Planning for Safe Care - Serving Mothers and Infants Affected by Opioid Use Disorders

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A program of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Children and Families (ACF), Children’s Bureau
Raising the Bar!

Family Treatment Court
Best Practice Standards

Just Released!

Standards & Provisions

8 Just Released!
Why Timing Matters
Windows of Opportunity

5 Points of Intervention

Prenatal Window
Cross-system linkages are necessary to ensure services are coordinated across the spectrum of prevention, intervention, and treatment.

**5 Intervention Points**

- **Pre-Pregnancy**: Promoting awareness
- **Prenatal**: Screening, assessment, referrals
- **Birth**: Testing for exposure
- **Neonatal**: Developmental assessments
- **Throughout childhood and adolescence**: Ongoing services
Prenatal Planning

Improving outcomes for both woman and infant

Key Takeaway

Key Opportunities & New Beginnings
The birth event is only one of several opportunities to affect outcomes for children and families.
New Beginnings

Key Opportunities During Prenatal Period

- Universal Screening
- Creating Partnerships
- Assessment
- Linkage to Services
- Communication

• Motivation to make health related changes is enhanced during pregnancy
• Prenatal care is a touch point to services
Meeting the Substance Use Treatment Needs of Pregnant and Parenting Women

Key Principles of Treatment

Medication Assisted Treatment (MAT)

Postpartum Support

Reducing Stigma
Key Principles of Effective Family Centered Treatment

- Level of comprehensive services that matches the complexity of substance use disorders
- Appropriate level of care
- Full range of services
- Address the parent-child relationship
- Treatment is not recovery; recovery is more than treatment completion
- Goal - remission of symptoms leading to lasting recovery
SAMHSA's Definition & Domains

"Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."

- Health
- Home
- Purpose
- Community
MAT During Pregnancy

- Critical component for effective comprehensive treatment
- Stabilizes the mother and encourages connections to prenatal care
- Manages withdrawal and prevents relapse
- Recommended by health professionals as best practice and standard of care of pregnant women with substance use disorders
- Should be accessible and integrated
Improve Outcomes

MAT as part of a comprehensive treatment program

- Increase retention in treatment
- Decrease illicit opioid use
- Decrease criminal activity, re-arrest, re-incarceration
- Decrease drug-related HIV risk behavior
- Decrease pregnancy-related complications
- Reduce maternal craving and fetal exposure to illicit drugs
Why Reducing Stigma Matters

Stigma creates barriers in policies and practices

- Engage in honest and open discussions on MAT
- Identify any areas of disagreement
- Offer education and training to resolve misunderstanding and concerns
- Ensure supportive practices and policies

Identify Areas of Disagreement

MAT, prescription drugs that treat opioid addiction, should be made available to pregnant women

Strongly Disagree  Disagree  Neutral/Unsure  Agree  Strongly Agree

Programs that provide methadone or other medication assisted treatment (such as buprenorphine/subutex) are just substituting one addiction for another.

Discuss & Provide Training
Reducing Stigma - Language

Drug addicted babies
Oxy babies
Oxy Tots
Tiny addict
Victims

Infants with prenatal exposure
Supporting Mothers Postpartum

Understand guilt, shame and stigma

Recognize and address anxiety and mood disorders

Ensure all needed services are available to women postpartum

Allow mothers and children to remain together whenever possible

Parenting in recovery requires new skills and ongoing support
Effects of Prenatal Substance Exposure

Short-Term Effects
- Growth
- Anomalies (Birth Defects)
- Withdrawal
- Neurobehavioral

Longer-Term Effects
- Growth
- Behavior
- Cognition
- Language
- Achievement

Most prenatally exposed infants are exposed to multiple substances
Needs of Infants with Prenatal Exposure

- Appropriate Diagnosis
- Developmental Screening
- Stable Attachment
- Safe, Attentive, Consistent Care
Multi-agency partners and collaboration are essential
No Single Agency Can Do This Alone

- Diverse partnerships to meet multiple and complex needs
- Partnerships should include diverse providers supporting the whole families needs including parents and infants
- Well-trained teams built on trust and accountability
- Strong, supportive hand-offs for families
- Information sharing and communication
Partnering with Diverse Systems

May be resistant to complying with federal regulations that don’t directly name them.

May have differing values or lack shared goals.

Lack protocols for screening newborns for prenatal substance exposure and/or under-report infants with substance exposure.

Lack clarity on mandates and processes for notification to child welfare services.

Have differing standards for sharing information and trust relationships with different partners.
How will all these agencies work together for the family and caregiver?

What does collaboration look like?
What is CAPTA?
What is CARA?
How can teams Plan for Safe Care?
What is CAPTA?

- **Child Abuse Prevention and Treatment Act (1974)**
- **Federal legislation** that includes funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect
- Amended in 2003, 2010, and **2016**
- Current funding provides several grant programs:
  - State Grants
  - Discretionary Grants
  - Community-based Grants
  - Children’s Justice Act Grants
What is CARA?

- Comprehensive Addiction and Recovery Act (CARA) - 2016
- Amendments to CAPTA
- Further clarified population to “born with and affected by substance use, withdrawal symptoms or Fetal Alcohol Spectrum Disorder, specifically removing “illegal”
- Required Plans of Safe Care to include needs of 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
How are Plans of Safe Care Different?

CWS Safety Plan
SUD Treatment Plan
Hospital Discharge Plan

A Plan of Safe Care reduces the crisis at birth for women, babies and systems!
How Do You Plan for Safe Care?

- Rely on interdisciplinary partnerships across health and social service agencies

- Develop based on results of comprehensive, multidisciplinary assessments

- Focus on family-centered approach that meets the needs of each family member, as well as overall family functioning and well-being
How Do You Plan for Safe Care?

- Ideally, develop a plan prior to birth event during the prenatal period to facilitate early engagement of parent(s) and communication among providers.

- Establish a structure to ensure coordination of, access to, and engagement in services grounded in evidence-informed practices.

- Ensure protocols are in place for information sharing across multiple partners.

- Collaborative review and decision making among multiple partners and agencies.
Opportunities for Collaborative Teams

- Support best practices for treatment of pregnant women and infant-family bonding
- Accept clinical decisions regarding treatment and services
- Decrease isolation, discrimination and stigma
- Facilitate information sharing
- Ensure coordination of care for infants, parents, caregivers and families
- Partner with the POSC Coordinator or provide oversight of POSC implementation

While examples exist, there is no universal template - every community is different
Implementation
Strategies & Examples
Addressing Infants with Prenatal Substance Exposure

- Include and implement on-going reviews (court staffing, status hearings) of infant health and developmental progress.
- Provide services to children of families with a history of substance use disorders, not just infants identified as affected by prenatal substance exposure.
- Enhance the ability of collaborative courts to provide family-centered services to participants.
- Provide education to expectant mothers to prepare them for the birth of infants who may experience the effects of prenatal substance exposure, including NAS.
- Aims to be family-centered and to address the needs of both parents and children
- Working with community partners to begin to implement prenatal Plans of Safe Care
- Has engaged the primary substance use disorder treatment provider on the court team
The Children’s Policy Council hired a Safe Care Coordinator in February 2019 to serve pregnant women including child welfare and the Family Wellness Court.

The Safe Care Coordinator will:

- Outreach to the community to identify pregnant women who need connections to substance use treatment
- Develop and monitor Plans Of Safe Care, including prenatal POSC
- Provide care coordination to parents and families
Okmulgee Family Drug Court

- Launched Beyond Families program with their SUD provider on March 2019

- 11 families served to date

- Since launch, two newborns with prenatal plans of safe care have been able to go home with parents and continue to receive services and supports
Why?

Working together produces better outcomes for children and families.
Q&A and Discussion
For information about building a collaborative team, download this publication at: https://ncsacw.samhsa.gov
Contact or Visit:
ncsacw@cffutures.org
http://ncsacw.samhsa.gov
References


**Slide 33- What is CAPTA:** Child Abuse Prevention and Treatment Act of 1974 s. 1191 (USA)

**Slide 34- What is CARA:** Comprehensive Addiction and Recovery Act of 2016 s. 524 (USA)
Learn More!  Peer Learning Court Program

Visit the Model of Family Treatment Courts @ Exhibit Hall

Booth # 414 and 416
Additional Resources from This Presentation

• American Academy of Pediatrics Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus

• On the Ground: How States are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and their Families