



# **Planning for Safe Care**

*What You Need to Know about Serving Mothers  
with Opioid Use Disorders*

**North Carolina TEAMS Building Recovery  
Conference**

**Jill Gresham, MA, CDP**

Children and Family Futures

October 30, 2018



# Acknowledgement

**This presentation is 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.



*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.*


# *Our Mission*

To improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders.



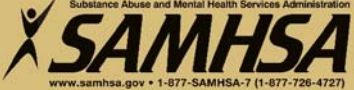


Center for Children and Family Futures  
Strengthening Partnerships, Improving Family Outcomes





**A COLLABORATIVE  
APPROACH TO THE  
TREATMENT OF  
PREGNANT WOMEN  
WITH OPIOID USE  
DISORDERS**

Practice and Policy Considerations for Child Welfare,  
Collaborating Medical, & Service Providers



Substance Abuse and Mental Health Services Administration  
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*For information  
about building a  
collaborative team,  
download this  
publication.*



# *We Have Been Here Before*





**30%**

Opioid overdose increase from July 2016 through September 2017 in 52 areas in 43 states



**70%**

Increase in opioid overdoses in Midwestern region from July 2016 through September 2017



**54%**

Opioid overdoses in large cities increased by 54% in 16 states

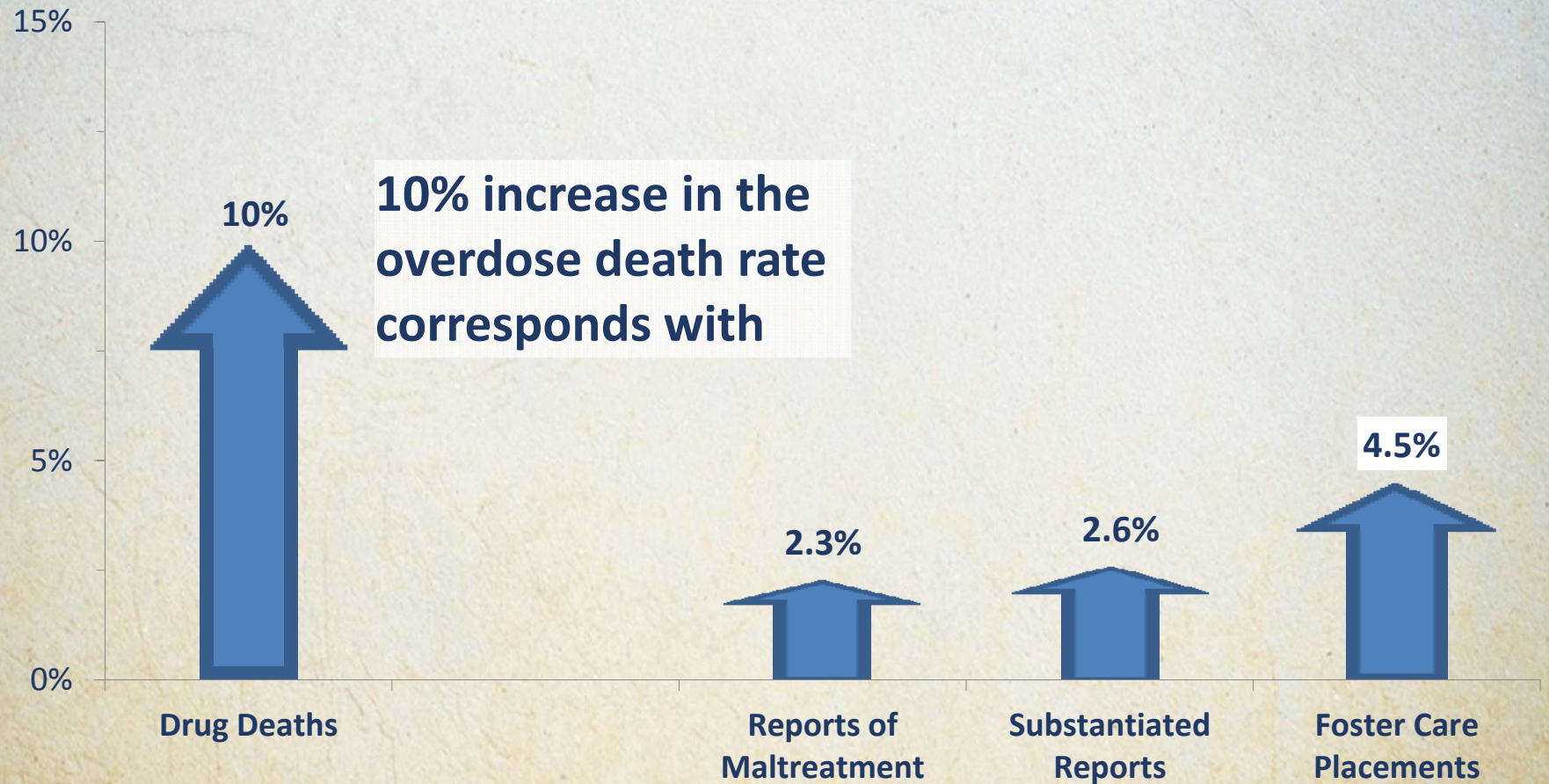
(Source: Centers for Disease Control and Prevention, March 2018)

# Assistant Secretary on Planning and Evaluation (ASPE) Study on Substance Misuse and Child Welfare



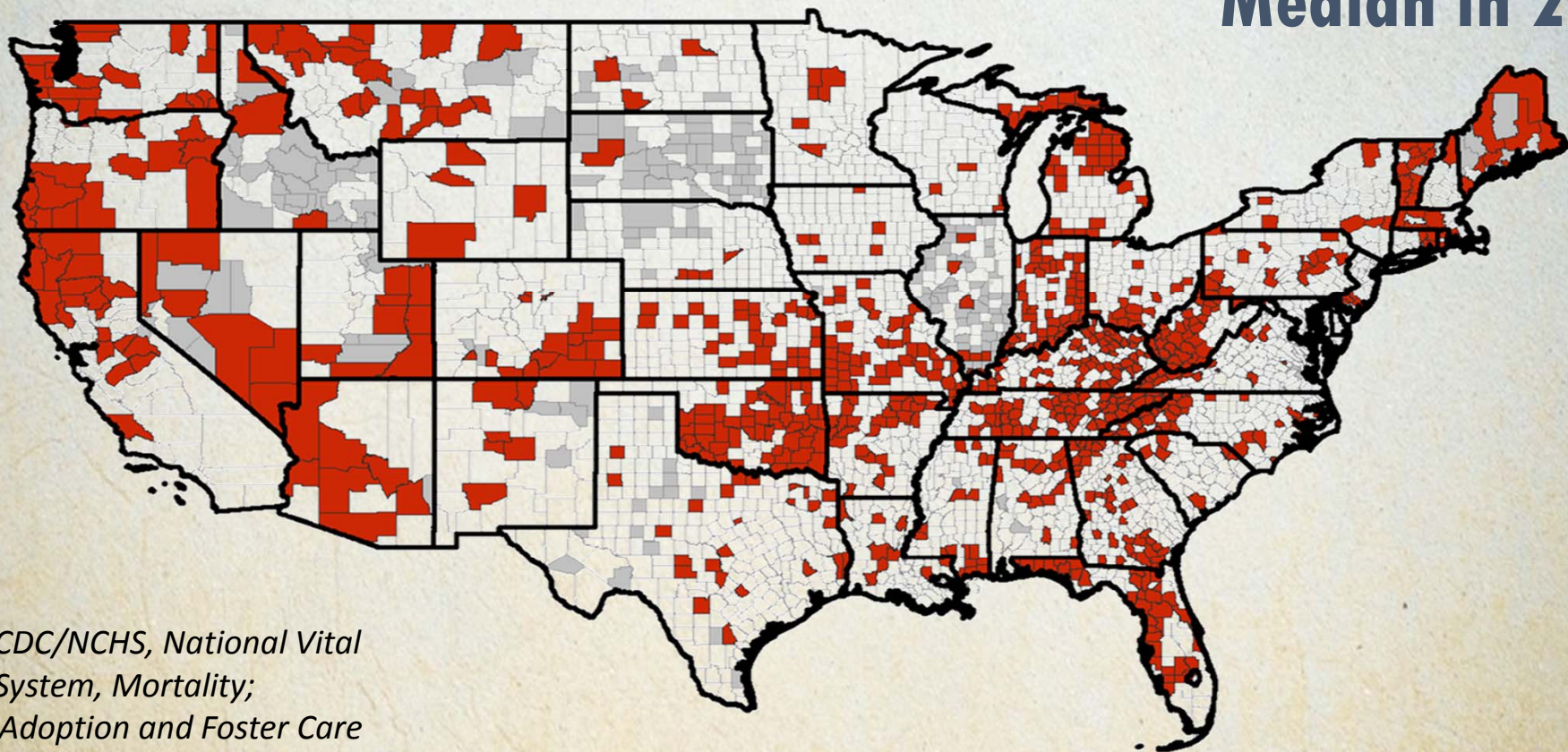
- Identify the effect of substance use prevalence and drug death rates on child welfare caseloads, including:
  - Total reports of child maltreatment
  - Substantiated reports of child maltreatment
  - Foster care entries

# ASPE Study Findings: Drug Overdose Deaths and Child Welfare Case Rates, 2011-2015





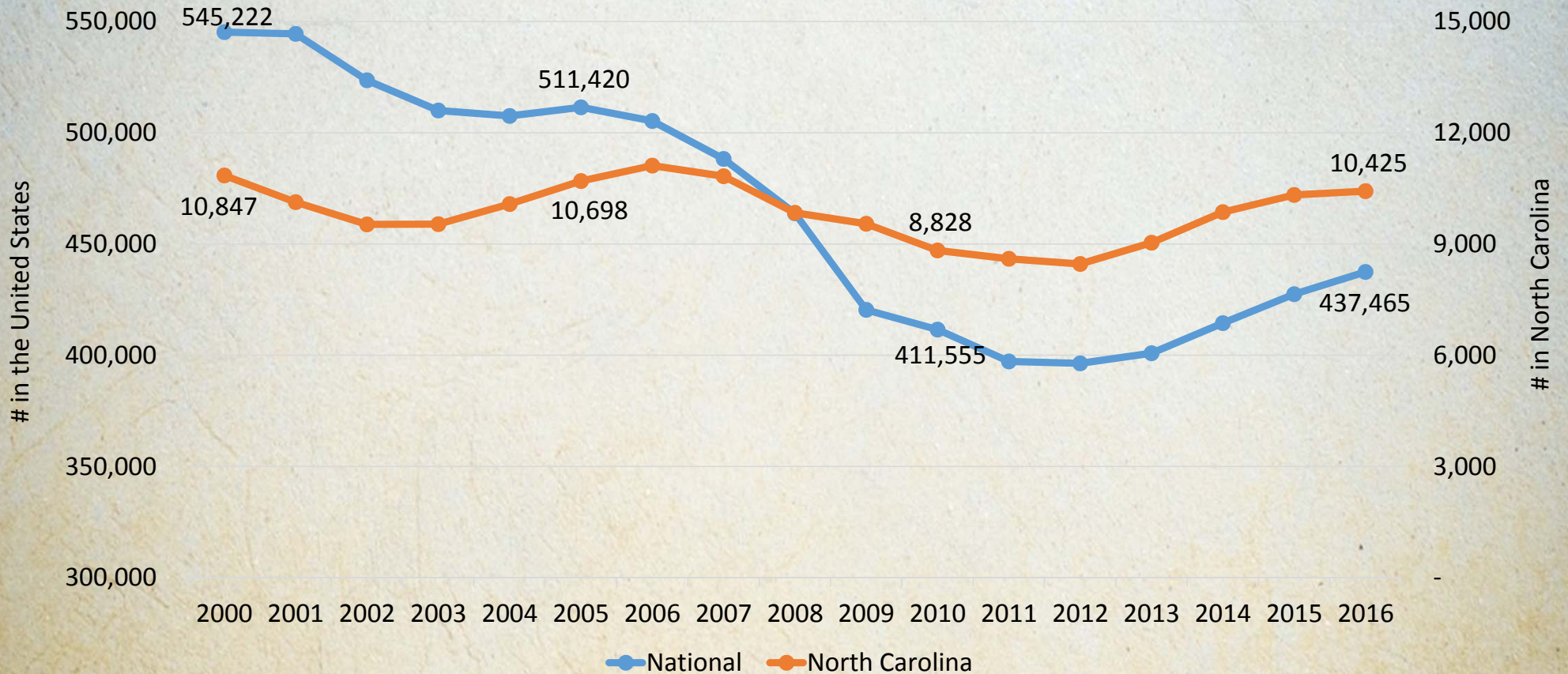
# ASPE Study Findings: Counties Where Rates of Drug Overdose Deaths and Foster Care Entries Were Both Above the National Median in 2015



Sources: CDC/NCHS, National Vital Statistics System, Mortality; HHS/ACF, Adoption and Foster Care Analysis and Reporting System.

■ Opioids High, Foster Care High    □ Other    ■ Missing Data

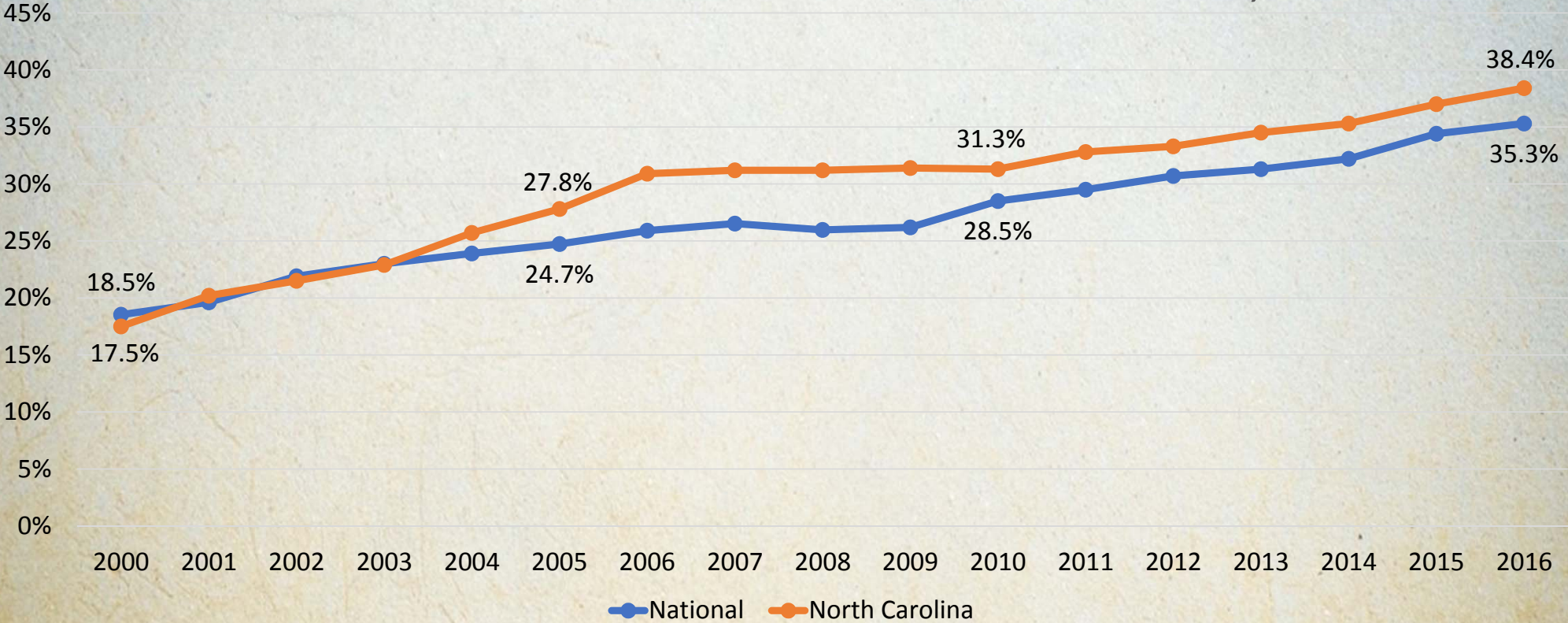
## Number of Children in Out of Home Care at End of Fiscal Year in the United States and North Carolina, 2000 to 2016



Note: Estimates based on children in foster care as of September 30

Source: AFCARS Data, 2000-2016

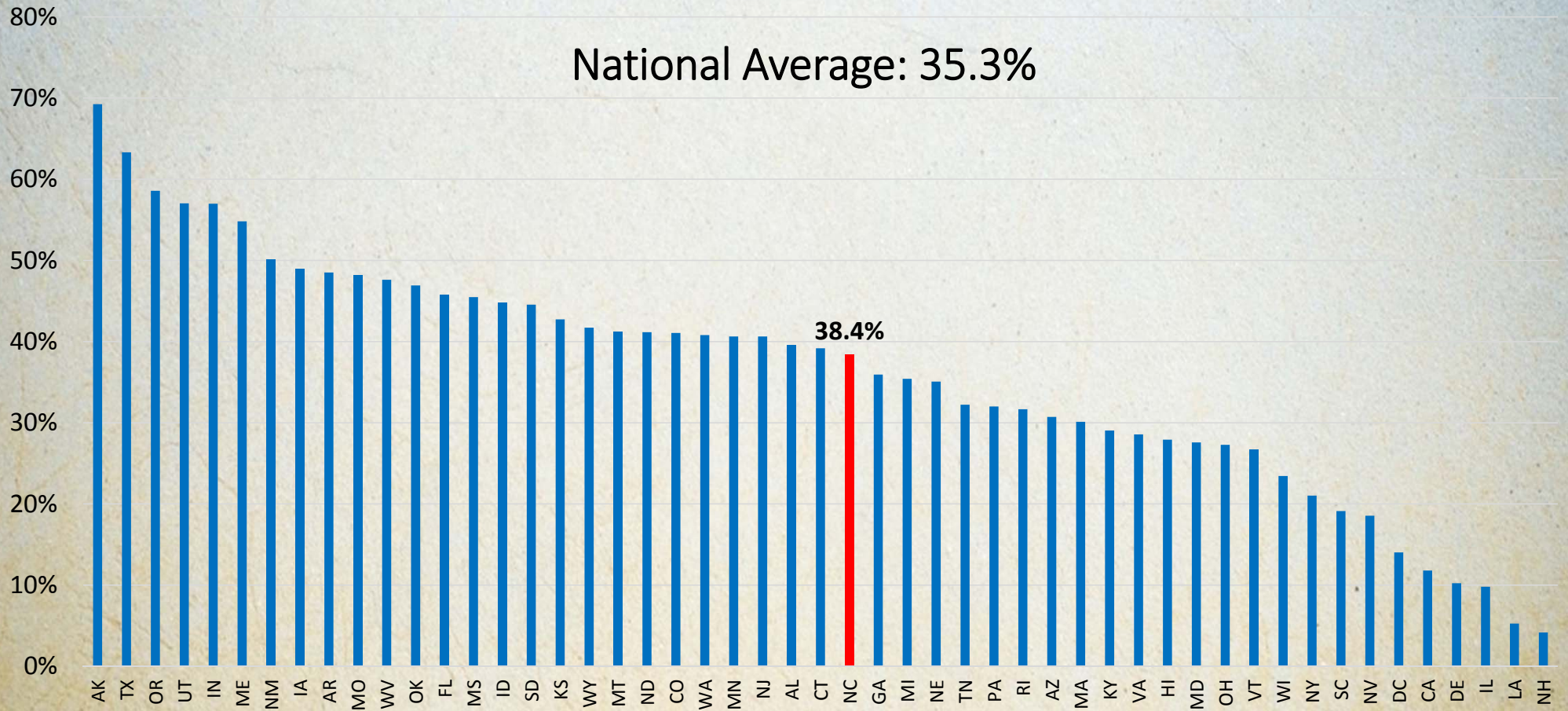
# Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Removal in the United States and North Carolina, 2000 to 2016



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

Source: AFCARS Data, 2000-2016

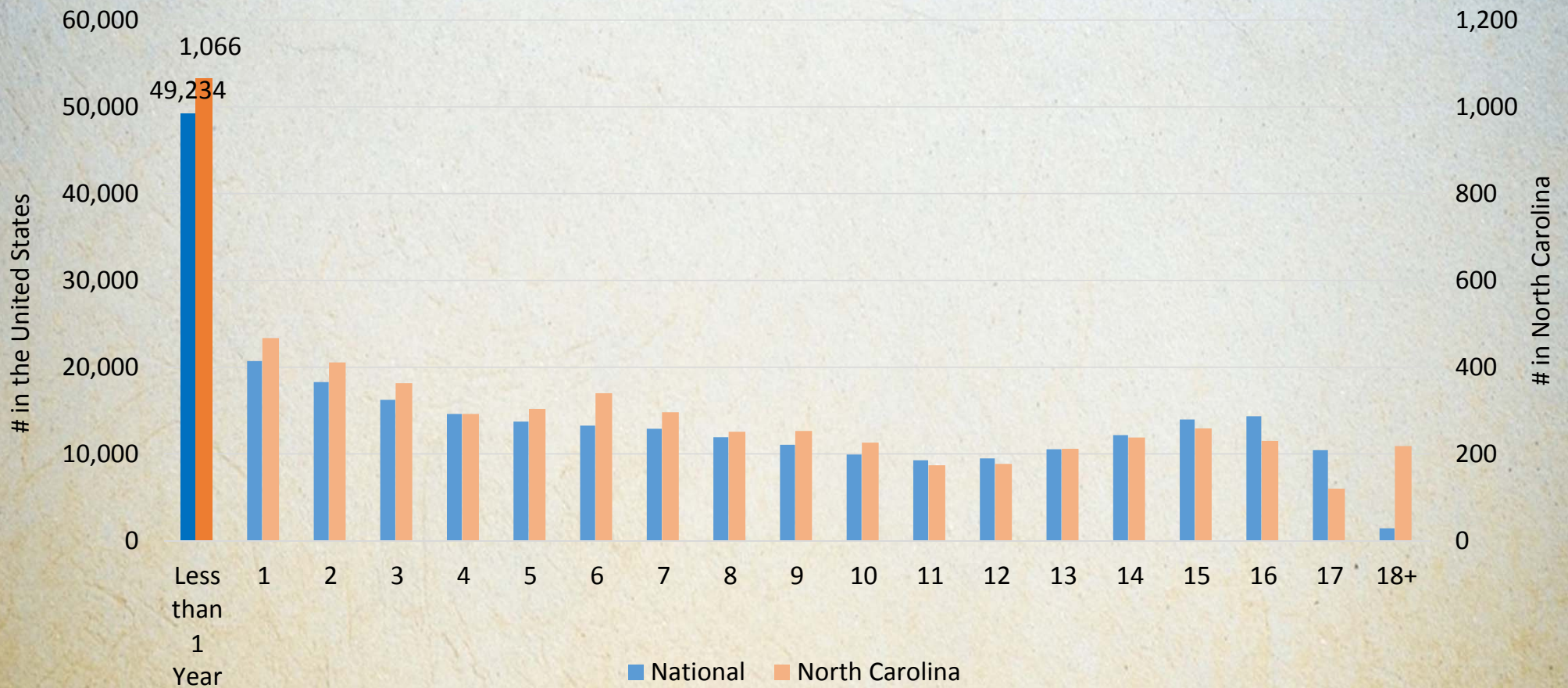
# Parental Alcohol or Other Drug Use as a Contributing Factor for Removal by State, 2016



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

Source: AFCARS Data, 2016

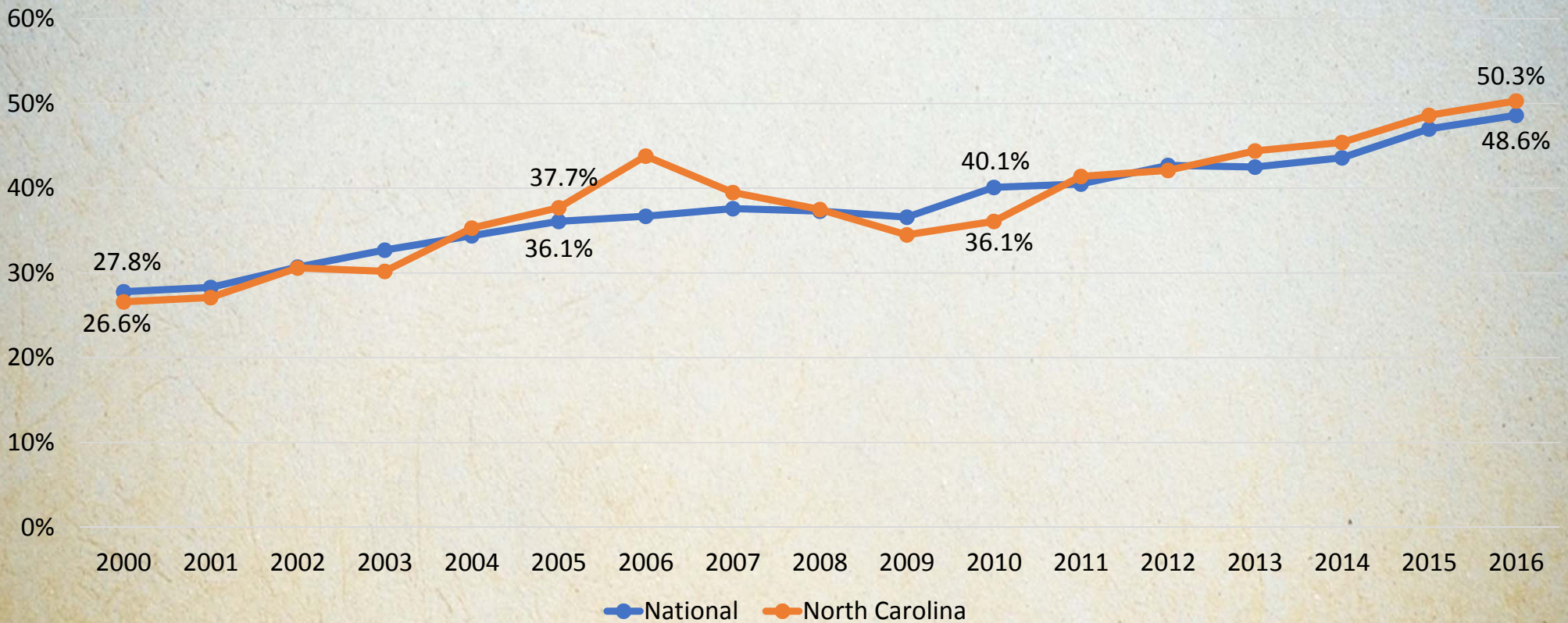
# Number of Children who Entered Foster Care, by Age at Removal in the United States and North Carolina, 2016



Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2016

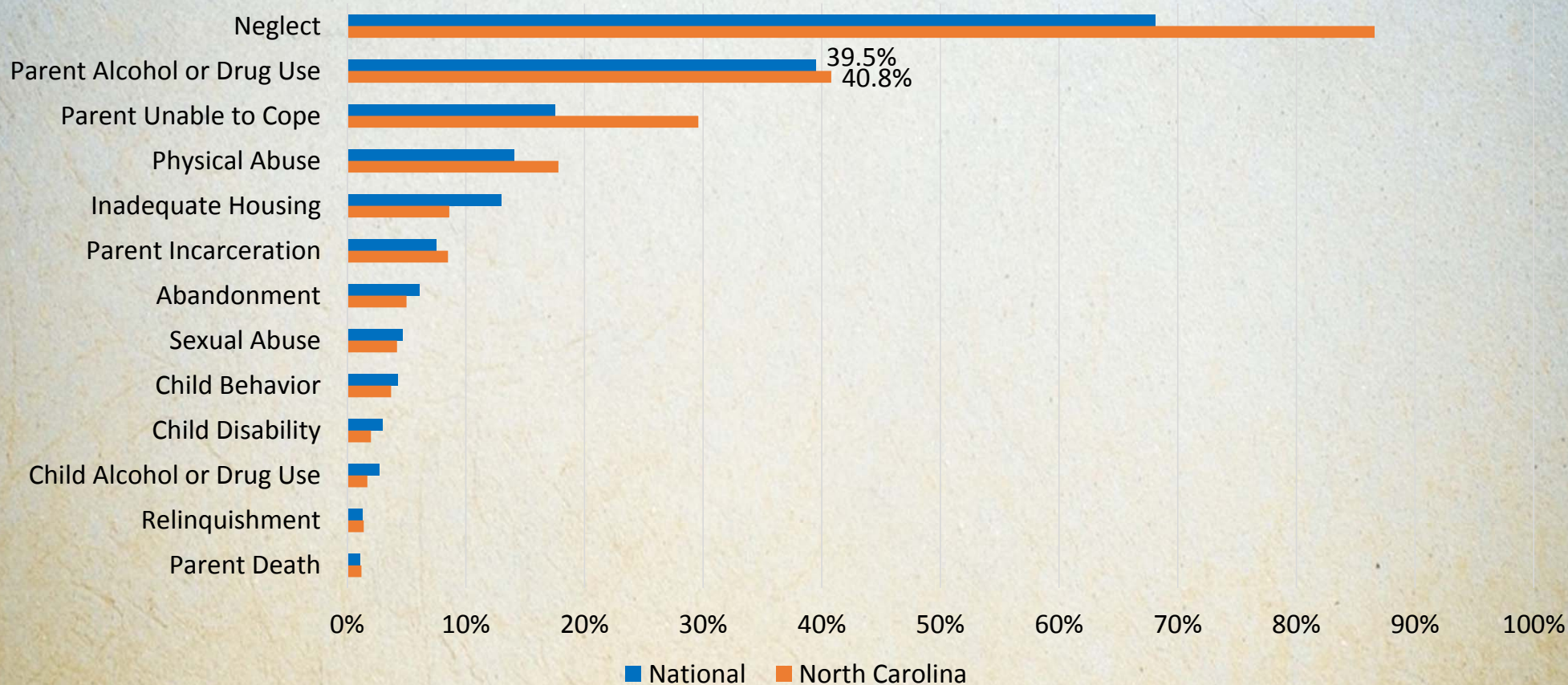
# Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as Contributing Factor for Removal in the United States and North Carolina, 2000 to 2016<sup>[3]</sup>



Note: Estimates based on children under age 1 who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2016

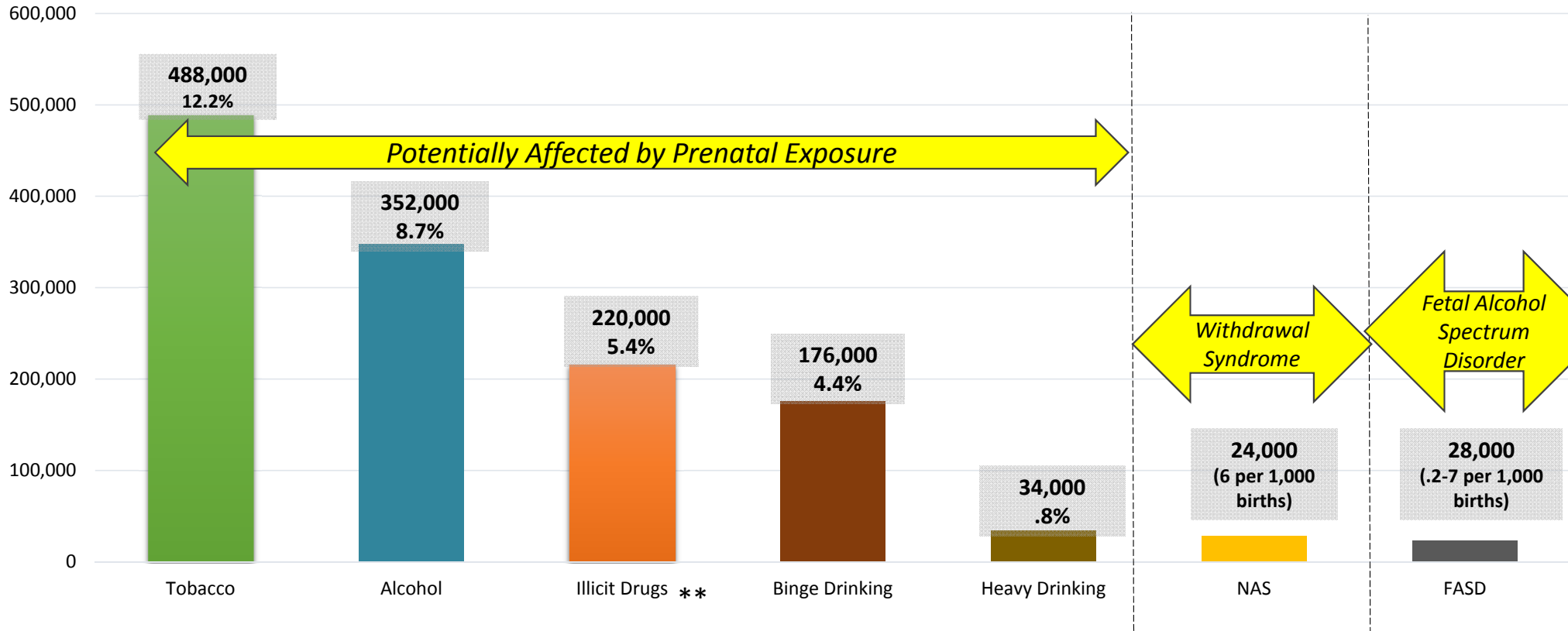
# Percent of Children with Terminated Parental Rights by Contributing Factor for Removal in the United States and North Carolina, 2016



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

Source: AFCARS Data, 2016

# Estimated Number of Infants\* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder, 2016



\*Approximately 4 million (3,945,875) live births in 2016; National Vital Statistics Report, Vol. 66, No. 1 [https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66\\_01\\_tables.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01_tables.pdf)

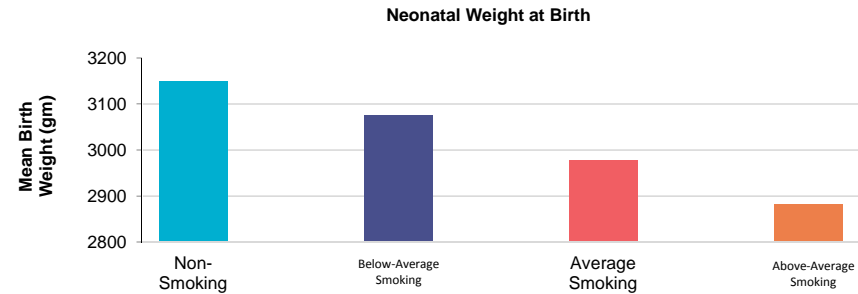
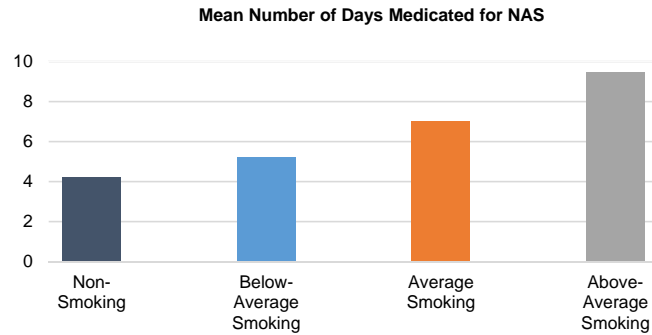
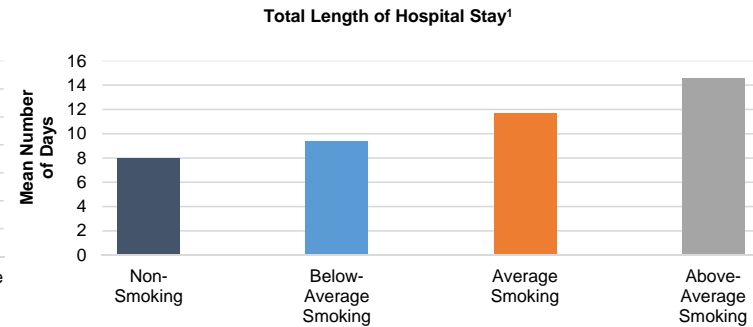
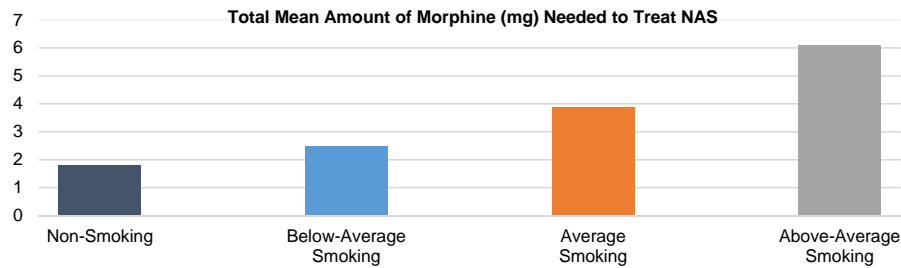
Estimates based on rates of past month drug use: National Survey on Drug Use and Health, 2016; <https://www.samhsa.gov/data/sites/default/files/NSDUH-DeTABS-2016/NSDUH-DeTABS-2016.pdf>

\*\* Includes nine categories of illicit drug use: use of marijuana, cocaine, heroin, hallucinogens and inhalants, as well as the non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives Patrick, et al., (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. Journal of Perinatology, 35 (8), 667

May, P.A., and Gossage, J.P.(2001).Estimating the prevalence of fetal alcohol syndrome: A summary. Alcohol Research & Health 25(3):159-167. Retrieved October 21, 2012 from <http://pubs.niaaa.nih.gov/publications/arh25-3/159-167.htm>



# MOTHER: Smoking and NAS



Ordinary least squares and Poisson regression analyses were used to test average daily number of cigarettes smoked in the past 30 days at  $\alpha=0.05$ , adjusting for both Medication Condition and Site. Below-average cigarette smoking was defined as 6 cigarettes/day (-1 SD), average cigarette smoking as 14 cigarettes/day (Mean), and above-average cigarette smoking as 21 cigarettes/day (+1 SD).

# *We Know What Works*

- Evidence-based treatment and enhanced recovery support
- Services to support the parent-child relationship and family recovery
- Cross-system collaboration



**\$60 million**

CAPTA state grants to implement  
Plans of Safe Care

*Just Appropriated*

*Funds will be contracted by September 30, 2018*

**\$20 million**

Kinship Navigator Programs

**\$40 million**

ACF to provide substance use  
disorder and mental health  
services to families in CWS

*Opportunities*

**\$70 million**

SAMHSA Drug Courts

**\$1 billion**

Treatment funds to SAMHSA for states

**35%**

SAMHSA budget increase

# Family First Prevention Services Act (2018)

**Makes changes to federal child welfare financing**, including allowing for federal Title IV-E dollars to reimburse states for substance use, mental health prevention and treatment services and parenting programs for children at imminent risk of being placed in foster care and their families

- Provisions Related to Substance Use and Mental Health Treatment for Families
  - Reimbursement for Family Residential Substance Use Disorder Treatment – **October 1, 2018**
  - Use of Title IV-E Funds to Prevent Child Placement in Out-of-Home Care – **October 1, 2019**
  - Reauthorization of Regional Partnership Grants

*Opportunity*

A photograph of a man and a woman looking at a baby wrapped in a white blanket. The man is on the left, looking down at the baby. The woman is on the right, looking towards the baby. The baby is lying down, wrapped in a white lace-trimmed blanket. The background is dark, making the family the central focus.

*What is CAPTA?*  
*What is CARA?*  
*What are Plans of Safe Care?*



# What Is CAPTA?

- Child Abuse Prevention and Treatment Act (1974)
- Federal 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



**1974**

Child Abuse Prevention and Treatment Act (CAPTA)

**2003**

The Keeping Children and Families Safe Act

**2010**

The CAPTA Reauthorization Act

**2016**

Comprehensive Addiction and Recovery Act (CARA)

# What Is CARA?

- Comprehensive Addiction and Recovery Act (CARA) – 2016
- Amendments to CAPTA
- Further clarified 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 State
- Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services



# CARA in North Carolina:

## ***Affected by Substance Abuse***

Infants who have a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.

**OR**

Medical evaluation, including history and physical of mother, or behavioral health assessment of mother, indicative of an **active** substance use disorder, during the pregnancy or at time of birth.

# CARA in North Carolina:

## ***Affected by Withdrawal Symptoms***

The infant manifests clinically relevant drug or alcohol withdrawal.

## ***Affected by FASD***

Infants diagnosed with one of the following:

Fetal Alcohol Syndrome (FAS)

Partial FAS (PFAS)

Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE)

Alcohol-Related Birth Defects (ARBD)

Alcohol-Related Neurodevelopmental Disorder (ARND)\*

**OR**

Infants with known prenatal alcohol exposure when there are clinical concerns for the infant according to current evaluation and management standards.

# What Are Plans of Safe Care?

## Preventative

Developed prior to birth event to facilitate engagement and coordination; reduces number of crisis at birth for women, babies, and systems

## Family-Centered

Meet needs of each family member as well as overall family functioning and well-being

## Comprehensive

Include other identified needs that are not determined to be immediate safety concerns; prepared for baby's safe arrival and beyond

## Collaborative

Involve systems outside of child welfare, including health care systems

CWS  
Safety  
Plan

SUD  
Treatment  
Plan

Hospital  
Discharge  
Plan

How Is *Plan of Safe Care* Different?

	Purpose and Goals	How Plans of Safe Care Differ
CPS safety plans:	Immediate safety of a child	Health and substance use disorder treatment needs of the infant and affected family or caregiver. <i>This process may include more extensive follow-up plans that support families and focus on the longer-term well-being of the infant and family or caregiver.</i>
Substance use treatment plans:	treatment of adults	Treatment and broad services for the whole family including the infant and parent-child dyad, and the caregiver.
Hospital discharge plans:	Health and well-being of the infant for successful discharge from the hospital	Ongoing health and development of the infant as well as the educational and substance use disorder treatment needs of the family/caregiver who will be caring for the infant.

Current child welfare safety plans, substance use treatment plans, and hospital discharge plans can strengthen Plans of Safe Care. Providing the full range of currently-available prevention and intervention services along with additional services to meet the family or caregiver’s on-going service needs benefit Plans of Safe Care.

# North Carolina's *Plan of Safe Care*

Developed by Child Welfare  
&

Overseen by Care Coordination for  
Children (CC4C)

# North Carolina Perinatal Substance Use Project

- Provides screening, information & referral for pregnant and parenting women with dependent children
- Provides consultation, training & technical assistance for the public and for professionals regarding perinatal substance use, treatment and resources
- Weekly Bed Availability List ([jjones@alcoholdrughelp.org](mailto:jjones@alcoholdrughelp.org))
- Available Monday through Friday from 8 am to 6 pm
- **1-800-688-4232**



# ALCOHOL / DRUG COUNCIL OF NORTH CAROLINA

ADCNC PROVIDES SERVICES TO THOSE WHO  
STRUGGLE W/ SUBSTANCE USE DISORDERS

• STATE WIDE INFORMATION & REFFERAL LINE

[WWW.ALCOHOLDRUGHELP.ORG](http://WWW.ALCOHOLDRUGHELP.ORG)

 1.800.688.4232

• COMMUNITY BASED RECOVERY SUPPORT SERVICES

[WWW.SUNRISERECOVERYRESOURCECENTER.COM](http://WWW.SUNRISERECOVERYRESOURCECENTER.COM)

 919.973.2799

• FEDERAL MARKETPLACE HEALTHCARE NAVIGATION

[WWW.HEALTHCARENCNOW.ORG](http://WWW.HEALTHCARENCNOW.ORG)

  1.855.726.2559





# *How Are Family Drug Courts Well Positioned to Implement POSC?*



**Multi-Agency  
Collaboration**



**Family-  
Centered  
Approach**



**Information  
Sharing**



**Oversight  
Accountability**

# *What* **Outcomes** *Are We Trying to Achieve?*



Healthier  
pregnancies



Healthier  
babies

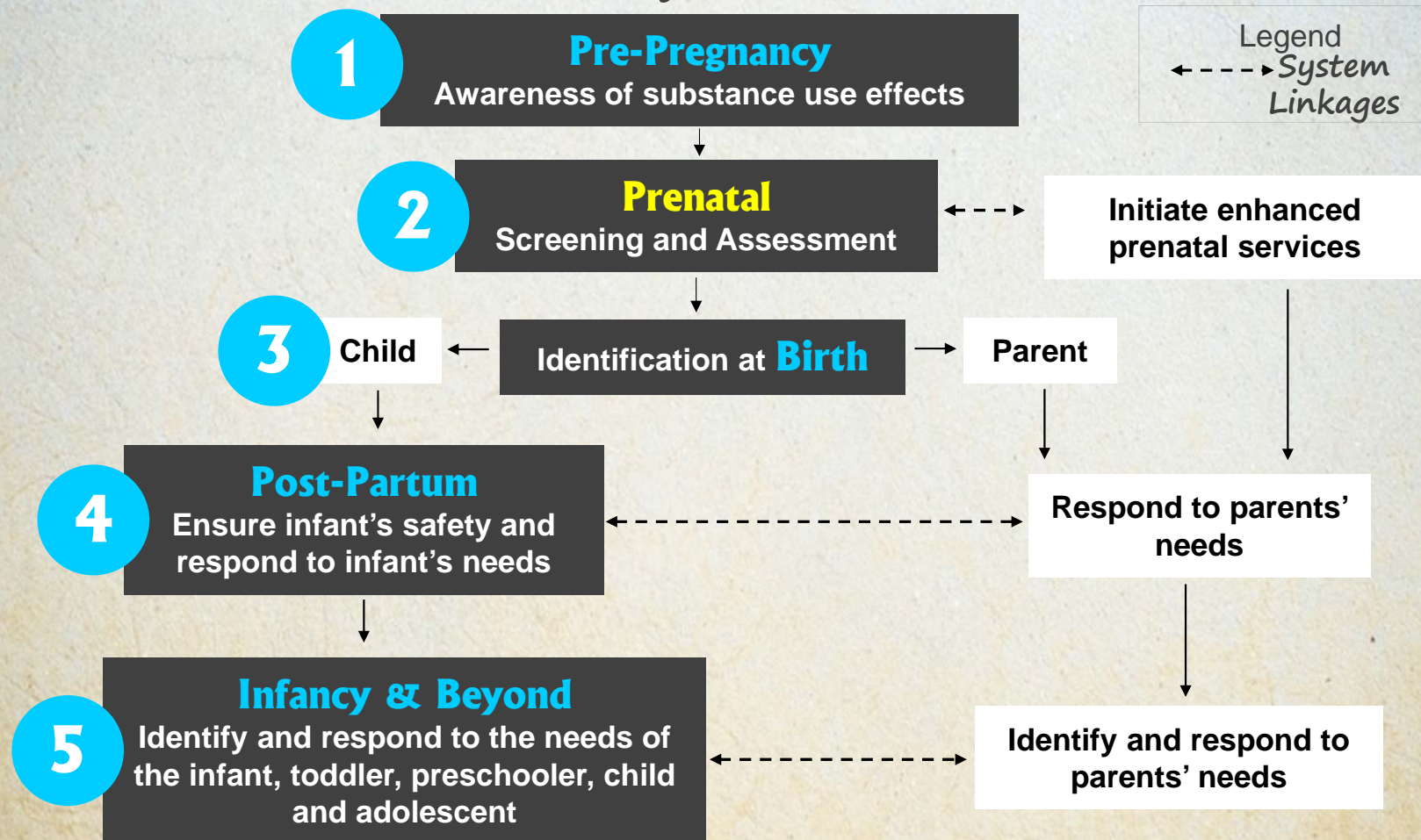


Remain  
together



Stronger  
families

# Policy and Practice Framework: *5 Points of Intervention*



A pregnant woman in a light-colored, possibly beige or cream, dress is shown from the waist down, holding her belly with both hands. She is standing on a beach, with the ocean and a bright sunset or sunrise in the background. The text is overlaid on the left side of the image.

*Why Early Engagement Matters*  
**The Windows of Opportunity**  
*During the Prenatal Period*



# New Beginnings

- Motivation to make health related changes is enhanced during pregnancy
- Prenatal care is a touch point to services

Edvardsson, K., Ivarsson, A., Eurenus, E., Garvare, R., Nyström, M. E., Small, R., & Mogren, I. (2011). Giving offspring a healthy start: parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC public health*, *11*(1), 936.

Crittenden, K. S., Manfredi, C., Lacey, L., Warnecke, R., & Parsons, J. (1994). Measuring readiness and motivation to quit smoking among women in public health clinics. *Addictive behaviors*, *19*(5), 497-507.



# Key Opportunities in Prenatal Period



*Universal Screening*



*Engagement*



*Assessment*



*Linkage to Services*



*Communication*



# Opioids during Pregnancy

Stability for pregnant woman and fetus; prevent relapse

Jones, H. E., Kaltenbach, K., Heil, S., Stine, S. M., Coyle, M. G., Arria, A. M., O'Grady, K., Selby, P., Martin, P., & Fischer, G. (2010). *Neonatal abstinence syndrome after methadone or buprenorphine exposure*. *New England Journal of Medicine*, 363, 2320–2331. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMoa1005359>

# Medication-Assisted Treatment



- MAT is a critical component for effective comprehensive treatment
- MAT stabilizes the mother and encourages connections to prenatal care
- MAT prevents withdrawal
- MAT during pregnancy is recommended by health professionals as best practice and standard of care of pregnant women with SUDs
- MAT should be accessible and integrated



# Improved Outcomes

*MAT as part of a comprehensive treatment program*

*Decrease illicit  
opioid use*

*Increased retention  
in treatment*

*Decrease criminal  
activity, re-arrest,  
re-incarceration*

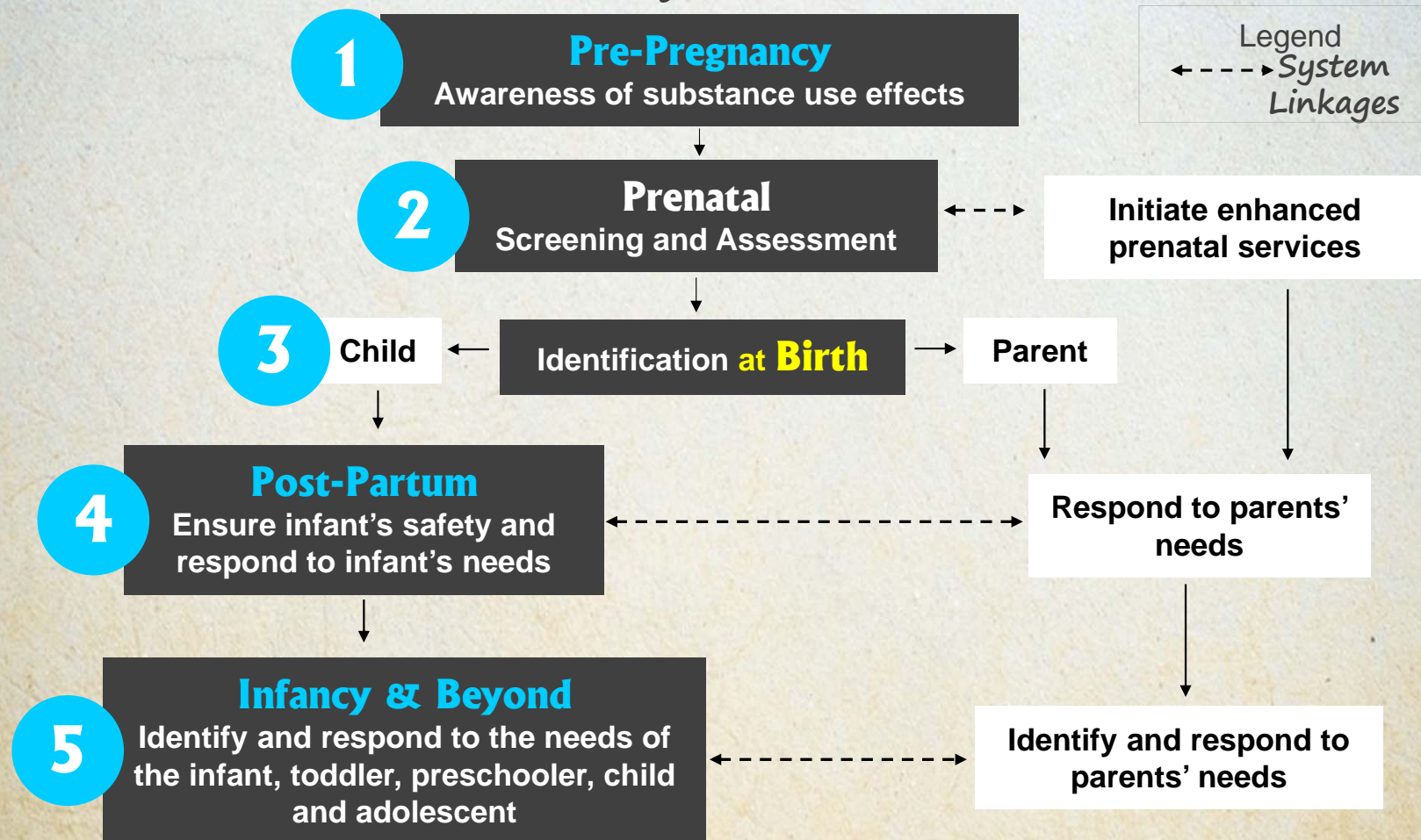
*Decrease drug-  
related HIV risk  
behavior*

*Reduce maternal  
craving and fetal  
exposure to illicit  
drugs*

*Decrease pregnancy-  
related  
complications*



# Policy and Practice Framework: *5 Points of Intervention*





*The birth event is only one of several opportunities to affect outcomes for children and families.*

# Neonatal Abstinence Syndrome



- NAS is a broader term about withdrawal symptoms from prenatal substance exposure
- NAS is a complex disorder with many factors contributing to its incidence and severity
- Most opioid exposed babies are exposed to multiple substances
- Symptoms include blotchy skin; difficulty with sleeping and eating; trembling, irritability, and difficult to soothe; diarrhea; slow weight gain; sweating; hyperactive reflexes; increased muscle tone

# Non-Pharmacological Methods

- Standard of care for infants with NAS
- Seeks to soothe infant's symptoms and support mother-infant bond

*Rooming-In*

*Breastfeeding*



# Pharmacological Methods

- Relieve more severe symptoms of NAS when non-pharmacological measures have been unsuccessful
- Opioid medications such as morphine or methadone are most commonly used options



# A Revised Approach to NAS Treatment

## Report on a Multi-Year Improvement Effort

### Interventions – Treat Mom like a Mom and Baby like a Baby



Non-pharmacologic NAS  
Treatment (morphine as needed)

+



Parent Empowerment, Mom and  
Infant admitted to general floor

+



Simplified NAS Assessment –  
Eat, Sleep and Consoled

+



Increased Interdisciplinary  
Communication and Coordination

### Outcomes

Decreases in:

- Length of hospital stay for infants:  
22.4 days to 5.9 days
- Pharmacological tx:  
98% to 14%
- Costs: \$44,824 to \$10,289

No infants were readmitted for  
treatment of NAS and no adverse  
events were reported.

# 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
- Ensure supportive practices and policies





# Reducing Stigma - Language

*Drug addicted babies*

*Oxy babies*

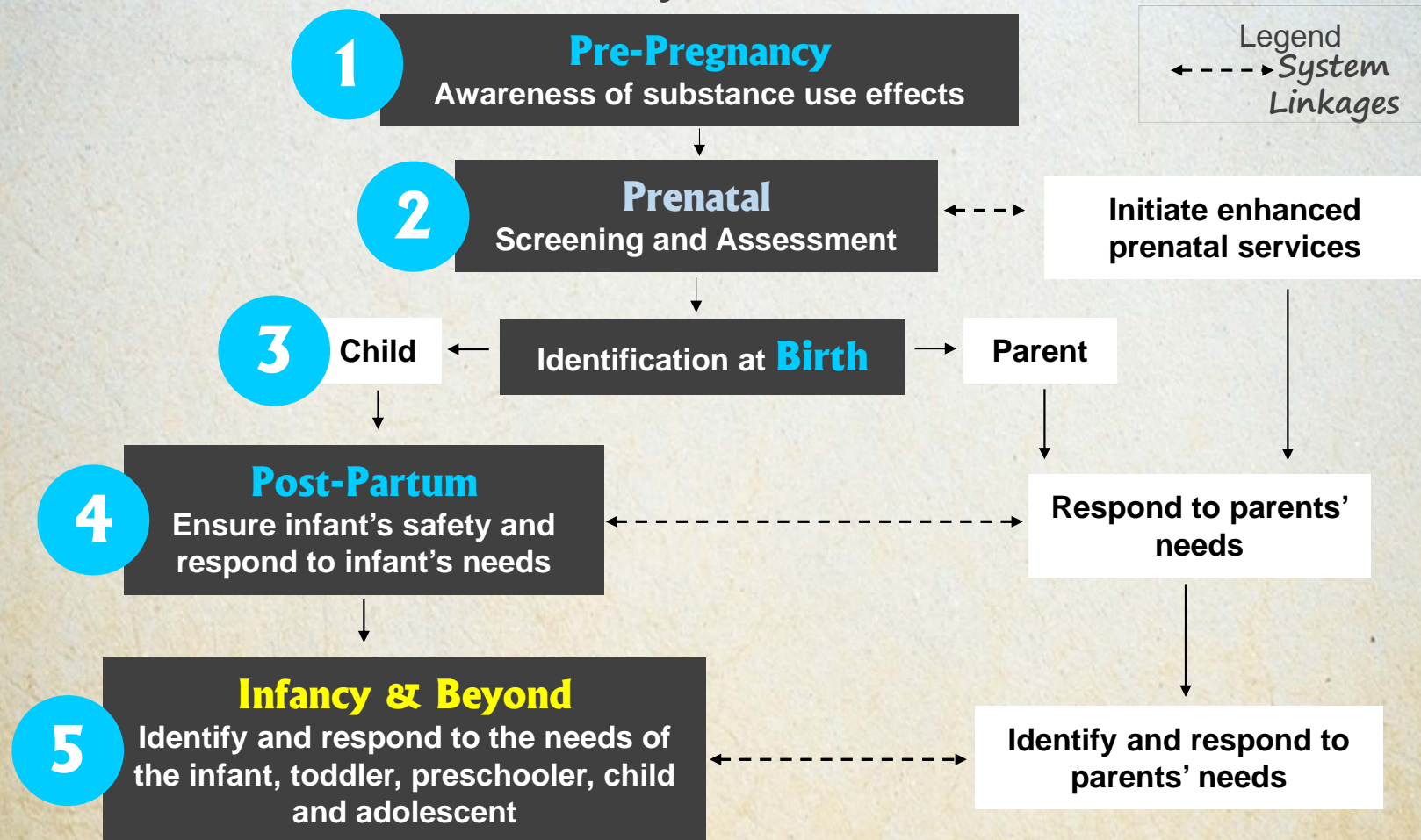
*Oxy tots*

*Tiny addict*

*Victims*

*Infants with  
prenatal exposure*

# Policy and Practice Framework: *5 Points of Intervention*



# Treatment Needs of Mothers



*Key Principles of  
Treatment &  
Recovery*



*Medication-Assisted  
Treatment*



*Reducing  
Stigma*



# What Is Recovery?

## SAMHSA's Working Definition



**Recovery is not  
treatment!**

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.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

# Four Major Dimensions of Recovery

## Health

Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

## Home

Maintaining a stable and safe place to live

## Purpose

Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society

## Community

Having relationships and social networks that provide support, friendship, love, and hope

# Key Principles of Treatment



## Key Principles

- 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

- Level of comprehensive services that matches the complexity of SUDs
- Appropriate level of care
- Full range of services
- Address the parent-child relationship
- Goal is remission of symptoms to lasting recovery

*“FDCs as a catalyst for change.”*



*How are FDCs positioned to be part of this change?*

# What Can You Do Tomorrow?



**Engage OB Care  
Managers**

**Share progress  
with OBGYNs**



**Ask for copies of  
the POSC**

**Invite CC4C to  
join the Court  
team**



**Collaborate with  
MAT providers**






No single agency  
can do this alone





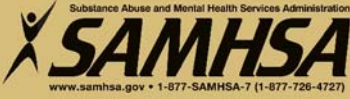


Q&A  
*Discussion*





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*Download Today!*

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

Download @

[https://ncsacw.samhsa.gov/files/Collaborative  
Approach\\_508.pdf](https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf)



***A Planning Guide: Steps to Support a  
Comprehensive Approach to Plans of Safe Care***

February 2018



**National Center on  
Substance Abuse  
and Child Welfare**

## *Contact Us*

### *Plan of Safe Care Planning Guide (2018)*

Designed as a planning guide to support a comprehensive approach towards developing Plans of Safe Care.

**Website:** [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)

**Email:** [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

# Contact Information

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*Improving  
Family  
Outcomes*

*Strengthening  
Partnerships*

