Safety Action Series

Collaborative Management of Women with Substance Use Disorders During and Beyond Pregnancy
Speakers

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Disclosures

- Monika Taylor, MBA, LCSW, CASAC has no real or perceived conflicts of interest.

- Nancy K. Young, PhD, MSW has no real or perceived conflicts of interest.
Objectives

• Provide an overview of current guidelines and resources for prevention and treatment of women with substance use disorders (SUD) during the perinatal period

• Identify key elements of quality care for prenatal and postpartum women with SUD and their children, including family planning, pain management, and infant care counseling

• Discuss the importance of interdisciplinary collaboration across systems and provide suggestions for partnering with other providers and patients to provide the best quality of care
Collaborating to Support Pregnant and Postpartum Women with Substance Use Disorders and Their Infants

Nancy Young, MSW, PhD | National Center on Substance Abuse and Child Welfare
November 2018
A program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Children and Families (ACF), Children’s Bureau
LEARNING TOGETHER
Three Potential Populations

1. Using legal or illegal drugs, on an opioid medication for chronic pain or on medication (e.g., benzodiazepines) that can result in a withdrawal syndrome and does not have a substance use disorder

2. Receiving medication assisted treatment for an opioid use disorder (Buprenorphine or Methadone) or is actively engaged in treatment for a substance use disorder

3. Misusing prescription drugs, or is using legal or illegal drugs, meets criteria for a substance use disorder, not actively engaged in a treatment program
Nationally, the rate of opioid use disorders among women at hospital delivery quadrupled between 1999 and 2014

Between 1999 and 2014, the national prevalence of opioid use disorder increased from 1.5 cases per 1,000 hospital deliveries to 6.5 per 1,000 hospital deliveries.

The reporting of NAS has increased over the past 15 years.

There are a number of data sources that have looked at the incidence of NAS. While it appears that the incidence is rising due to the opioid epidemic, it is difficult to determine how much attention to NAS and improvements in identification are driving this increase as opposed to real growth in infants being born with NAS.

In 2000, 1.2 per 1000 hospital births were diagnosed as having Neonatal Abstinence Syndrome (NAS). (Patrick et al., 2012)

In 2016 data from 23 hospitals in the US Pediatric system indicate 20 per 1000 live births were diagnosed as having Neonatal Abstinence Syndrome (NAS). (Milliren et al., 2017)
Women who use opioids during pregnancy are at increased risk of depression, anxiety and maternal death than those not using opioids.

Recent studies indicate that nearly half of maternal deaths in the postpartum period may be related to substance use and 1 in 5 specifically related to overdose.

(Mehta et al., 2016; Metz et al., 2016; Whiteman et al., 2014)
NAS presents unique risks to an infant’s safety due to...

**Cues from babies that are difficult to interpret**
- Escalation of NAS display
- Use of medication
- Prolonged hospital stay

**Inaccurate interpretation of cues by parents**
- Decreases in parenting confidence
- Inappropriate response

**Lack of training and/or protocols for responding to substance affected infants by hospital staff**
- Over/under medication
- Premature hospitalization
- Rehospitalization

(Velez & Jansson, 2018; Velez & Jansson, 2014)
Number of Children who Entered Foster Care, by Age at Removal in the United States, 2017

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

Source: AFCARS Data, 2017
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2016

N = 273,506

National Average 35.3%

Efforts in data collection have improved in recent years, but significant undercount remains in some states.

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

Source: AFCARS Data, 2016
Qualitative Findings from the ASPE Study: Services to New Mothers

Factors that undermine the effectiveness of agencies’ responses to families

- Lack of treatment specific to pregnant women
- Clients received repeated detoxification without engagement in on-going treatment
- Mistrust of Medication Assisted Treatment (MAT)
- Family-friendly treatment options were limited
- Haphazard substance use assessment practices
- Barriers to collaboration
- Shortages of trained staff

(Radel et al., 2018)
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)

2018
Funding for CAPTA Plans of Safe Care
What is a Plan of Safe Care?
CARA’s Primary Changes to CAPTA in 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. Specified data to be reported by States

3. Required Plan of Safe Care to include needs of both infant and family/caregiver

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
In-Depth Technical Assistance (IDTA)
Infants with Prenatal Substance Exposure

11 States have participated from 2014 to Present

Round 1
Connecticut
Kentucky
Minnesota
New Jersey
Virginia
West Virginia

Round 2
Delaware
New York

Round 3
Florida
Maryland
North Carolina
West Virginia
CAPTA Plan of Safe Care Ideal Practices

Preparing 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 infant and family/caregiver
- Structure in place to ensure coordination of, access to, and engagement in services
Plan of Safe Care Planning Guide TA Tool (2018)

Designed as a planning guide that NCSACW can use with you to further your communities’ efforts in developing a comprehensive approach to implementing Plans of Safe Care

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Practice Strategies to Support Infants with Substance Exposure and their Families

- Hospitals universally screen mothers at delivery. Infants are tested based on identified criteria and policies.
- Hospitals understand and follow notification criteria.
- Pediatricians are identified before hospital discharge and participate in the Plan of Safe Care.
- Non-pharmacological treatments for NAS are used, including breastfeeding and rooming-in where not contraindicated.
Interventions for infant treatment focused on simplified approach to assessment, nonpharmacological therapies, care outside of the NICU and empowering messages to parents that led to... 

...substantial and sustained decreases in average length of stay, proportion of infants treated with morphine, and hospital costs.

(Grossman et al., 2017)
Supporting the Mother-Infant Dyad

• The neonatal period is an optimal time to begin interventions to optimize dyadic interaction

• Improving clinician attitudes positively impact dyadic interactions

• Nurses who demonstrated caring behaviors towards mothers were better able to help them recognize and interpret infant cues, thus enhancing mother-infant interactions

(Velez & Jansson, 2008; Velez & Jansson, 2014)
Considerations for Women’s Substance Use Treatment

- Understand the role and significance of relationships in women’s lives.
- Attend to the relevance and influence of various caregiver roles that women often assume throughout the course of their lives.
- Recognize that ascribed roles and gender expectations across cultures affect societal attitudes toward women who abuse substances.
Meaningful collaboration across systems that includes agreement on common values, enhanced communication and information sharing, blended funding and data collection for shared outcomes...

...results in improved outcomes for families including increased engagement and retention of parents in substance use treatment, fewer children removed from parental custody, increased family reunification post-removal and fewer children reentering the child welfare system and foster care.

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)
A Collaborative Approach to Plans of Safe Care

Women with 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 an infant and their parents/caregivers is developed reducing the number of crises at birth for women, babies, and systems!
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

Who could do Plans of Safe Care?

- Multi-agency
- Well-trained
- Shared trust and knowledge
- Supportive hand-offs

(Sloper, 2004)
<table>
<thead>
<tr>
<th>Populations of Women</th>
<th>Lead Agency/Provider</th>
<th>Identification at Birth &amp; Infant Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prenatal Period</strong></td>
<td><strong>Identification at</strong></td>
<td><strong>Birth &amp; Infant Affected</strong></td>
</tr>
</tbody>
</table>
| 1. Using legal or illegal drugs, on an opioid medication for chronic pain or on medication (e.g., benzodiazepines) that can result in a withdrawal syndrome and does not have a substance use disorder | Prenatal Care Provider in concert with pain specialist or other physician | Maternal and Child Health Service Provider  
Home visiting, early childhood intervention, new parent education, etc. |
| 2. Receiving medication assisted treatment for an opioid use disorder (Buprenorphine or Methadone) or is actively engaged in treatment for a substance use disorder | Prenatal Care Provider in concert with Opioid Treatment Provider or waivered prescriber and/or therapeutic treatment provider | Therapeutic Substance Use or Opioid Use Disorder Treatment Provider with support from Maternal and Child Health or Child Welfare |
| 3. Misusing prescription drugs, or is using legal or illegal drugs, meets criteria for a substance use disorder, not actively engaged in a treatment program | Prenatal Care Provider or High Risk Pregnancy Clinic in concert with substance use disorder treatment agency | Child Welfare Services |
Safety Action Series:
Postpartum Management of Women With Substance Use Disorders

Monika Taylor MBA, LCSW, CASAC
Director of Behavioral Health Services
Crouse Health
The Onondaga County Drug Task Force (DTF) was created by combining several separate initiatives focused on substance use and addiction in the community. With membership from over 50 local agencies, the DTF has worked together over the past two years to prevent, treat, and reverse the current public health opioid crisis.

The mission of the Center is to improve population health through applied research and evaluation, education, engaged service and advocating for evidence-based policy and practice change. The Lerner Center works in partnership with citizens, students, researchers and public health professionals to identify needs, develop programming and deploy collaborative initiatives.
Goal

Support development of collaboration, interagency policies and practices that can assist communities to develop approaches that support the health, safety, well-being, and recovery of pregnant and parenting women with substance use disorders, their infants and families.
Efforts

• 2013: Onondaga County NAS task force
  – SBIRT
  – Public Awareness Campaign including dedicated Hopeline, brochures, billboards
Efforts

• September 18, 2014: Think Tank (Lerner Center)
  – Over 60 participants representing wide range of community stakeholders including local & state government, healthcare (all local hospitals, OB/GYN), SUD treatment, prevention, higher education, neighborhood organizations, etc.

• 2014: Prescription Drug Task Force evolved to Onondaga County Drug Task Force
  – co-chaired by Onondaga County DOH Commissioner Dr. Gupta & ADA Barry Weiss
  – Roll up of multiple efforts linked to finding solutions to the current opioid epidemic
Onondaga County Drug Task Force

Subcommittee Structure:

- Harm Reduction Subcommittee
- Prevention Education Subcommittee
- Law Enforcement Subcommittee
- Bridge Providers Subcommittee
- Medical Provider Subcommittee
- Family Support and Navigation Subcommittee
- Mental Health and Substance Abuse Provider Subcommittee

Drug Task Force
Co-Chairs
Efforts

• 2015: In-Depth Technical Assistance (IDTA) provided by National Center on Substance Abuse and Child Welfare (NCSACW) commenced
  – State wide
  – Pilot Counties: Onondaga and Warren
  – Cross system collaboration, includes OASAS, OCFS, DOH, medical/nursing professionals, family courts, prevention and SUD providers
Efforts

• IDTA Goals
  – Improved services for pregnant and parenting women with SUD, their substance exposed infants (SEI) and families
  – Implementation of federal requirements for Plans of Safe Care
Efforts

• SAMHSA State Pilot Grant Program for Treatment of Pregnant and Postpartum Women (PPW-PLT) NYS
  – (Crouse Health, Lexington Center, The Child Center of NY)
  – Goals:
    • Enhance NYS infrastructure by developing a gender specific/family centered operating certificate endorsement
    • Implementation of family-based and gender specific SUD treatment for pregnant and postpartum women
Efforts

– Goals (continued):
  • Pilot sites will use evidence-based programming to provide treatment for pregnant and postpartum women
  • Access to and expansion of MAT in combination with psychosocial interventions for PPW
  • Outreach to PPW
  • Increase access to and retention in treatment by providing warp around recovery services to PPW, including peer services
  • Work collaboratively with other systems to follow Plan of Safe Care requirements
Successes

• Enhanced treatment for PPW in Women of Worth program at Crouse:
  - Addiction psychiatry
  - Anger management
  - Beyond Trauma: A Healing Journey for Women™
  - Case management and care coordination
  - Celebrating Families!™
  - Certified Peer Recovery Advocates
  - Childbirth preparation including newborn care and infant CPR
  - Dialectical Behavioral Therapy™ (DBT) Skills
  - Educational and vocational services
  - Life skills
  - Medication-Assisted Treatment
  - Stress management
  - Meditation
  - Parenting education
  - Nutrition education
  - Wellness
Successes

• Community outreach
  – Wellness events targeting women (e.g. Day of Dance, New York State Fair)
  – Ob/Gyn practices
  – Family Court/Family Treatment Court
  – March of Dimes
  – Onondaga County DCFS

• Increased collaboration with Labor & Delivery and NICU

• Onondaga County Plan of Safe Care implementation group
Challenges

• Stigma, in particular in the medical community
• Lack of understanding of substance use disorders and medications used in OUD treatment

• Plan of Safe Care:
  – Who has responsibility for it?
  – Cross system collaboration before and during pregnancy, at birth, during neonatal period and beyond
RESOURCES
Comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorders and their infants.

The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

NCSACW Online Tutorials
Cross-Systems Learning

Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

FREE CEUs!

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Contact 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

Contact us @ncsacw@cffutures.org
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
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Next Safety Action Series

National Improvement Challenge Winning Programs: Safe Reduction of Primary Cesarean Births

Wednesday, December 5, 2018
2:00 p.m. Eastern Time

Click Here to Register
References


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