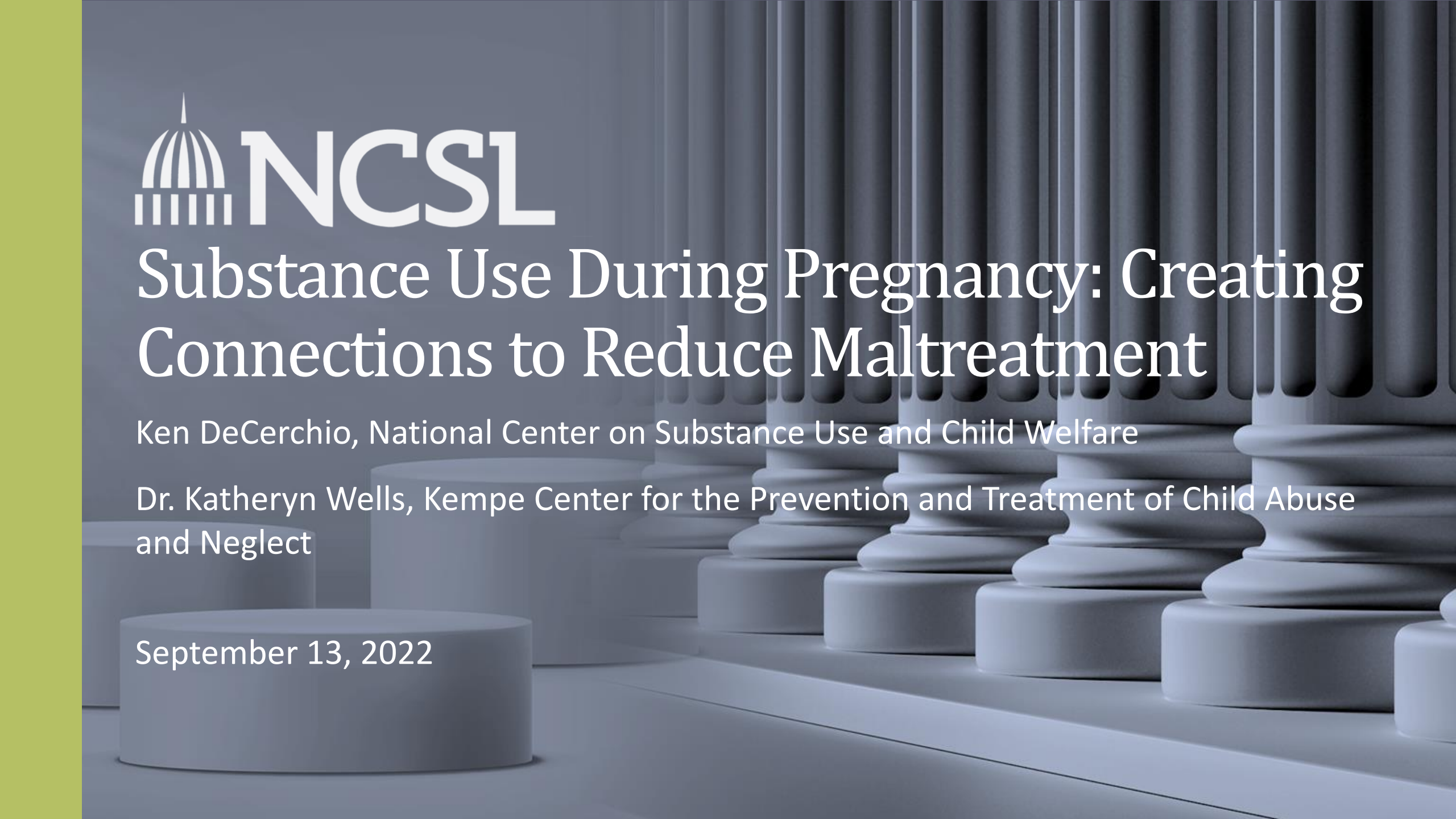


Substance Use During Pregnancy: Creating Connections to Reduce Maltreatment

Ken DeCerchio, National Center on Substance Use and Child Welfare

Dr. Katheryn Wells, Kempe Center for the Prevention and Treatment of Child Abuse and Neglect

September 13, 2022

Ken DeCerchio, MSW, CAP
Center for Children and Family Futures
September 13th, 2022

National Center on Substance Abuse and Child Welfare

IMPLEMENTING PLANS OF SAFE CARE

NATIONAL CONFERENCE OF STATE LEGISLATURES
CHILD WELFARE FELLOWES PROGRAM

ACKNOWLEDGMENT

National Center on Substance Abuse and Child Welfare

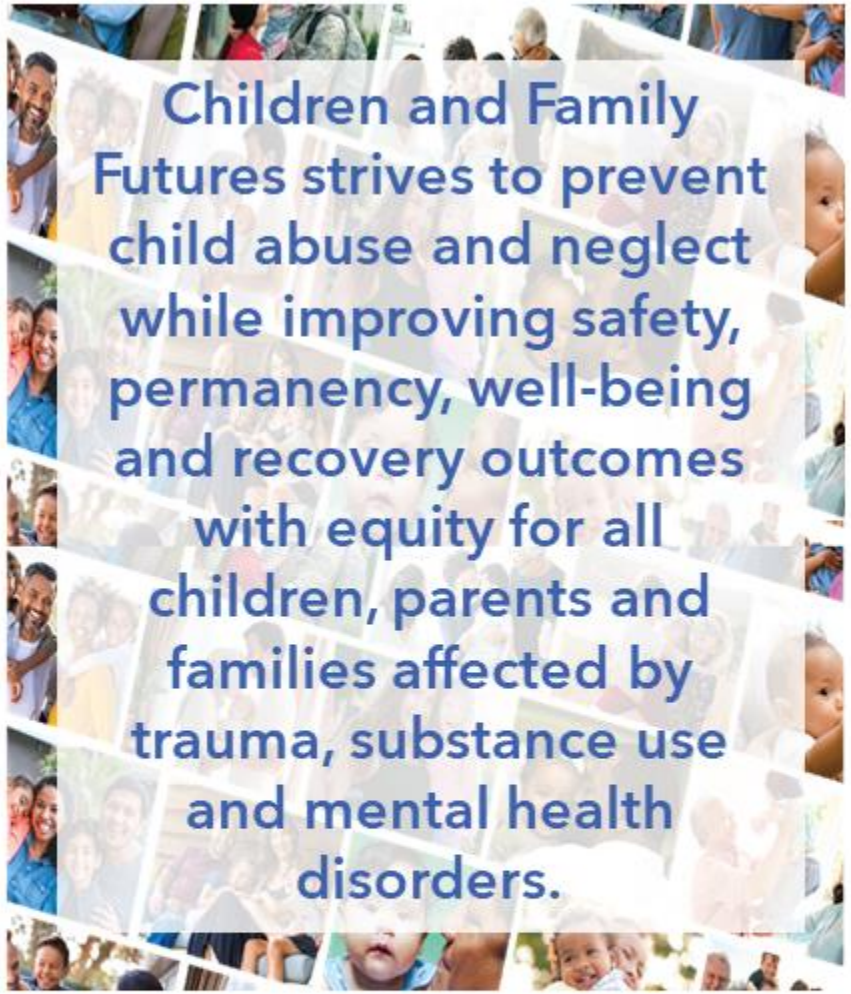
This presentation is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).

Children's Bureau

ACF

SAMHSA
Substance Abuse and Mental Health Services Administration

https://ncsacw.acf.hhs.gov | ncsacw@cffutures.org



NATIONAL CENTER ON SUBSTANCE ABUSE & CHILD WELFARE (NCSACW)

- Collaborative Training and Technical Assistance
- In-Depth Technical Assistance
- Regional Partnership Grants Technical Assistance

Funded by the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

NATIONAL FAMILY DRUG COURT TRAINING & TECHNICAL ASSISTANCE PROGRAM (FDC-TTA)

- Office of Juvenile Justice and Delinquency Prevention FDC Grantee TTA
- FDC TTA (Non-grantee)

Funded by Office of Juvenile Justice and Delinquency Prevention (OJJDP)

NATIONAL SOBRIETY TREATMENT & RECOVERY TEAMS TRAINING AND TECHNICAL ASSISTANCE PROGRAM (START)

Funded by Individual States and/or Local Jurisdictions

CHILDREN & FAMILY FUTURES TECHNICAL ASSISTANCE & EVALUATION PROJECTS (CFF)

- Casey Family Programs
- Duval County, FL Fourth Judicial Circuit FTC TA
- National Quality Improvement Center on Family-Centered Reunification
- Recovery Opportunities Open for Men (ROOM) for Dads
- Sacramento County Dependency Family Treatment Court
- Sacramento County Early Intervention Family Treatment Court
- Strong Families, Strong Children
  - Behavioral Health Services of Veteran Families
  - Continuum of Care for Veteran Families
  - Orange County Veterans Initiative

CHILDREN AND FAMILY FUTURES

Strengthening Partnerships, Improving Family Outcomes

UNDERSTANDING THE CHALLENGE

Assistant Secretary for Planning and Evaluation (DHHS): Study on Overdoses and Child Welfare

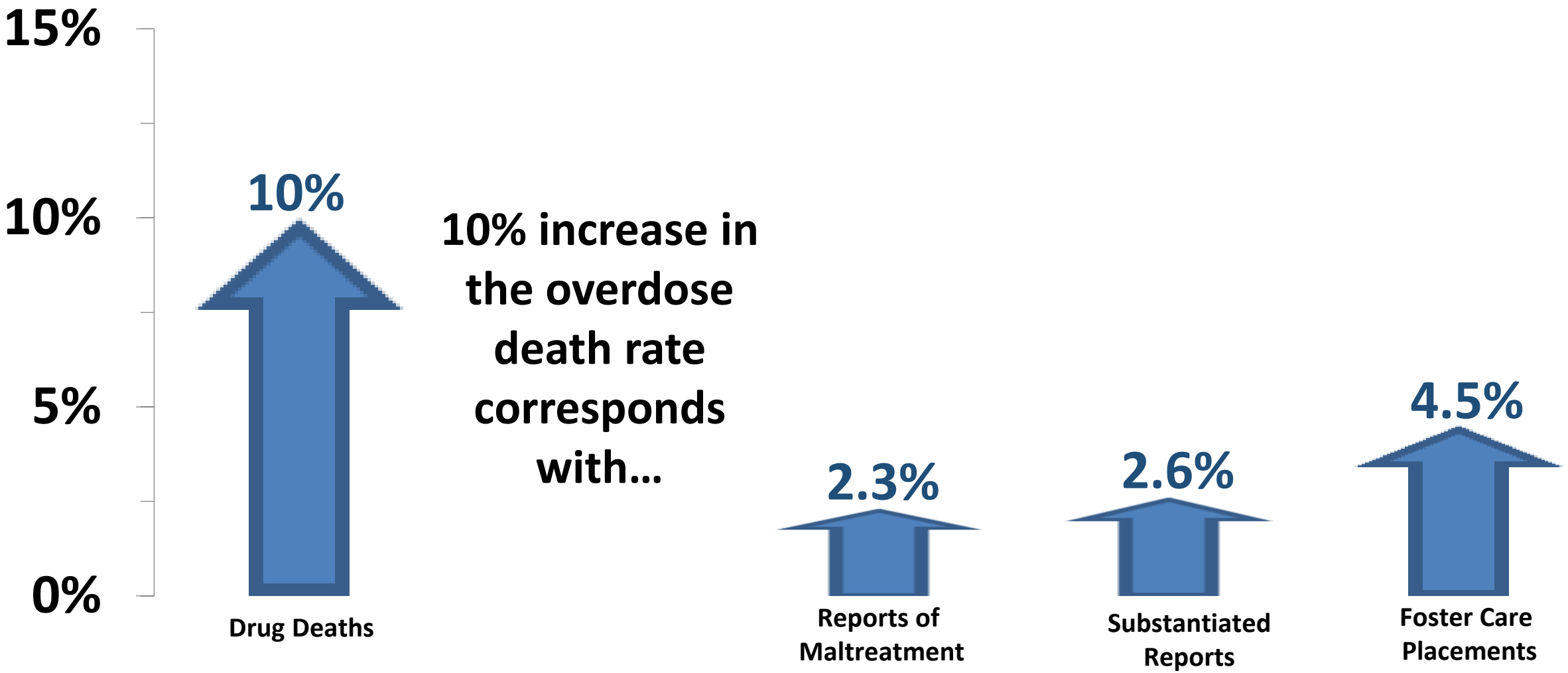
Assistant Secretary on Planning and Evaluation (ASPE) Study on Substance Misuse and Child Welfare

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

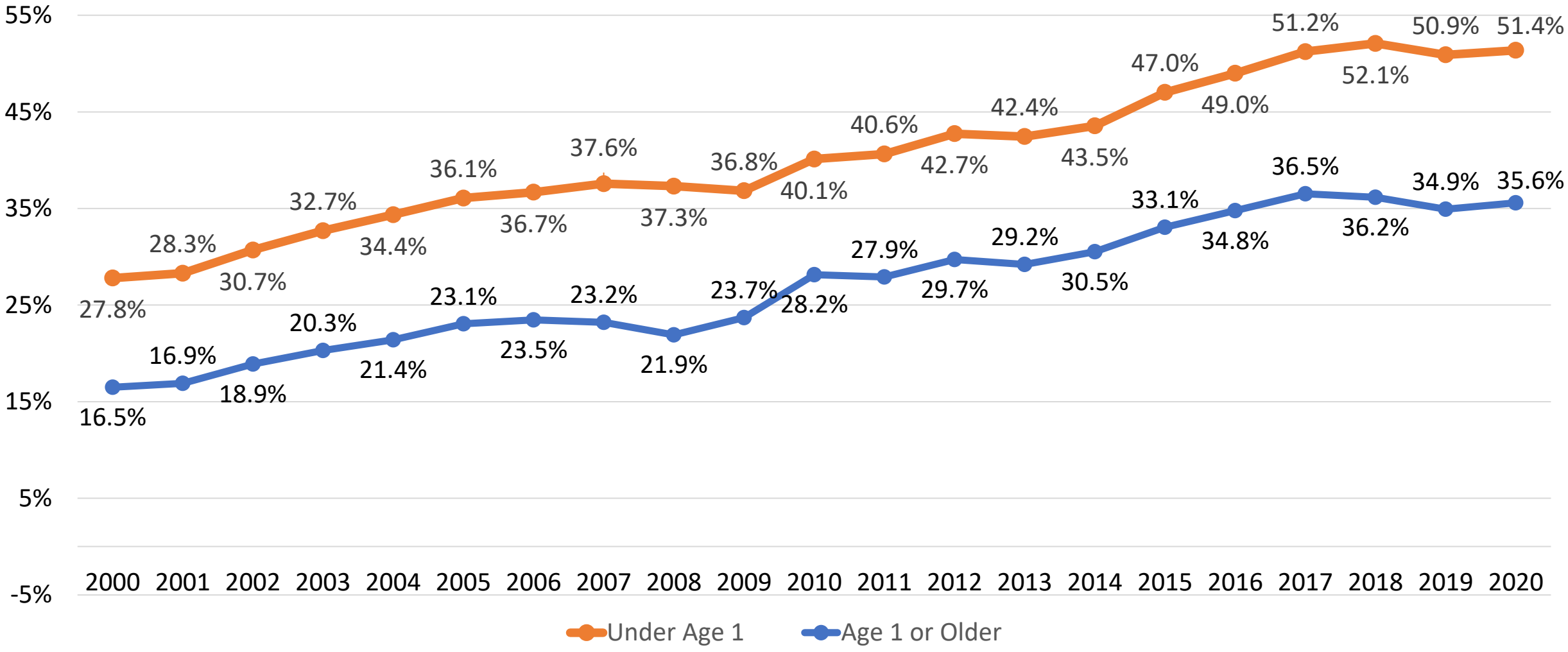
(Radel et al., 2018)

ASPE STUDY FINDINGS: RELATIONSHIP BETWEEN FATAL OVERDOSES AND CHILD WELFARE INDICATORS



(Radel et al., 2018)

Incidence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2000 to 2020*

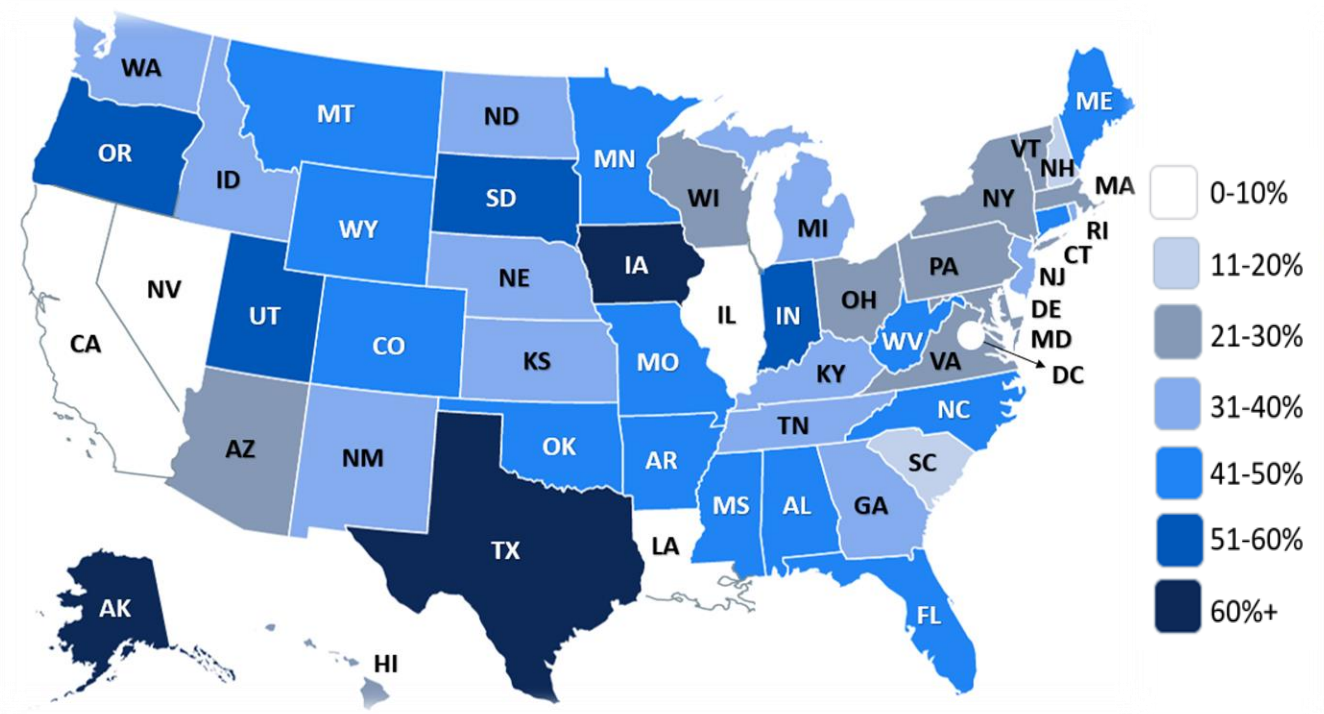


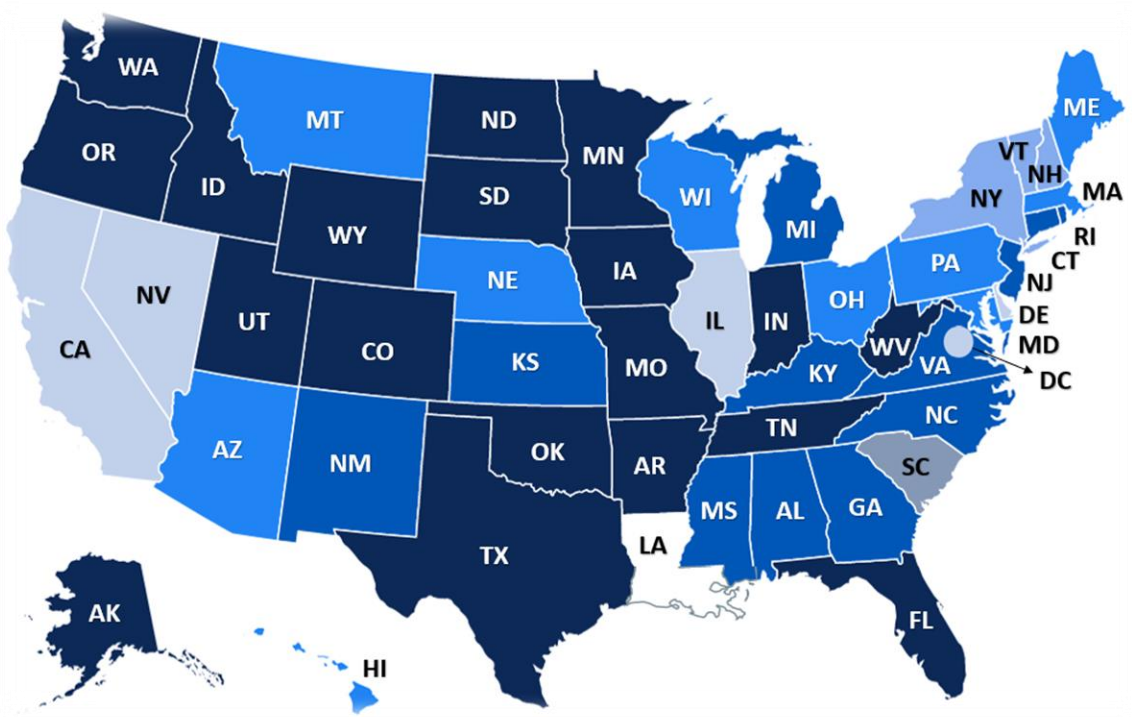
*Note: Estimates based on **children who entered out of home care** during Fiscal Year*
**2020 Estimates may be influenced by the COVID-19 pandemic*

Source: AFCARS Data, 2000-2020

INCIDENCE OF PARENTAL ALCOHOL AND DRUG ABUSE AS AN IDENTIFIED CONDITION OF REMOVAL FOR CHILDREN BY AGE, 2019

N = 252,312





Age 1 and Older

National Average: 34.9%

3 States over 60% of children removed

Under Age 1

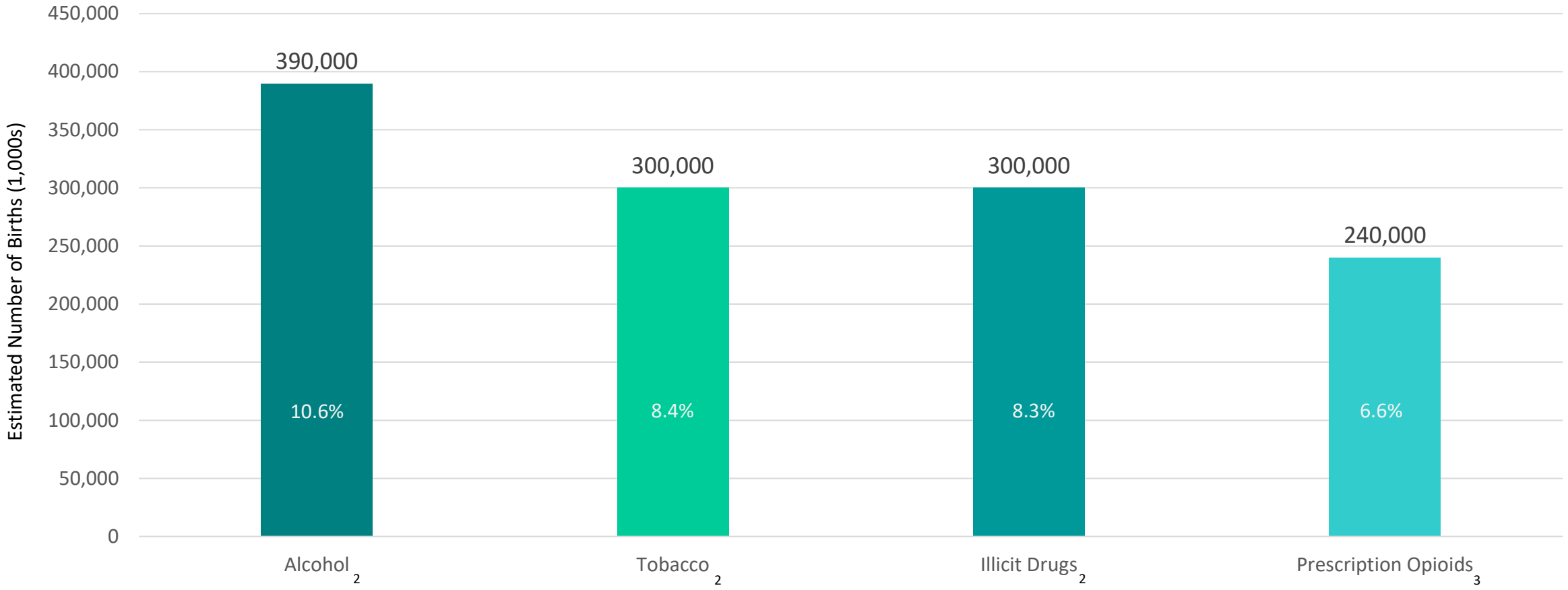
National Average: 50.9%

19 States over 60% of infants removed

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

Source: AFCARS Data, 2019 v1

Estimated Number of Births with *Prenatal Substance Exposure*, Based on Substance Use Reported During Pregnancy



Estimates based on the percentage of women who report use of alcohol, tobacco, illicit drugs, and prescription opioids in 2021 and the number of births (n=3,613,647)[1] in 2020. The percentages represent women who report use of substances from the following sources.

Sources:

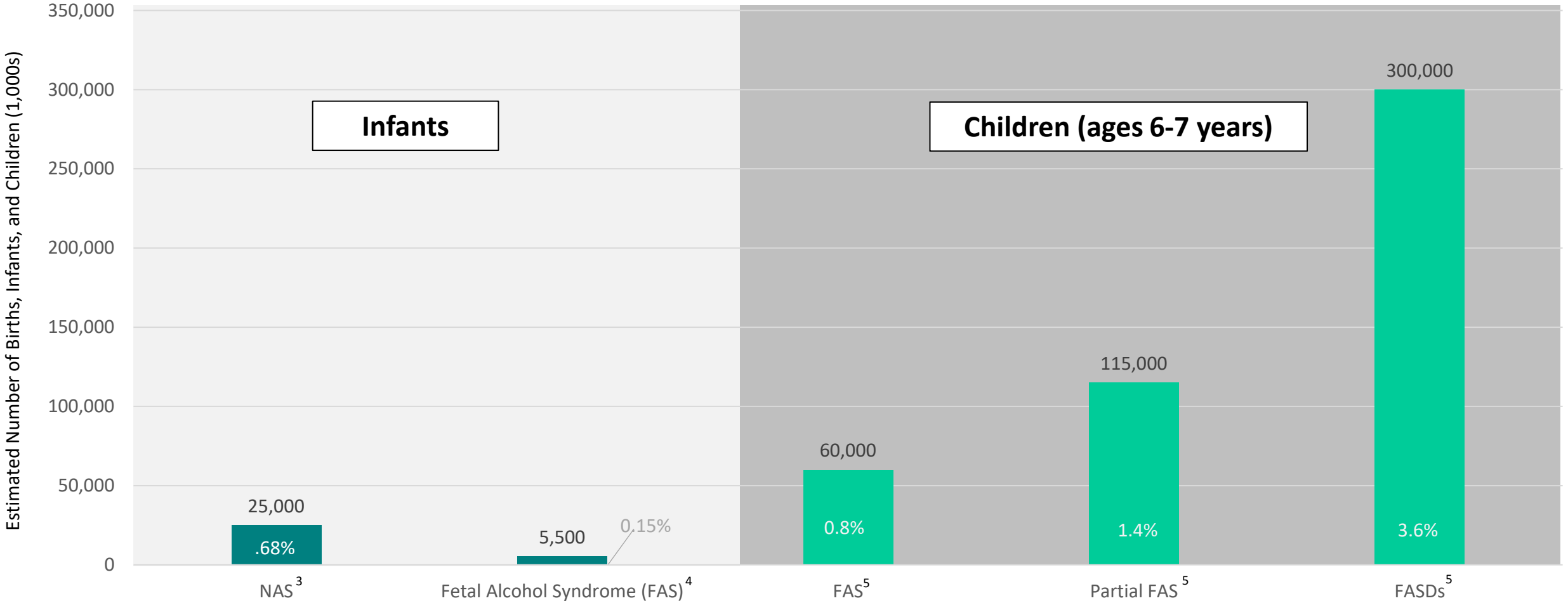
[1] Osterman et al. (2022). National Vital Statistics.

[2] National Survey on Drug Use and Health. (2021). Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, misuse of prescription psychotherapeutics, opioids, and illicit drugs other than marijuana.

[3] Centers for Disease Control and Pregnancy Risk Assessment Monitoring System (PRAMS). (2020). 2019 data from 34 states.

Full citations are available at the end of the presentation

Estimated Number of Infants and Children with a *Neonatal Abstinence Syndrome Diagnosis*, with, or met criteria, for a *Fetal Alcohol Spectrum Disorders Diagnosis*



Estimated infants with FAS are based on the rate per 1,000 infants with, or meet criteria, for FAS diagnosis; and the number of births (n=3,613,647)[1] in 2020. Estimated infants with NAS are based on the rate (6.8) per 1,000 infants with a NAS diagnosis in 2019 and the number of births (n=3,613,647)[1] in 2020. Estimated children who meet criteria for FAS, PFAS, or a FASD based on the rate per 1,000 children ages 6-7 years who met criteria for FAS, PFAS, or a FASD in 2010-2011; and the number of children ages 6 years (n=4,040,169)[2] and 7 years (n=4,029,753)[2] in 2020. The rates per 1,000 are displayed as percentages in the graph.

Full citations, rates per 1,000, and additional notes are available at the end of the presentation. Sources:

[1]Osterman et al. (2022). National Vital Statistics
[2]Annie E. Casey Foundation. (2021)
[3]Agency for Healthcare Research and Quality. (2021). National 2019 data from HCUP.
[4]Centers for Disease Control and Prevention. (2002). 1995-1997 data from 5 states.
[5]May et al. (2014). 2010-2011 data from a US city; ~500 in sample

Overview

Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA)

Primary Changes in **CAPTA** Related to Infants with Prenatal Substance Exposure

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)

CARA PRIMARY CHANGES TO CAPTA IN 2016

1. Further clarified population to infants "born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder," **specifically removing "illegal"**
2. Specified **data to be reported** by states to the maximum extent practicable
3. Required **Plan of Safe Care (POSC)** to address "the health and substance use disorder treatment needs of the infant and affected family or caregiver."
4. Required "the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver."

2021: CAPTA Plan 0f Safe Care Proposed Changes

- Amend title to include **“Public health response to infants affected by substance use disorder”**
- Requires a comprehensive **“family care plan”**
- **The Governor of the State shall designate a lead agency to carry out the State’s public health respons**e to strengthen families and ensure the safety and well-being of 1) infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder; and ‘‘(2) the families and caregivers of such infants.

Senator Patty Murray. (Introduced May 27, 2021). S.1927 - CAPTA Reauthorization Act of 2021

- State plan to include “how the State is implementing and monitoring family care plans, **including by developing family care plans prior to the expected delivery of the infant**;

- Describe State’s plan to **develop a system for purposes of notifications that is distinct and separate from the system used in the State to report child abuse and neglect,** and designed to promote a public health response to infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder, and not for the purpose of initiating an investigation of child abuse or neglect”

- Authorizes State formula grants to implement Family Care Plans

Senator Patty Murray. (Introduced May 27, 2021). S.1927 - CAPTA Reauthorization Act of 2021

National Quality Improvement Center (QIC) for Collaborative Community Court Teams: Various resources including a Program Summary, Lessons in POSC Implementation, Judicial Briefs, and webinars

PLANS OF SAFE CARE

POSC COMPONENTS – BEST PRACTICES

Infant's Medical Care

- Prenatal exposure history
- Hospital care (NICU, length of stay, diagnosis)
- Other medical or developmental concerns
- Pediatric care and follow-up
- Referral to early intervention and other services
- Other

Mother's Medical Care

- Prenatal care history
- Pregnancy history
- Other medical concerns
- Screening and education
- Follow-up care with OB-GYN
- Referral to other health care services

Ensure consents are signed with all providers.

Mother's Substance Use and Mental Health Needs

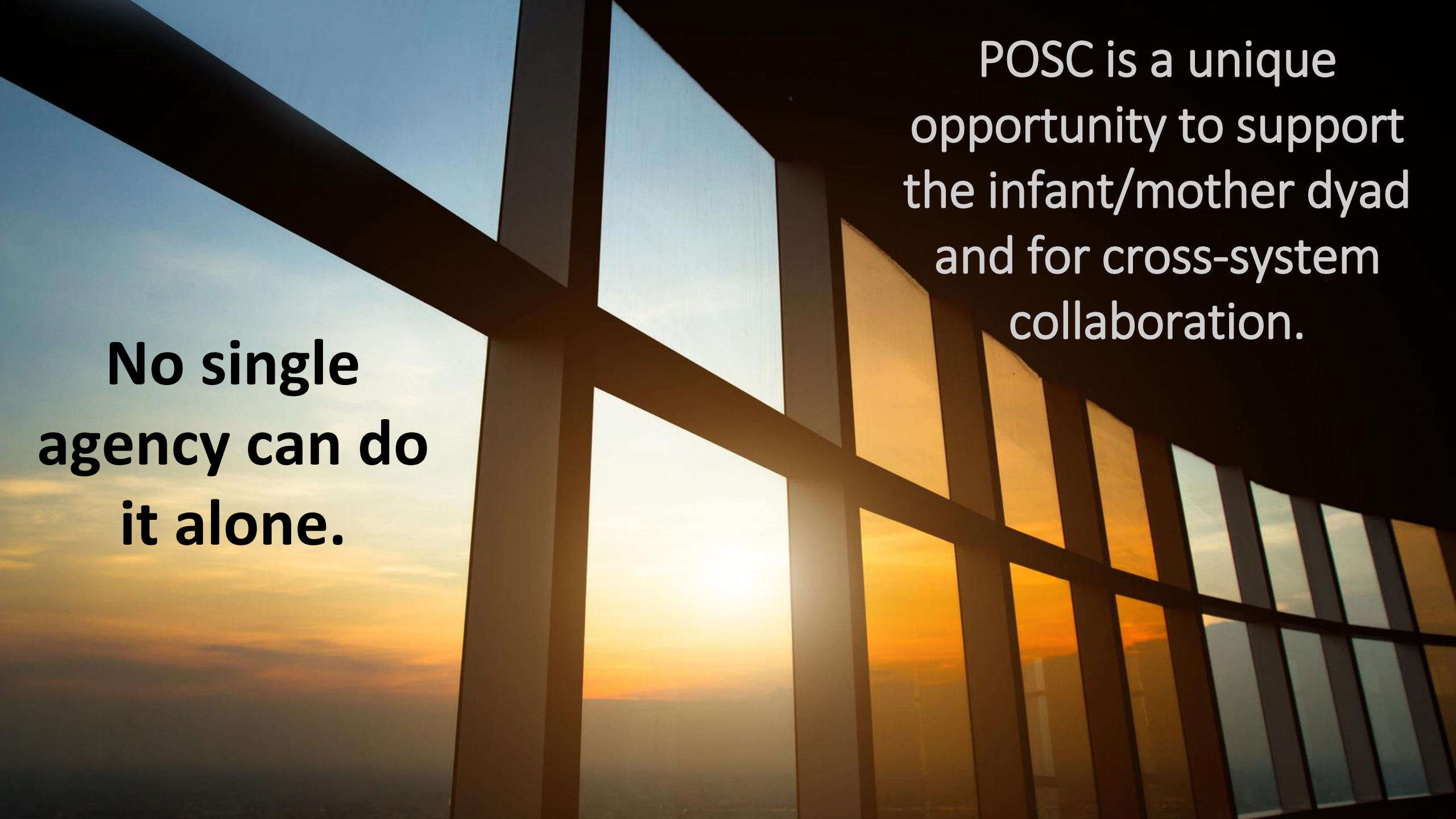
- Substance use history and needs
- Mental health history and needs
- Treatment history and needs
- Medication Assisted Treatment (MAT) history and needs
- Referrals for services

Family/Caregiver History and Needs

- Family history
- Living arrangements
- Parent-child relationships
- Prior involvement with child welfare
- Current services
- Other needed services
- Child safety and risk concerns

Why Prenatal POSCs?

- Can be developed with women, families by substance use disorder (SUD) or medication-assisted treatment (MAT) programs, maternal health care providers, home visitor, or other public health supports (e.g., Early Head Start, Healthy Start) during pregnancy
- Supports stronger partnerships across providers
- Can inform child welfare response to infants affected by prenatal substance exposure
- Can mitigate impact of exposure & minimize a crisis at the birth event
- Not required by federal CAPTA changes, but a supportive, preventive practice



POSC is a unique opportunity to support the infant/mother dyad and for cross-system collaboration.

No single agency can do it alone.

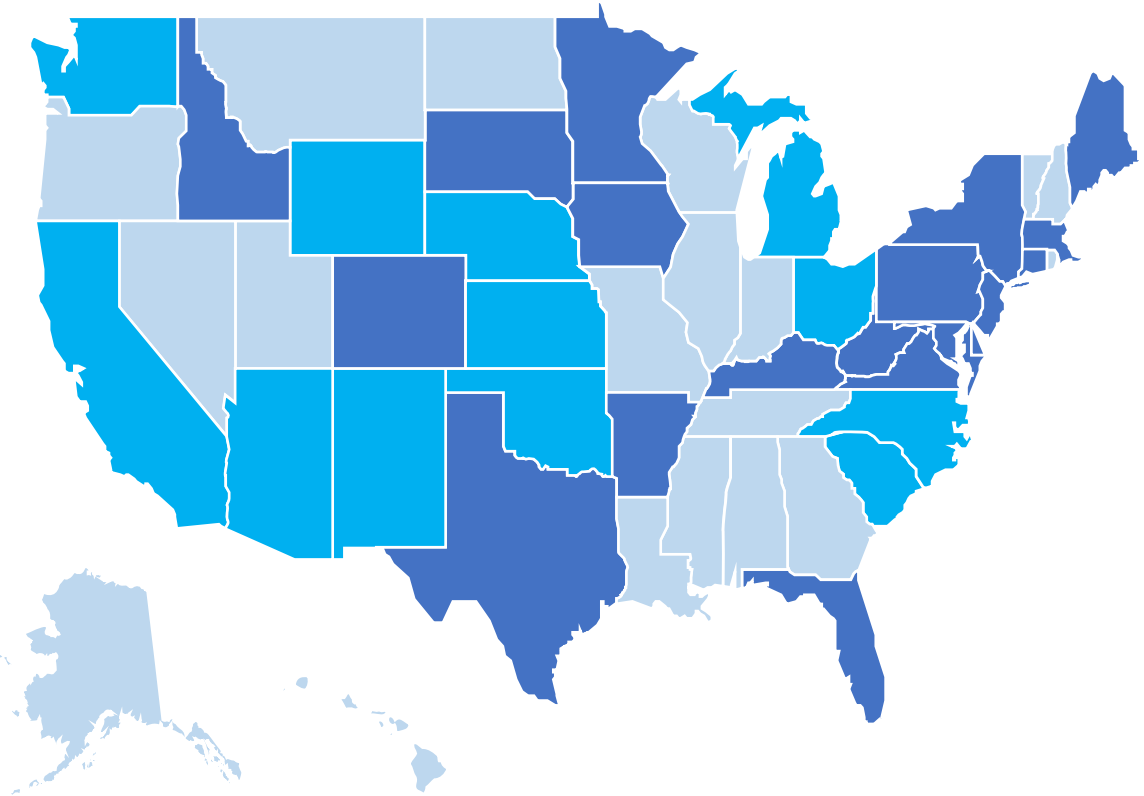
In-Depth Technical assistance (IDTA)

The In-Depth Technical Assistance Program (IDTA)

- Provides expert assistance, consultation, resources and support over an extended time period for targeted strategic planning and implementation.

Brief Focused Technical Assistance (BFTA)

- Assists jurisdictions with a specific focus such as cross-systems training to educate partner agencies on substance use disorders and Plans of Safe Care.



Prior Sites		Current Sites
Arkansas	Minnesota	Arizona
Colorado	Montana	California (Riverside County)
Connecticut	New Jersey	Michigan
Delaware	New York	Nebraska
Florida	North Carolina	New Mexico
Idaho	Pennsylvania	North Carolina
Indiana	South Dakota	Ohio
Iowa	Texas	Oklahoma
Kentucky	Virginia	South Carolina
Maine	Washington	Wyoming
Maryland	Washington, D.C.	
Massachusetts	West Virginia	

CHALLENGES AND BARRIERS

- Inconsistent substance use screening, referral and engagement as part of routine prenatal care
- Stigma and perceptions about pregnant women with substance use disorders
- Lack of understanding of Medication Assisted-Treatment (MAT) for pregnant women
- Inconsistent hospital protocols for identifying & treating infants with prenatal exposure
- Inconsistent responses by hospitals & CPS to hospital notifications
- Infants are not referred or found eligible for early intervention services

STATE STRATEGIES

- Developing consensus definitions of infants “affected by substance abuse” and other tools to identify infants that require reports, notifications & Plans of safe care
- Partnering with community providers to develop ‘notification pathways’ for Plans of Safe Care
- Implementing Plans of Safe Care prenatally to increase supports, avoid reports at birth, and prevent infants being removed
- Using peer specialists to engage women in substance use treatment and other services
- Integrating universal screening at birth to identify substance exposure

KEY LESSONS

- To identify and engage pregnant and parenting women earlier, communities need to build their capacity to support at risk families prior to the birth event and child welfare involvement with family-centered services.
- Plans of Safe Care can help to ensure continuity and coordination of services across multiple systems whether child welfare is involved with a family.
- Collaborative teams can consider prioritizing the development of an equitable approach to Plans of Safe Care that supports all families while not increasing the number of families of color involved with child welfare.
- Systems can address stigma and differences in values and perceptions toward pregnant and parenting women with substance use disorders.
- Translating statewide implementation into local policy and practice requires local partners and stakeholders to carry out the work that was initiated at the state level.

NATIONAL QUALITY IMPROVEMENT CENTER FOR COLLABORATIVE COMMUNITY COURT TEAMS (QIC-CCCT)

ACKNOWLEDGEMENT

National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT)

Children's Bureau
An Office of the Administration for Children & Families

This presentation was made possible by cooperative agreement HHS-2017-ACF-ACYF-CA-1272 from the Administration on Children, Youth and Families (ACYF), Children's Bureau. The views, opinions and content of this presentation are those of the authors and do not necessarily reflect the views, opinions, or policies of ACYF or HHS.

Quality Improvement Center
Collaborative Community Court Teams

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

Measuring QIC-CCCT Performance – Disparate Outcomes

Data suggest that families had equal access to POSC and achieved similar improvements across other key outcomes and clinical measures of family functioning,

YET

- Black/African American, American Indian/Alaskan Native, and biracial/multiracial children were less likely to live at home at exit/closeout and reunify with their families
- Among children living in out-of-home placements at enrollment, only **31%** of those who were Black/African American, American Indian/Alaskan Native, or two or more races were reunified, compared to **49%** of children who were White/European American, Asian American, or Native Hawaiian/Other Pacific Islander.

Prevention – Site-Specific Outcomes

Okmulgee, OK - **91%** of the infants (10 out of 11) born went home with their parent(s) after being discharged from the hospital.

Maricopa, AZ - **87%** of their infants have discharged home to their parents and that **86%** of infants required no pharmacological care.

Tulsa, OK - Prior to QIC-CCCT, babies experiencing NAS stayed in the NICU for an average of 90 days, were given immediate pharmacological interventions, and placed in out of home foster care for an average of 1 year. In the first two years of piloting Family Care Plans, of the 50 newborn infants, **none had NICU stays or pharmacological intervention and all went home with their parent.**

Jefferson, AL - **81%** of children were able to remain in home or relative placement. **62%** of all Safe Care participants had no open child welfare case.

STATE EXAMPLES

When Do States Require a POSC

New Mexico

A newborn who exhibits physical, neurological, or behavioral symptoms consistent with prenatal drug exposure or Fetal Alcohol Spectrum Disorder

Nebraska

Any infant affected by prenatal substance use or misuse

Rhode Island

A newborn who was exposed to alcohol and/or controlled substance (illicit or prescribed) ingested by the mother in utero. Exposure may be detected at birth through a drug screen or through withdrawal symptoms

Pathway: New Mexico

Hospital healthcare providers determine if infants require a report or a notification.

Hospital develops POSC for all infants

Reports are sent to Children, Youth and Family Dept (CYFD)

Copy of plan is sent to:

- Family/Caretaker
- CYFD
- DOH
- PCP for Infant
- Insurance Care Coordinator (ICC)

ICC monitors for plan follow through.

If no follow through ICC notifies CYFD

Pathway: Nebraska

Hospital healthcare providers determine if infants require a report or a notification.

Reports are sent to Children's Services who complete Safety Screening and develop the POSC

For notifications, the hospital develops the POSC & completes the notification form and sends it to Children's Services

Hospital Sends the Plan of Safe Care to infant and mother's primary care physician

Pilot Pathway: Rhode Island

1

Hospital determines a there is risk of maltreatment, and a report is required.

(a) DCYF investigates.
(b) POSC is developed and shared with family and/or foster family, pediatrician, DOH, DCYF.

2

Hospital determines there is no risk of maltreatment, and a report is not required.

POSC is developed and shared with family, pediatrician, DOH.

DOH logs POSC and shares with Family Visiting for care coordination.

CONTACT INFORMATION

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RESOURCES

The Judge's Role in Prevention: Implementing Plans of Safe Care

This video featuring Judge Peggy Walker draws on her experience as the presiding judge of the Douglas County Georgia Family Treatment Court and discusses the **judge's role in improving systems of care for infants with prenatal substance exposure and their families, implementing Plans of Safe Care, and preventing family separation.**

For more information:

https://www.cffutures.org/qic-main-page/qic-ccct-judgewalker_video/

PEER RECOVERY STAFF'S ROLE IN ENGAGING FAMILIES AND SUPPORTING THEIR RECOVERY JOURNEY

NEW RESOURCE!

Four-Part Video Series

Part 1

Part 2

Part 3

Part 4

Peer Recovery Support staff from Quality Improvement Center from Collaborative Court Team demonstration sites discuss their personal journeys from program participants to program staff and court team member, and how they support families in their own recovery journey.

For more information: https://www.cffutures.org/qic-main-page/peer_support_videos/

Free Online Tutorials for Cross-Systems Learning

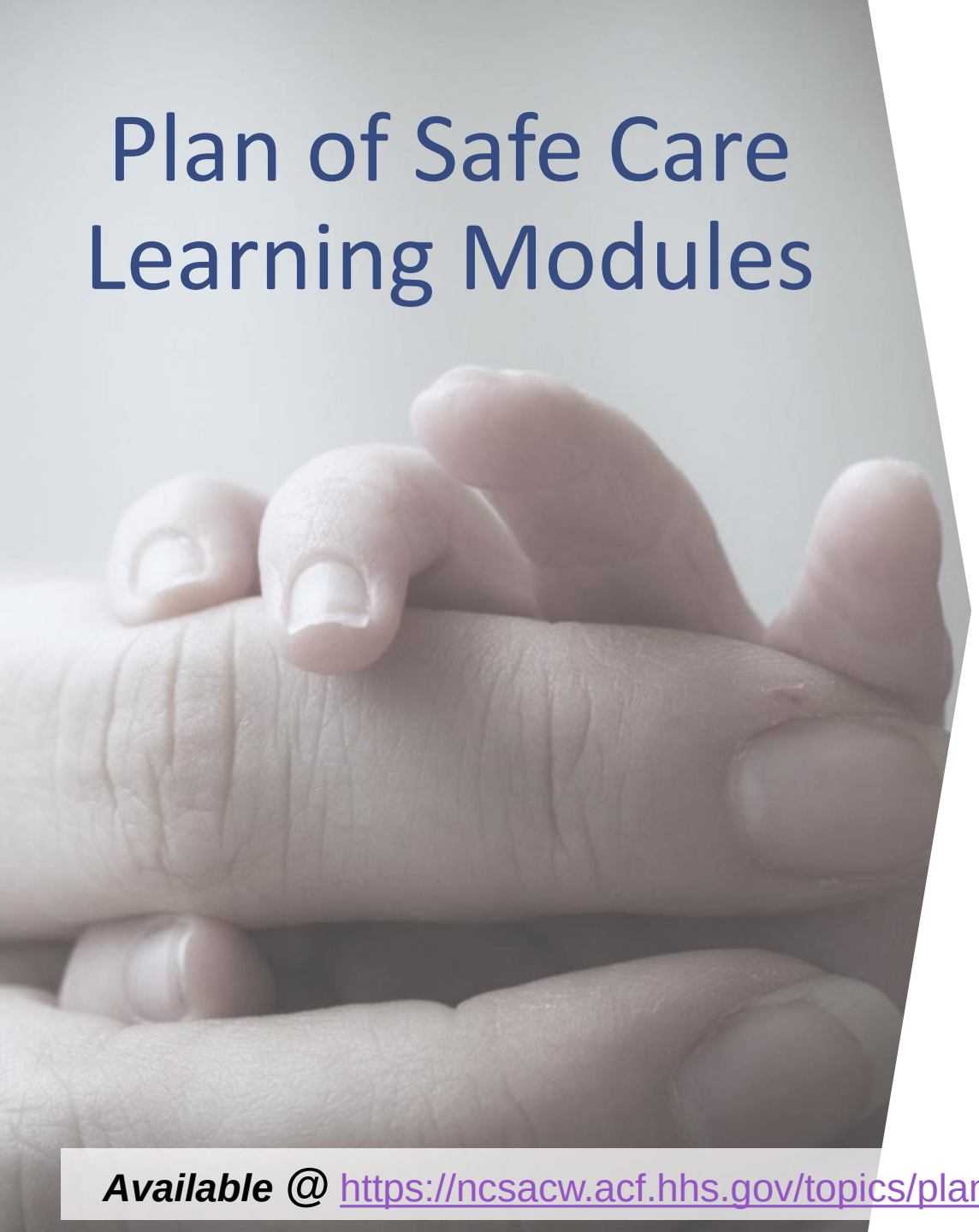
Understanding Substance Use Disorders and Facilitating Recovery: A Guide for Child Welfare Workers

Understanding Child Welfare and the Dependency Court: A Guide for Substance Use Treatment Professionals

Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

https://ncsacw.acf.hhs.gov/training/default.aspx

Plan of Safe Care Learning Modules

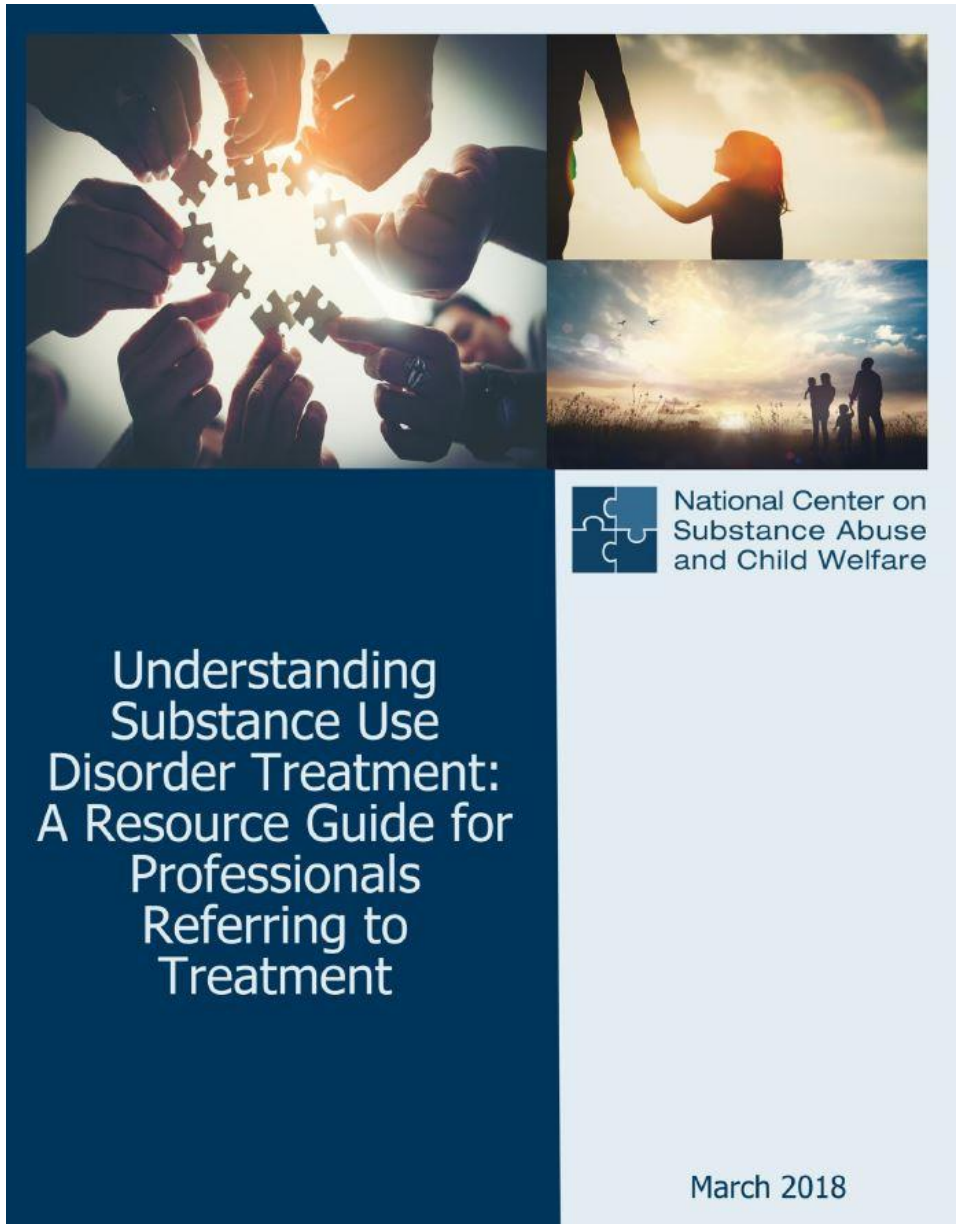


Five Learning Modules

- ***Brief 1:*** *Preparing for Plan of Safe Care Implementation*
- ***Brief 2:*** *Collaborative Partnerships for Plans of Safe Care*
- ***Brief 3*****:** *Determining Who Needs a Plan of Safe Care*
- ***Brief 4:*** *Implementing and Monitoring Plans of Safe Care*
- ***Brief 5:*** *Overseeing State Plans of Safe Care Systems and Reporting Data*

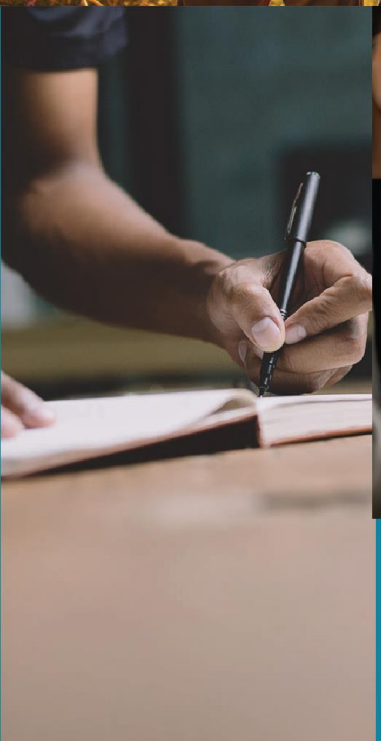
Available @ https://ncsacw.acf.hhs.gov/topics/plans-of-safe-care-learning-modules.aspx

National Center on Substance Abuse and Child Welfare



- This TA tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment.
- The tool includes a list of questions child welfare or court staff can ask treatment providers to ensure that effective linkages are made.
- With the knowledge gained, professionals will be able to make informed referral decisions for services that are a good fit to meet the parent and family's needs.

Available for download here: https://ncsacw.acf.hhs.gov/files/understanding-treatment-508.pdf



BUILDING COLLABORATIVE CAPACITY SERIES

This seven-part series is organized into two clusters. The first cluster providers a *framework for establishing a collaborative team*. The second cluster highlights strategies to achieve ***timely access*** to treatment and support services for families.

AVAILABLE @ https://ncsacw.acf.hhs.gov/collaborative/building-capacity.aspx

EXPLORING CIVIL RIGHTS PROTECTIONS FOR INDIVIDUALS IN RECOVERY FROM AN OPIOID USE DISORDER

NEW RESOURCE!

Five-Part Video and Webinar Series

- *Medication-Assisted Treatment and Common Misconceptions*
- *Civil Rights Protections for Individuals with a Disability: The Basics*
- *Civil Rights Protections for Individuals with an Opioid Use Disorder*
- *Child Welfare Case Staffing: Social Worker and Supervisor*
- *Child Welfare Case Staffing: Child Welfare Court Case*

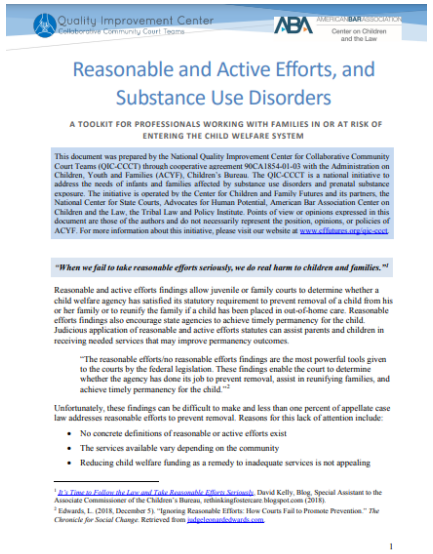
Available @ https://ncsacw.acf.hhs.gov/topics/medication-assisted-treatment.aspx

Resources for Court Professionals

Quality Improvement Center
Collaborative Community Court Teams

For more information:

www.cffutures.org/qic-ccct


Quality Improvement Center
Collaborative Community Court Teams

Reasonable and Active Efforts, and Substance Use Disorders

A TOOLKIT FOR PROFESSIONALS WORKING WITH FAMILIES IN OR AT RISK OF ENTERING THE CHILD WELFARE SYSTEM

This document was prepared by the National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) through cooperative agreement 90CA1854-01-03 with the Administration on Children, Youth and Families (ACYF), Children's Bureau. The QIC-CCCT is a national initiative to address the needs of infants and families affected by substance use disorders and prenatal substance exposure. The initiative is operated by the Center for Children and Family Futures and its partners, the National Center for State Courts, Advocates for Human Potential, American Bar Association Center on Children and the Law, the Tribal Law and Policy Institute. Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the position, opinions, or policies of ACYF. For more information about this initiative, please visit our website at www.cffutures.org/qic-ccct.

"When we fail to take reasonable efforts seriously, we do real harm to children and families."[1]

Reasonable and active efforts findings allow juvenile or family courts to determine whether a child welfare agency has satisfied its statutory requirement to prevent removal of a child from his or her family or to reunify the family if a child has been placed in out-of-home care. Reasonable efforts findings also encourage state agencies to achieve timely permanency for the child. Judicious application of reasonable and active efforts statutes can assist parents and children in receiving needed services that may improve permanency outcomes.

> "The reasonable efforts/no reasonable efforts findings are the most powerful tools given to the courts by the federal legislation. These findings enable the court to determine whether the agency has done its job to prevent removal, assist in reunifying families, and achieve timely permanency for the child."[2]

Unfortunately, these findings can be difficult to make and less than one percent of appellate case law addresses reasonable efforts to prevent removal. Reasons for this lack of attention include:

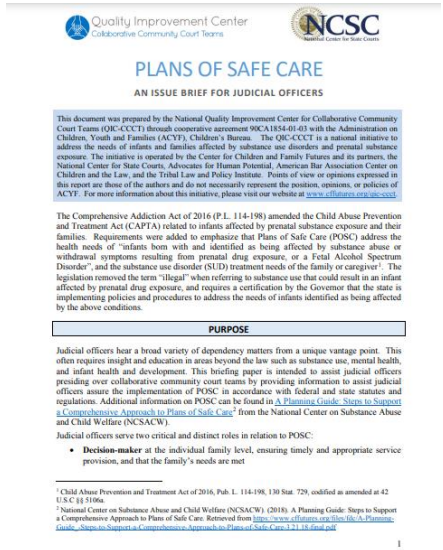
- No concrete definitions of reasonable or active efforts exist
- The services available vary depending on the community
- Reducing child welfare funding as a remedy to inadequate services is not appealing

[1] *It's Time to Follow the Law and Take Reasonable Efforts Seriously.* David Kelly. Blog. Special Assistant to the Associate Commissioner of the Children's Bureau, rethinkingfostercare.blogspot.com (2018).
[2] Edwards, L. (2018, December 5). "Ignoring Reasonable Efforts: How Courts Fail to Promote Prevention." *The Chronicle for Social Change.* Retrieved from judgeleonardedwards.com

1

Reasonable and Active Efforts, and Substance Use Disorders:

A toolkit for professionals working with families in or at risk of entering the child welfare system


Quality Improvement Center
Collaborative Community Court Teams

PLANS OF SAFE CARE

AN ISSUE BRIEF FOR JUDICIAL OFFICERS

This document was prepared by the National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) through cooperative agreement 90CA1854-01-03 with the Administration on Children, Youth and Families (ACYF), Children's Bureau. The QIC-CCCT is a national initiative to address the needs of infants and families affected by substance use disorders and prenatal substance exposure. The initiative is operated by the Center for Children and Family Futures and its partners, the National Center for State Courts, Advocates for Human Potential, American Bar Association Center on Children and the Law, and the Tribal Law and Policy Institute. Points of view or opinions expressed in this report are those of the authors and do not necessarily represent the position, opinions, or policies of ACYF. For more information about this initiative, please visit our website at www.cffutures.org/qic-ccct.

The Comprehensive Addiction Act of 2016 (P.L. 114-198) amended the Child Abuse Prevention and Treatment Act (CAPTA) related to infants affected by prenatal substance exposure and their families. Requirements were added to emphasize that Plans of Safe Care (POSC) address the health needs of "infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder", and the substance use disorder (SUD) treatment needs of the family or caregiver[1]. The legislation removed the term "illegal" when referring to substance use that could result in an infant affected by prenatal drug exposure, and requires a certification by the Governor that the state is implementing policies and procedures to address the needs of infants identified as being affected by the above conditions.

PURPOSE

Judicial officers hear a broad variety of dependency matters from a unique vantage point. This often requires insight and education in areas beyond the law such as substance use, mental health, and infant health and development. This briefing paper is intended to assist judicial officers presiding over collaborative community court teams by providing information to assist judicial officers assure the implementation of POSC in accordance with federal and state statutes and regulations. Additional information on POSC can be found in A Planning Guide: Steps to Support a Comprehensive Approach to Plans of Safe Care[2] from the National Center on Substance Abuse and Child Welfare (NCSACW).

Judicial officers serve two critical and distinct roles in relation to POSC:

- **Decision-maker** at the individual family level, ensuring timely and appropriate service provision, and that the family's needs are met

[1] Child Abuse Prevention and Treatment Act of 2016, Pub. L. 114-198, 130 Stat. 729, codified as amended at 42 U.S.C §§ 5106a
[2] National Center on Substance Abuse and Child Welfare (NCSACW). (2018). A Planning Guide: Steps to Support a Comprehensive Approach to Plans of Safe Care. Retrieved from https://www.cffutures.org/files/ilc/A-Planning-Guide_-Steps-to-Support-a-Comprehensive-Approach-to-Plans-of-Safe-Care-3.21.18-final.pdf

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PLANS OF SAFE CARE:

An issue brief to help Judicial Officers better understand Plans of Safe Care and their role in bringing together community partners to improve systems for infants with prenatal substance exposure and their families.

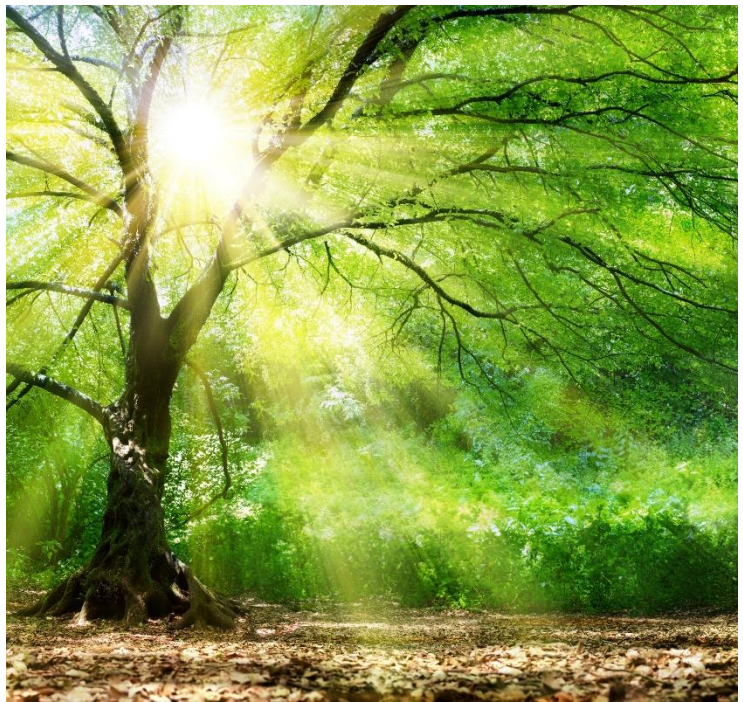
Quality Improvement Center
Collaborative Community Court Teams

CASE LAW REVIEW – PRENATAL SUBSTANCE EXPOSURE

- Learn about legal issues surrounding prenatal substance exposure in civil child protection cases across the country
- Includes a primer with practice considerations and a full review that provides a detailed case by case analysis

Click Here for Case Law Reivew

NEW RESOURCE

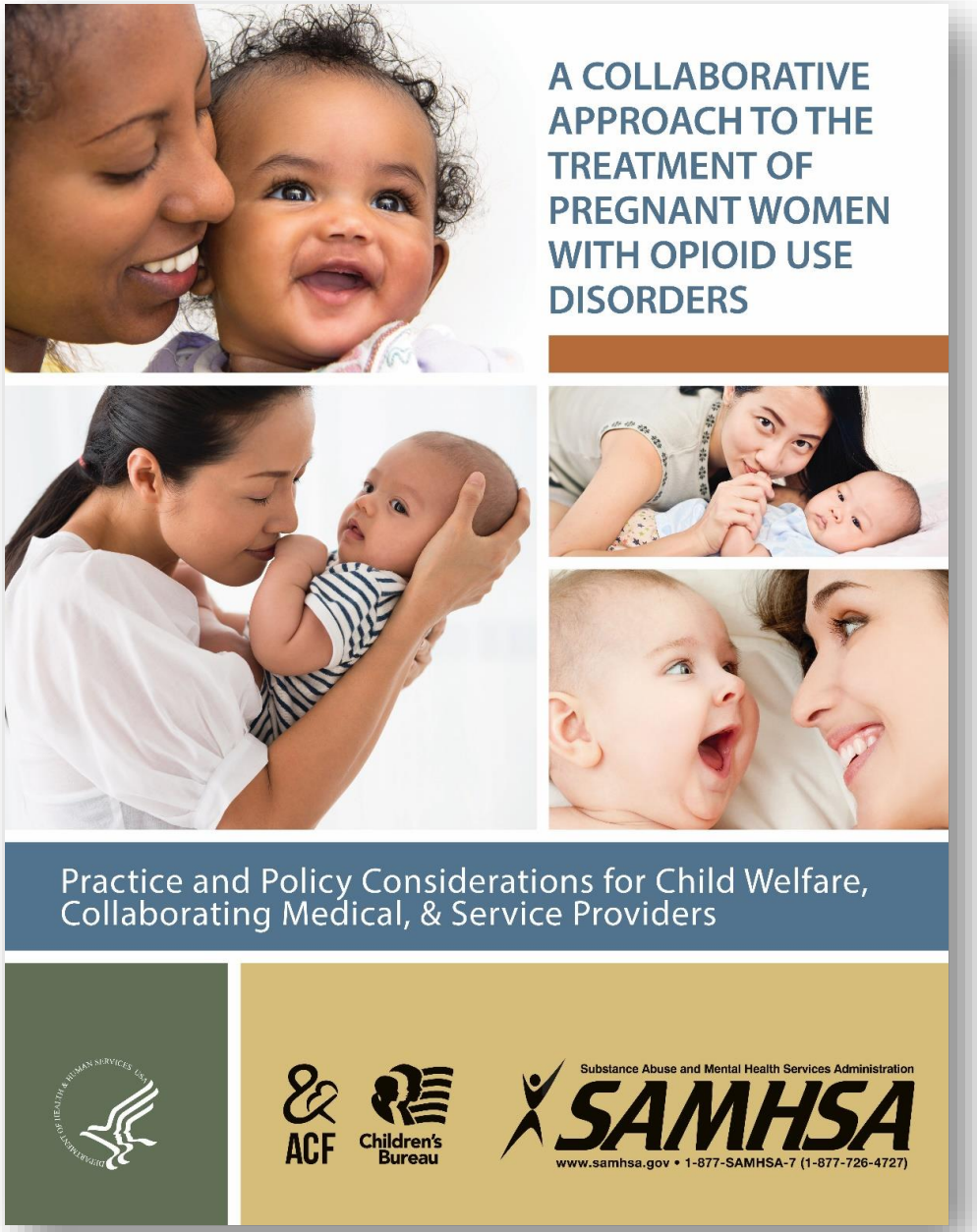


Tribal Family Wellness Plan Learning Modules

The Quality Improvement Center for Collaborative Community Court Team's Tribal Family Wellness Plan Learning Modules, prepared in collaboration with the Tribal Law and Policy Institute (TLPI), are designed to guide tribally driven collaboratives seeking to:

- Reduce the impact of substance abuse on pregnant and parenting families
- Improve systems and services to reduce prenatal substance exposure
- Prevent the separation of families
- Support infant and family wellness

Available @
https://www.cffutures.org/home-page/qic-ccct-tribal-posc-modules/



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

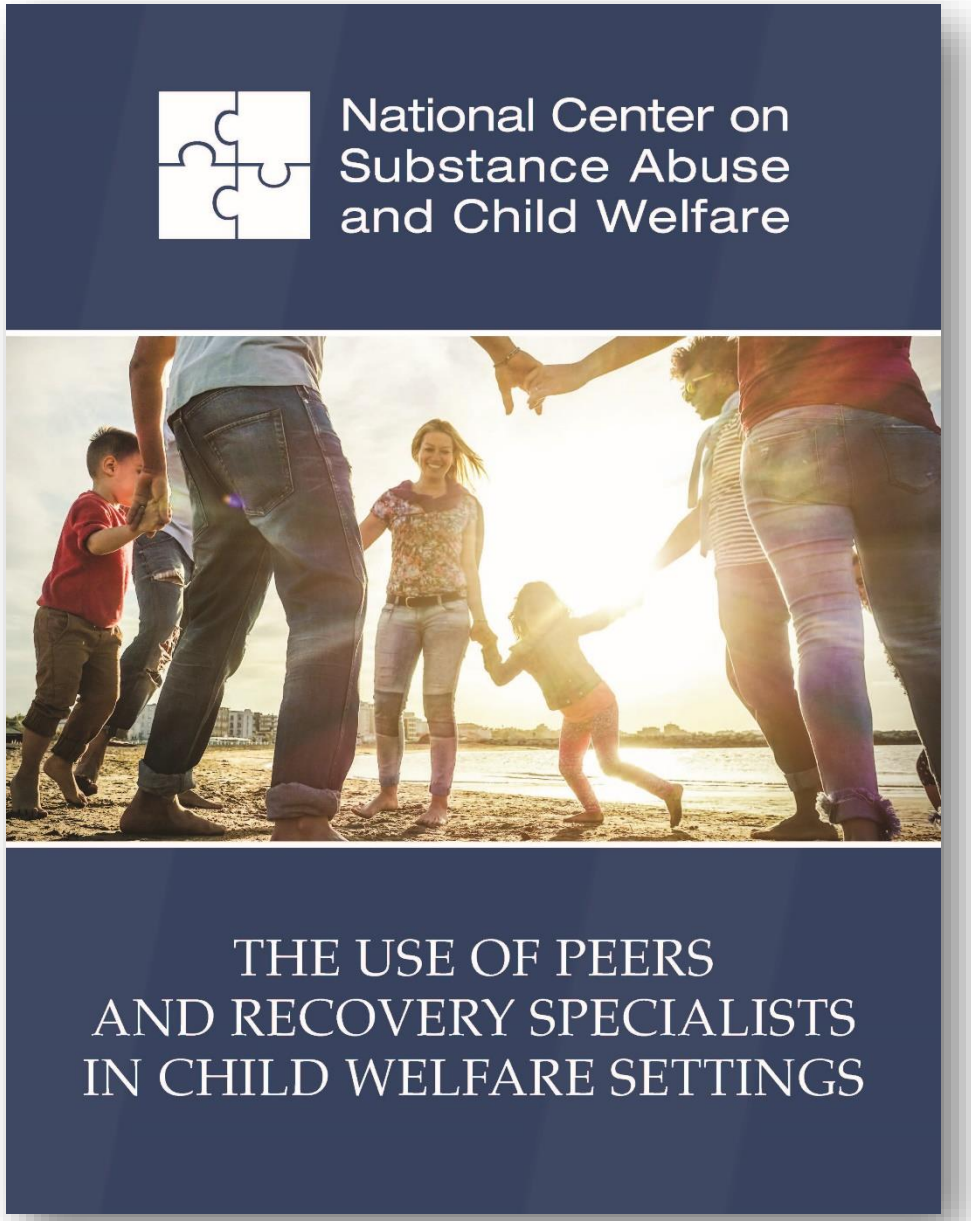
Audience

- Child Welfare
- Substance Use Treatment
- Courts
- 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

Available for download here: https://ncsacw.acf.hhs.gov/files/Collaborative_Approach_508.pdf



Purpose: The brief offers implementation considerations that professionals can draw from when implementing peer or recovery specialist models in their communities.

Audience: Administrative and executive-level professionals from:

- Child Welfare
- Substance Use Disorder Treatment
- Courts

Key Informant Interviews: Representatives from four programs–2 peer support programs and 2 recovery specialist programs–that have demonstrated positive child welfare and recovery outcomes for families

Available for download here: https://ncsacw.acf.hhs.gov/files/peer19_brief.pdf

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

This technical assistance tool provides on-the-ground examples from 12 states and 5 tribes across the country that have implemented comprehensive approaches to Plans of Safe Care for infants with prenatal substance exposure and their families and caregivers.

These concrete examples can help states and agencies consider practice and policy system changes to best serve these families in their own communities.

Available for download here:
https://ncsacw.acf.hhs.gov/files/on-the-ground-508.pdf

National Center on Substance Abuse and Child Welfare

Colorado Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Substance Use During Pregnancy:
Creating Connections to Reduce Child Maltreatment

Kathryn "Kathi" Wells, MD, FAAP
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Executive Director, Kempe Center for the Prevention and Treatment of Child Abuse and Neglect
www.kempecenter.org

University of Colorado Anschutz Medical Campus

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Children's Hospital Colorado

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- Section of Child Abuse and Neglect, Department of Pediatrics, University of Colorado School of Medicine
- Clinical site of practice is Children's Hospital Colorado, provide support for Denver Health
- Currently 76 faculty and staff
- Multidisciplinary work spanning clinical care, consultation, training/education, research, policy, all grounded in JEDI lens
- Work can be seen at www.kempecenter.org
- Affiliated with The Kempe Foundation – www.kempe.org

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Kempe Transforming the Future

- **Change narrative from one of ACEs to resilience and wellbeing in service delivery, research, training and advocacy**
- Expand clinical services (including specialty populations such as foster/kin health, **IPSE**, trafficking)
- Grow consultation and training **networks** for professionals
- Utilize **implementation science** to deliver evidence-based practices
- Model **alternative approaches** to child protective services (e.g. IPSE)
- Leverage technology to innovate **training**, coaching and supporting workforce (e.g. MIHOU ECHO)
- Work to inform important **policy** conversations

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Key Points

- The earlier the better… but any time is better than never!
- Substance use and child maltreatment is complicated
- Collaboration is key!

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Beginnings…

- I am a…
  - Aunt, sister, daughter, partner, dog mom and “mother (of many)”
  - Pediatrician
  - Child Abuse Pediatrician
  - Leader and advocate
- Meet baby Christina

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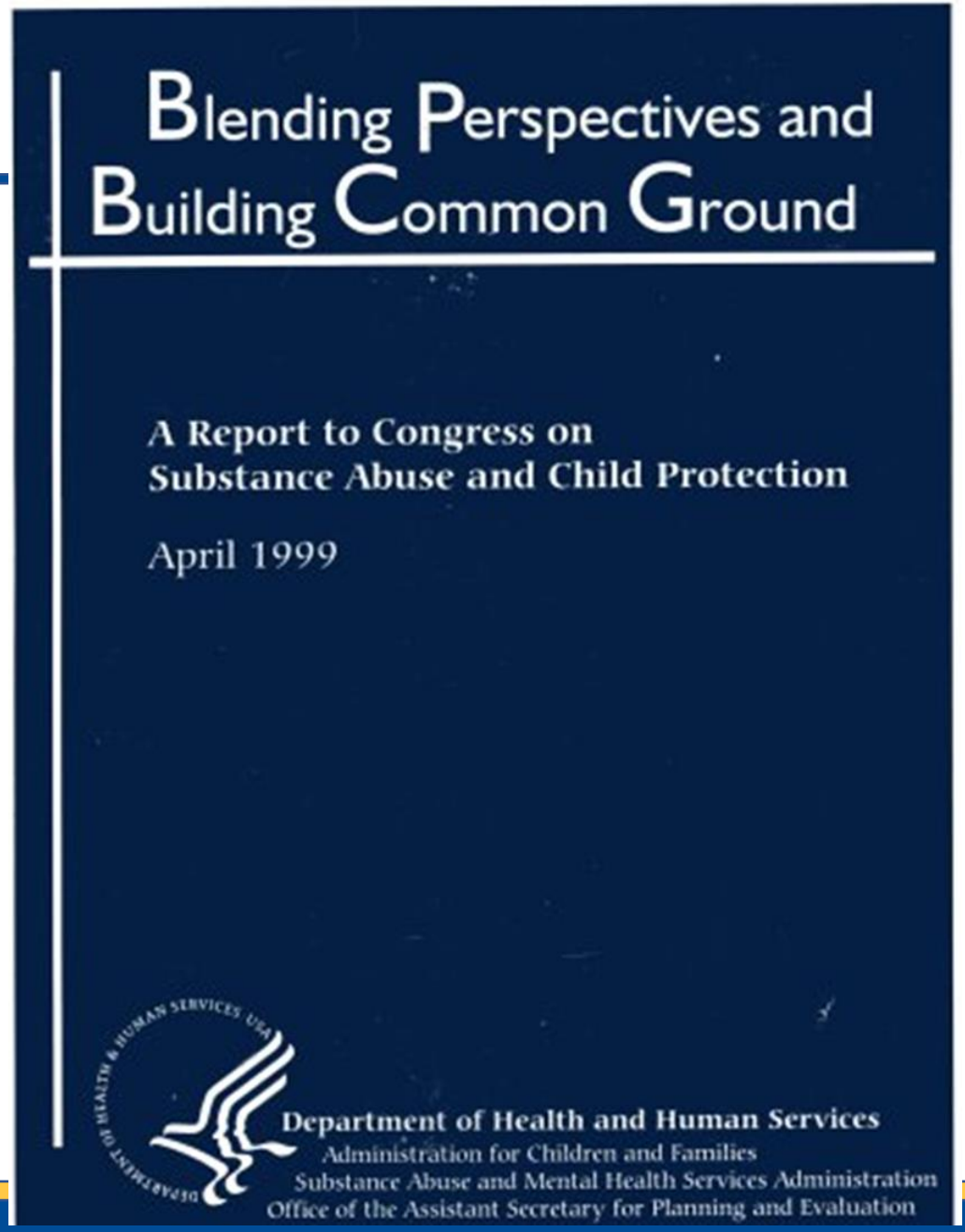
Competing Clocks

1. ASFA timelines (1997)
2. Developmental needs of the infant
3. Accessibility to treatment resources
4. Addiction as a chronic disease



Perspectives…

- View from multiple systems
- There are many nuances
  - Evolving mindset results in evolving policy
  - Need to disentangle social and societal beliefs
  - May have a certain image in mind, but could be family/friend/community member
  - Complex issues with trauma embedded
- Healthcare approach

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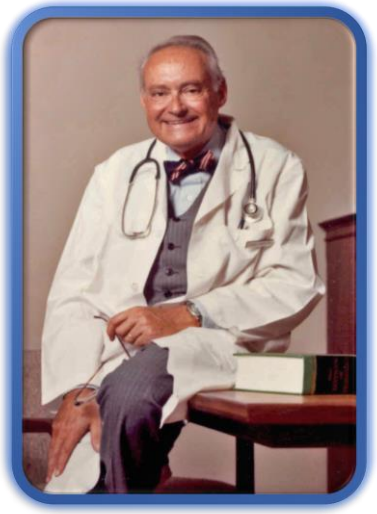
Key Lessons from Kempe Founders

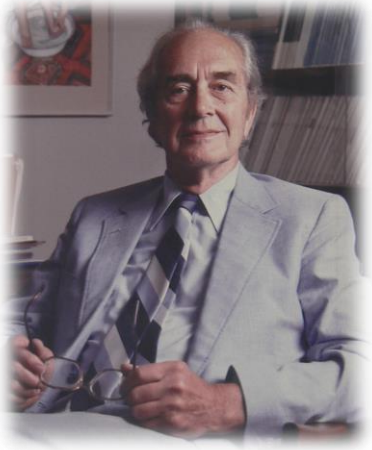


"Abusive parents love their children very much, but not very well. Our task is to help them do it better!"

- C. Henry Kempe, MD

"If you don't understand someone's behavior, you don't have enough history."

- Brandt F. Steele, MD



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A Pregnant Woman Using Substances

- A woman with an addiction who got pregnant
- Often has a trauma history
- Desperately wanting a healthy baby
- Consumed with guilt
- Hypersensitive to symptoms of withdrawal
- Accustomed to disrespect and disdain
- Grateful to anyone who treats her with respect and dignity

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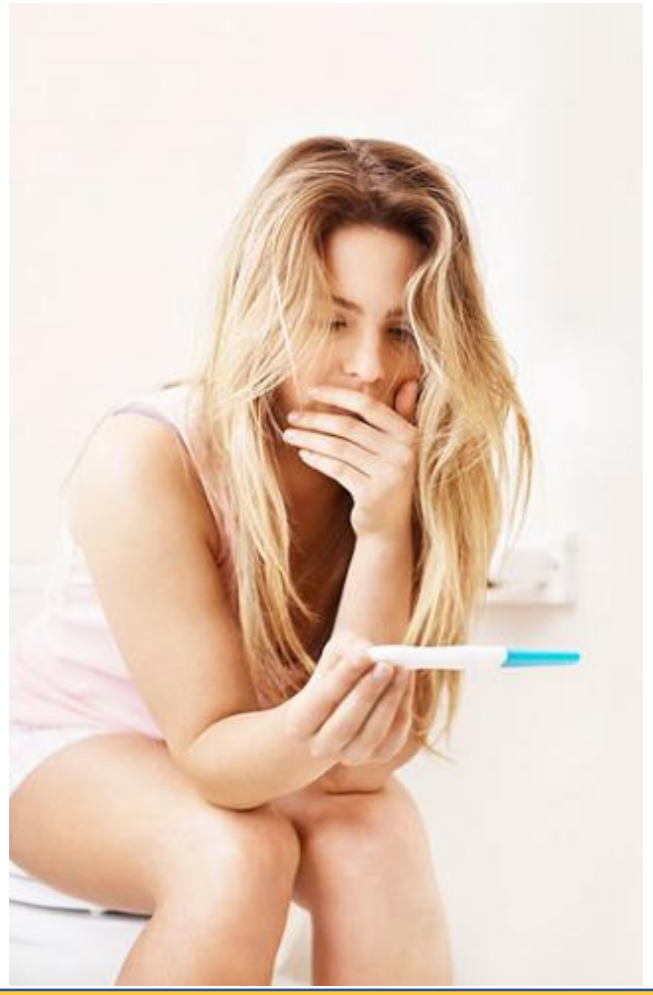
A Pregnancy is…



- Pregnancy and motherhood are times of increased motivation for treatment
- Motherhood is often the only legitimate social role valued by drug dependent women
- Most women in treatment are very concerned about how their substance use affects their children
- A short time to change behavior, social life and relationships
- Added stress

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Behavior change is…

- Difficult
- Compounded by everyday life stresses
- Profoundly affected by mega-stresses of poverty
- Complicated and includes:
  - Many attempts before someone is successful
  - Relapse, back slides and “false starts”
  - Commitment that varies from moment to moment

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Treatment for Pregnant Women

- Birth outcomes for women & infants are drastically better when the woman has received both substance abuse treatment and prenatal care during her pregnancy
- Pregnant women have varying and complex needs, substance abuse treatment must be:
  - Tailored to a woman's individual needs
  - Adequate in support services & resources
  - Empowering & supportive
  - Focused on helping a woman to have a safer pregnancy and healthier baby
  - Encouraging that mothers improve parenting skills to ensure that their infants receive appropriate interventions & supports

Source: Goler, Armstrong, Taillac, & Osejo, 2008; Clark, 2001

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Infants Prenatally Substance Exposed (IPSE) Defining the Problem

- Social stigma for mothers and families
- Fear of criminal prosecution and child welfare involvement reduces utilization of medical and treatment resources
- Lack of uniformity in hospital policies and procedures for screening, testing, referrals
- Limitations in data exist on the extent of the problem and successful approaches to address it
- Need early identification to reduce risks to the infant and enhance success

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A Substance is…

- Legal: alcohol, tobacco, (marijuana)
- Illegal: heroin, cocaine, methamphetamine
- Prescription Drugs: narcotics, barbiturates, psychotropics, and amphetamines
- Poly-substance use

Wide SPECTRUM of use and abuse

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Effects Vary Widely

- Effects are variable -- on mother, baby or both
- **Alcohol is most dangerous to fetal brain & body**
- Illegal drugs – data are often confounded by poly-substance use, poverty, violence, genetics, etc.
- Poor prenatal care
- Poor nutrition/poor weight gain
- Good home environment helps

No Safe Amount of Drugs or Alcohol During Pregnancy

Source: *Peds* 129:e540/2/2012

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General Problems for Mother

- Infections such as HIV, tuberculosis, hepatitis, syphilis, endocarditis, pulmonary infections
- Mental health problems (e.g. depression, anxiety, mood disorders, bipolar disorder, personality disorders, post-traumatic stress disorder, and eating disorders)
- History of victimization related to physical and sexual violence
- Poor nutrition
- Health complications
- **Complications of Pregnancy, Labor and Delivery**

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General Problems for Baby

Effects on baby differ with different exposure patterns:

- When in pregnancy
  - Major birth defects occur in first 3 months
  - Brain damage & poor growth occur throughout
- How much
- How often
- How taken

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TABLE 17.1
Possible Clinical Presentations Related to Prenatal Substance Exposure

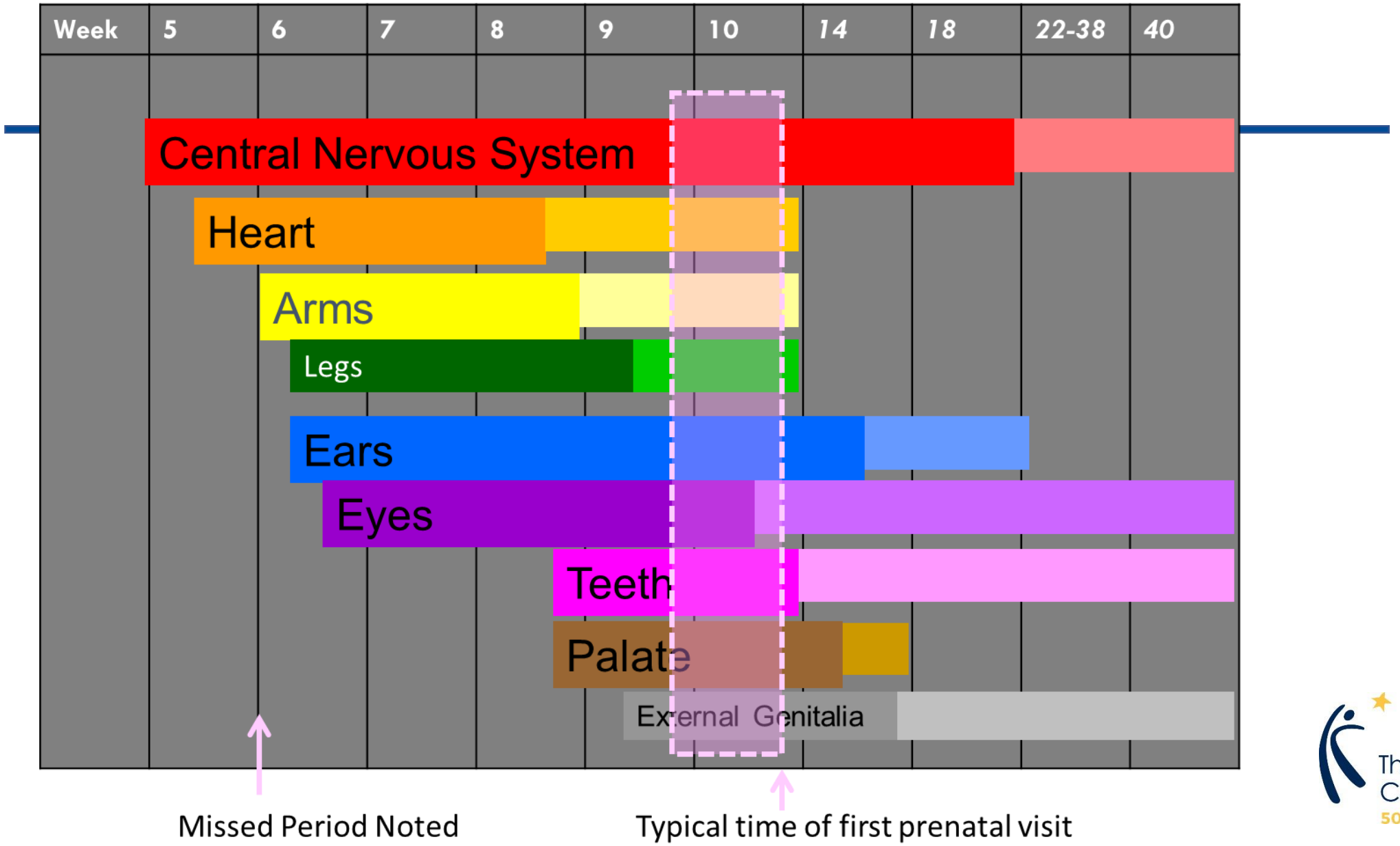
	Alcohol	Nicotine/Tobacco	Marijuana/THC	Opiates	Cocaine	Methamphetamine
Effect on fetal growth	• Effect on growth must be present to diagnose FASD. • Associated with even moderate levels of exposure.	• Low birth weight and IUGR • Directly proportional to umber of cigarettes smoked • Appears to resolve by 24 mo of age	• Studies limited • May be associated with low birth weight/small for gestational age	• Reported but many confounding variables • Low birth weight due to symmetric IUGR or preterm birth • Microcephaly	• Effect on intrauterine growth demonstrated/ small for gestational age • Decreased head circumference	• Studies limited • Independent effect on fetal growth demonstrated
Congenital anomalies	• Multiple anomalies described throughout the literature • FASD	Weak data for association with oral facial defts	No clear teratogenic effect	No clear teratogenic effect	Original reports not confirmed	Studies limited
Withdrawal	One study reporting withdrawal symptoms, but not confirmed in longitudinal studies	• No clear withdrawal described • Abnormal newborn behavior consistent with drug toxicity	• No clear withdrawal • Abnormal newborn behavior	NAS	Early reports but not substantiated	No prospective studies available
Neurobehavior in newborn	• Poor habituation and low levels of arousal • Motor abnormalities	Impaired orientation and autonomic regulation and abnormalities of muscle tone	Increased startle and tremors	• Abnormal neurobehavior related to NAS/withdrawal • Subacute/delayed withdrawal	• Irritability and lability of state • Decreased behavioral and autonomic regulation • Poor alertness and orientation	• Abnormal neurobehavioral patterns including poor movement quality, decreased arousal, and increased stress

TABLE 17.1
Possible Clinical Presentations Related to Prenatal Substance Exposure (*Continued*)

	Alcohol	Nicotine/Tobacco	Marijuana/THC	Opiates	Cocaine	Methamphetamine
Long-term effects	• Significant attention problems from childhood through adulthood • Lower IQ scores • Poorer memory and executive functioning skills • Impaired development and use of language • Variety of significant academic and school problems, primarily deficits in reading and math skills	• Impulsivity and attention problems • Associated with hyperactivity and negative and externalizing behaviors through childhood and into adulthood • Possible abnormalities in learning and memory • Slightly lower IQ scores • Poor language development • Poorer performance on arithmetic and spelling tasks • Increased probability of tobacco use • Experimentation with drugs among adolescents	• Inattention and impulsivity in toddlers • Memory and perceptual problems in older children • Associated with deficits in problem-solving skills that require sustained attention and visual memory, analysis, and integration • Subtle deficits in learning and memory • Associated with academic underachievement, especially in reading and spelling • Associated with behavioral problems	• Hyperactivity and short attention span • Improved developmental scores with appropriate medical and environmental controls	• Some reports of problems, possibly moderated by other risks, such as attention difficulties and oppositional/defiant behavior • Does not predict overall development or IQ scores • Alterations in executive functioning including visual-motor ability, attention, and working memory • Association with subtle language delays	• Possible association with externalizing behaviors and peer problems • Possible association with lower IQ scores

Abbreviations: FASD, fetal alcohol spectrum disorder; IUGR, intrauterine growth retardation; NAS, neonatal abstinence syndrome; THC, tetrahydrocannabinol.

Source: Farst J and Wells KM. Drug Endangered Children. In Child Abuse: Medical Diagnosis and Management. 4th ed. Illinois: American Academy of Pediatrics (2019), eds. Antoinette Laskey and Andrew Sirotnak: 527-563



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Timeline of Fetal Development

All Exposures = Increased Infant Mortality Risk

- Associated increased risk of SIDS/SUIDS (?)
- Associated risk of positional overlay
- Associated risk of very premature birth and severe complications

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FEBRUARY 3, 1997 VOL. 149 NO. 5

SPECIAL REPORT

FERTILE MINDS

FROM BIRTH, A BABY'S BRAIN CELLS PROLIFERATE WILDLY, MAKING CONNECTIONS THAT MAY SHAPE A LIFETIME OF EXPERIENCE. THE FIRST THREE YEARS ARE CRITICAL

BY J. MADELEINE NASH

"Symbiotic Oneness"

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General Effects on the Growing Child

- Studies limited and inconsistent
- More likely to show gaps in problem-solving skills, memory, and ability to remain attentive
- More research needed to separate drug-effect from environmental effects

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General Effects in Children and Teens

- Difficulties with attention, self-regulation, decision-making and cognition
- Risk of maltreatment and impaired attachment may result in Child Welfare involvement
- School problems and employment failure
- Behavioral, mental health, substance abuse problems
- Significant societal and financial costs
- Early diagnosis is protective

Source: Streissguth. *J Dev Behav Pediatrics* 2004 25:228

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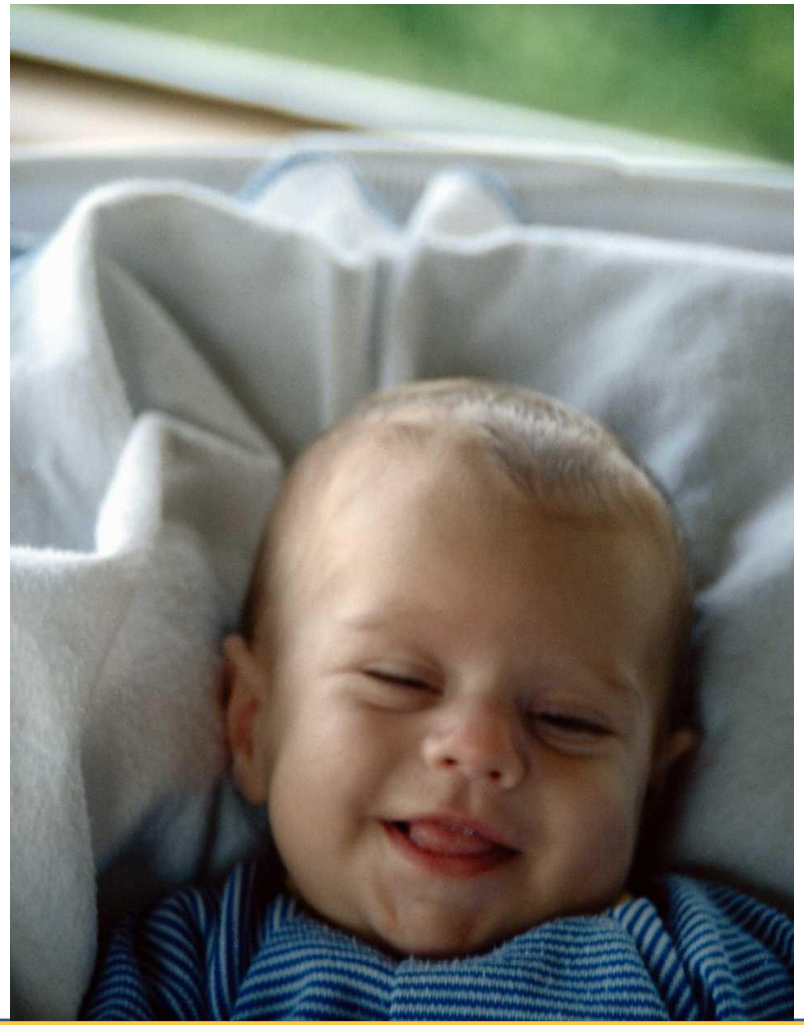
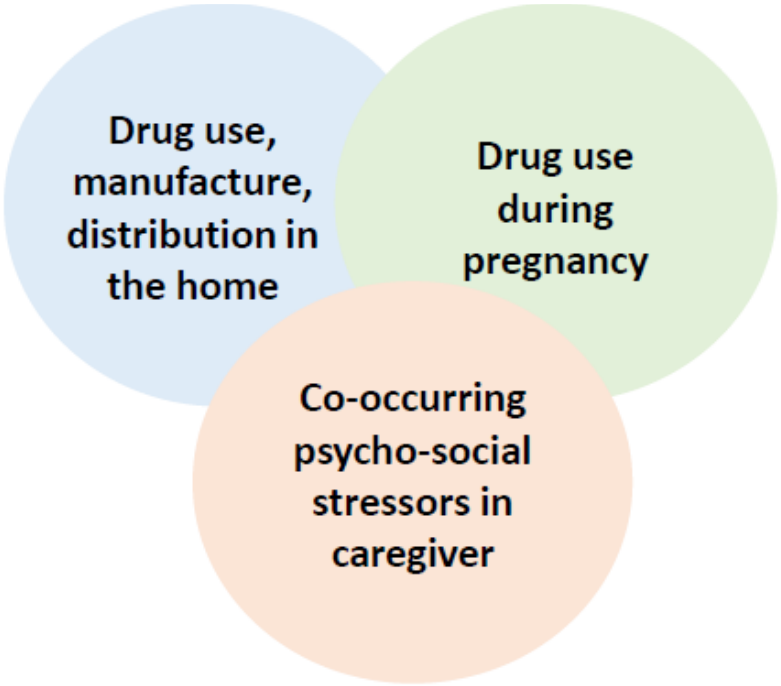
Caregiver Substance Use Risks





Source: Farst J and Wells KM**.** Drug Endangered Children. In Child Abuse: Medical Diagnosis and Management. 4th ed. Illinois: American Academy of Pediatrics (2019), eds. Antoinette Laskey and Andrew Sirotnak: 527-563

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Substance Abuse Can Affect Connection

- Risk of impeding development of the parent-child relationships that are essential for children to thrive
- Parents may have self regulatory challenges, leading to maladaptive maternal response that interfere with healthy relationships
- Parents may experience negative outcomes such as struggles with depression and other psychiatric disorders

Source: Kim, P., & Watamura, S. E. (2015). Two open windows: Infant and parent neurobiologic change. Washington, DC: Ascend, The Aspen Institute.

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This Issue Requires Multiple Agencies Work Together

- Comprehensive services & collaborative relationships
- Provided along a continuum of prevention, intervention and treatment from pre-pregnancy through childhood
- At different developmental stages in the life of the child and family
- Education & treatment are critical

NO single agency can deliver all of these

Source: Gardner S & Young N, National Center on Substance Abuse and Child Welfare

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Colorado Landscape

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Routledge
Taylor & Francis Group

Implementing Child Abuse Prevention and Treatment Act (CAPTA) Requirements to Serve Substance-Exposed Newborns: Lessons From a Collective Case Study of Four Program Models

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Colorado Systems Integration Model for Infants (C-SIMI)

- 6-year project
- Started in 2005
- Funding from Children's Bureau – 4 sites
- Project designed to develop and test a new model to integrate best practice approaches from child welfare, drug treatment, health care and legal systems involved with substance exposed infants and their families
- Work groups, development of Baby Steps team within DDHS, and dissemination of model

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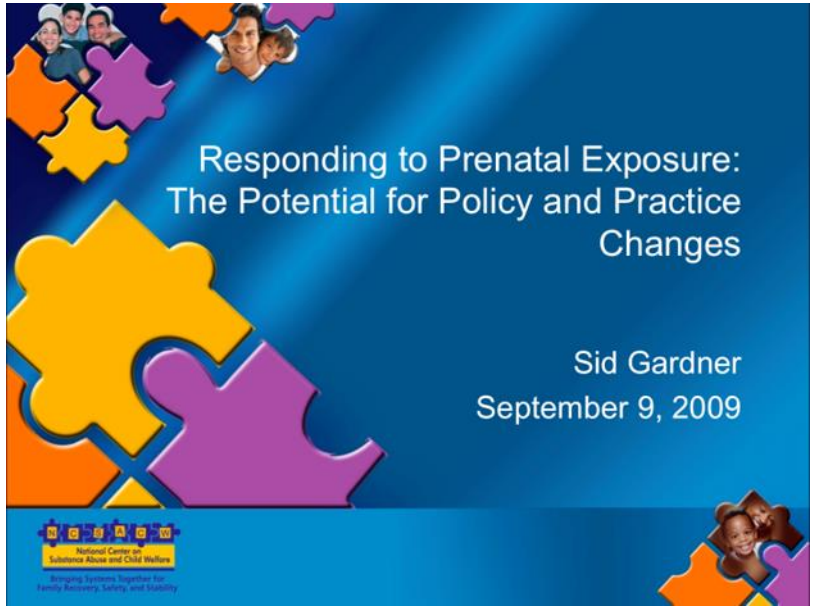
Statewide Efforts

- Hosted a work session facilitated by the National Center on Substance Abuse and Child Welfare (09/09/09)
  - Work session included discussion on the principles of privacy, prevention, prosecution, and protection
  - Resulted in the formation of the SEN Steering Committee of the State Methamphetamine Task Force
- Now Substance Abuse Trend and Response Task Force
- Co-Chair with Jade Woodard, MPA



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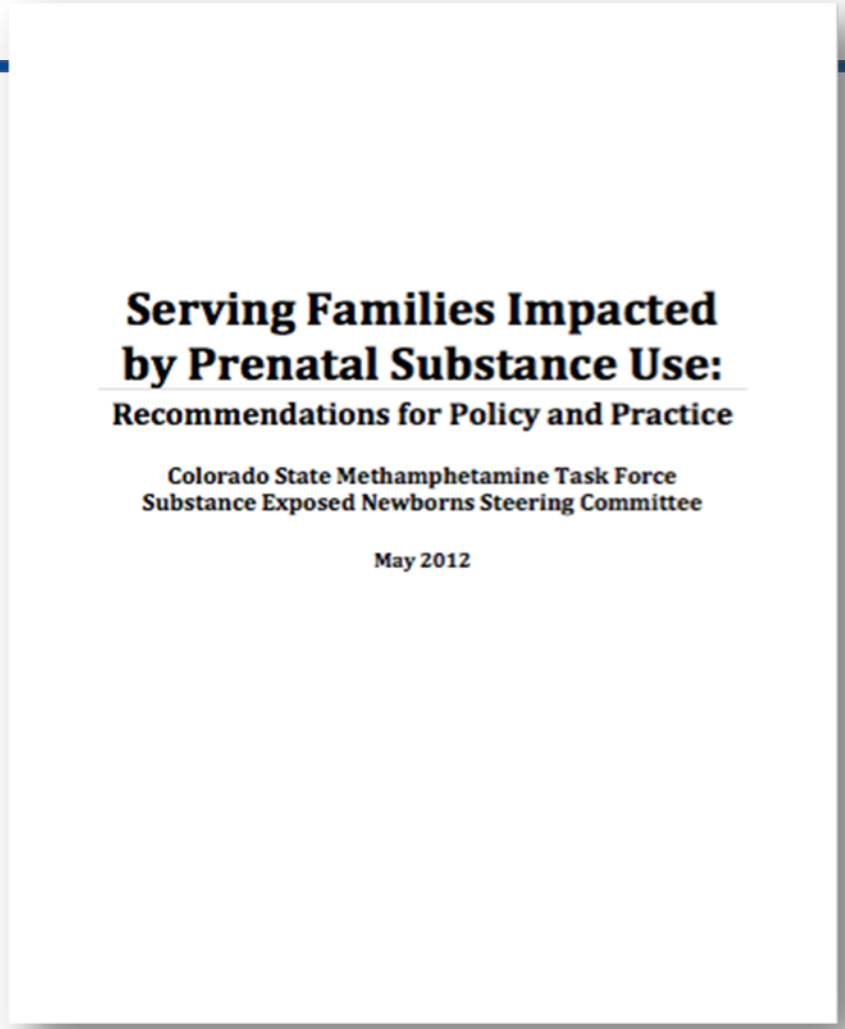
White Paper



Serving Families Impacted by Prenatal Substance Use:

Recommendations for Policy and Practice

Colorado State Methamphetamine Task Force
Substance Exposed Newborns Steering Committee

May 2012

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Colorado Revised Statute 13-25-136

A court shall not admit in a criminal proceeding information relating to substance use not otherwise required to be reported pursuant to section 19-3-304, C.R.S ., obtained as part of a screening or test performed to determine pregnancy or to provide prenatal care for a pregnant woman. This section shall not be interpreted to prohibit prosecution of any claim or action related to such substance use based on evidence obtained through methods other than the screening or testing described in this section.

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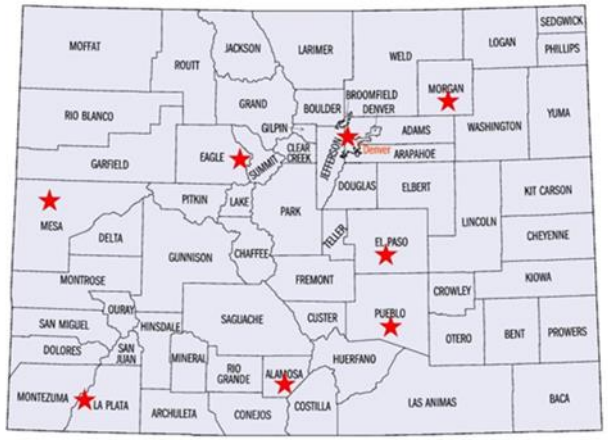
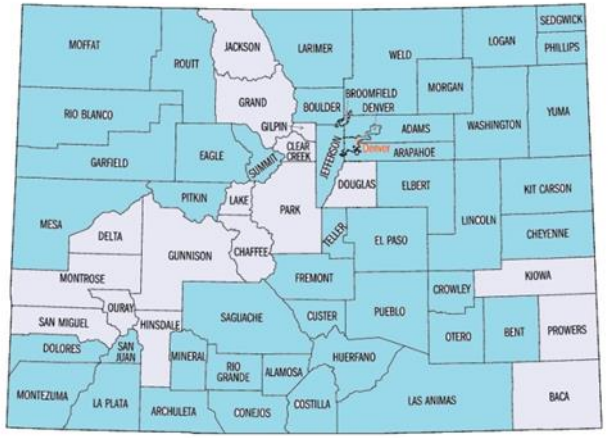
Regional Convenings

- 1/24/2013 – Overview Webinar
- 3/19/2013 – Durango
- 3/20/2013 – Alamosa
- 3/21/2013 – Pueblo
- 4/3/2013 – Colorado Springs
- 4/11/2013 – Denver Metro
- 4/18/2013 – Vail
- 4/19/2013 – Grand Junction
- 5/9/2013 – Fort Morgan





**Generously supported by the Colorado Trust – Convening for Colorado Project*

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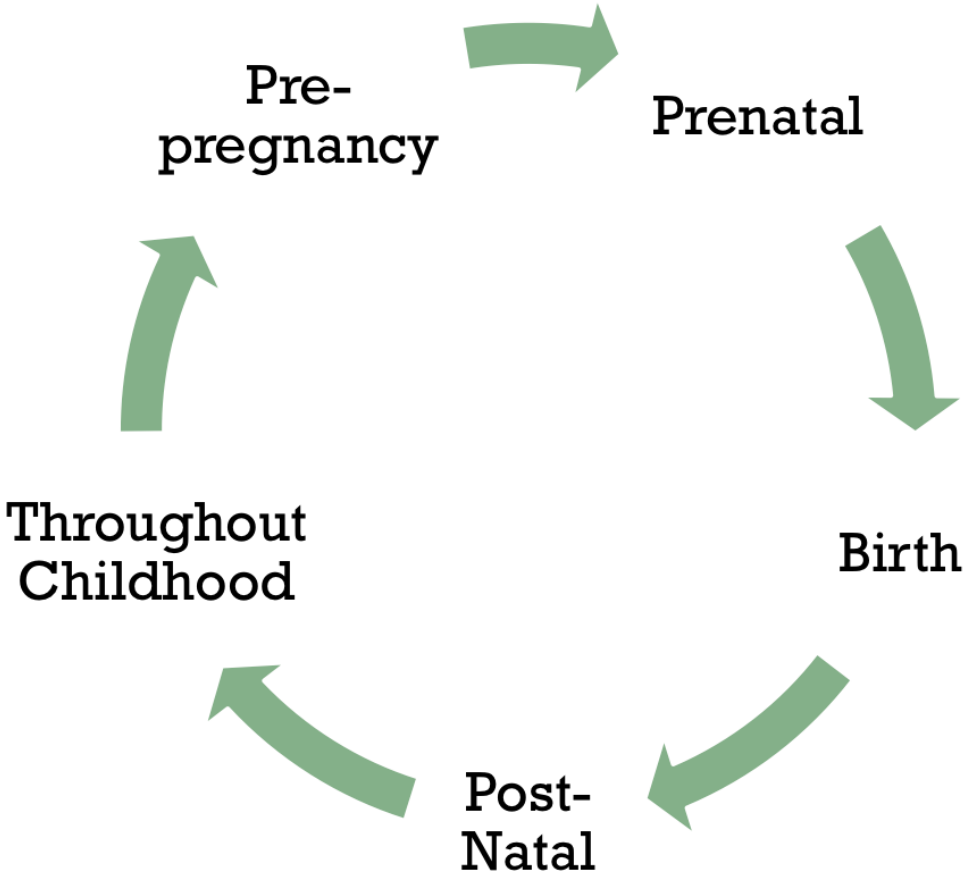
Five Points of Intervention



Source: Gardner, S. & Young. N., National Center on Substance Abuse and Child Welfare

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SEN Hospital Learning Collaborative

- Objective: Increase consistency in implementation of best practice approaches in identification of and response to newborns prenatally exposed to substances at time of birth across Colorado.
- Components:
  - Assessment of Current Practice
  - Identification of Priority Areas & Action Steps
  - Documentation of Ongoing Progress
  - Ongoing Data Collection & Reporting
  - Participation in SEN ECHO Series
  - Involvement in collaborative retreats

Colorado Chapter

American Academy of Pediatrics

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Family Advisory Board (FAB)

ARE YOU INTERESTED IN SHARING YOUR LIVED EXPERIENCE TO HELP IMPROVE THE HEALTH OF WOMEN AND FAMILIES IMPACTED BY SUBSTANCE USE?

Consider becoming a family advisor.

Your voice will help guide a committee of professionals who want to provide more compassionate care to those struggling with substance use.

Birth mothers, fathers, adoptive or foster parents, grandparents, aunts, uncles, and caregivers are all welcome to join this safe & confidential space.

As a family advisor, you can expect to:

Add your voice to an ongoing discussion in order to improve health care and other services that women and families utilize when impacted by substance use.

Commit two hours of your time for monthly meetings with other family advisors, for one year.

Receive reimbursement for your time, and costs associated with transportation & child care.

Your lived experiences and voice are key to making changes to improve the health of women and families impacted by substance use

Contact Hattie at hlandry@illuminatecolorado.org or at (719)313-7092 for more information

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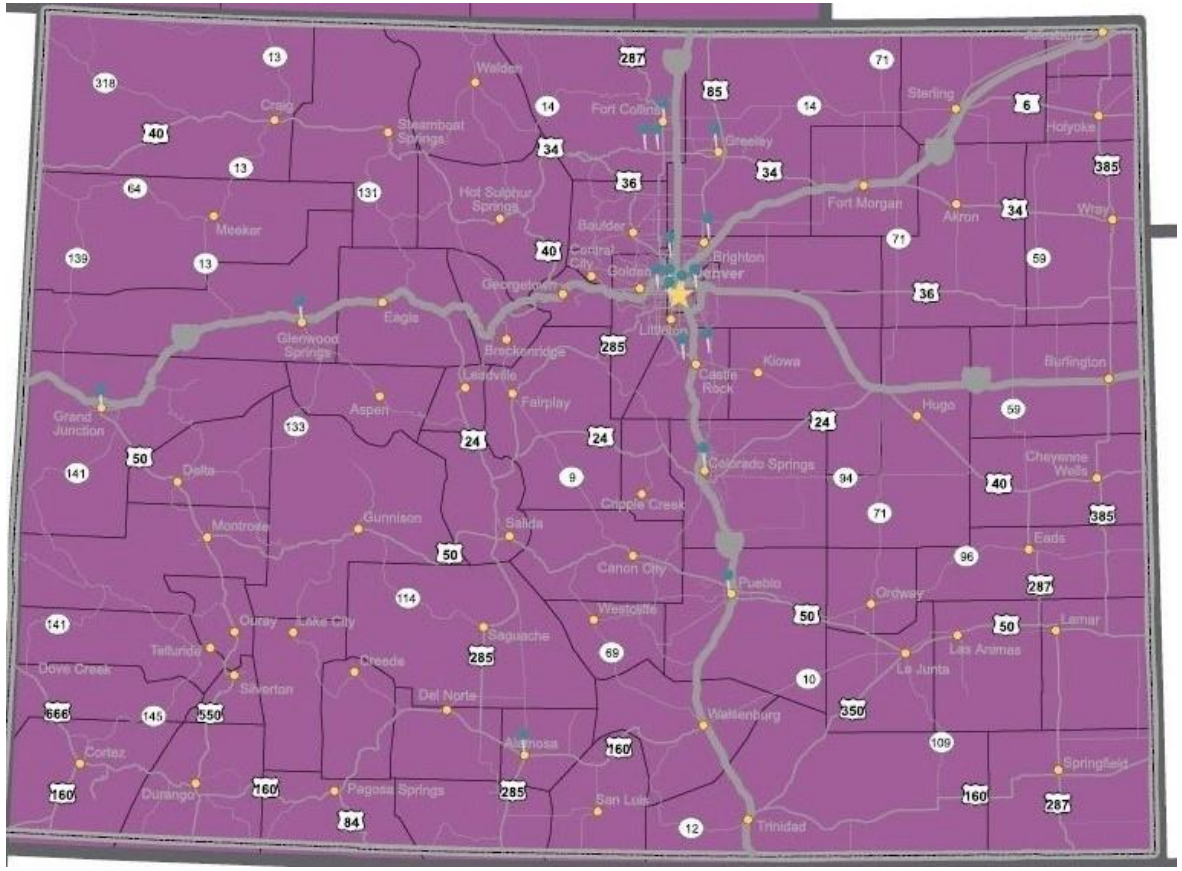
CHoSEN QIC

CHoSEN Quality Improvement Collaborative

Nearly 50 percent of Colorado births occur in a hospital participating in the **CHoSEN Quality Improvement Collaborative (CHoSEN QIC)**, the cornerstone initiative of the CHoSEN Collaborative, is built around multidisciplinary hospital-based improvement teams working collaboratively to achieve measurable improvements.

CHoSEN Participating Hospitals

- Avista Adventist Hospital
- Denver Health Medical Center
- Lutheran Medical Center
- McKee Medical Center
- Medical Center of the Rockies
- Memorial Hospital
- North Colorado Medical Center
- North Suburban Medical Center
- Parker Adventist Hospital
- Parkview Episcopal Medical Center
- Platte Valley Medical Center
- Poudre Valley Hospital
- Rose Medical Center
- Saint Joseph Hospital
- San Luis Valley Regional Medical Center
- St. Mary's Hospital & Medical Center
- University of Colorado Medical Center
- Valley View Hospital



Revisions to the Colorado Children's Code

- The child abuse and neglect definitions previously in statute:
  - Depended on a toxicology test to indicate whether or not a child may be safe, when in practice a toxicology test doesn't provide a holistic view of the current situation or a family's strengths and needs.
  - Resulted in inconsistency and exacerbates disparities across the state.
  - Contributed to the fear pregnant women feel and often acted as a barrier to accessing substance use disorder treatment or prenatal care, thus worsening the effects of the prenatal substance exposure.
- SB20-028
  - Amended statute 19-3-102(1)(g) to "a child is neglected or dependent if BORN AFFECTED BY ALCOHOL OR SUBSTANCE EXPOSURE, EXCEPT WHEN TAKEN AS PRESCRIBED OR RECOMMENDED AND MONITORED BY A LICENSED HEALTH CARE PROVIDER, AND THE NEWBORN CHILD'S HEALTH OR WELFARE IS THREATENED BY SUBSTANCE USE.

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Ongoing Work in Colorado

- SuPPoRT (Supporting Perinatal substance use Prevention, Recovery, and Treatment) Colorado - https://www.illuminatecolorado.org/project/support-colorado/
- Priority areas:
  - Reduce stigma around accessing substance use disorder treatment and recovery supports for pregnant and parenting people.
  - Ensure systems, and the people who work within them, develop policies and practices with families that support warm handoffs and standardize practices to address inequities.
  - Build Colorado's statewide capacity to align efforts, apply lessons from our data and recognize and respond to emerging needs.
  - Build Colorado's statewide capacity to identify Fetal Alcohol Spectrum Disorders and support impacted families.

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Key Points

- The earlier the better… but any time is better than never!
- Substance use and child maltreatment is complicated
- Collaboration is key!

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Colorado Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

For More Information:

Connect with your local ***American Academy of Pediatrics Chapter***!

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Visit The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect webpage: https://medschool.cuanschutz.edu/pediatrics/sections/child-abuse-and-neglect-kempe-center

Colorado Substance Exposed Newborns Collaborative: https://www.chosencollaborative.org/

University of Colorado Anschutz Medical Campus

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Children's Hospital Colorado

Thank you

Opioid Policy Fellows – Kickoff Meeting January 2023

Maternal and Child Health Fellows – Kickoff Meeting January 2023