



National Quality Improvement Center

Collaborative Community Court Teams

Addressing the Needs of Infants, Young Children, and Families Affected by Substance Use Disorders

The National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) is a national initiative to address the needs of infants and families affected by substance use disorders and prenatal substance exposure. The initiative is funded by the Children's Bureau and operated by the Center for Children and Family Futures and its partners, the National Center for State Courts, Advocates for Human Potential, American Bar Association Center on Children and the Law, the Tribal Law and Policy Institute, and a pool of nationally recognized experts. The goals of the initiative are:



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 implement and coordinate services across multiple agencies to address the needs of infants, young children, and their families/caregivers affected by substance use disorders and prenatal substance exposure



SUSTAINABILITY

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

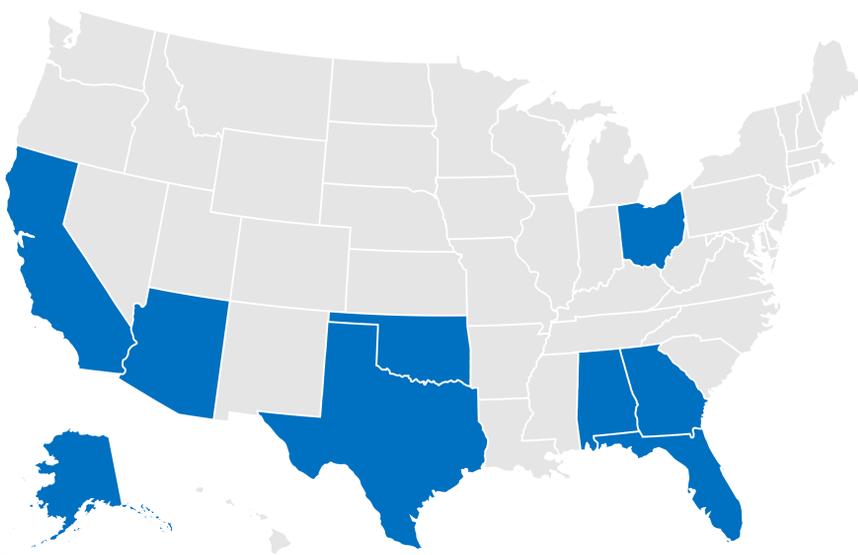


DISSEMINATION

Provide the field with lessons they can apply about collaborative practices for implementing the requirements of CARA amendments to CAPTA and effective interventions that meet the needs of children and families affected by substance use disorders

QIC-CCCT Demonstration Sites

In April of 2018, the QIC-CCCT selected 15 Demonstration Sites to participate in the initiative. Demonstration Sites were selected through a competitive and rigorous application process. Each site demonstrated the readiness and commitment to improve outcomes for infants and families affected by substance use disorders and prenatal substance exposure. The Demonstration Sites must include intensive collaboration among the child welfare agency, Court Improvement Program, local courts, legal community, substance use treatment providers, preventative service providers, mental health providers, infant and maternal healthcare providers, and other key stakeholders.



With the assistance of dedicated Training and Technical Assistance Change Teams, Demonstration Sites are designing, implementing and testing new and innovative approaches that meet the requirements of the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA) and address the health and substance use disorder treatment needs of infants, young children, and their parents or caregivers. Demonstration sites are also participating in robust programmatic evaluation. Evaluation findings and lessons from demonstration sites will provide the field and local courts across the country with valuable information on the most effective multi-system strategies and approaches to improve the way in which parents and caregivers and their children are served. For a listing of Demonstration Sites and more information about the initiative, please visit:

www.cffutures.org/QIC-CCCT



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