



Family Drug Court Learning Academy Team Discussion Guide

Planning for Safe Care – What Your FDC Needs to Know About Serving Women With Opioid Use Disorders and Their Infants

Introduction

After viewing the video presentation “*Planning for Safe Care – What Your FDC Needs to Know About Serving Women With Opioid Use Disorders and Their Infants*” use this Discussion Guide to facilitate further conversation within your team. These discussion questions are connected with a technical assistance resource to support meaningful discussions and action steps. Feel free to discuss the questions that are most relevant to your program. At the conclusion of the Discussion, formulate and assign specific action steps as a way to move forward.

Explore Values

Discuss the following statements as a team and levels of agreement:

Strongly Disagree | Disagree | Neutral or Uncertain | Agree | Strongly Agree

1. Newborns with positive tests for illegal drugs should be removed from their parent’s custody.
2. Medication assisted treatment, prescription drugs that treat opioid addiction, should be made available to pregnant women.
3. Programs that provide methadone or other medication assisted treatment (such as buprenorphine/suboxone) are just substituting one addiction for another.

These three questions are part of the Collaborative Values Inventory, which is a tool to explore how much a group shares beliefs and values that underlie its work. The CVI includes 46 items which assess your personal opinion on a variety of statements regarding families affected by substance use and/or involved in the child welfare system. Individual responses and the results will only be summarized for the whole group. Results of the CVI will identify areas of agreement and disagreement within the collaborative, and facilitate discussion on differences in values which may be barriers to successful collaboration. Please contact us if you think administering a tool to your broader stakeholders would be helpful.

Five Point Intervention Framework

1. **Pre-pregnancy** - What public education awareness campaigns about the risks of substance use, the impact of opioid use (including prescribed use), and the disease model of SUDs exists in your jurisdiction?

2. **Prenatal** – What current practices for identification, screening, assessment, and referral of pregnancy women, parents with substance use disorders, and infants affected by prenatal substance exposure? Are women screened at maternal health care providers? Who does it?
3. **Birth** – How are infants screened at birth? What practices are in place for screening mothers at birth? What procedures are in place for notification to CPS for infants identified as affected by prenatal substance exposure? For whom are Plans of Safe Care developed, when, and by whom?
4. **Neonatal** – Briefly describe how children are identified and access early intervention and other developmental services? What follow-up is conducted post-hospital discharge? Are home visiting services offered?
5. **Childhood through adolescence** – How connected is your FDC to educational systems, and supportive services (ie. special education) in your community? Is your FDC team connected with adolescent treatment programs for youth who have been diagnosed or at risk of being diagnosed with their substance use disorders?

Medication-Assisted Treatment (MAT)

Discuss the following statements as a team and levels of agreement:

No | To Some Extent | Yes | Not Sure

1. MAT is understood and accepted as an evidence-based treatment for pregnant women who have an opioid use disorder
2. MAT for pregnant women is available
3. Priority and preferred access for substance use treatment and MAT for pregnant women is enforced (as required by the Substance Abuse Prevention and Treatment Block Grant and opioid treatment program certification standards)
4. If pregnant women are not referred to MAT, explain why (eg. MAT providers do not accept pregnant women, belief that MAT is unsafe for the infant, or that abstinence is the best practice for pregnant women).
5. Our FDC allows new mothers to receive MAT and remain eligible to participate in the program.
6. CWS policy on MAT is clear to other systems

These questions were drawn from the Cross-System Guide portion of the *“A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders”* publication. The Cross-System Guide is designed to prompt the five primary systems – mother’s medical care providers, infant’s medical providers, substance use treatment and medication-assisted treatment providers, child welfare, and the dependency court – to better understand the challenges and opportunities in working with pregnant women with opioid use disorders and their infants.

Needs of Infants

Discuss the following statements as a team and levels of agreement:

No | To Some Extent | Yes | Not Sure

1. We are familiar with best practices for mother-infant attachment (eg. breastfeeding) for women receiving medication-assisted treatment.
2. Our CWS agency supports attachment opportunities for infants and mothers with opioid use disorders, such as rooming together and breastfeeding, when these opportunities are not contraindicated.
3. Ongoing care and monitoring is available for infants who have been prenatally exposed to opioids

Collaboration and Partnership

What agencies/service providers do you feel are missing and need to be added to your collaborative team to more effectively meet the needs of infants and families e.g. hospital associations; maternal and infant health care providers, public maternal and child health, Healthy Start, home visiting, early childhood service providers. What will it take to engage them as active partners?

CAPTA, CARA and Plans of Safe Care

Discuss the following statements as a team and levels of agreement:

No | To Some Extent | Yes | Not Sure

1. Our team and our key partners have an understanding of CAPTA and the recent CARA amendments to CAPTA.
2. Our team and our key partners have reviewed relevant law, policy, and guidance available from the federal government.
3. We have a role in shaping the plan of safe care, mandated by CAPTA, for cases involving prenatal substance exposure.

Discuss the role your FDC Team can play in changing the agency and organizational cultures around substance use during pregnancy to support effective planning and coordination of appropriate interventions for women, children, and families? What opportunities exist to lead change for this population?

Contact Information



For more information, including technical assistance,
fdc@cffutures.org

This project was supported by Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.