The Power of Collaboration

Supporting Infants with Substance Exposure and their Families for Optimal Well-being
Strengthening Partnerships

Improving Family Outcomes

An Initiative Funded by the

Substance Abuse and Mental Health Services Administration (SAMHSA)

and the

Administration for Children, Youth and Families (ACYF), Children’s Bureau

www.ncsacw.samhsa.gov
ncsacw@cffutures.org
How do we get there?

• Understanding the the Challenge

• Services that Support Families

• Roadmap to Collaboration

• Call to Action
Data: Understanding the Challenge

- Pregnant Women Entering Treatment
- Prevalence of Substance Exposed Infants
- Effects of Parental Substance Use on Removal
- Effects of Prenatal Substance Exposure
Percent of Women of Childbearing Age (Ages 15-44) Pregnant at Treatment Admission in the United States, 2014

Minnesota: 6.4%

National Average: 5.2%

Source: TEDS Data, 2014
Estimated Number of Infants* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder

*Approximately 4 million (3,932,181) live births in 2013; National Vital Statistics Report, Vol. 64, No. 1
http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf


*Potentially Affected by Prenatal Exposure

- Tobacco: 600,000 (15%)
- Alcohol: 360,000 (9%)
- Illicit Drugs: 200,000 (5%)
- Binge Drinking: 80,000 (2%)
- Heavy Drinking: 16,000 (0.4%)
- NAS: 24,000 (6 per 1,000 births)
- FASD: 28,000 (.2-7 per 1,000 births)
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States and Minnesota, 2000 to 2015

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2015
Percent of Children Under 1 Years old Removed with Parental Alcohol or Other Drug Use as a Reason for Removal in the United States and Minnesota, 2000 to 2015

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2015
Percent of Children Under 1 Years old Removed with Parental Alcohol or Other Drug Use as a Reason for Removal, 2015

National: 44.9%
Minnesota: 55.8%

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2015
Percent of Children with Terminated Parental Rights by Reason for Removal in Minnesota, 2015

- Neglect: 46.9%
- Parent Alcohol or Drug Use: 41.2%
- Parent Unable to Cope: 16.4%
- Physical Abuse: 13.5%
- Inadequate Housing: 7.3%
- Child Behavior: 7.2%
- Abandonment: 5.6%
- Sexual Abuse: 4.7%
- Child Disability: 3.4%
- Relinquishment: 3.3%
- Parent Incarceration: 2.6%
- Child Alcohol or Drug Use: 1.4%
- Parent Death: 1.3%

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2015
### SHORT-TERM EFFECTS OF PRENATAL EXPOSURE BY SUBSTANCE

<table>
<thead>
<tr>
<th></th>
<th>Nicotine</th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Opiates</th>
<th>Cocaine</th>
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<td>Fetal Growth</td>
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<tr>
<td>Anomalies</td>
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<tr>
<td>Withdrawal</td>
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<tr>
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### LONG-TERM EFFECTS OF PRENATAL EXPOSURE BY SUBSTANCE

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<tr>
<td>Growth</td>
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<td>Cognition</td>
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<td>Language</td>
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<td>Achievement</td>
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Complex Interplay of Factors

Interaction of various prenatal and environmental factors:

- Family characteristics
- Prenatal care
- Exposure to multiple substances: alcohol and tobacco
- Early childhood experiences in bonding with parent(s) and caregiver(s)
- Other health and psychosocial factors have a significant impact

Services that Support Families

• Recognize the unique practice window of opportunity

• Screening, assessment and early engagement in Treatment

• Treatment that supports families

• Ongoing support for family recovery
Practice Windows of Opportunity

• Motivation to make health related changes is enhanced during pregnancy

• Prenatal care is a touch point with the system


Supporting Families with Substance Use Disorders

• Identifying women during pregnancy

• Treatment during pregnancy

• Support at birth and beyond
Barriers to Screening

**Patient**
- Fear of discrimination, judgment or CPS
- Previous bad experience with health care provider
- Don’t consider use problematic

**Provider**
- “My patients don’t use drugs”
- “I don’t have time”
- “I won’t get paid”
- “I don’t know what to do if they screen positive”
Assessment during Pregnancy

Early identification can minimize potential harms to the mother and her pregnancy and maximize motivation for change.

Selective screening based on “risk factors” perpetuates discrimination and misses most women with problematic use.

Universal screening is recommended by ACOG.
Treatment that Supports Families

- Encourages maternal retention in treatment
- Increases family skills
- Enhances child well-being

• Parent recovery must occur in the context of family relationships
• Services that strengthen families and support parent-child relationships helps keep children safe

85% of children in substantiated abuse and neglect cases either stay home or go home
Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Comprehensive Screening & Assessment + Early Access to Treatment = Positive Outcomes

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Roadmap to Collaboration

• Recognizing the unique policy window of opportunity

• How Plans of Safe Care Encourage Collaboration

• SEI-IDTA Lessons: Developing Powerful Collaboration

• Tools for Developing a Powerful Collaborative
Policy Windows of Opportunity

• Attention on Opioid Epidemic

• CARA Legislation and Plans of Safe Care

• Cures Act Funding
A Collaborative Approach

Women with opioid and other substance use disorders are identified during pregnancy...

Engaged into prenatal care, medical care, substance use treatment, and other needed services...

A Plan of Safe Care for mother and baby is developed reducing the number of crises at birth for women, babies, and the systems!
To identify infants at risk of child abuse and neglect as a result of prenatal substance exposure, so a range of appropriate services can be delivered to the infant and mother, ensuring the safety and well-being of infants, their mothers, and their families.
• HHS Secretary provide grants to states to supplement opioid abuse prevention and treatment activities

• $500 million in award money available in each of FY17 and FY18

• Funds awarded according to a formula based on the number of people with opioid use disorders with unmet treatment needs

• Eligibility is limited to Single State Agencies (SSAs)

• Outlines a non-exhaustive list of allowable uses of the opioid grant funds to states

• Minnesota received a grant of $5,379,349 for FY 2017
Plans of Safe Care
CARA’s Primary Changes to CAPTA 2016

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”

2. Required Plan of Safe Care to include needs of both infant and family or caregiver

3. Specified data to be reported by States

4. Specified increased monitoring and oversight by States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services
CAPTA Plan of Safe Care
Preparation for Baby’s Arrival and Beyond

- Ideally, developed prior to birth of infant
- Comprehensive multi-disciplinary assessment
- Multiple intervention points: pregnancy, birth and beyond
- Addresses needs of mother, infant, and family
- Structure in place to ensure coordination of, access to, and engagement in services
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<th>CAPTA Implementation Challenges</th>
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<tr>
<td>Interaction between Statute and Current Practice</td>
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<td>Identifying Affected Infants</td>
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<td>Populations in Need of Plans of Safe Care</td>
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<td>Collaboration with New Partners</td>
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<td>Addressing Families in the Plan of Safe Care</td>
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<td>Plans of Safe Care vs. Safety Plan</td>
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<tr>
<td>Implementation, Monitoring and Data Collection</td>
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POSC is a unique opportunity for cross-system collaboration

No Single agency can do it alone
Focuses on opioid use during pregnancy

Recovery of pregnant and parenting women and their families

To advance the capacity of State and local jurisdictions to improve the safety, health, permanency and well-being of infants exposed to maternal alcohol and drug use.

Substance Exposed Infants In-Depth Technical Assistance (SEI-IDTA, 2014-Present)
Substance-Exposed Infants, In Depth Technical Assistance

States Receiving In-Depth TA to Improve Practice and Policies

Connecticut
Delaware
Kentucky
Minnesota
New Jersey
New York
Virginia
West Virginia

Challenges Identified by States

For women with opioid use disorders and their infants and families

**Prenatal**
- Lack of Prenatal Care due to fear of prosecution or loss of custody
- Selective Screening
- Stigma of MAT
- Discrimination against PPW in treatment services
- Lack of appropriate family-centered, trauma informed, gender responsive and evidence-informed services

**Birth**
- Inconsistent identification and treatment of infants
- Unclear notification processes
- No Plan of Safe Care
- Discharge plans don’t address parent/caregiver needs

**Beyond**
- Eligibility and Availability of essential services
- Infants not eligible for early intervention
- Challenges with engagement of PPW
- Lack of coverage for continuing care for mothers and infants
Collaborative Lesson from SEI-IDTA States

**Leadership**

Identifying champions from critical partner systems and a dedicated lead agency

**Engaging Critical Partners**

Ensuring that partners from multiple agencies and disciplines are meaningfully engaged

**Cross-system Collaboration**

Building a common foundation for systems change through share resources, relationships and results

**Data Collection, Reporting & Integration**

Developing systems, protocols and training to support shared data collection, analysis and reporting
Two communities...

- No prenatal screening or assessment
- Stigma, no engagement specialist
- Late, inadequate or non-existent treatment
- No Postnatal Plan of Safe Care
- Outcomes?

Where do you live?

- Early prenatal screening and assessment
- No stigma for engagement into treatment
- Quality treatment
  - MAT, Family-Centered, Trauma-informed, Recovery Support
- Prenatal Plan of Safe Care
- Outcomes?
**Purpose:** Support the efforts of States, Tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

**Audience**
- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

**National Workgroup**
- 40 professionals across disciplines
- Provided promising and best practices; input and feedback over 24 months

Case Study: CHARM Collaborative

What Makes it Work
- Shared Understanding Among Partners
- Regular Meetings
- Information Sharing

Early Identification and Intervention
- MAT and substance use treatment services
- Prenatal Care
- Child Welfare 30-day pre-birth-assessment

Intense Level of Support
- Pregnancy
- Birth
- Post-Partum
#1 Download the Cross-Systems Guide

• Use these system specific guides to help establish a baseline understanding of the practices and policies used across systems.

Contact Us ncacw@cfutures.org
#2 Conduct an SEI Systems Walk-Through

Contact us: ncsacw@cffutures.org
#3 – View and Discuss SEI-IDTA, Opioid Use and SEI Webinars

A Collaborative Approach
Addressing the needs of pregnant women with opioid use disorders, their infants and families.

Partnering to Treat Pregnant Women
Lessons Learned from a Six Site Initiative will provide an overview and share lessons from the SAMHSA-funded initiative, Substance Exposed Infants In-Depth Technical Assistance program.

A Framework for Intervention for Infants with Prenatal Exposure and Their Families
Identifies points of intervention for comprehensive reform to prevent prenatal exposure and respond to the needs of pregnant women, mothers, their families and infants.

Visit www.cffutures.org
#4 Contact CFF or the NCSACW TTA Program

- Connect you with programs that are developing tools and implementing practices and protocols to support their powerful collaborative
- Training and technical assistance to support collaboration and systems change

www.cffutures.org
ncsacw@cffutures.org
#5 Get Engaged in Minnesota’s Work

**Minnesota Statewide Initiative for Community-based Prenatal Recovery Oriented Care**

- **Goals**
  - Provide venues for intentional action, engaging state, tribal, and local leaders together in the effort to collaborate and develop recommendations for a statewide response to substance use during pregnancy and consequent infant exposure.
  - Strengthen the workforce. Establish a statewide network of care coordinators and make them visible to the public.
- **Short-term Outcomes**
  - Increase number of communities participating in the statewide network.
- **Long-term Outcomes**
  - Increase number of communities participating in the statewide network.

**Minnesota’s Plan for the Prevention, Treatment and Recovery of Addiction**

**Background**

In June 2012, the Opioid Use Disorder Prevention and Treatment Fund was created by the Minnesota Legislature to support the expansion of treatment and prevention services for opioid use disorder (OUD). The fund is targeted to increase access to evidence-based treatment and prevention services for individuals with OUD and their families throughout the state.

**Recommendations**

1. **Enhance Access to Treatment**
   - Increase funding for treatment and prevention services.
   - Expand access to medication-assisted treatment (MAT) for individuals with OUD.
2. **Strengthen Opioid Crisis Response**
   - Enhance coordination among state agencies and local partners.
   - Increase funding for opioid crisis response teams.
3. **Enhance Research and Data Collection**
   - Increase funding for research on opioid use disorder.
   - Establish a statewide data infrastructure to monitor trends and outcomes.
4. **Enhance Workforce Development**
   - Increase funding for workforce development programs.
   - Establish a statewide workforce development plan.

**Women’s Recovery Services in Minnesota: Cross-site Findings**

Committee Evaluation Results of a Statewide Minnesota Initiative Serving Community-Dependent Women and Children, 2011-2014
Resources
NCSACW Resources

- Publications
- Online Resource Inventory
- Webinars
- Online Tutorials
- Toolkits
- Video

Please visit:

http://www.ncsacw.samhsa.gov/
Resources to Help You Address the Opioid Crisis

Substance-Exposed Infants, In-Depth Technical Assistance

- 18 months of technical assistance designed to strengthen collaboration and linkages across systems
- 8 sites: Connecticut, Delaware, Kentucky, Minnesota, New Jersey, New York, Virginia, West Virginia.


Technical Assistance: Plan of Safe Care Implementation

- Clarifying key decisions for states
- Defining “affected infants”
- Understanding different populations of pregnant women
- Identifying components in plans of safe care

Resource Directory

- Web-based includes up to date research, training materials, videos, site examples and other resources
- Webinar Series: 8 recorded webinars

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Bringing Systems Together for
Family Recovery, Safety and Stability