PILOTING PLANS OF SAFE CARE

EXAMPLES FROM OHIO'S QIC-CCCT COUNTIES 2018-2020

National Center on Substance Abuse and Child Welfare

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About this Resource

This resource features plans of safe care (POSC) pilots from three Ohio counties—all of whom received implementation funding from 2018-2020 through the National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT).

Children and Family Futures (CFF), which managed the 3-year grant, provided technical assistance (TA), including training, annual grantee meetings, and opportunities for cross-site learning. This grant enabled staff to convene, lead, and participate in cross-system work to implement POSC. Their experiences varied significantly depending on each community's existing resources, funding to support child welfare initiatives, and experience with cross-system collaboration. The practices below occurred either during, or at the close of the grant period (December 2020) and may not accurately reflect current practices.

Profiles and related materials developed by Trumbull, Fairfield and Coshocton counties through the course of this grant can be found on the QIC-CCCT webpage.

Key Step 1: Establishing a Collaborative Structure

Developing a comprehensive approach to infants with prenatal substance exposure and their parents requires a collaborative approach. Families intersect with many agencies throughout pregnancy, birth, and early childhood. An effective collaboration includes providers from the five intervention points to broaden the focus beyond potential child welfare intervention.

How Ohio Communities Organized their Collaborative Work

- Trumbull County did not create a new leadership team to oversee their work; however, they did hold multidisciplinary workgroups led by the juvenile judge and Trumbull County Children Services (TCCS) executive leadership. The workgroups, which focused on pilot implementation, ultimately blended into TCCS' performance and quality improvement work.

  Trumbull also launched a Sobriety Treatment and Recovery Team (START) designed to work with a similar population. To that end, staff strategized to align their pilots to avoid any overlap or confusion. The ongoing START work ultimately absorbed some of the successful aspects of the QIC-CCCT pilot (e.g., peer support).

- Fairfield County started their work by engaging with existing collaborative initiatives (e.g., START steering committee, Perinatal Leadership Cluster) that involved professionals focused on pregnant and parenting women, along with the Family, Adult, and Children First Council (FCFC). They created a diverse implementation team, as well as a leadership team consisting of executives from Child Protective Services (CPS), juvenile court, early child programs, and the FCFC. To initiate POSC and oversee community education, a coordinator was hired using grant funds and supervised through the FCFC.

- Coshocton County's Family Dependency Treatment Court (FDTC) was previously involved in the Statewide System Improvement Program (SSIP), a multi-year initiative to implement effective Family Treatment Court practices into state-level child welfare, substance use disorder (SUD) treatment, and court systems. As SSIP efforts wrapped up, the FDTC leveraged this collaborative work including data collection to initiate the QIC-CCCT pilot. Coshocton's FDTC was the convener of the POSC pilot and the core team meetings. The FDTC team then utilized existing community meetings (e.g., the FCFC, Friends of the Drug Court) to update the broader service provider community on pilot implementation. A key role in the QIC-CCCT pilot was the coordinator, who

was able to significantly expand the collaborative team previously involved SSIP work and keep a multidisciplinary, multiagency project focused on the core mission.

Examples of Collaborative Team Members

- In Trumbull County the Maternal Opiate Medical Support (MOMS) program coordinator participated in the workgroups, and in turn, some of the pilot leaders joined the MOMS Coalition to share information on their implementation. Additional agencies contributing to the pilot work included the FDTC, Meridian Healthcare, Help Me Grow, the FCFC, Mental Health and Recovery Board, and First Step Recovery.
- Fairfield's pilot implementation team included Fairfield County Juvenile Court, Fairfield County Protective Services, the FCFC, Lancaster Fairfield Community Action Agency, Early Childhood Programs, Ohio Guidestone, Fairfield County Board of Developmental Disabilities, Fairfield Medical Center, New Horizons Behavioral Health, Integrated Services for Behavioral Health, Fairfield Department of Health, Fairfield County Alcohol Drug and Mental Health Board, Lutheran Social Services Faith Housing, Mid-Ohio Psychological Services, Help Me Grow, Community Action Housing, Fairfield Community Health Center, and local recovery services providers.
- Coshocton FDTC, Coshocton Behavioral Health Choices, Early Intervention, and the FCFC made strong contributions to the core team. Additional key partners included child welfare, the Family Parents Acting Cooperatively Together (P.A.C.T.) Center, the local Fatherhood Initiative, All Well Behavioral Health Services, Family Violence Intervention Services, Help Me Grow and home visiting, and Maternal and Child Health Center. Coshocton County does not have a local birthing hospital but determined that partnerships with medical systems outside of their county were needed. Both Knox Community Hospital and Genesis Health Care System became strong collaborators, and the relationship has further deepened since the pilot as in-county prenatal care is rolled out by Genesis Health Care.

CONSIDERATIONS FOR COLLABORATIVE POSC TEAMS

- Are there existing cross-system workgroups in your community focusing on families with substance use, infants affected by prenatal substance exposure, or similar populations that can engage with your county collaborative?
- What are the services/systems now supporting families across intervention points? Are they engaged in your collaborative?
- How do service providers on your team currently work with underserved populations (e.g., families of color, fathers)? Are there additional agencies or experts who can bring this experience?
- How can we bring persons with lived experience into the collaborative work?

See the Handbook and Section 2 of the POSC Modules for more tools and ideas related to collaborative POSC Team.

KEY STEP 2: IMPLEMENTING POSC PILOTS

Collaborative teams determine who needs a POSC, as well as when and how to respond to eligible families. Variables include how to: 1) identify families and assess their scope of needs, 2) initiate POSC, and 3) use POSC to coordinate care across systems and intervention points. These considerations are taken in partnership with child welfare to align with and build upon their POSC policies and procedures.

How Ohio Communities Designed their POSC Pathways

- Trumbull allowed SUD treatment providers, the MOMS coordinator, or Trumbull County Children Services caseworkers to create POSC - all used the same POSC form. If the POSC originated outside of child welfare, the initiating system continued the plan until the family exited services. Referrals to child welfare of infants affected by prenatal substance exposure were routed directly to the Children Services Recovery Support unit - which included a child welfare worker and peer support specialists - for screening, rather than through the traditional CPS unit. This process established a seamless relationship between the caseworker and peer support specialist to speed up referral, engagement, and access to services. If the TCCS Recovery Support Unit created the POSC, that same team continued the plan throughout the open child welfare case.

- In Fairfield families could create a prenatal POSC with a community agency they were involved with or the POSC coordinator. The coordinator offered POSC and trauma-informed services for families through the local perinatal cluster. Families were encouraged to share their POSC with hospital personnel before or at birth and the POSC was then shared directly with CPS at the time of notification to inform their decision. If the CPS screener felt the family did not meet the standards for a screen-in (or reports were made prenatally), they encouraged the caller to connect the family with the POSC coordinator for ongoing support. Family Dependency Court (FDC) staff discuss POSC progress for families involved with the court and can use the hearings to mitigate any challenges families are facing in accessing services in their POSC.

  Families receiving POSC and care coordination outside of child welfare signed a release allowing the coordinator to monitor even when a community service provider had developed the plan. This allowed the coordinator to gather data on all POSC developed in the county. The POSC coordinator also guided an incentive program that helped families achieve milestones to ensure a healthy birth outcome.

  As a result of the prenatal POSC work done in Fairfield, and the needs voiced through cross-system partners, Fairfield child welfare initiated a Family in Need of Support category specifically for pregnant families in their second or third trimester who are struggling with substance misuse. This allows child welfare staff and resources to be engaged prior to the birth event for higher needs families.

- The Coshocton FDTC approached their pilot as an opportunity to build their community's broader capacity to support pregnant or parenting participants impacted by substance misuse. They began by engaging in a cross-system analysis of agencies that interact with the population of families. The team then mapped out their community's service array, identified gaps in services and determined what was needed to strengthen supports for families. One part of the systems analysis focused on referral processes to examine drop off between systems and enhance collaborative accountability. As a result of this focus, "warm hand-offs" were implemented between medical providers, behavioral health centers, home visiting, and early intervention services and other key partners. The collaborative relationships and cross-system work done

resulted in strengthened referral processes between essential services and ensured linkage to essential developmental interventions for children.

The team desired to pilot a "no wrong door" approach to accessing services, with Help Me Grow acting as a key system for providing POSC; however, while the community development work was a success, full implementation of the use of POSC did not occur by the end of the grant. Instead, the work resulted in the following key practices:

- Strengthening a variety of agencies' abilities to identify substance misuse as early as possible and make education referrals using warm hand-off approach
- Identification of a key treatment gap (medication-assisted treatment for pregnant women) and supporting ongoing provision of this treatment through a trusted local provider
- Community-wide training on trauma-informed approaches
- Development of evidence-based therapeutic supports (Parent Child Interaction Therapy and Child Parent Psychotherapy) for use in this specific population

CONSIDERATIONS FOR COLLABORATIVE POSC TEAMS:

- What needs to be included in a POSC (per federal and state policies)?
- Which entities can develop a POSC, and when?
- How will the POSC include both a family's needs along with the scope of agencies who can act on those needs?
- What rules cover the sharing of POSC? What permissions are required?
- How will parents be involved in its development and ongoing review?
- How will the collaborative team use POSC to coordinate across systems and learn about and address challenges and barriers to successful family outcomes?
- How might a role, like POSC Coordinator, be useful in supporting families, child welfare staff and partner agencies in implementing POSC?

KEY TAKEAWAYS

Through ongoing progress reports and a comprehensive final report, key staff from each site provided insight into their lessons learned from the three-year grant experience of implementing POSC.

Trumbull County

- To design a sustainable pathway, take time to assess community needs and the current social landscape. This preparation includes reading literature and focusing on empirical services. Trumbull piloted a dedicated unit pairing a specially trained child welfare specialists and a recovery peer support specialists to work together with families.
- Teamwork is crucial. Trumbull's judges and child services staff provided critical leadership and resources to create workgroups and to hold them accountable. TCCS staff worked to gather, analyze, and report data (a requirement for the grant) while advocating for data to be used at the state level. TCCS and court staff acted as "community bridge builders" to find and bring others to the table and keep them engaged.

Fairfield County

- Build on collaborative efforts with community partners; understand who is already working with this population and join their meetings.
- Challenge all partners to not remain in their individual silos and come up with original ideas on how to work together for the benefit of the community and families served.
- Immediately including members of the medical community in POSC efforts in the planning and piloting phase is crucial.
- Plan for turnover by institutionalizing education – including messaging about the approach, screening, how to integrate work with the Statewide Automated Child Welfare Information System, determining level of intervention needed and how to make a warm handoff to other providers for care coordination. Dissemination materials were made available to all community partners in Fairfield.

Coshocton County

- Build community capacity to better serve the population. Coshocton's team offered trauma training to community organizations, school districts, and interested citizens to enhance the supportive services offered to families. As a result, the community's overall capacity to recognize and respond with trauma-informed approaches was enhanced. Coshocton County FDTC staff continue to provide trauma training to a broad array of community members.
- Be open to partnering broadly – consider who families trust and build capacity for informed, coordinated response. For example, Coshocton understood that families with substance use often were not seeking care through primary care physicians but chose to remain with trusted providers at the family planning clinics. As such Coshocton's team worked with the clinics to build a trustworthy referral system.
- Collaboration changes a family's experience of systems. This pilot strengthened partnerships between community providers while cross-agency communication increased. Agencies began identifying families earlier, exploring ways to prioritize pregnant women in their systems, and strategizing how to follow up to ensure success.

TA Approaches

Finally, consider this list of TA approaches that proved useful during the Ohio QIC-CCCT pilots:

- Examples of POSC-related resources to build on (e.g., templates, brochures, posters, scripts)
- Trainings related to:
    1) Identification and engagement of persons with SUDs
    2) Family-centered treatment
    3) CARA/CAPTA's relation to POSC
    4) Collaborative care models
- Use of a neutral facilitator to pose questions spanning intervention points and systems while guiding team progress on overcoming challenges
- Use of TA provider to review system-specific practices and check for adherence to national standards
- Opportunities to speak with other pilot sites and gain exposure to other models
- Consultation with national experts related to screening and care coordination for families facing SUDs

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