Substance-Exposed Newborns, Mothers, and Child Welfare: Collaborative Strategies in Response to CAPTA


To create policies and procedures to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Presenter

Celeste Smith, MA., PC., Program Coordinator and Counselor
Mercy St. Vincent Medical Center
Celeste_Smith@mhsnr.org
419-251-2459

Key Provisions of CAPTA

1. Health care providers involved in the delivery or care of a substance exposed newborn (SEN) notify the child protective services system (CPS)

2. A plan of safe care developed for each identified SEN
4 Projects: Shared Strategies

- Collaborative work groups
- Specialized staff
- Polices and procedures

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SEN Collaborators

- Child Welfare
- Prenatal/postnatal providers
- Birth Hospitals
- SUD Treatment Providers
- Early Intervention
- Parenting support agencies/family members
- Mental health (including infant mental health)
- Judicial/Legal System/Family Drug Courts

Project FEAT
Family Early Advocacy and Treatment

- **Location:** Eugene, OR (statewide focus)
- **Lead agency:** Early Intervention Program, University of Oregon
- **Target population:** SEN and their families and pregnant substance users
- **Key staff:** Project Coordinators and peer Family Advocate

Healthy Connections Project

- **Location:** Toledo, OH
- **Lead agency:** St. Vincent Mercy Medical Center
- **Target population:** Pregnant users of any substance and SEN
- **Key staff:** Program coordinator, clinical therapist and Bachelor’s level case manager
A Helping Hand: Mother to Mother (AHH)
- **Location:** Boston, MA (3 sites statewide)
- **Lead agency:** MA Dept. of Public Health
- **Target population:** Infants < 90 days old with prenatal exposure to illegal substances and open CPS case
- **Key staff:** Project Director and peer Family Support Specialists

C-SIMI Baby Steps
- **Location:** Denver, CO
- **Lead agency:** Denver Dept. of Human Services
- **Target population:** Pregnant substance-using women with no other children; substance-using women with newborns ≤ 72 hours with open CPS case
- **Key staff:** Project Coordinator and specialized child welfare case workers

Engraving by William Hogarth
*Gin Lane*
1750
Medical Complications of Substance Use During Pregnancy

- Ammenorrhea
- Amnionitis
- Spontaneous Abortion
- Stillbirth
- IUGR/SGA
- Cellulitis
- Hepatitis B & C
- HIV
- Placental Insufficiency
- Placenta Previa
- Placental Abruptio
- Preterm Labor
- Intrauterine Withdrawal

The Facts...

Infants born to women with substance use disorders are at risk for:

- birth defects
- premature birth
- neonatal complications after birth such as withdrawal
- increased risk of child abuse and neglect

Postnatal Environment

- Compromised parenting, which is linked to substance use, has as great, if not greater, negative effects on child development than prenatal substance exposure

Lester, Andreozzi, & Appiah, 2004
Messinger et al., 2004
**Prenatal Screening: SBIRT**

- **Screening**
  - Asking the right questions in the right way at the right time
- **Brief Intervention**
  - Responding in a clear and supportive way
- **Referral to Treatment**
  - Linking the right person with the right support

**SEN IDENTIFICATION**

**Identification & Referral Issues**

- Toxicology testing vs. verbal screening
- Inconsistent / absent prenatal/hospital policies
- Inclusion of alcohol or legal drugs
- Consent
- Who is responsible for screening/testing
- Communication between medical providers
- Strong personal feelings/emotions about SEN

**SEN Identification Observations**

- Develop collaborative, trusting relationships
- Jointly develop procedures and a plan to ensure consistent implementation
- Screen and test early and often
- Identify alcohol and legal drug use
- Single contact person with specialized skills/training
- Provide comprehensive, coordinated services
Models of Engagement for Pregnant Women & New Mothers

Specialized Staff
- Understand issues and resources
- Provide “bridge” between parents and child welfare.
- Provide case management / parent support
- Link infants with services
- Recognize and articulate mother’s strengths

AHH Peer Worker Model
A mother in recovery works with mother of SEN to...
- Engage and support mother in treatment / recovery
- Support nurturing parenting
- Ensure EI assessment
- Make referrals
- Work collaboratively with CW to support service plan

Using the Peer Recovery Model with Mothers of Substance-Exposed Newborns Identified through CAPTA Requirements

Spring, 2010, The Source, AIA.
http://aia.berkeley.edu/media/pdf/TheSourceSpring2010.pdf
Wanda’s (digital) Story

FEAT SEN Team
- Multidisciplinary team
  - CW Intake / ART Team
  - FEAT Family Advocate
  - Treatment Providers
  - Hospital staff
- Meets at hospital when substance exposed newborn is identified

FEAT Family Advocates
- Understanding of recovery / peer worker
- Housed at Relief Nursery
- Knowledge of community resources
- Awareness of parenting skills and child development
- Male FA to work with fathers

Healthy Connections
Integrated Medical Model
- Intensive SUD Outpatient Tx
- Mental Health
- OB/GYN
- Pediatrician

Specialized staff:
Bachelors level Case managers
Addressing Co-occurring Conditions: Stories from the Field

- Trauma-informed collaborative residential groups (AHH)
- Childbirth and trauma (FEAT)
- Cultural responsiveness (HC)
- Recovery oriented system of care (HC)
- Parenting and attachment (FEAT/HC)

Remember...

- Postpartum mothers of SENs often feel overwhelmed
- Engagement is often a challenge
  - Practice persistence, patience, creativity, and hope
  - Utilize peers if possible
- Engaging systems has parallels to engaging mothers

Building Collaborations
Collaboration Recommendations

- Maintain your community’s FOCUS ON SEN and Mothers
  - Establish State and Local Interagency Workgroups
  - Develop Specialized Staff Positions
  - Jointly Develop Policies and Procedures

Collaborative Workgroups

- Identify lead facilitator(s)
- Get the right people at the table
- Identify champions
- Establish clear procedures for information sharing
- Evaluate collaborative process and use results for improvements

Collaborative Workgroups

Develop Relationships and Trust

- Group goal setting and planning process
- Terminology dictionary
- Collaborative Values Inventory (C-Simi)
- Relationship building activities
- Cross agency trainings

Coming Soon...

Improving System Linkages

- Collaborative Values Inventory
- Collaborative Capacity Instrument

Early Intervention

- Though clearly at risk, SENs may not exhibit any or early developmental delays
- SENs that do not meet EI eligibility criteria should be re-screened every 4-6 months
- In some states, children are eligible for EI services based on substance-exposure alone
- SUD Family Residential Tx programs are a perfect match for EI and EIPP (pregnant/postpartum)

Policies and Procedures (Example)

- Refine referral pathways to child welfare (e.g., hospital referrals).
  - Example: 2 Hospital Social Workers make all CPS referrals (HC)
  - Ongoing cross agency training of CPS and hospital staff.

Policies and Procedures (Example)

- Refine child welfare response when SEN cases identified.
  - Example: All SEN cases referred to Child Welfare Intake Worker and Addictions Recovery Team member. The two staff respond together. (FEAT)
Contact Information

- Kristin Funk, MA, LCSW: FEAT Project
  kristinf@uoregon.edu
  http://eip.uoregon.edu/projects/feat
- Celeste Smith, MA, PC: Healthy Connections Project
  Celeste_Smith@mhsnr.org
- Enid Watson, MDiv, A Helping Hand
  enidwatson@healthrecovery.org
- Kathryn Wells, MD: C-SIMI Project
  Kathryn.Wells@dhha.org