

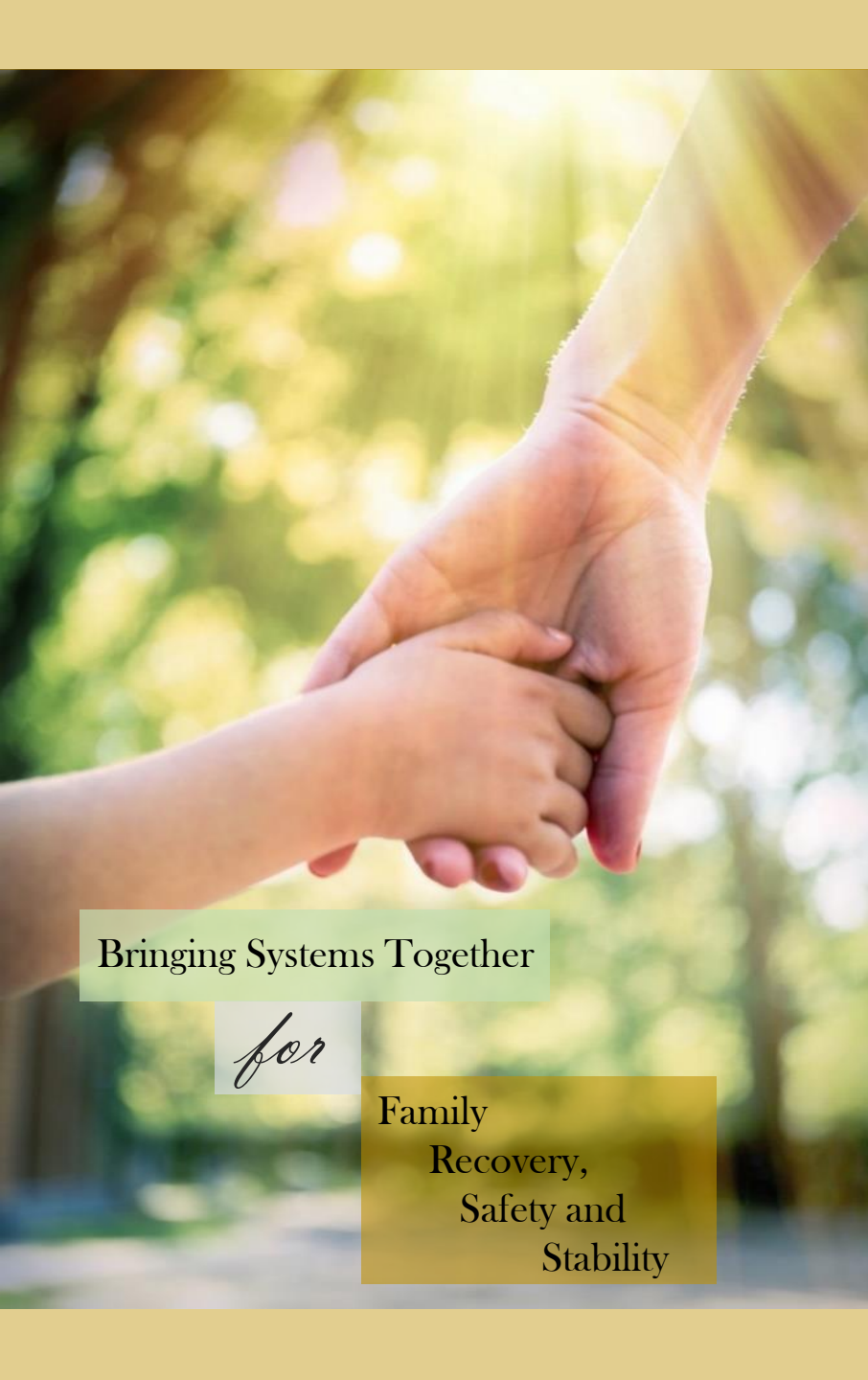
# **A Vision for Substance Use Disorder Treatment**

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**Opportunities for Engagement to Address Infants Affected by Prenatal Exposure and their Families**

**Ken DeCerchio, MSW, CAP  
National Center on Substance Abuse and Child Welfare  
October 26, 2017**

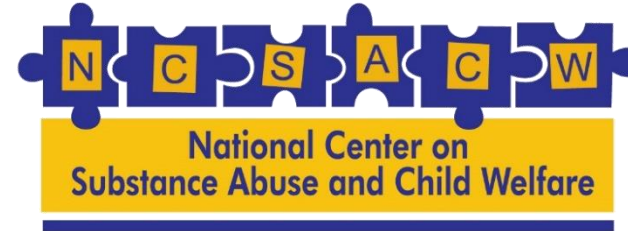




Bringing Systems Together

*for*

Family  
Recovery,  
Safety and  
Stability



Bringing Systems Together for  
Family Recovery, Safety, and Stability

A Program Funded by the  
**Substance Abuse and Mental Health Services  
Administration (SAMHSA)**  
and the  
**Administration for Children and Families (ACF),  
Children's Bureau**

[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)  
[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)





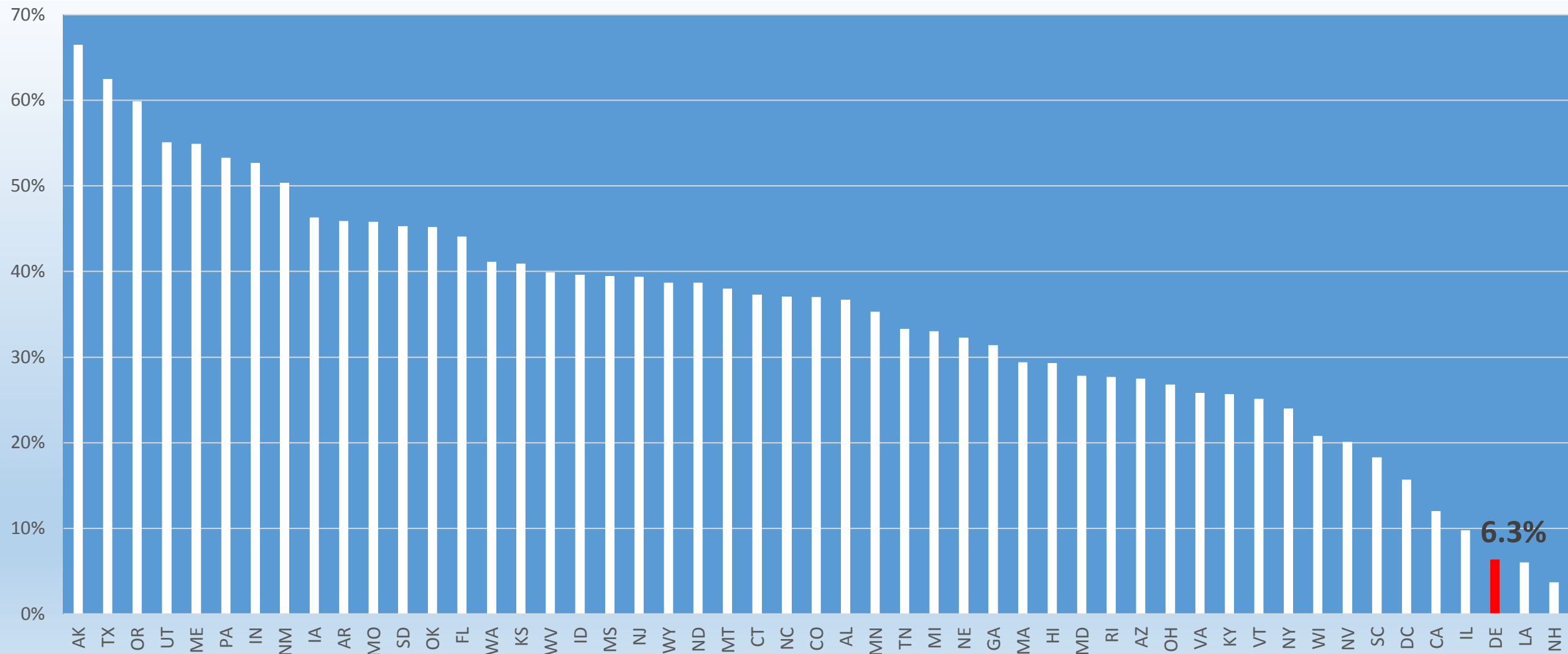
# What do the Numbers Tell Us?

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- More children removed from parental care with substance use as a factor
- More children in out of home care
- More infants entering out of home care
- More extended family members caring for children affected by substance use

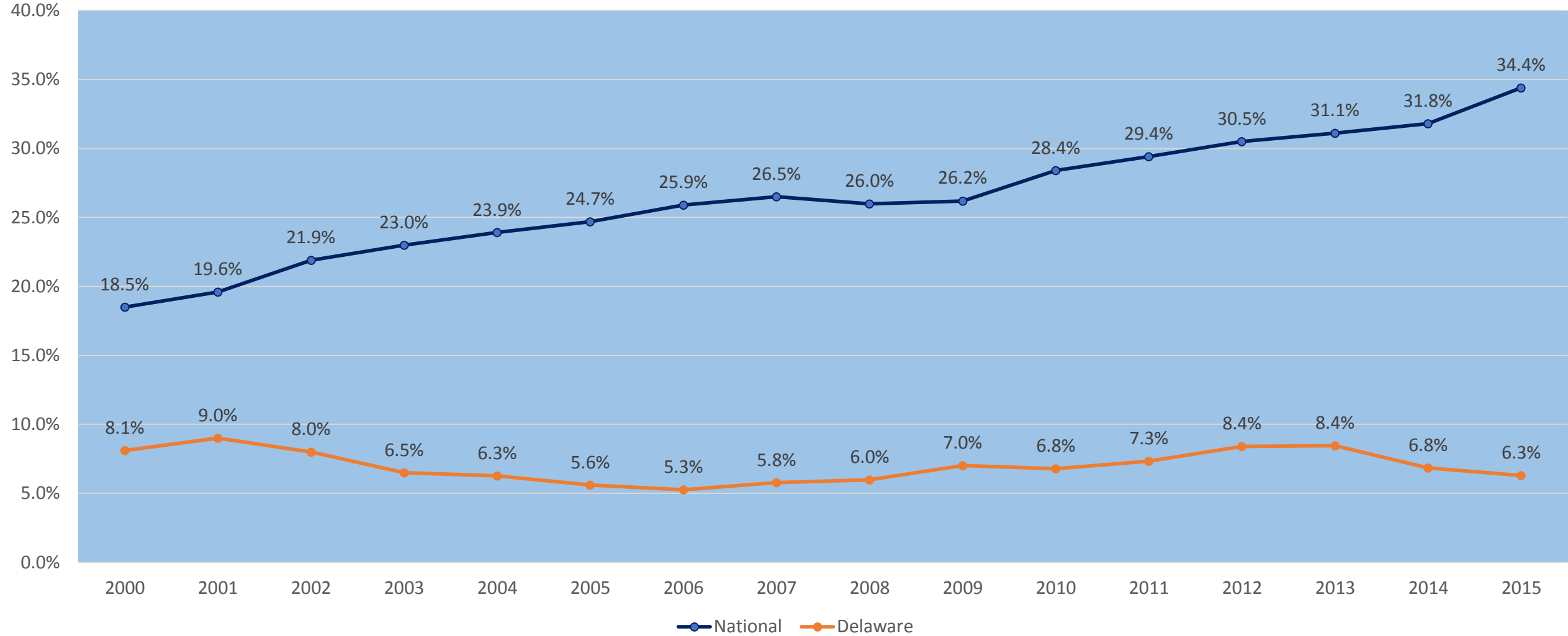
How is the opioid epidemic affecting families?

# Parental AOD as Contributing Factor for Removal



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

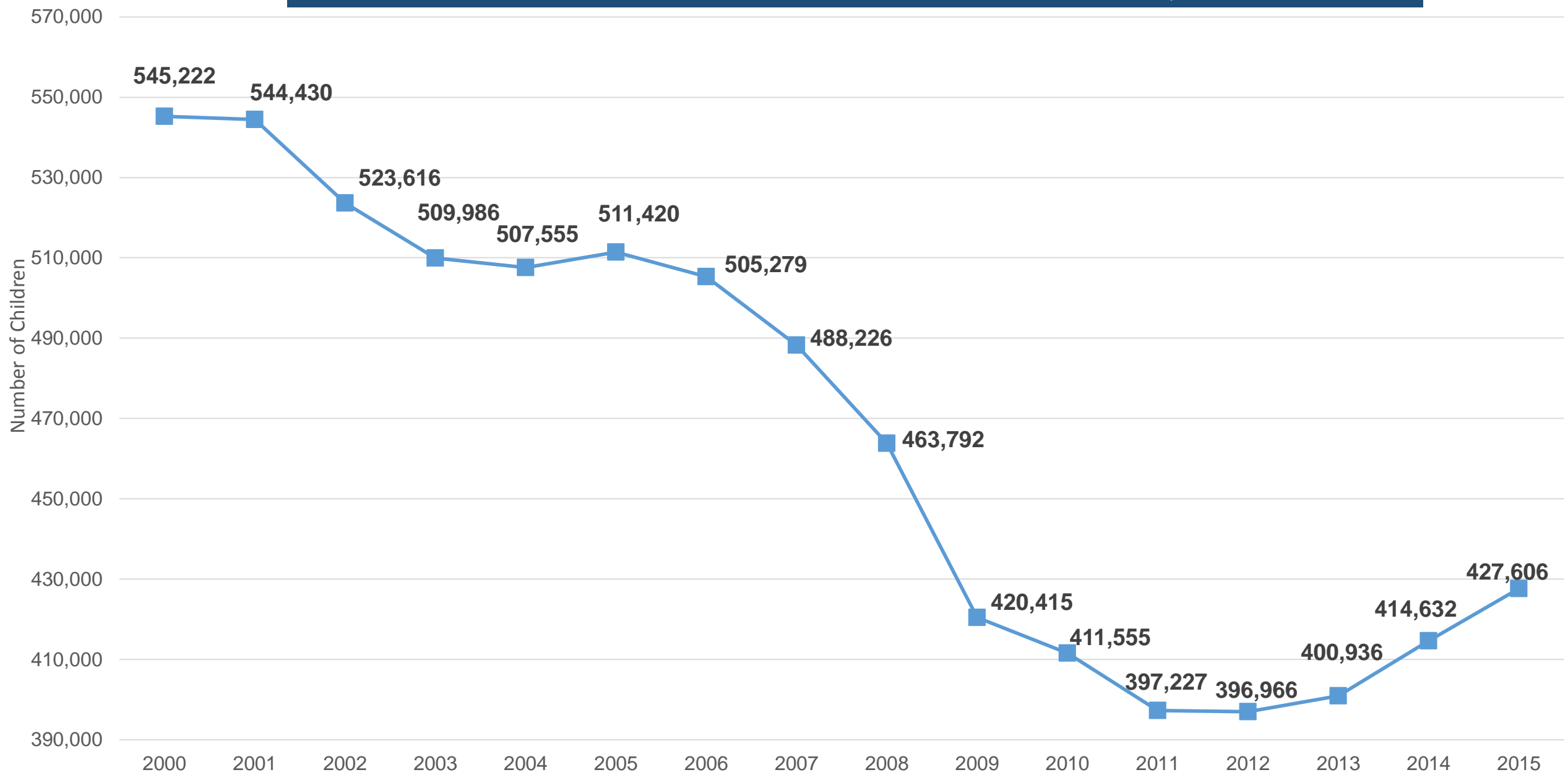
# Parental AOD as Contributing Factor for Removal in the US and DE, 1999-2015



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

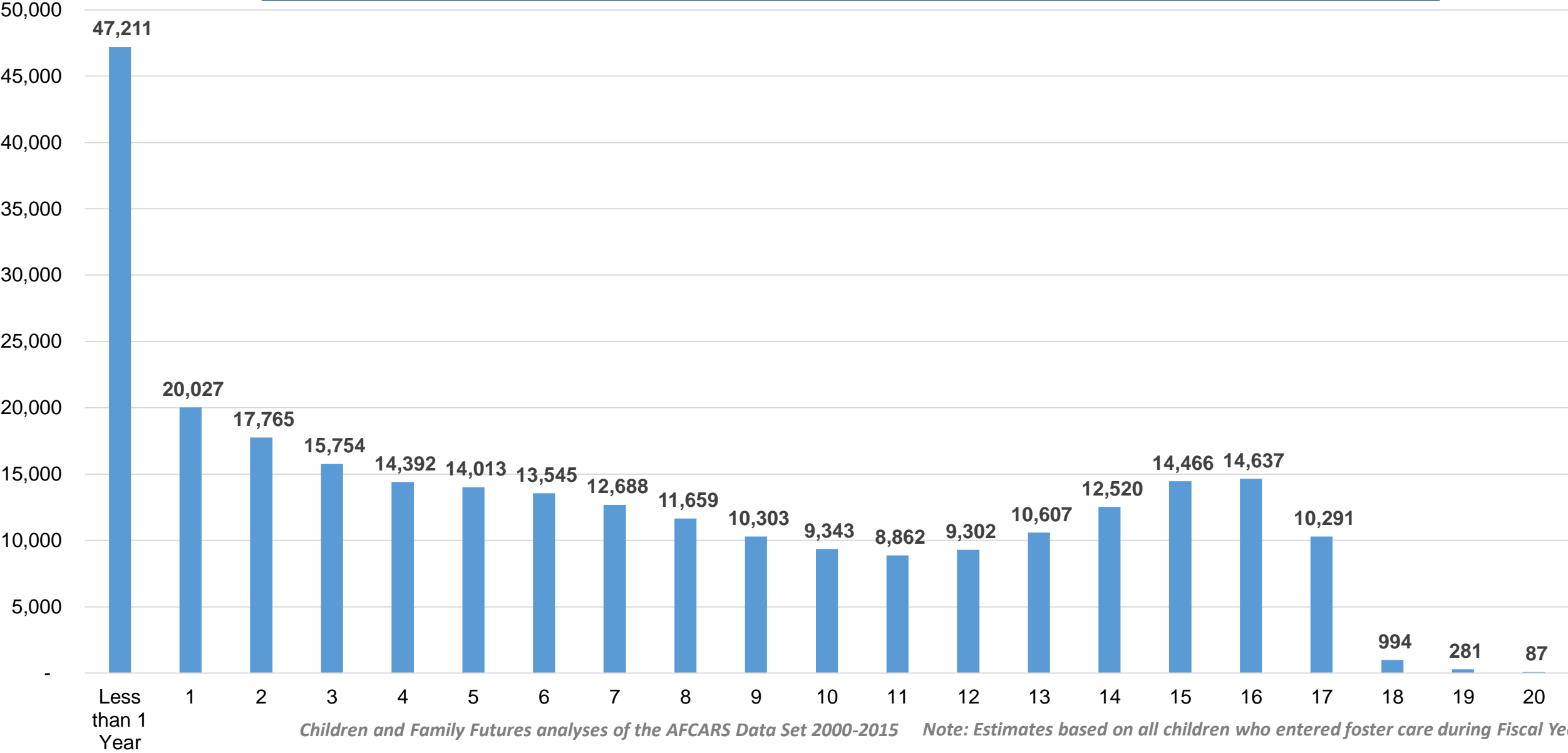
Source: AFCARS Data, 2015

# Number of Children in Out of Home Care, 2000-2015

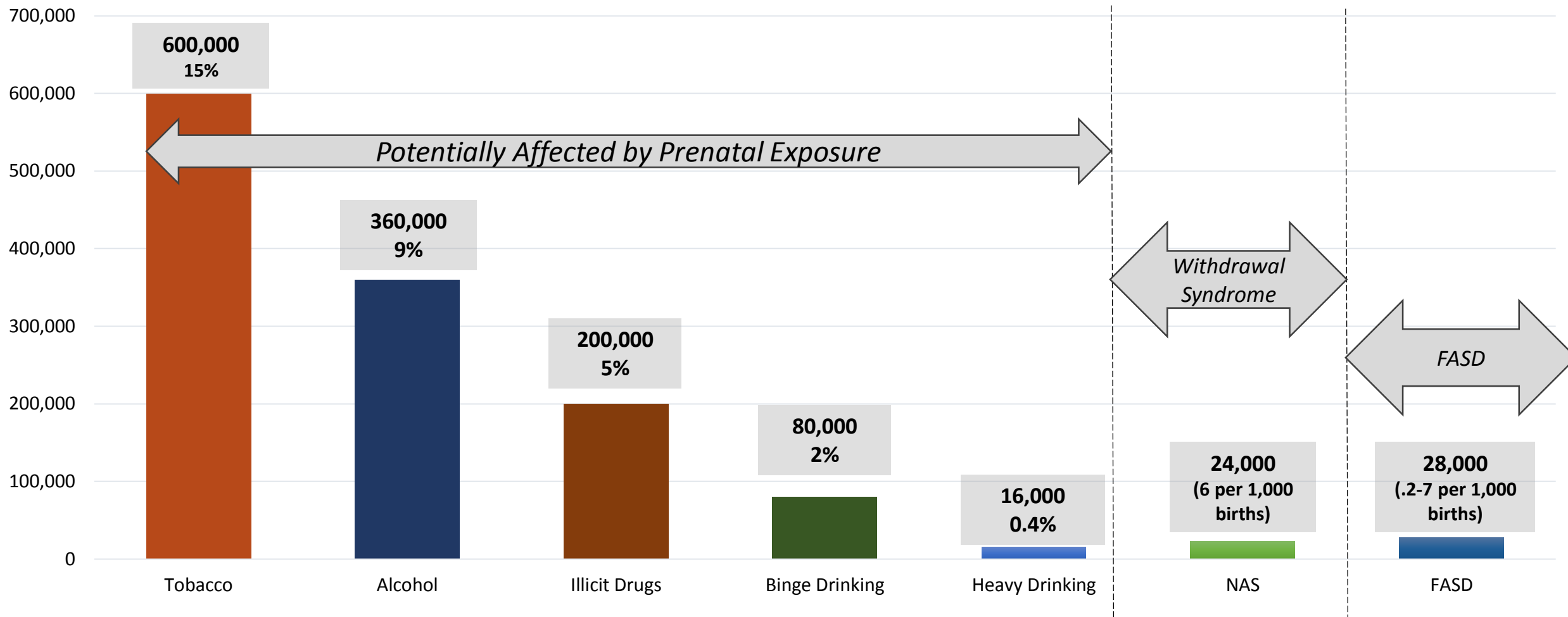


# Age of Children who Entered Out-of-Home Care, 2015

## N=268,790



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



\*Approximately 4 million (3,932,181) live births in 2013; National Vital Statistics Report, Vol. 64, No. 1 [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf)  
 Estimates based on: National Survey on Drug Use and Health, 2013; <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFHTML2013/Web/NSDUHresults2013.pdf>  
 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>



# Windows of Opportunity



- Attention on Opioid Epidemic
- Comprehensive Addiction and Recovery Act (CARA) Legislation and Plans of Safe Care
- Cures Act Funding

# Substance-Exposed Infants: Primary Changes in Child Abuse Prevention and Treatment Act (CAPTA)

1974

## *Child Abuse Prevention and Treatment Act (CAPTA)*

- Federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect
- Current funding provides several grant programs:
  - **State Grants:** a formula grant to improve CPS
  - **Discretionary grants:** competitively awarded funds to support research, technical assistance, and demonstration projects
  - **Community-based Grants (CBCAP):** funding to all states for support of community-based activities to prevent child abuse and neglect
  - **Children's Justice Act Grants:** to States and territories to improve the assessment, investigation, and/or prosecution of child abuse and neglect cases with particular focus on sexual abuse and exploitation of children, child fatalities, and children who are disabled or with serious health disorders

2010

## *The CAPTA Reauthorization Act of 2010*

- Conditions for receipt of State grant were updated to clarify definition of substance exposed infant and added Fetal Alcohol Spectrum Disorder:
  - "Born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder"
- Added reporting requirements to Annual State Data Reports to include
  - Number of children referred to child welfare services identified as prenatally drug exposed or FASD
  - Number of children involved in a substantiated case of abuse or neglect determined to be eligible for referral to Part C of the Individuals with Disabilities Education Act (children under age 3)
  - Number of children referred to agencies providing early intervention services under Part C

2003

## *The Keeping Children and Families Safe Act of 2003*

- Amends CAPTA and creates new conditions for States to receive their State grant
  - Congressional report states: "To identify infants at risk of child abuse and neglect so appropriate services can be delivered to the infant and mother to provide for the safety of the child" and...
  - "the development of a safe plan of care...to protect a child who may be at increased risk of maltreatment, regardless of whether the State had determined that the child had been abused or neglected as a result of prenatal exposure"
- To receive State grant, Governor must assure they have policies and procedures for:
  - Appropriate referrals to address needs of infants "born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure"
  - Health care providers to notify CPS; notification not to be construed to establish a definition of what constitutes abuse or neglect or require prosecution for any illegal action
  - A Plan of Safe Care for infant and immediate screening, risk and safety assessment, and prompt investigation

2016

## *Comprehensive Addiction and Recovery Act of 2016 (CARA)*

- Further clarified population requiring a Plan of Safe Care:
  - "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"
- Required the Plan of Safe Care to include needs of both the infant and family/caregiver
- Specified data reported by States, to the extent practical, through National Child Abuse and Neglect Data System (NCANDS)
  - The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder
  - The number of infants for whom a Plan of Safe Care was developed
  - The number of infants for whom referrals were made for appropriate services—including services for the affected family or caregiver
- Specified increased monitoring and oversight
  - Children's Bureau through the annual CAPTA report in the State plan
  - States to ensure that Plans of Safe Care are implemented and that families have referrals to and delivery of appropriate services

"Except that such notification shall not be construed to—  
Establish a definition under Federal law of what constitutes child abuse or neglect; or require prosecution for any illegal action."

# Comprehensive Addiction and Recovery Act (CARA) 2016 Primary Changes in CAPTA

- 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”
- Required Plan of Safe Care to include needs of both infant and family or caregiver
- Specified data to be reported by States
- Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services

A photograph of a modern building with large glass windows. The sky is a mix of blue and orange, suggesting a sunset or sunrise. The building's structure is visible through the glass panes.

**Plans of Safe Care are an unique opportunity for  
cross-system collaboration**

No single agency can do it alone





# Participating States:

**Policy Academy February 2017**

**Vermont**

**New York**

**Michigan**

**Pennsylvania**

**Massachusetts**

**Maryland**

**Delaware**

**N. Carolina**

**Georgia**

**Florida**

21 States Applied, Accepted 8 New States  
and 2 States (DE & NY) that are currently in  
the NCSACW In-Depth TA program on  
Substance-Exposed Infants

# In-Depth Technical Assistance-Infants with Substance Exposure, and Their Families

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

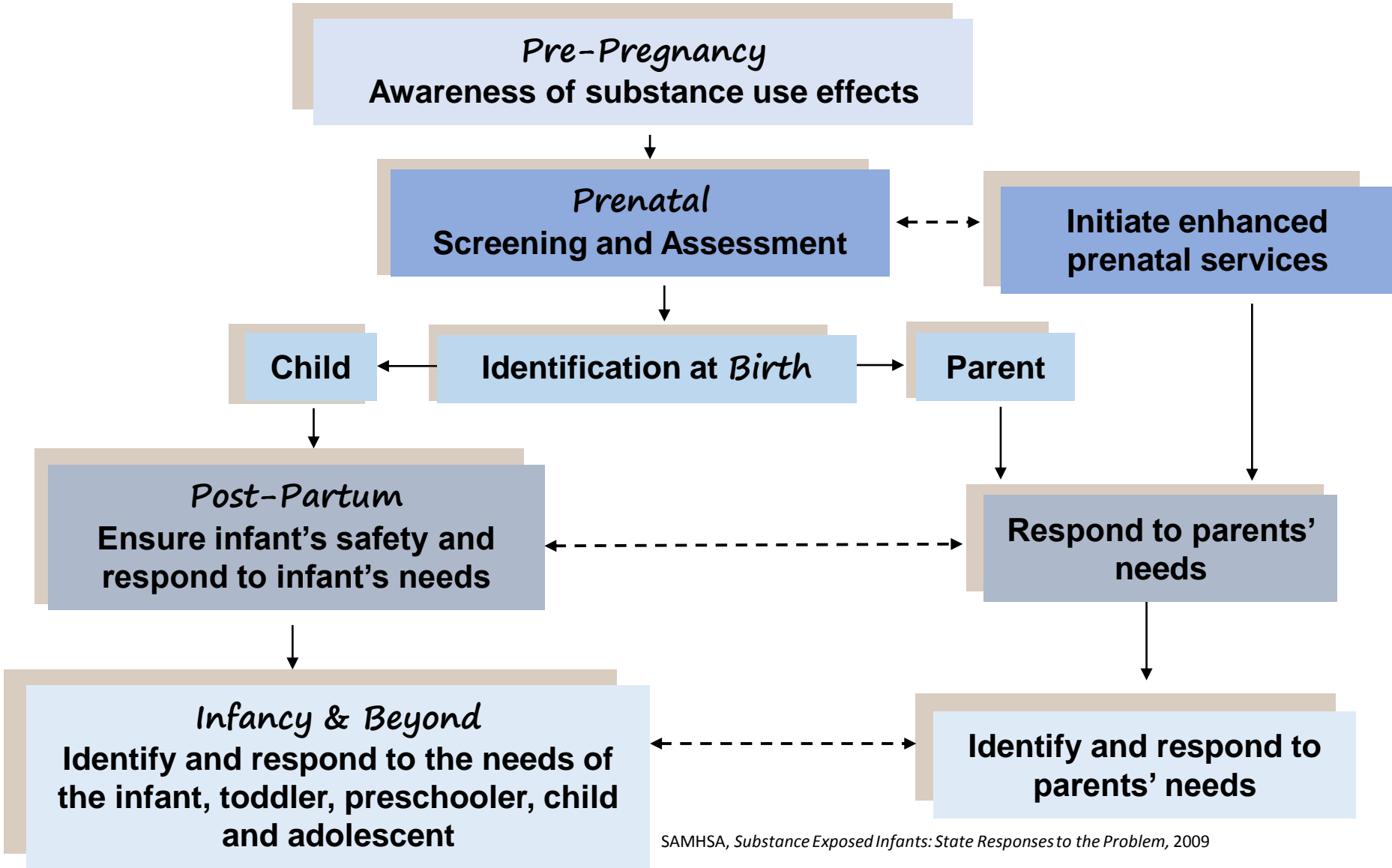
Focuses on opioid use during pregnancy

+

Recovery of pregnant and parenting women and their families



# Policy and Practice Framework: 5 Points of Intervention



# Challenges Identified by States

Prenatal care providers **not screening pregnant women** for substance use and mental health disorders

Prenatal care providers not referring **pregnant women to treatment**—(liability, lack of understanding, mistrust)

Limited or no availability of **Medication-Assisted Treatment (MAT)** for pregnant women; lack of understanding of MAT across systems

**Need for family-focused treatment and services** – infants, children, fathers, partners and other family members

Need for **comprehensive services** (not just medication) from prenatal through **postpartum** when mothers and infants are most vulnerable; ongoing coverage during postpartum period



# Challenges Identified by States

Prenatal care and treatment providers (OTPs) may not discuss **implications of prenatal exposure with mother, particularly NAS**

Inconsistency in **hospital protocols** for identifying and treating NAS; FASD and other prenatal exposure; fostering mother-infant attachment

Need for **guidance on CAPTA** requirements for infants with prenatal exposure—hospital notifications; CPS response; Plan of Safe Care; role of other partners in serving infant **and affected family/caregivers**

**State statutes and policies** may conflict with CAPTA requirements--  
-(e.g. not refer women on prescribed medication)

**Lack of data across all systems**

# State Strategies

Developing statewide hospital protocols or guidance to promote consistent identification of and services for infants with NAS

Conducting hospital assessments to inform implementing plans of safe care for infants, their families, and caregivers;

Developing state policies and procedures for hospital notifications of infants and the development of a plan of safe care model.

Creating systems of care or wraparound models of care that address the comprehensive needs of pregnant and parenting women and their children

Using consistent and non-stigmatizing language when referring to pregnant and parenting women with substance use disorders and their infants or children. *“Language matters”*

# **Collaborative Lessons from IDTA Tribes and States**

## **Leadership**

Identifying champions from critical partner systems and a dedicated lead agency

## **Engaging Critical Partners**

Ensuring that partners from multiple agencies and disciplines are meaningfully engaged

## **Cross-system Collaboration**

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

## **Data Collection, Reporting, and Integration**

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

# Delaware IDTA Goals

Recommend Universal Screening of pregnant women

Build a system of care and provide educational resources to providers to help parents, caregivers, infants and their families affected by SUDs

Implement statewide protocol for preparation and monitoring of Plans of Safe Care

Maintain awareness of the effects of stigma in discouraging pregnant women from SUD treatment or prenatal care

# Taking these Lessons to Your Community

Review your state law or CW Policy regarding infants with prenatal exposure. Is it consistent with CAPTA?



Are Plans of Safe Care routinely developed for infants born with and affected by substance abuse? Withdrawal? FASD? For mothers and other caregivers?

Reach out to local hospitals to understand how, when and for whom they are notifying CPS when an infant is prenatally exposed. Do they understand and follow CAPTA requirements for notification?

Request a discharge summary for mom and infant on all notifications.



Establish linkages between health care providers and SUD Tx providers

# Children's Bureau Policy Resources

## [Child Welfare Policy Manual](#)

[https://www.acf.hhs.gov/cwpm/programs/cb/laws\\_policies/laws/cwpm/index.jsp](https://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/index.jsp)

## [CAPTA booklet](#) (only updated to 2010)

<https://www.acf.hhs.gov/cb/resource/capta2010>

## [Information Memoranda](#)

<https://www.acf.hhs.gov/cb/laws-policies/policy-program-issuances>

## [Program Instructions](#)

<https://www.acf.hhs.gov/cb/laws-policies/policy-program-issuances>

## [Congress.gov](#)

<https://www.congress.gov/>



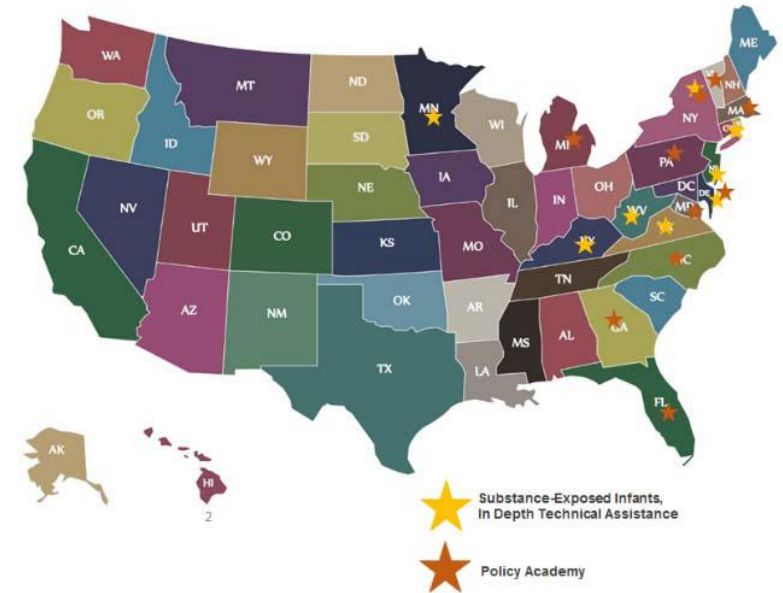
# NCSACW Resources on Opioids

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

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

ACF Children's Bureau SAMHSA Substance Abuse and Mental Health Services Administration

- Guide for Collaborative Planning
- 7 guides to identify collaborative strengths and challenges
- Facilitator's Guide
- CHARM Case Study



- Substance Exposed Infants In-Depth Technical Assistance: 8 states
- Policy Academy: 10 states

## Web-Based Resource Directory

Site Examples

NCSACW Webinar Series on Opioid Use Disorders and Treatment

Home » Resources & Tools » Opioid Use Disorders and Medication-Assisted Treatment

Opioid Use Disorders and Medication-Assisted Treatment

Additional Resources

This webpage describes resources on best practices in the treatment of opioid use disorders and Neonatal Abstinence Syndrome (NAS). Resources are categorized into the following seven sections:

- ▶ NCSACW Webinar Series on Opioid Use Disorders and Treatment
- ▶ Essential Information About the Treatment of Opioid Use Disorders
- ▶ Treatment of Opioid Use Disorders in Pregnancy
- ▶ Neonatal Abstinence Syndrome
- ▶ Access to Medication-Assisted Treatment
- ▶ Site Examples

# Contact Information

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**In-Depth Technical Assistance Program**

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



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