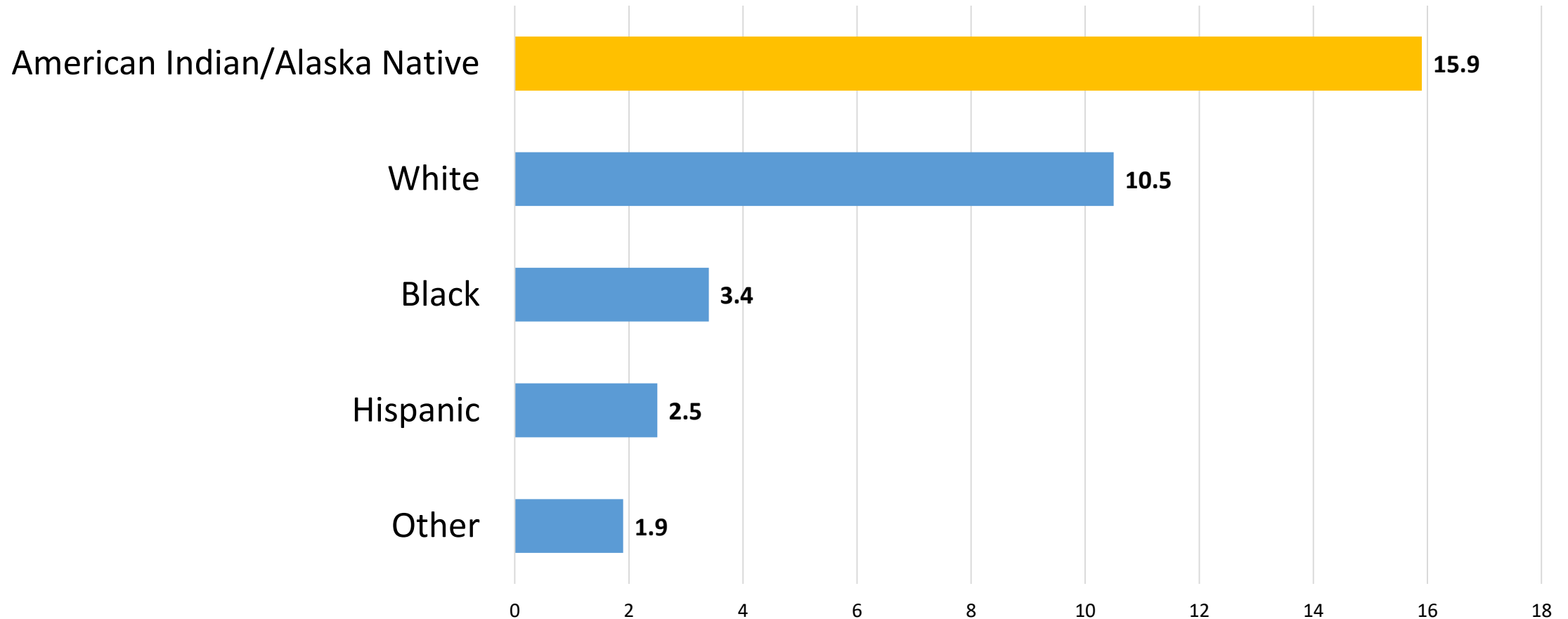
Percent of Children Under Age 1 with Parental Alcohol or Drug Abuse as an Identified Condition of Removal by Ethnicity/Race in the United States, 2018



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

Source: AFCARS Data, 2018 v1

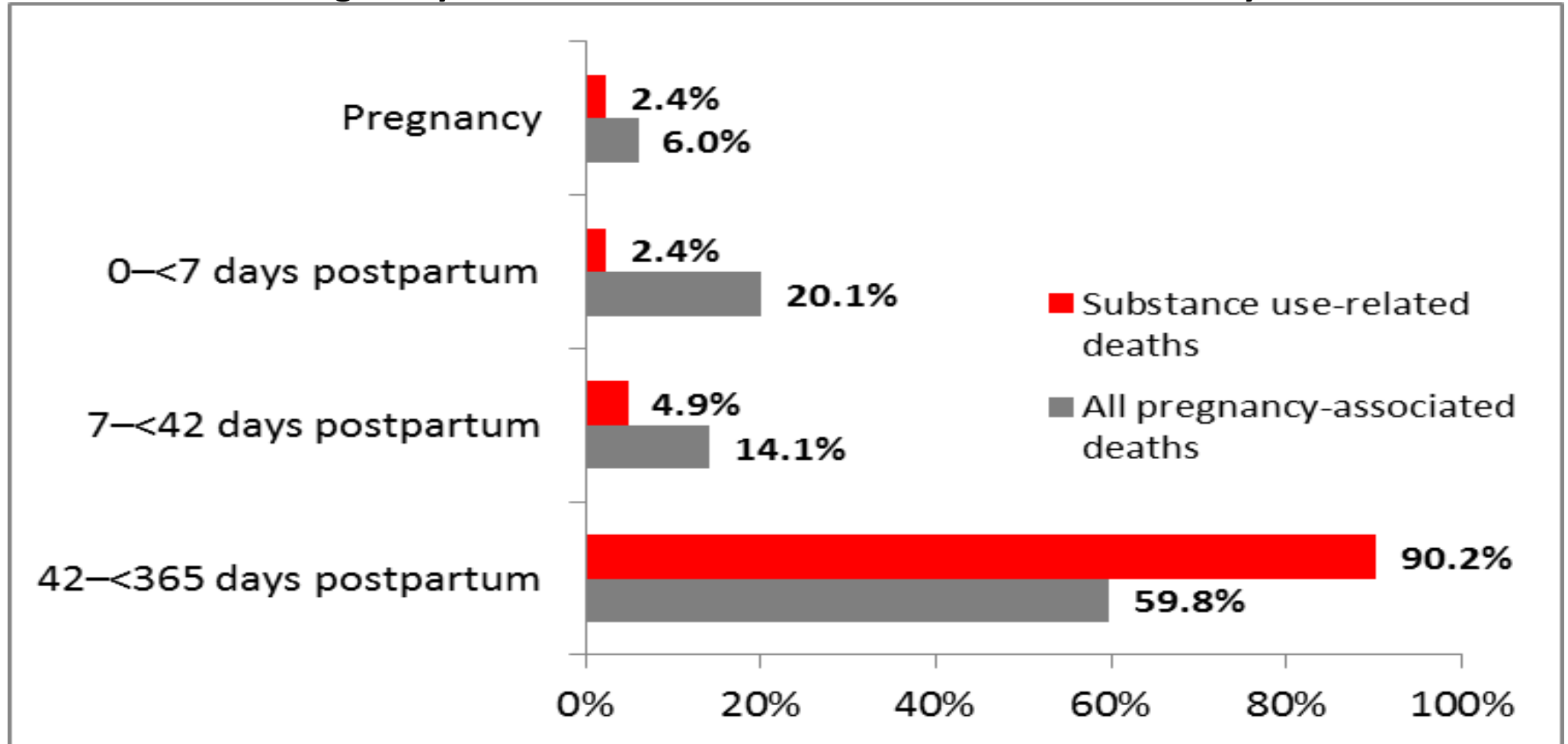
Neonatal Abstinence Syndrome Rates per 1000 Births, 2016



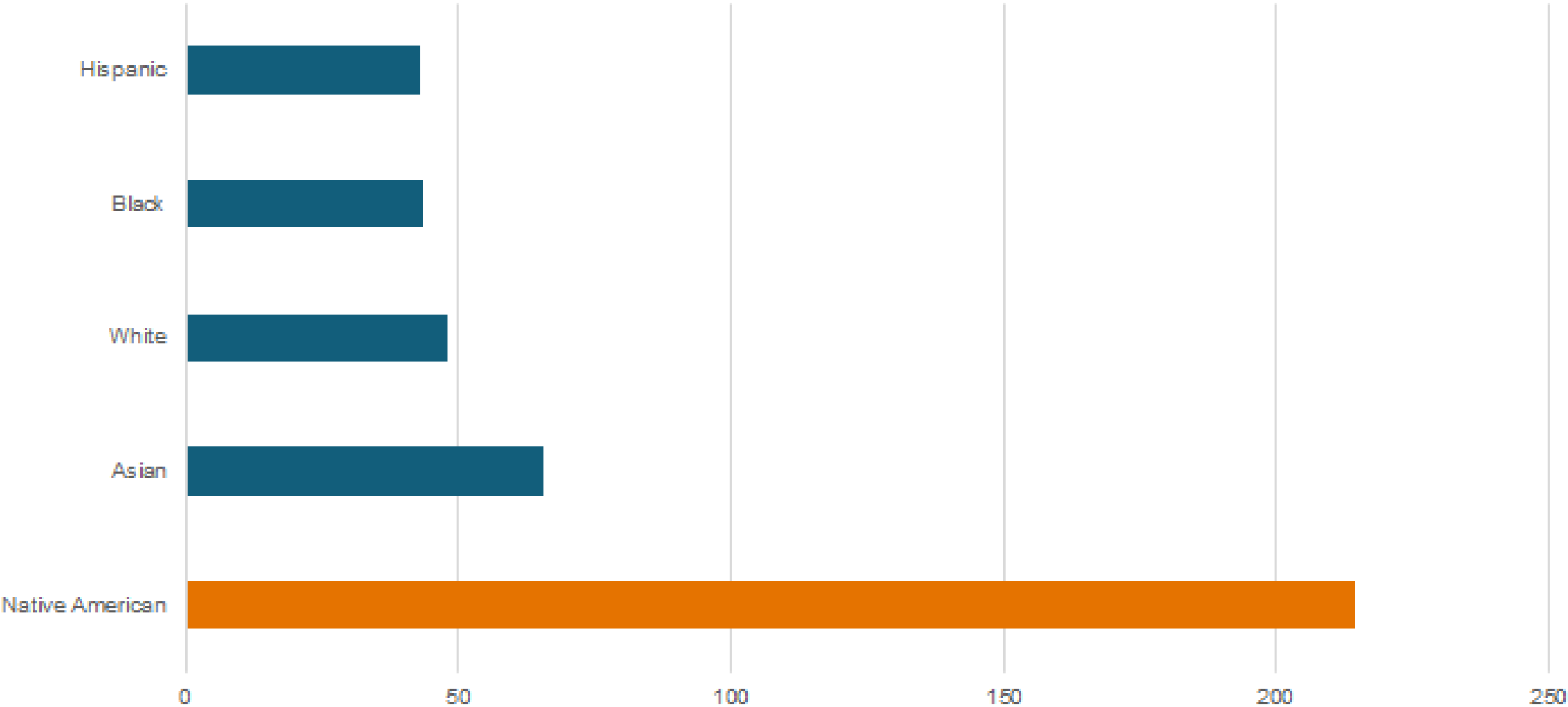
Source: Strahan, A. E., Guy, G. P., Bohm, M., Frey, M., & Ko, J. Y. (2020). Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016. *JAMA pediatrics*, 174(2), 200-202

Most Substance Use-Associated Pregnancy Mortality is After Delivery

Percent of Pregnancy-Associated Deaths Related to Substance Use by Time



PREGNANCY-ASSOCIATED MORTALITY RATIO (PAMR) BY RACE/ETHNICITY, COLORADO, 2014-2016

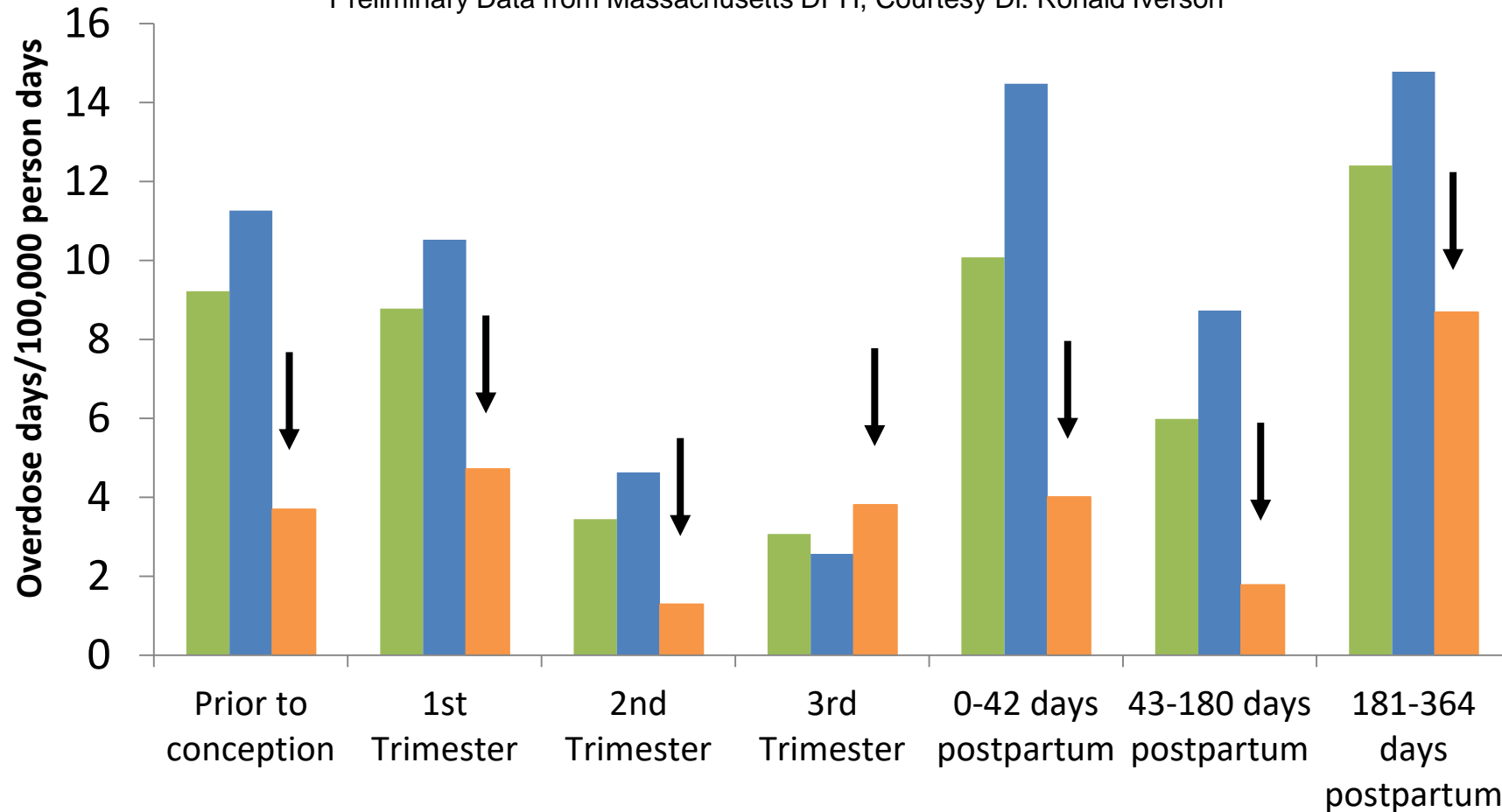


Source: Colorado Maternal Mortality Prevention Program Legislative Report 2014–2016. Colorado Department of Public Health and Environment. 2020.

MAT Reduces Maternal Overdoses

Opioid Overdose Rates Among MA Mothers with Evidence of OUD in
Year Prior to Delivery by Receipt of Treatment, 2011-2015
n = 4,154 Deliveries

Preliminary Data from Massachusetts DPH, Courtesy Dr. Ronald Iverson



overall



No treatment received



MAT received



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New QIC-CCCT Site Profiles!

Highlighting two sites that are implementing Joint Jurisdiction Family Wellness Courts and Prenatal Plans of Safe Care



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JOINT JURISDICTION FAMILY WELLNESS COURT

Yurok Tribe and Del Norte County, CA

Lead Local Agency: Northern California Trial Court Coalition

Court Model: Joint Jurisdiction Family Wellness Court

Plan of Safe Care Model: Prenatal



PROGRAM DESCRIPTION

The Joint Jurisdiction Family Wellness Court, which launched in April 2019, is a partnership between the Yurok Tribe and Del Norte County Superior Court. The court is co-lead by two judges: the Chief Judge of the Tribal Court and the Presiding Judge of Del Norte Superior Court. The court is designed to create a strong, healthy community where children are safe and families thrive because parents are provided a path to regain balance, heal, and grow. The mission of the court is to empower families to make healthy decisions and break the cycle of addiction and child abuse & neglect through a coordinated team approach; comprehensive, culturally competent services; frequent monitoring; and a support system for family recovery and child well-being.

Joint Jurisdiction Family Wellness Court has 4 phases: trust; belonging; settling up; and maintenance and transition to lifelong healing. The Court is voluntary and takes the family on a healing journey. The Family Wellness Team creates A Family Wellness Plan with the family that is strength-based, culturally responsive, and uniquely tailored to meet the needs of the family.

TARGET POPULATION

Pregnant women, infants, young children, their families, and their Yurok Tribal community affected by substance use disorders

Yurok Tribe and Del Norte, California Joint Jurisdiction Family Wellness Court | Page 1

Yurok Tribe and Del Norte County

PROGRAM QUICK FACTS



The Joint Jurisdiction Family Wellness Court acknowledges the autonomy of each jurisdiction and ensures culturally grounded court process and service delivery.



The relationships that were developed while planning and implementing the Joint Jurisdiction Court naturally led to the partnerships that were needed to develop prenatal Plans of Safe Care.



Over 60 staff from numerous tribal and county agencies and projects came together for training and project development in each of the three years of the grant.

Yurok Tribe, Hoopa Valley Tribe, and Humboldt County

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JOINT JURISDICTION FAMILY WELLNESS COURT

Yurok Tribe, Hoopa Valley Tribe, and Humboldt County

Lead Local Agency: Northern California Trial Court Coalition

Court Model: Joint Jurisdiction Family Wellness Court

Plan of Safe Care Model: Prenatal



PROGRAM DESCRIPTION

Two Joint Jurisdiction Courts were planned and implemented at this site: Hoopa-Humboldt and Yurok-Humboldt. Judicial leadership at the demonstration sites have convened tribal and non-tribal stakeholders to build partnerships that will work together in a systemic and effective manner across jurisdictions. Their partnerships are breaking down agency and jurisdictional silos to better address maternal substance use disorders and provide a continuum of culturally appropriate services to Native American women, their children, their families and their communities. The coordination required among the jurisdictions and disciplines for the development of these courts was the basis for the partnerships and coordination required to implement prenatal Plans of Safe Care. The mission of these sites is to empower families to make healthy decisions and break the cycle of addiction and child abuse & neglect by providing a path to recover, heal, and grow through a coordinated family wellness team approach; comprehensive, culturally competent services; frequent monitoring; and a support system for family recovery and childwell-being.

TARGET POPULATION

The target population for each of these joint jurisdictional court initiatives is pregnant women, infants, young children, their families, and the Hoopa and Yurok communities affected by substance use disorders.

PROGRAM QUICK FACTS



The Joint Jurisdiction Family Wellness Courts reduce the possibility of delays in proceedings and service delivery while waiting for jurisdictional issues to be resolved.



The Joint Jurisdiction Courts foster a better understanding of the services that can be provided to families across the jurisdictions and disciplines.



Participants began a peer support group supported by the the court and community providers.

Yurok Tribe, Hoopa Valley Tribe, and Humboldt County Joint Jurisdiction Family Wellness Court | Page 1

For more information:
www.cffutures.org/qic-ccct

Promising Strategies from Five Tribal Grantees in Minnesota

- Create a universal release for agency-to-agency referrals
- Give providers culturally validated screening tools
- Geo-map regional NAS rates to support targeted outreach in collaboration with providers and hospitals
- Build trusting relationships by meeting regularly with courts, CPS and law enforcement
- Establish informal agreements with CPS to allow mothers to retain custody of their newborns if they are actively engaged in SUD treatment
- Educate health providers about available resources and how they can be accessed (e.g. try to get on the docket to have conversations with medical team)
- Build community buy-in through tribal elders
- https://ncsacw.samhsa.gov/files/tapping_tribal_wisdom_508.pdf

Tapping Tribal Wisdom: Providing Collaborative Care for Native Pregnant Women With Substance Use Disorders and Their Infants



Lessons Learned From Listening Sessions With Five Tribes in Minnesota (Fall 2018)

Key Accomplishments from Five Tribal Grantees in Minnesota

- Implemented *Integrated Care for High-Risk Pregnancies* funded by the Minnesota Department of Human Services
- Leadership Team submitted a formal set of recommendations for American Indian women with opioid use disorders, their infants, and families to the Governor's Task Force
- Developed a resource guide providing information about programs and service available for American Indian pregnant women



Resources for Court Professionals



Quality Improvement Center
Collaborative Community Court Teams

For more information:

www.cffutures.org/qic-ccct



Reasonable and Active Efforts, and Substance Use Disorders:

A toolkit for professionals working with families in or at risk of entering the child welfare system



Plans of Safe Care:

An issue brief to help Judicial Officers better understand Plans of Safe Care and their role in bringing together community partners to improve systems for infants with prenatal substance exposure and their families.

Find these and other QIC-CCCT resources on our resource page at
www.cffutures.org/qic-ccct_resources



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Case Law Review – Prenatal Substance Exposure

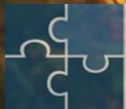
- Learn about legal issues surrounding prenatal substance exposure in civil child protection cases across the country.
- Includes a primer with practice considerations and a full review that provides a detailed case by case analysis.



- <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/safecare/>



NCSACW Resources



National Center on
Substance Abuse
and Child Welfare

- [*Plan of Safe Care Learning Modules*](#)
- [*Online Tutorials for Child Welfare, Substance Use Treatment, and Legal Professionals*](#)
- [*A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, & Service Providers*](#)
- [*Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants*](#)
- [*Training and Technical Assistance Resource Guide*](#)

For more information or to access additional resources, please visit: <https://ncsacw.samhsa.gov/>