

*Substance-Exposed Newborns,  
Mothers, and Child Welfare:  
Collaborative Strategies*



**July 2010**

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Addiction & Recovery**

# Presenters

- **Kristin Funk**
  - **FEAT, OR**
- **Celeste Smith**
  - **Healthy Connections,  
OH**
- **Enid Watson**
  - **A Helping Hand, MA**



# 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*

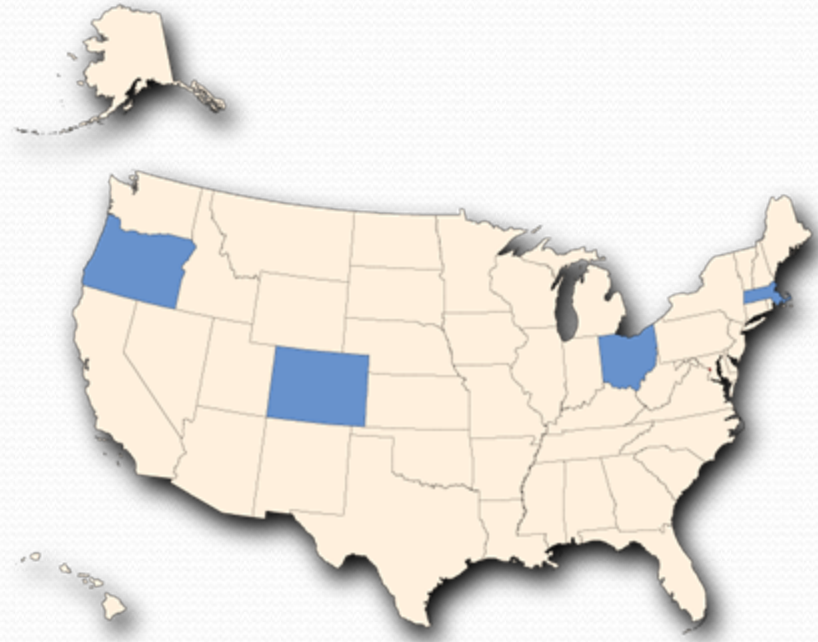


# 4 Projects: Shared Strategies

❖ 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



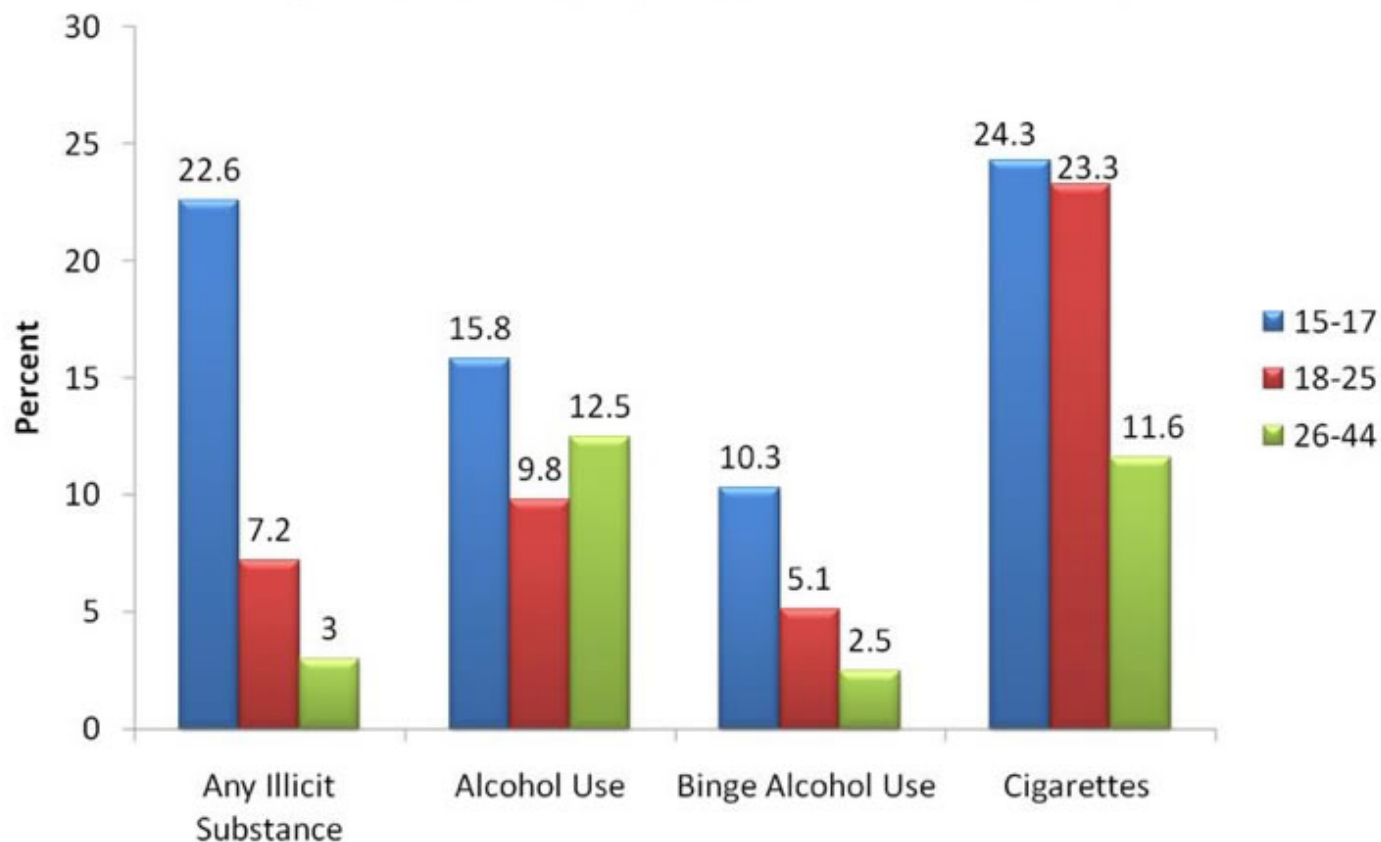
Engraving by  
William Hogarth

*Gin Lane*

1750



## Current Substance Use among Pregnant Women Aged 15-44, by Age, 2006-2007 combined



Source: SAMHSA NSDUH, 2007

# Medical Complications of Substance Use During Pregnancy

- Ammenorrhea
- Spontaneous Abortion
- Stillbirth
- IUGR/SGA
- Celluitis
- 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





# 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

**Mental  
Illness**

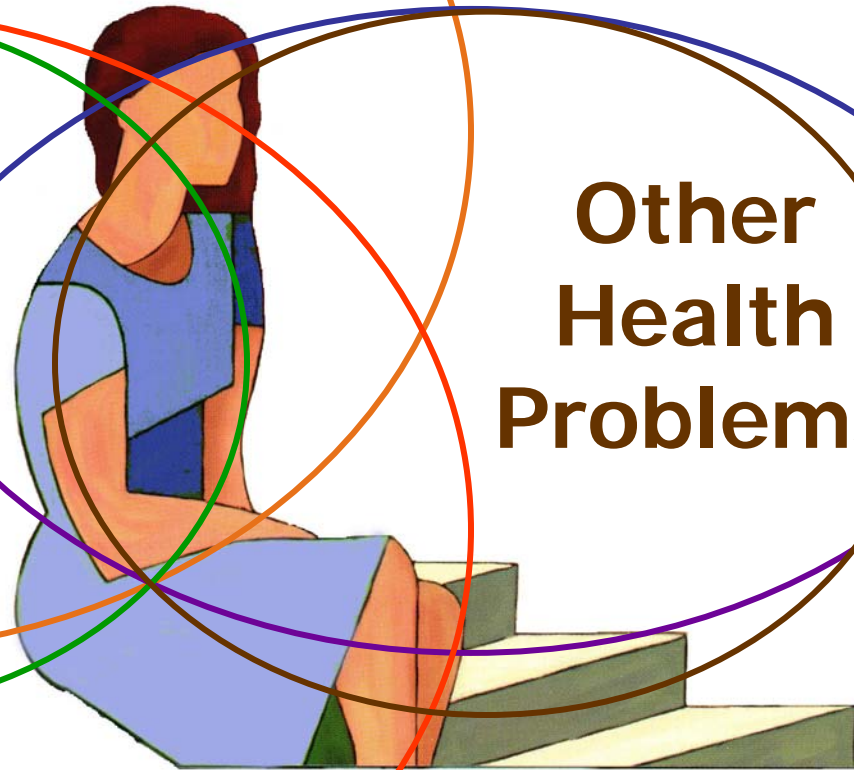
**Substance  
Abuse**

**HIV/  
AIDS**

**Other  
Health  
Problems**

**Trauma**

**Homelessness**



*Vivian Brown, Prototypes*

# 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



# National Center on Substance Abuse and Child Welfare

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

## Improving System Linkages

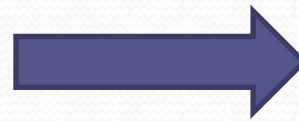
- Collaborative Values Inventory
- Collaborative Capacity Instrument

# 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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