GEORGIA CASA CONFERENCE

PLANS OF SAFE CARE: A COLLABORATIVE APPROACH

August 3, 2019

Presenters:
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Juvenile Court of Douglas County

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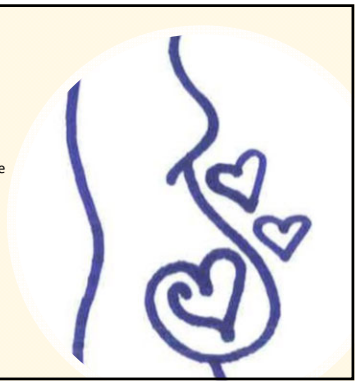
Safe Care Coordinator
Baby Steps Recovery Program



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CAPTA
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Federal Legislation Shaping Plans of Safe Care

CAPTA
(Child Abuse Prevention and Treatment Act)

- Originally enacted in 1974, but has been reauthorized and amended many times over the past 45 years
- Provides federal funding and guidance to states (also includes Native American Tribes) for the prevention of child abuse and neglect
- In order to receive grant funds under that act, states are required to have procedures in place for receiving and responding to allegations of abuse or neglect and for ensuring children's safety

- **Keeping Families and Children Safe Act of 2003** – amended CAPTA to require state plans to include:
  - policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by **illegal substance abuse or withdrawal symptoms** resulting **from prenatal drug exposure**, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants,…

- the development of a plan of safe care for the infant born and identified as being affected by **illegal** substance abuse or withdrawal symptoms…
- provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to **early intervention services** funded under **part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)**

- In its earlier form, CAPTA's focus was limited to protection of the illegal substance-exposed infant

CARA
(Comprehensive Addiction and Recovery Act of 2016)

- Amends CAPTA even further:
  - (ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by *~~**illegal**~~ substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a **Fetal Alcohol Spectrum Disorder**, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants…

(iii)the development of a plan of safe care for the infant born and identified as being affected by *~~illegal~~ substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder **to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –

- (I) addressing the health and substance use disorder treatment needs of the **infant and affected family or caregiver**; and
- (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for **the infant and affected family or caregiver.**

- Post CARA, the focus is now on infants, families and caregivers
- **Pointer:** The plans of safe care should be a collaborative effort with input from the parents, caregivers, professional partners, and agencies involved in caring for the infant and family

Baby Steps Recovery Program

- April, 2018: Douglas County Juvenile Court in conjunction with Administrative Office of the Courts (AOC) received a grant from The National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) to provide services to pregnant women with substance use issues and their families.
- October, 2018: Baby Steps Recovery Program
- A voluntary program
- Open to all residents of Douglas County.
- Accept referrals from the community, DFCS and the Juvenile Court

Baby Steps Recovery Program

- Provides a Plan of Safe Care to pregnant women with substance use issues and their families.
- Provides a Plan of Safe Care to families with children ages 0-3 that had prenatal substance use exposure.
- Provides case management, referrals, support to families for a minimum of a year.
- Since October, 2018 we received 48 referrals and completed 44 POSC. Currently, we have 12 adults, 18 children and 11 families enrolled. Of our 11 families, 2 are currently pregnant and we have had 4 births.

Plan of Safe Care

- DFCS Plan of Safe Care template
- Baby Steps Recovery Program template

- What is a Plan of Safe Care?
- Not a safety plan, not an action plan or a case plan
- It addresses the safety, health and substance use disorder treatment needs of the infant and family.
- It can be created and implemented during pregnancy, at birth or during the postpartum period.

Plan of Safe Care

- All Plans of Safe Care: Substance Use Disorder Treatment needs including Medication Assisted Treatment (M.A.T.), Mental health needs, Primary Care, Housing, Employment, Education, Health Insurance, Clothing, Food

- <u>Pregnancy</u>
  - Prenatal care
  - WIC
  - Health insurance

Plans of Safe Care

- Birth
- Hospital Care,
- Neonatal Abstinence Syndrome (NAS)
- Residential substance use treatment
- Hospital Discharge Plan
- ABC's Safe Sleep
- Primary Care Physician Appointment for infant
- Family Planning Medicaid

Plans of Safe Care

- Postpartum
- Substance Use Disorder Treatment
- OBGYN postpartum visit
- Monitor and treatment for postpartum depression
- Consistent Primary Care Physician well checks and immunizations
- Children First referral
- Alone, Back, Crib (ABC's) safe sleep, tummy time, reading and singing, dental hygiene

DFCS Special Circumstance Policy

- Policy 5.12
- DFCS will assess the needs of infants, caregivers and family members and develop a plan of safe when an infant is prenatally exposed to substances and there is no maltreatment alleged.
- **"NOTE:** This assessment is not a Child Protective Services (CPS) Investigation, and there is no maltreatment determination."
- Assigned as a 72 hour response and ideally, the Plan of Safe Care is completed in the hospital before discharge with the hospital staff.

Peer Support

- Peers have lived experience and can walk with our families, side by side, to recovery.
- CARES: Certified Addiction Recovery Empowerment Specialist
- The CARES Academy is provided by the Georgia Council on Substance Abuse
- Assistance with developing a Plan of Safe Care
- Peer support can help engage a family and provide a sense of safety, advocacy, empowerment and hope.

Considerations for CASA

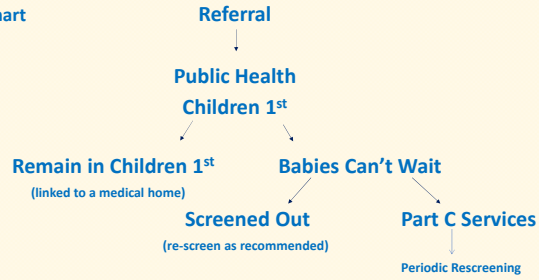
- Recommend CASA request the Plan of Safe Care as soon as CASA is appointed on a case involving an infant with prenatal substance use exposure.
- Recommend CASA consider if the Plan of Safe Care addresses the immediate safety and health of the infant and the parents substance use disorder treatment needs.
- When possible and appropriate, best practice is for the mother and infant to enroll in a residential substance use treatment facility together.
- Recommend the Plan of Safe Care is incorporated into the DFCS case plan and reviewed during dependency hearings.

Community Partners

- Local and State DFCS, DPH and WIC offices
- CASA, WellStar Douglas Hospital and OBGYN, local Substance Use Treatment Providers, DBHDD, DCH, AOC, Pregnancy Resource Center, Medical, Douglas County's Zero To Three (ZTT)
- Coordination between partners when developing a Plan of Safe Care
- Community Risk Reduction Program
- August 15, 2019 Mini-Summit

REFERRAL PROCESS FOR SUBSTANCIATED CASES OF ABUSE AND NEGLECT

Flow Chart



- Referrals for services of substance-exposed infant does not constitute a referral for abuse and neglect
- Anyone can make a referral for services
  - Parents, family members, educators, or friends can refer a child to Children 1st if they have concerns about the child's growth, development, or environment.
  - Department of Family and Children shall refer children, as provided by CAPTA.

Children 1st (https://dph.georgia.gov/children1st)

- Entry point into all public health programs and services for children, birth – 5 years old.
- Any child in Georgia can be referred to Children 1st; however, as it relates to **infants**, Children 1st is especially interested in the following factors:

Prenatal Factors	•History of maternal alcohol or substance abuse •Lack of prenatal care •Illness or traumatic injury during pregnancy •Prenatal exposure to therapeutic drugs with known potential for developmental implications
Birth Factors	•Premature birth •Extended stays in the hospital/ NICU •Congenital infections/abnormalities •Low/ very low birth weight

Screening

1.Electronic Birth Certificates: All birth certificates for children born in Georgia are downloaded and screened for risk factors. If a risk is identified, Children 1st will be notified.

2.Phone screens*:* Children 1st coordinators may call families to determine the needs of the child and family over the phone.

3.Home visits*:* During the visit, the coordinator will administer a questionnaire to the guardian and observe how the child moves and interacts. Based on these observations, the child will be linked to the services that will best address his or her needs.

How is Eligibility Determined?

- Children 1st screens children and families who may be at-risk for poor developmental outcomes and need additional support to thrive.
- At birth, children are screened to identify heritable and congenital disorders. If any of these screenings are positive, the child will automatically be referred to the Children 1st program.
- During well child visits, a pediatrician screens children for significant developmental milestones. The pediatrician may refer a child to Children 1st if he/she is not meeting significant milestones or presents other risk factors.

Babies Can't Wait

- BCW serves Georgia's children from birth up to their third birthday, regardless of income, who meet one of the following criteria:
  - Have a diagnosed physical or mental condition which is known to result in a developmental delay, or
  - Have a diagnosed developmental delay confirmed by a qualified team of professionals.

PART C Services

The Individuals with Disabilities Education Act ("IDEA"), U.S.C. § 1400 (2017) *et seq*., was enacted:

- Under Part C of the Act, a child is eligible to receive early intervention services if: (a) they are experiencing developmental delays, (b) have a condition that makes it highly likely they will experience developmental delays, or (c) are at risk for substantial developmental delay. *Id.*

Early Intervention Services – (not an exhaustive list)

- assistive technology devices and services
- audiology services
- counseling
- family training
- health services,
- medical diagnostic services
- certain nursing services
- nutrition services
- occupational therapy
- physical therapy
- psychological services
- special instruction
- speech-language pathology
- vision services
- transportation and related costs

- Children with continuing developmental delays and disabilities that are ages 3 through 5 are eligible for services under Part B of the Act. Eligibility is based upon the child needing special education and related services because: (a) they have one of an enumerated list of disabilities; or (b) at the discretion of the states, they are experiencing developmental delays. 20 U.S.C. 1401(3).

- **Early Intervention Program (EIP):**
  - Upon reaching age 3, are provided by the **local education agency** in the county where the child resides
  - Transition planning can begin as early as 9 months prior to but no later than 90 days prior to your child's third birthday. The goal is to ensure no interruption of services
  - Names of EIPs vary by county – ***L.E.A.P.*** (Learning and Early Assessment for Preschoolers), ***P.A.L.S.*** (Preschool Assessment and Learning Services), or simply EIP
  - Practice Pointer: Applications at 30 months

IFSP vs. IEP

- Individualized Family Service Plan
  - Developed when child receiving services through BCW
  - A written treatment plan that specifies services child is to receive
  - Focused on family involvement and developed with input from the family

- Individualized Education Program
  - Replaces the IFSP when the child transitions to Early Intervention Program
  - Single focus is the child
  - Specifies the services, aides, modifications, and supports needed for child to progress developmentally

ZERO TO THREE

- National organization dedicated to advancing current knowledge, promoting beneficial policies and practices, communicating research and best practices to a wide variety of audiences, and providing training, technical assistance, and leadership development to promote the healthy development of infants and toddlers by supporting and strengthening families, communities, and those who work on their behalf.
- *www.**zerotothree**.org*
- Our job is to monitor and assist in managing the services our youth need from birth through 36 months of age or through the length of court involvement.

Process for Services

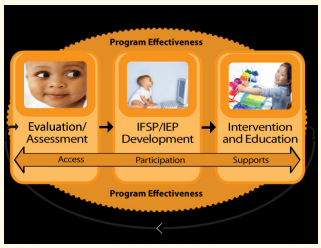
- Case worker makes referral to Public Health/Children First.
- Children First does an assessment using ASQ.
- If ASQ or other factors of assessment present the need for services, Children First will refer to Babies Can't Wait.
- BCW will assess and use their own criteria to determine what services are needed.
- IFSP will be created to ensure services are in place.
- Reassessments conducted thereafter.
- **SIDE NOTE:** child should be seen by Pediatrician and dentist within 10 days of the foster care placement to address medical needs through Children's Medical Services

Ages and Stages Questionnaire

- If there are no problems after the initial screening with Public Health, the rescreening occurs every 6 months. Parent/guardian can request a screen any time.
- If problems are indicated, monitoring can be screened 2-3 months after initial screening.
- Youngest – 1 month
- Oldest – 5 years.
- ASQ's are spaced 2 months apart up to age of 2.
- ASQ's are every 3 months apart after age 2.

Individualized Family Service Plan

resulting out of ASQ findings of developmental delays



Douglas County Zero to Three Program

- ZTT Coordinator (James Massie) runs monthly staffings to address each child and the "who, what, where, and how" the needs are being met.
- Staffings include, the Coordinator, Public Health Coordinator, Amerigroup's Complex Care Coordinator, DFCS caseworker/manager, Director of LEAP, CASA volunteer, Coordinator of BSRP (Gabe Howard), and the Judge.
- If there are needs that are not being addressed or matters that need to be incorporated into the underlying dependency case, those issues can be addressed here prior to returning to formal court proceedings.

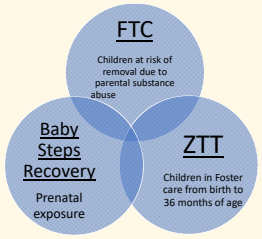
Beyond national requirements of Zero To Three

- Douglas County also incorporates other areas of service into the Zero To Three process including, training for child/parent psychotherapy, play therapy, Safe Sleep and early literacy and general child safety.
- Referrals may be made for genetic testing associated with a child's development such as, Fetal Alcohol Syndrome Disorder or other related exposures.
- DC has 26 local psychologists who are trained in Child Parent Psychotherapy and receive referrals from ZTT.

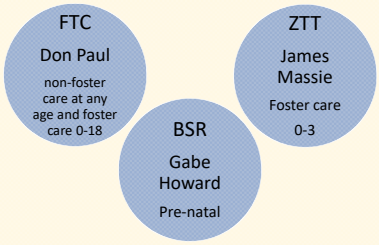
Questions that should be asked throughout the Zero To Three process:

- Was a referral made for the initial Part C screening/ Children's First?
- Did the child get to that appointment?
- Do you have a copy of the ASQ?
- If recommendations were made out of the ASQ, were those recommendations incorporated into the case plan?
- Was an IFSP created and were you included in the meeting?
- What are the reports about the child's progress in the services?
- AT 30 MONTHS, make sure the process for enrollment for Part B services is being completed. Ask all the same questions when child is under Part B.

Connecting the Programs



Douglas County: Three Coordinators no duplication of services



TAKEAWAYS

- Follow up with initial referral to Public Health for Babies Can't Wait
- Monitor and help manage the services the child needs
- Follow up on initial referrals for Pediatric and Dental appointments or genetic testing
- Make sure communication is open between CASA, DFCS case manager, Child Care Coordinator or other court staff that ensures family is receiving services
- Monitor and assist in follow through with timely application between Part C services and Part B. Do not wait until the 36 months of age mark. Begin the transition process at 30 months of age.
- Referral Application ASQ , Case Plan
- Services Provided

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