

Substance-Exposed Newborns, Mothers, and Child Welfare: Collaborative Strategies in Response to CAPTA



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Presenter

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Keeping Children and Families Safe Act (2003) Child Abuse Prevention and Treatment Act (CAPTA)

*To create policies and procedures to
address the needs of infants born and
identified as being affected by illegal
substance abuse or withdrawal symptoms
resulting from prenatal drug exposure.*

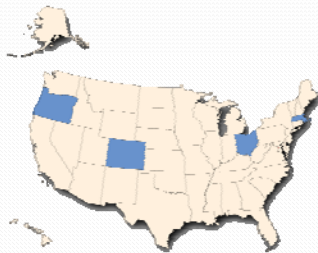
Key Provisions of CAPTA

1. Health care providers involved in the delivery or care of a substance exposed newborn (SEN) *notify the child protective services system (CPS)*
2. A *plan of safe care* developed for each identified SEN



4 Projects: Shared Strategies

- ❖ Collaborative work groups
- ❖ Specialized staff
- ❖ Policies and procedures



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SEN Collaborators

- ❑ Child Welfare
- ❑ Prenatal/postnatal providers
- ❑ Birth Hospitals
- ❑ SUD Treatment Providers
- ❑ Early Intervention
- ❑ Parenting support agencies/family members
- ❑ Mental health (including infant mental health)
- ❑ Judicial/Legal System/Family Drug Courts



Project FEAT

Family Early Advocacy and Treatment

- ❑ **Location:** Eugene, OR (statewide focus)
- ❑ **Lead agency:** Early Intervention Program, University of Oregon
- ❑ **Target population:** SEN and their families and pregnant substance users
- ❑ **Key staff:** Project Coordinators and peer Family Advocate

Healthy Connections Project

- ❑ **Location:** Toledo, OH
- ❑ **Lead agency:** St. Vincent Mercy Medical Center
- ❑ **Target population:** Pregnant users of any substance and SEN
- ❑ **Key staff:** Program coordinator, clinical therapist and Bachelor's level case manager

A Helping Hand: Mother to Mother (AHH)

- ❑ **Location:** Boston, MA (3 sites statewide)
- ❑ **Lead agency:** MA Dept. of Public Health
- ❑ **Target population:** Infants < 90 days old with prenatal exposure to illegal substances and open CPS case
- ❑ **Key staff:** Project Director and peer Family Support Specialists

C-SIMI Baby Steps

- ❑ **Location:** Denver, CO
- ❑ **Lead agency:** Denver Dept. of Human Services
- ❑ **Target population:** Pregnant substance-using women with no other children; substance-using women with newborns \leq 72 hours with open CPS case
- ❑ **Key staff:** Project Coordinator and specialized child welfare case workers

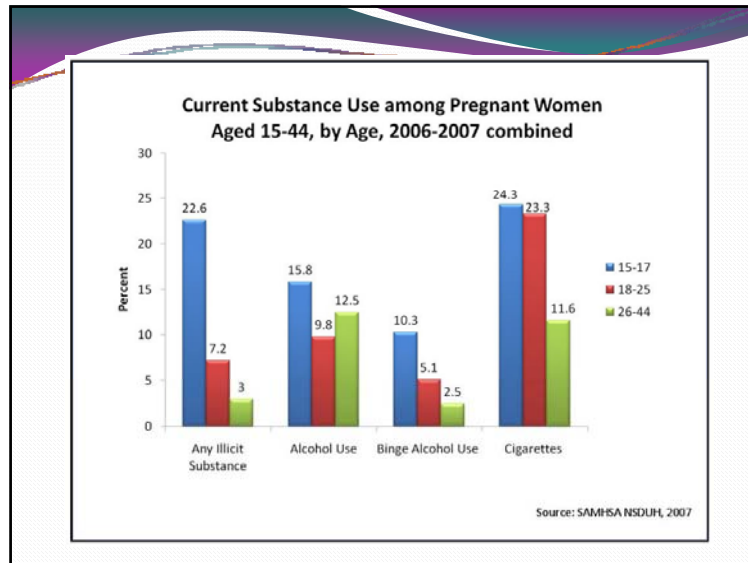


Engraving by
William Hogarth

Gin Lane

1750





Medical Complications of Substance Use During Pregnancy

- Ammenorrhea
- Spontaneous Abortion
- Stillbirth
- IUGR/SGA
- Cellulitis
- Hepatitis B & C
- HIV
- Amnionitis
- Placental Insufficiency
- Placenta Previa
- Placental Abruption
- Preterm Labor
- Intrauterine Withdrawal

The Facts...

Infants born to women with substance use disorders are at risk for:

- birth defects
- premature birth
- neonatal complications **after birth such as withdrawal**
- increased risk of child abuse and neglect

Postnatal Environment

- Compromised parenting, which is linked to substance use, has as great, if not greater, negative effects on child development than prenatal substance exposure

Lester, Andreozzi, & Appiah, 2004
Messinger et al., 2004

Prenatal Screening: SBIRT

- **Screening**
 - Asking the right questions in the right way at the right time
- **Brief Intervention**
 - Responding in a clear and supportive way
- **Referral to Treatment**
 - Linking the right person with the right support

SEN IDENTIFICATION



Identification & Referral Issues

- Toxicology testing vs. verbal screening
- Inconsistent / absent prenatal/hospital policies
- Inclusion of alcohol or legal drugs
- Consent
- Who is responsible for screening/testing
- Communication between medical providers
- Strong personal feelings/emotions about SEN

SEN Identification Observations

- Develop collaborative, trusting relationships
- Jointly develop procedures *and* a plan to ensure consistent implementation
- Screen and test early and often
- Identify alcohol and legal drug use
- Single contact person with specialized skills/training
- Provide comprehensive, coordinated services

Models of Engagement for Pregnant Women & New Mothers



Specialized Staff

- Understand issues and resources
- Provide “bridge” between parents and child welfare.
- Provide case management / parent support
- Link infants with services
- Recognize and articulate mother’s strengths



AHH Peer Worker Model

A mother in recovery works with mother of SEN to...

- Engage and support mother in treatment / recovery
- Support nurturing parenting
- Ensure EI assessment
- Make referrals
- Work collaboratively with CW to support service plan



Using the Peer Recovery Model with Mothers of Substance-Exposed Newborns Identified through CAPTA Requirements

Enid Watson, Kristin Funk, and Liz Twombly

Spring, 2010, *The Source*, AIA.
<http://aia.berkeley.edu/media/pdf/TheSourceSpring2010.pdf>

Wanda's (digital) Story

FEAT SEN Team

- Multidisciplinary team
 - CW Intake / ART Team
 - FEAT Family Advocate
 - Treatment Providers
 - Hospital staff
- Meets at hospital when substance exposed newborn is identified



FEAT Family Advocates

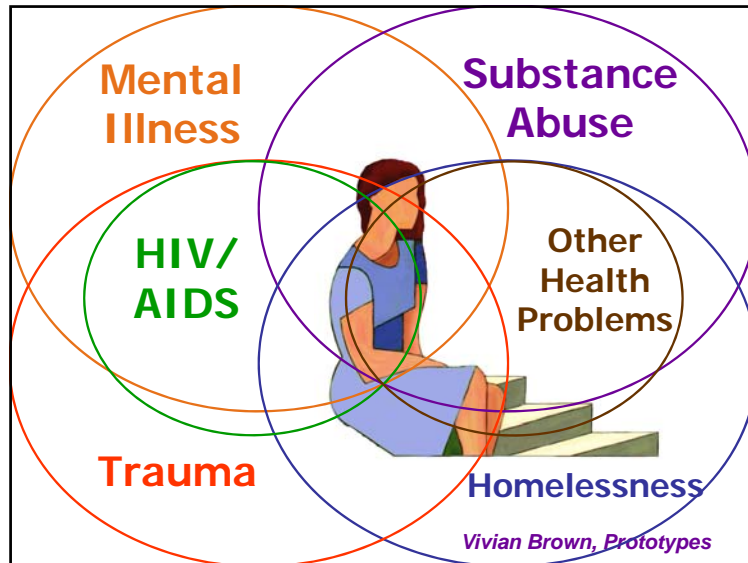
- Understanding of recovery / peer worker
- Housed at Relief Nursery
- Knowledge of community resources
- Awareness of parenting skills and and child development
- Male FA to work with fathers

Healthy Connections Integrated Medical Model

- Intensive SUD
Outpatient Tx
- Mental Health
- OB/GYN
- Pediatrician



Specialized staff:
Bachelors level
Case managers



- ### Addressing Co-Occurring Conditions: Stories from the Field
- Trauma-informed collaborative residential groups (AHH)
 - Childbirth and trauma (FEAT)
 - Cultural responsiveness (HC)
 - Recovery oriented system of care (HC)
 - Parenting and attachment (FEAT/HC)

Remember...

- Postpartum mothers of SENs often feel overwhelmed
- Engagement is often a challenge
 - Practice persistence, patience, creativity, and hope
 - Utilize peers if possible
- Engaging systems has parallels to engaging mothers

Building Collaborations

Collaboration Recommendations

- **Maintain your community's FOCUS ON SEN and Mothers**

- Establish State and Local Interagency Workgroups
- Develop Specialized Staff Positions
- Jointly Develop Policies and Procedures



Collaborative Workgroups

- Identify lead facilitator (s)
- Get the right people at the table
- Identify champions
- Establish clear procedures for information sharing
- Evaluate collaborative process and use results for improvements

Collaborative Workgroups

Develop Relationships and Trust

- Group goal setting and planning process
- Terminology dictionary
- Collaborative Values Inventory (C-Simi)
- Relationship building activities
- Cross agency trainings



Coming Soon...

Price, A., Bergin, C., Luby, C., Watson, E., Squires, J., Funk, K., Wells, K., Betts, W., & Little, C. (In press). Implementing CAPTA requirements to serve substance-exposed newborns: Lessons from a collective case study of four program models. *Journal of Public Child Welfare*.

National Center on Substance Abuse and Child Welfare

<http://www.ncsacw.samhsa.gov/>

Improving System Linkages

- Collaborative Values Inventory
- Collaborative Capacity Instrument

Early Intervention

- Though clearly at risk, SENs may not exhibit any or early developmental delays
- SENs that do not meet EI eligibility criteria should be re-screened every 4-6 months
- In some states, children are eligible for EI services based on substance-exposure alone
- SUD Family Residential Tx programs are a perfect match for EI and EIPP (pregnant/postpartum)

Policies and Procedures (Example)

- Refine referral pathways to child welfare (e.g., hospital referrals).
 - **Example:** 2 Hospital Social Workers make all CPS referrals (HC)
 - Ongoing cross agency training of CPS and hospital staff.



Child
Welfare

Policies and Procedures (Example)

- Refine child welfare response when SEN cases identified.
 - **Example:** All SEN cases referred to Child Welfare Intake Worker and Addictions Recovery Team member. The two staff respond together. (FEAT)



Child
Welfare



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