National Quality Improvement Center for Collaborative Community Court Teams

Orientation Webinar for Demonstration Site Selection

December 19, 2017
2:00 PM EST
National Quality Improvement Center for Collaborative Community Court Teams

A Program of Administration on Children, Youth and Families Children’s Bureau
• Welcome and Introductions
• Background, Intent and Goals of the Initiative
• QIC-CCCT Background and Technical Assistance Approach
• Demonstration Site Opportunity and Site Application Process
• Resources
• Questions and Next Steps
QIC-CCCT
Intent and Goals
Build on the work of QIC-Infant Toddler Court Teams to specifically address the needs of the infants, young children, and their parents or caregivers affected by substance use disorders.

Support demonstration sites that establish or enhance collaborative community court teams to design, implement, and test approaches to meet the requirements of the Child Abuse Prevention and Treatment Act (CAPTA) as amended by the Comprehensive Addiction and Treatment Act of 2016 (CARA)
Comprehensive Addiction and Recovery Act (CARA) 2016 Primary Changes to CAPTA

- Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”

- Required Plan of Safe Care to include needs of both infant and family or caregiver

- Specified data to be reported by States

- Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services
Demonstration sites must include intensive collaboration among the following agencies:

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<thead>
<tr>
<th>State/Tribal Government Oversight Level</th>
<th>Local Court Team Level</th>
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<tbody>
<tr>
<td>• Court Improvement Program</td>
<td>• Child Welfare</td>
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<tr>
<td>• Child Welfare</td>
<td>• Substance use disorder treatment and mental health providers</td>
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<td>• Substance Use Disorder Treatment</td>
<td>• Maternal and infant health care providers</td>
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<tr>
<td>• Public Health: Maternal and Child Health</td>
<td>• Hospitals</td>
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<tr>
<td>• Tribal Government, Consortia</td>
<td>• Attorneys</td>
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QIC-CCCT Goals

IMPLEMENTATION
Enhance the capacity of CCCTs to appropriately implement the provisions of the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse and Prevention Treatment Act (CAPTA)

CAPACITY
Enhance and expand CCCTs’ capacity to effectively collaborate to address the needs of infants, young children, and their families/caregivers affected by substance use disorders (SUDs) and prenatal substance exposure

SUSTAINABILITY
Sustain the effective collaborative partnerships, processes, programs, and procedures implemented to achieve the goals of each demonstration site

DISSEMINATION
Provide the field with lessons they can apply about effective practices for implementing the requirements of CARA and meeting the needs of children and families affected by substance use disorders
QIC Target Groups

**Target Population**
Infants, young children, and their families or caregivers affected by prenatal substance exposure and Substance Use Disorders (SUDs) that the Collaborative Community Court Teams (CCCTs) will serve.

**Technical Assistance Targets**
Selected CCCTs and their partner agencies, including child welfare, SUD and mental health treatment agencies, healthcare providers and other relevant child- and family-serving agencies.

**Dissemination Targets**
The larger field of collaborative problem-solving courts and their system partners across the country.
Technical Assistance Team
Background and Approach
Contractor Background – Current Work

Center for Children and Family Futures

Office of Juvenile Justice and Delinquency Prevention
- FDC Training and TA Program
- Statewide System Improvement Program

Research and Evaluation

Quality Improvement Center-CCCT

Prevention and Family Recovery

National Center on Substance Abuse and Child Welfare
- In-depth Technical Assistance
- Regional Partnership Grants I-4

Substance Exposed Infants
• Center for Children and Family Futures
• Advocates for Human Potential
• National Center for State Courts
• Tribal Law and Policy Institute
• American Bar Association, Center on Children and the Law
• Subject Matter Experts
Relevant Work - Partner Organizations

National Center for State Courts (NCSC)
  • Capacity Building Center for the Courts
  • Reimagining Dependency Courts Initiative (4 states)
  • Regional Judicial Opioid Initiative (7 states)

Advocates for Human Potential (AHP)
  • Moms Do Care Evaluation
  • RPG Family Recovery Program-Southeast Evaluation
  • Behavioral Health Treatment Court Collaborative Evaluation
Relevant Work-Partner Organizations

Tribal Law and Policy Institute

- *Tribal Healing to Wellness Courts: Treatment Guidelines, 2nd Edition*
- Capacity Building Center for Tribes
- *Promising Strategies - Tribal State Court Relations (2013)*

American Bar Association, Center on Children and the Law

- Lead organization, Capacity Building Center for Courts
- National Alliance for Parent Representation
- Family Justice Initiative
- Child Law Practice ONLINE
Technical Assistance Approach

Change Teams and Support from Experts in the Field

Frameworks for Collaborative Courts and Infants with Pre-Natal Exposure

Demonstration Site Engagement
• Intensive TTAC from a dedicated QIC Change Team to support the design, implementation, and testing of approaches.

• The Change Team includes two senior-level Change Liaisons (one from CCFF and one from NCSC) who are highly experienced in collaborative practice.

• The Tribal Law and Policy Institute (TLPI) will be lead consultant on tribal courts and culturally appropriate policies and practices.

• The Change Team is supported by AHP evaluators skilled in a CQI approach to process and outcomes evaluation and building sites’ performance monitoring capacity.

• The expert QIC consultant pool will further support the Change Teams.
Collaboration - 10 Essential Components of Collaborative Courts

Shared Mission & Vision

Agency Collaboration
- Interagency Partnerships
- Information Sharing
- Cross System Knowledge
- Funding & Sustainability

Client Supports
- Early Identification & Assessment
- Needs of Adults
- Needs of Children
- Community Support

Shared Outcomes
Policy and Practice Framework for Prenatal Substance Exposure: 5 Points of Intervention for Children and Families

**Pre-Pregnancy**
Awareness of substance use effects

**Prenatal**
Screening and Assessment

**Child**
Identification at Birth

**Post-Partum**
Ensure infant’s safety and respond to infant’s needs

**Parent**
Initiate enhanced prenatal services

**Respond to parents’ needs**

**Infancy & Beyond**
Identify and respond to the needs of the infant, toddler, preschooler, child, and adolescent

**Identify and respond to parents’ needs**
Demonstration Site Engagement

**What?**
- Site Calls
- On-Site TA, Visits
- QIC All-Sites Meeting
- Distance Learning: Webinars

**When?**
- Monthly
- Annual
- Annual
- Bi-Monthly

What? When?
• Strong, conceptual framework
• Evaluability assessment
• Integrated, mixed methods approach
• Multi-level design
• Use of existing data
• Tailored analytics
• Data-driven Continuous Quality Improvement
Data-driven Continuous Quality Improvement

• Evaluation findings generated via ongoing collection and analysis of data
• Regular feedback of findings via presentations, issue briefs, and other mechanisms
• Adjustments based on funding
• Ongoing data collection to assess the impact of the changes
Demonstration Site
Opportunity and Request for Proposal
Demonstration Site Opportunity

• Eligible Applicants: *Dual Pathway Approach*

  • **Pathway 1** - State/ Tribal CIPs, Tribal Government
  
  • **Pathway 2** - Local Courts, Tribal Courts, Community-Based Agencies
Demonstration Site Opportunity

• 15 Demonstration Sites
• Engagement through September 30, 2020
• Mutually Binding Agreement

Funding Allocation of $70,000 annually per demonstration site

• Travel and per diem for All-Sites Meeting in Orange County, Ca. (year 1 only)
• Staff training on evidence-based parent child interventions
• Developmental or other therapeutic services for children
• Court coordinator or plan of safe care coordinator (cannot supplant existing funding)
• Evaluation support
<table>
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<tr>
<th>REQUEST FOR PROPOSAL</th>
<th>TELECONFERENCE CONSULT, ASSESSMENT</th>
<th>FINAL SITE SELECTION</th>
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<tr>
<td>Release January 2018 Submit 30 days after release</td>
<td>March 2018</td>
<td>End of March, 2018</td>
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<td>Eligible applicants will submit a brief, 5 to 7 page narrative proposal.</td>
<td>Applicants with the strongest proposals will be invited to participate in an individual hour long conference call to discuss the proposal and project expectations.</td>
<td>The final selection will take into account results from the entire process, level of need, geographic distribution of applicants, and cultural diversity of their target populations.</td>
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Request for Proposal and Review Criteria

Applicants must demonstrate:

- NEED
- READINESS
- COMMITMENT
Need

• Incidence of infants born with prenatal exposure and notifications to CPS
• Number of infants with Plans of Safe Care and for whom a referral for services was made
• Current safety, permanency, and treatment outcomes
• Available services and service gaps for the target population
Readyness

- Team Composition, Governance, and Leadership
- Cross-systems Collaboration
- Capacity for Implementation of CARA amendments to CAPTA
- Evaluation and Performance Monitoring Capacity
Commitment

• Mission and vision for their QIC project: CCCT Goals, Objectives, and Implementation Plans
• Commitment to System Improvements
• Letters of Commitment from Partner Agencies
Questions and Next Steps

• Disseminate webinar questions and answers
• Send inquiries to QIC-CCCT@cffutures.org
• RFP Release mid-January
• 30 Day response time
• Teleconference Consult and Assessment
• Final Selection March 31, 2018
• All-Sites Meeting in Orange County, California, Summer 2018
• More information at https://www.cffutures.org/qic-ccct/
Resources
Purpose: Support the efforts of states, tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

Audience
- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

National Workgroup
- 40 professionals across disciplines
- Provided promising and best practices; input and feedback over 24 months

Includes
- A Guide for Collaborative Planning
- Facilitator’s Guide
- Cross-Systems and System Specific Guides
- CHARM Collaborative Case Study

Additional Resources on Opioids

Web-Based Resource Directory
Webinar Series

Information on Treatment of Opioid Use Disorders in Pregnancy; Neonatal Abstinence Syndrome

Site Examples

Children’s Bureau Policy Resources


Information Memoranda
https://www.acf.hhs.gov/cb/laws-policies/policy-program-issuances

Program Instructions
https://www.acf.hhs.gov/cb/laws-policies/policy-program-issuances
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