

**Developing a Plan of Safe Care for
Infants with Prenatal Substance
Exposure, their Mothers and Caregivers:
Collaborative Approaches Learned in a
Six Site Initiative Part Two**

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**CWLA 2016 National Conference
Advancing Excellence in Practice & Policy: What
Works For Families Affected by Substance Use**

August 1, 2016 | Orange County, California



National Center on
Substance Abuse and Child Welfare

Bringing Systems Together for
Family Recovery, Safety, and Stability

*Improving
Family
Outcomes*

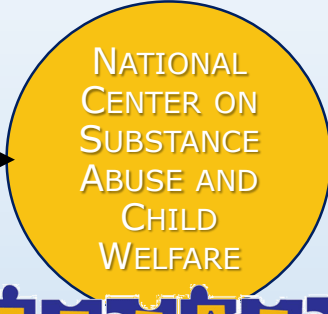
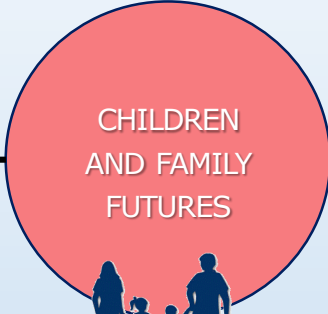
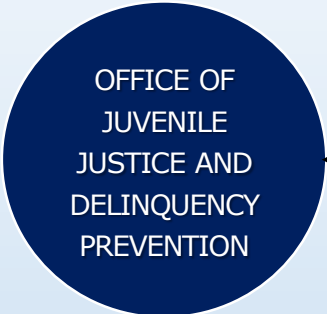
*Strengthening
Partnerships*

Acknowledgement

This presentation is supported by:

Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse
Treatment
and the
Administration on Children, Youth
and Families
Children's Bureau
Office on Child Abuse and Neglect

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Child Abuse Prevention and Treatment Act (CAPTA) 2003 & 2010



“Policies and procedures to address the needs of infants *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”

CAPTA 2003 & 2010

“health-care providers involved in the delivery or care of such infants must *notify child protective services*, and a *plan of safe care* is to be developed for these infants.”



CAPTA 2003 & 2010

“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.”

A young girl with dark skin and braided hair is shown in profile, drinking from a metal cup. She is wearing a light blue sleeveless top. The background is dark.

CAPTA Intent

To *identify* infants at risk of child abuse and neglect as a result of prenatal substance exposure, so appropriate *services can be delivered* to the *infant and mother*, ensuring the safety and well-being of infants, their mothers and their families

CAPTA: Differences in Interpretation



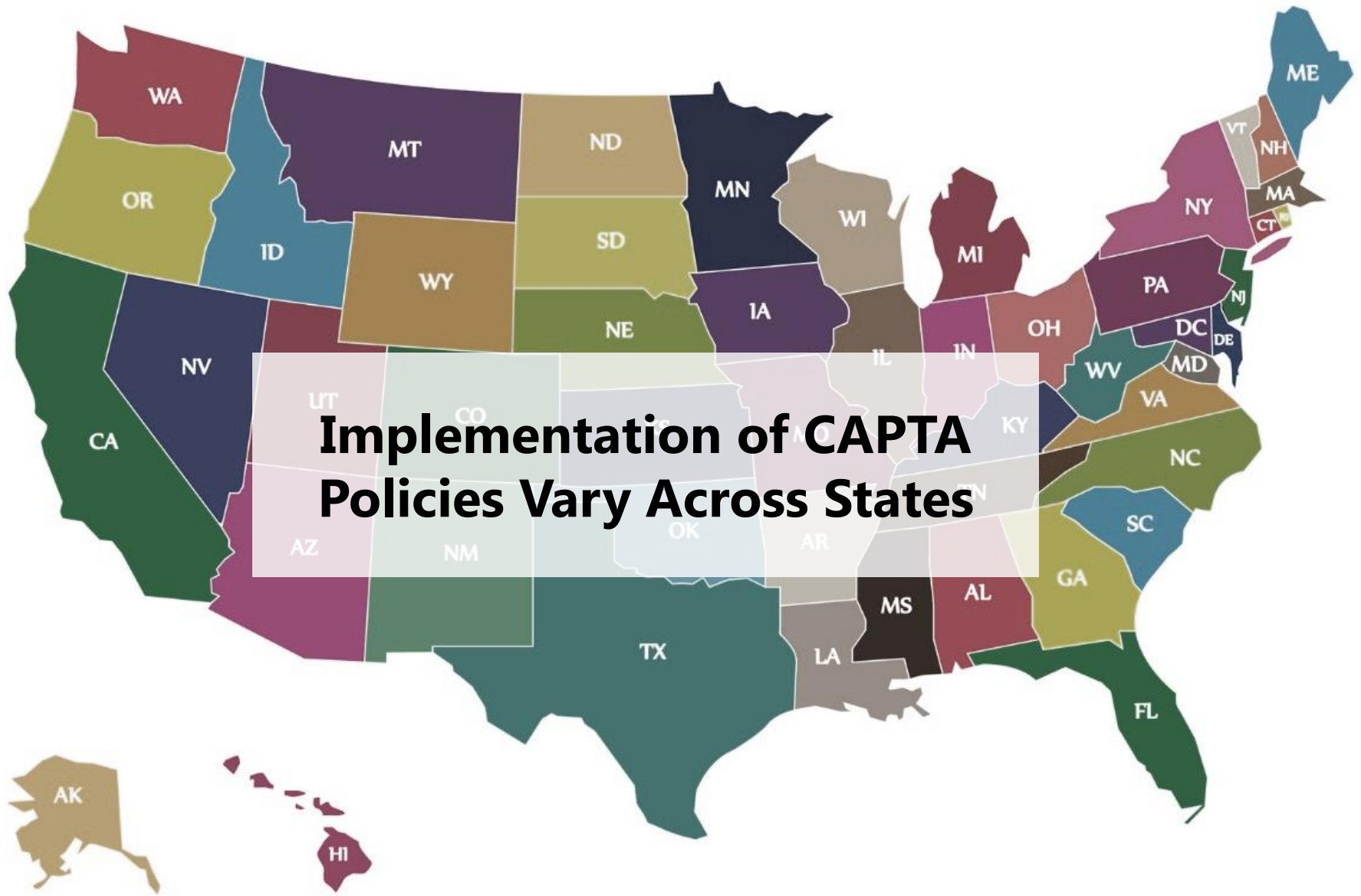
- Notify vs. Report
- Affected By....
- “Illegal substance Abuse”, “withdrawal”, “Fetal Alcohol Spectrum Disorder”
- Plan of Safe Care for Infants (and other family members)

A Plan of Safe Care, Not a Safety Plan

Safety plans are developed by child welfare to address risk and safety factors that have already occurred.


A Plan of Safe Care provides services and supports for mothers and families to reduce or eliminate risk to newborns.





Related Virginia Laws

- Health care providers shall report newborns diagnosed by health care providers as exposed to alcohol or controlled drugs not prescribed by a doctor
- Unless the mother sought treatment or counseling as required in this section.....



Comprehensive Addiction and Treatment Act of 2016

S. 503, Infant Plan of Safe Care

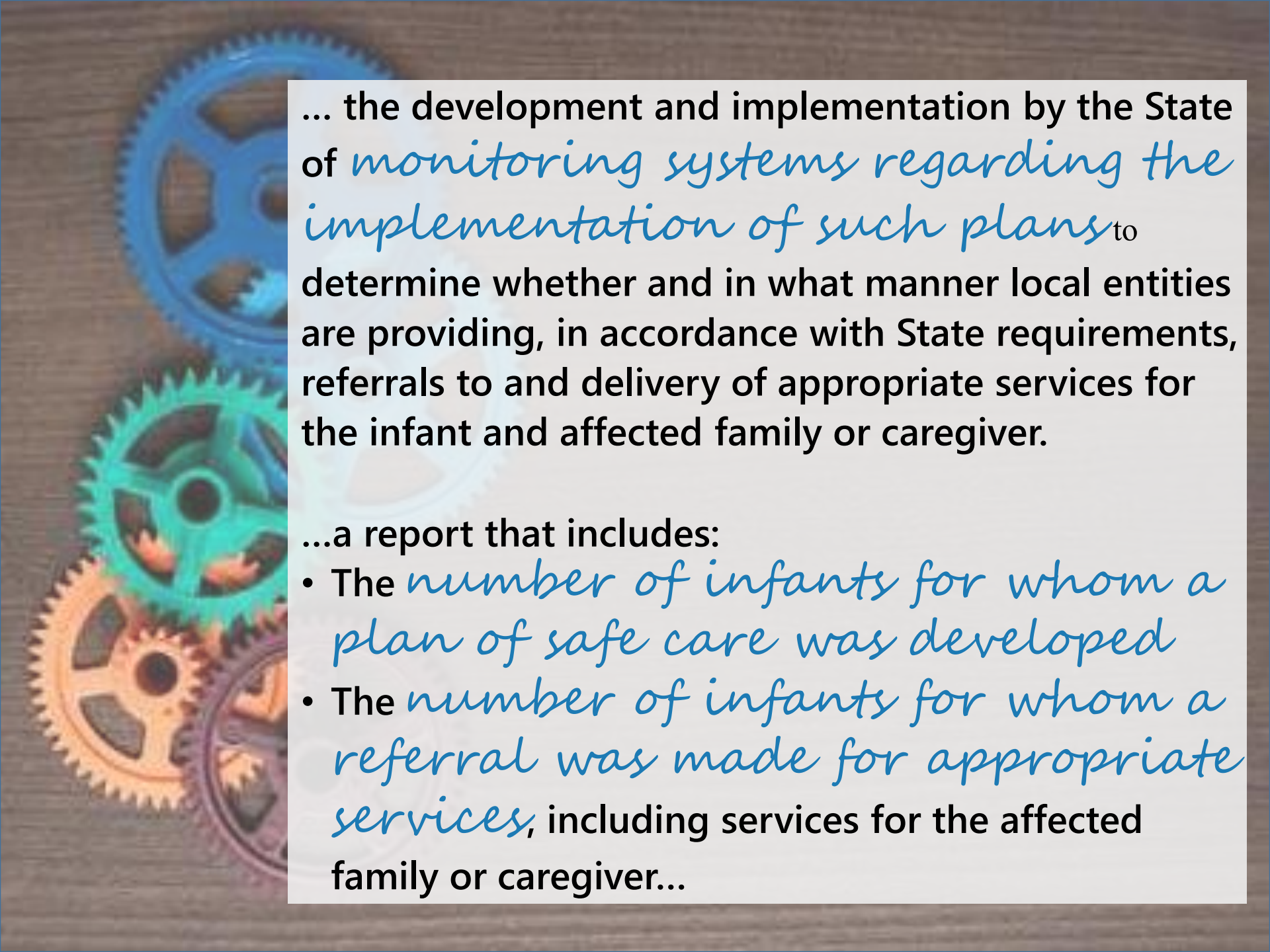
...maintain and disseminate information about the requirements of section 06(b)(2)(B)(iii) and *best practices* relating to the *development of plans of safe care* as described in such section for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder...

...to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –

I) addressing the health and substance use disorder

treatment *needs of the infant and affected family or caregiver...*





... 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.

...a report that includes:

- The *number of infants for whom a plan of safe care was developed*
- The *number of infants for whom a referral was made for appropriate services*, including services for the affected family or caregiver...

CAPTA Plan of Safe Care:

Preparing for Baby's Arrival and Beyond

Comprehensive multi-disciplinary assessment

Multiple intervention points: pregnancy, birth and beyond

Addresses needs of mother, infant and family

Structure in place to ensure coordination of, access to, and engagement in services



Collaboration is the Key to Success

- Child Welfare
- Obstetricians and Pediatricians
- Substance Use, Mental Health and Medication-Assisted Treatment (MAT)
- Public Health and Maternal Child Health
- Early Intervention Providers and Others

Setting the Stage: State Level Implementation

- Governor's Interagency Task Force is formed to develop a State plan that sets policy and practice protocols, addresses barriers, and sets and monitors benchmarks for addressing prenatal exposure at all five points of intervention.
- The Task Force reports directly to the Governor and is charged with convening authority to work across agencies and providers.



Setting the Stage: State Level Implementation

The Task Force is charged with:

- Developing, coordinating and supporting child and family-focused service delivery
- Evaluating the State's existing legislation and policies and practices that govern CAPTA implementation
- Issuing guidance on developing an effective Plan of Safe Care



State Task Force Examples

Delaware:

- Child Protection Accountability Committee developed a subcommittee on Substance Exposed Infants (SEI)
- The SEI Committee reviewed current legislation and drafted new legislation
- Newly proposed legislation clarifies the **notification requirements** for SEIs to child welfare along, with who oversees the development of a Plan of Safe Care

State Task Force Examples

Florida:

- Developed a Statewide Task Force on Prescription Drug Abuse and Infants
- Included Doctors and Public Health Experts
- Released a report with recommendations on:
 - ✓ Prevention
 - ✓ Intervention
 - ✓ Best Practice
 - ✓ Substance Use Disorder Treatment

State Task Force Examples

North Dakota:

- Developed a Senate led Task Force on Substance Exposed Infants:

" for the purpose of researching the impact of substance abuse and neonatal withdrawal syndrome, evaluating effective strategies for treatment & prevention and providing policy recommendations"

- Senate Bill 2367 (North Dakota)

- Convened by the Attorney General and jointly staffed by community and State representatives

A Plan of Safe Care is a *Community Safety Net*

Ideally plans are enacted during pregnancy, *prior to* child welfare involvement.

Communities must collaboratively develop a response that addresses the needs of *infants and mothers, and their families.*



Plan of Safe Care: Community Implementation

- The Interagency Community Team is formed to implement the State Task Force's recommendations.
- The charge is to develop specific practice and communication protocols that coordinate the child and family-focused delivery system emphasizing prevention, early intervention and community-based treatment and support services.



Plan of Safe Care: Community Team Tasks

- Implement MOAs that codify roles and responsibilities.
- Focus on changing culture on substance use and pregnancy.
- Implement a continuum of care with a preference that families can stay together when possible, and assign responsibility for follow-up.
- Ensure coordination and efficient communication.
- Identify resources and barriers.
- Identify and address information and data sharing barriers.



Elements of a Plan of Safe Care

Health:

- Post-Partum Care
- Medical Home
- Medication Management
- Pain Management
- Contraception and Pregnancy Prevention
- Support with Breast Feeding



Elements of a Plan of Safe Care

Substance Use and Mental Health:

- Timely Access
- Engagement, Retention and Recovery Supports
- Appropriate Treatment
- Depression/Anxiety
- Treatment for Partner/Other Family Members



Elements of a Plan of Safe Care

Parenting/Family Support:

- Coordinated Case Management
- Home Visiting
- Child Care
- Benefits/Eligibility Determination, Employment Support
- Housing
- Transportation



Elements of a Plan of Safe Care

Infant Health and Development:

- Medical Home
- High Risk Follow-up Care
- Referral to Specialty Care
- Developmental Screening and Assessment
- Linkage to Developmental Pediatrician
- Linkage to Early Intervention Services
- Early Care and Education Program



A pregnant woman is shown from the waist up, sitting in a field of tall, golden grass. She is wearing a white ribbed tank top and a blue skirt. Her hands are resting on her belly, and she is looking down at them. The background is a bright, hazy field with a large, glowing sun in the upper right corner, creating a warm, golden light. A semi-transparent green banner with a yellow highlight behind the word "prior" is overlaid on the image.

Ideally, developed *prior* to the birth event

Multi-Disciplinary Assessment

- Coordinated across disciplines
- Identify the mother and infant's physical, social-emotional health and safety needs
- Identify the mother's strengths and parenting capacity
- Includes assessment of risk and safety factors to determine infant placement (differentiating risk and safety factors related to parental substance use)

COMPONENTS OF PLANS OF SAFE CARE FOR INFANTS, MOTHERS AND FAMILIES AFFECTED BY PRENATAL SUBSTANCE EXPOSURE

DOMAINS	SERVICES AND SUPPORTS
Mother	
Health	<ul style="list-style-type: none"> • Pregnancy and Post-partum care • Medical home is designated that is consistent with the family’s insurance plan and has responsibility for the primary care needs for the mother and family. Medical homes are often designated in States with Medicaid managed care plans • Medication management is assessed and the Medical Home provider has responsibility to oversee including liaison with methadone or other medications used in assisting treatment • Pain management • Contraception and pregnancy prevention • Support with breastfeeding
Substance Use and Mental Disorders Prevention, Intervention and Treatment	<ul style="list-style-type: none"> • Timely access to treatment is ensured by referrals and appropriate feedback across agencies. • Engagement and retention outreach services and on-going recovery supports • Appropriate treatment (gender-specific, family focused, accessible, medication assisted treatment, trauma) • Mental health services including symptoms of depression and anxiety • Intervention for domestic partner and family Violence • Substance use and mental health treatment for partner and other family members
Parenting/Family Support	<ul style="list-style-type: none"> • Coordinated care management • Home Visiting follow up services are provided including infant care, parent/infant bonding, nurturing parenting guidance and skill development, safe sleep practices, and maternal support • Child Care in developmentally appropriate programming when needed by the family • Income support and safety net benefits eligibility determination and employment support • Safe and stable housing determinations are made • Need for transportation is assessed

COMPONENTS OF PLANS OF SAFE CARE FOR INFANTS, MOTHERS AND FAMILIES AFFECTED BY PRENATAL SUBSTANCE EXPOSURE

DOMAINS

SERVICES AND SUPPORTS

Infant

Health

- Linkage to a medical home for infant primary health care is provided
- Need for high-risk infant follow-up Care is determined
- Referral to specialty health care as needed

Development

- Developmental screening and assessment
- Referral to developmental pediatrician as needed
- Referral to early intervention services for assessment, services and follow up
- Early care and education program to ensure developmental intervention and supports are provided by a program with expertise in young children who experienced prenatal substance exposure

Structure: Access and Continued Engagement

- Designate agency charged with leading the development of the Plan of Safe Care
- Ongoing support and monitoring to ensure continued engagement in services
- Information sharing protocols



The Importance of Post-Partum Care



Pregnancy is a “window of opportunity”
Enhanced maternal investment in behavior change

Postpartum is a time of “unique vulnerability”

- Increased stress associated with motherhood, newborn care, sleep deprivation
- Limited social support and resource availability
- Increased financial demands
- Pain and physical recovery from delivery
- Physiologic transition from pregnant to non-pregnant state

Increased risk of relapse and treatment discontinuation

Postpartum – The 4th Trimester

Treatment:

Opioid Use Disorder During Pregnancy

How to dose pregnant women?

- Dose increase earlier to avoid fetal withdrawal
- Overlap in symptoms between normal pregnancy and withdrawal

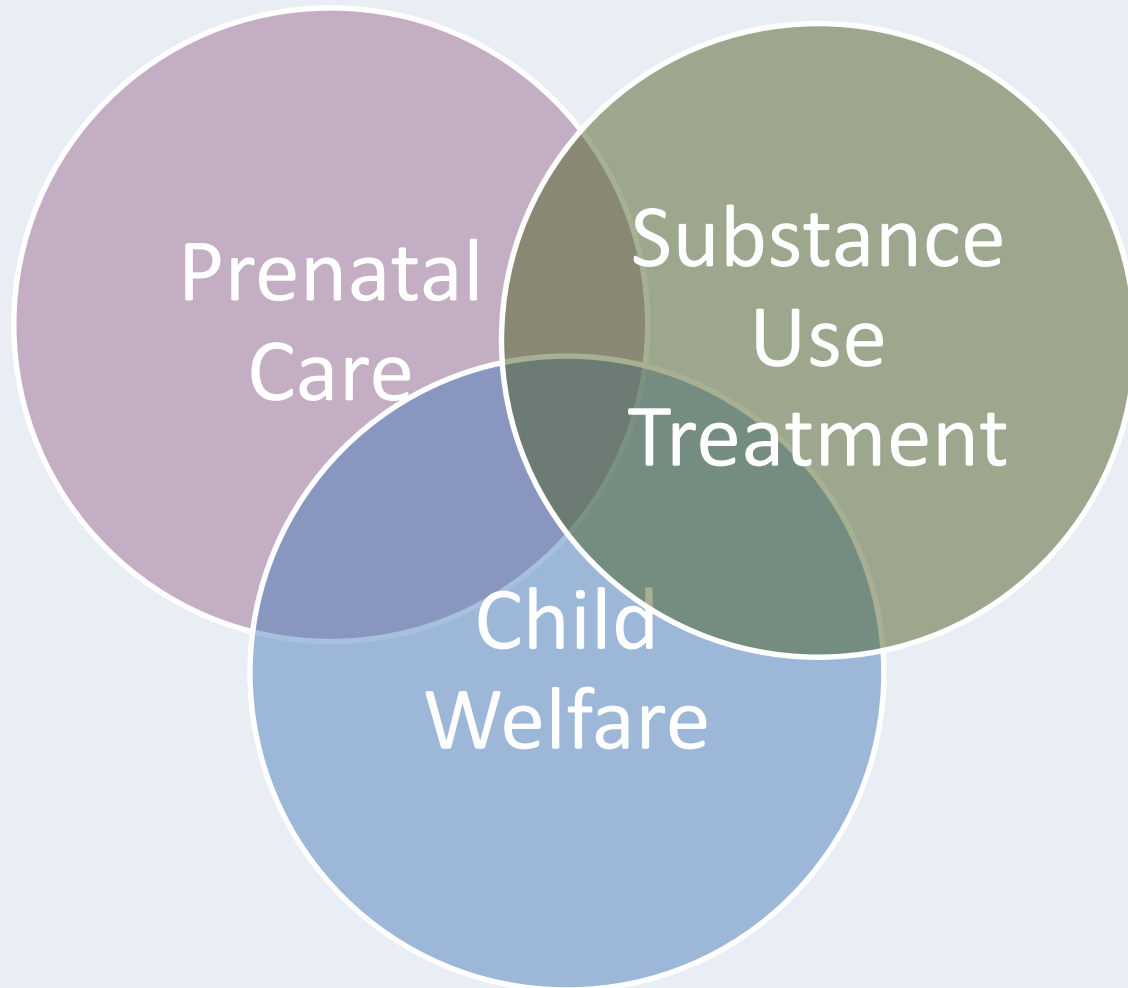
Third trimester

- Physiological changes (metabolism, circulating volume) may need increase dose
- Consider split dosing
- Individualized treatment – do not automatically increase

Post partum

- 4-6 weeks for return to pre-pregnancy state
- Individualize decrease

Communication



The New Jersey Birth Hospital Survey

Birth Hospital Survey

- Core Team reviewed Virginia's survey
- Input from Medical Community & Perinatal Cooperatives
- Developed NJ Hospital Birth Survey to gain a better sense of policies, procedures and practices utilized to identify and treat SEI and their mothers.
- Survey beta-tested (DOH)
- In process of IRB approval (DOH)
- Disseminate statewide to 55 labor and delivery hospitals (DOH)

Birth Hospital Survey

Survey results will be used to:

- Identify SEI/NAS education needs among the birthing hospitals
- Support the development of statewide guidelines for best practice in managing SEI/NAS and developing plans of safe care
- Identify high-need areas that may benefit from targeted resources
- Inform efforts to engage critical partners in local communities to coordinate the delivery of services to promote safety and well-being



Lessons Learned from Virginia

**Developing Plans of
Safe Care**

Virginia Laws and Structures

Hospitals shall implement protocols requiring written discharge plans for substance abusing, postpartum women and their infants. The discharge plan shall:

- Hospitals shall immediately *notify the local CSB on behalf of the mother to appoint a discharge plan manager*

Community Service Boards: A community services board (CSB) is the point of entry into the publicly-funded system of services for mental health, intellectual disability, and substance abuse.

Discharge Plans:

A tool for developing Plans of Safe Care

- **Demographic Information**
- **Prenatal History**
- **Living Arrangements: Social Supports, Adults/Children in Home**
- **Financial Information: Employment**
- **Health History (Mom): Mental Health, Substance Use, Domestic Violence, Values that affect infant's care, history of CW involvement**
- **Referrals given/Education provided**

C.A.R.E. Hospital Referral Discharge Plan (Template)

Demographic Information					
Baby's Name		DOB	Sex	Race	
		EDD	Age	B Weight	
Dx/Problem				SSI eligible?	
				Yes ___ No ___	
Mother's Name			Father's name		
DOB	Age	Race	DOB	Age	Race
Marital Status			Father currently involved? Yes No		
Length relationship with FOB?			FOB signed birth certificate? Yes No		
Address			Address		
Phone (H)			Phone (H)		
Phone (cell)			Phone (cell)		
Prenatal/Medical Care					
Prenatal Care Yes ___ No ___			OB Hx: G ___ P ___ SAB ___ EAB ___ L ___ Previous SEI		
Began 1 st 2 nd 3 rd trimester; weeks					
Pregnancy/Medical complication				Apgars	
Mother's medications PNV					
Living Arrangements:					
Rent ___ Own ___ With family/friends ___ House ___ Apt ___ Other ___					
Safety/Environmental Issues					
Electric ___ Gas ___ Water ___ Phone ___ Wood stove ___ AC/Heat ___ Smoke Detector ___					
Social Supports					
Name		Relationship		Phone	
# People in Household					
Name		Relationship		Age	Smoker
# Other Children Not in Household					
Name		Where live?		Custody arrangements?	

Financial Information				
Mom's Employer		FT	PT	Returning
Dad's Employer		FT	PT	Returning
Mom's Insurance:	Baby's Insurance:	Baby Added?		
Income /Resources: Child Support	SSI/SSDI	Employment	Other	
TANF	Food Stamps	WIC Office		
Baby's Medicaid#	SSN#	-	-	-
Mother's Health History				
<u>Medical:</u>				
<u>Mental Health:</u> Depression	PPD	Anxiety	Schizophrenia	
Bi-polar	Hospitalizations?			
<u>Medications</u>				
<u>Substance Use</u>	<u>During Pregnancy</u>	<u>Details</u>	<u>Use Prior to Pregnancy</u>	
Tobacco	Yes ___ No ___		Yes ___	No ___
Alcohol	Yes ___ No ___		Yes ___	No ___
Drugs	Yes ___ No ___		Yes ___	No ___
Mom's Tox: Pos Neg Not Done	Date: ___	Positive for: ___		
Baby's Tox: Pos Neg Not Done	Date: ___	Positive for: ___	Mec results	___
<u>SA/MH Treatment History:</u>				
<u>Community Support:</u>				
<u>Values/Beliefs that may affect infant's care or treatment e.g. religious, cultural or spiritual beliefs</u>				
<u>Education/Literacy</u>				
<u>Developmental/Family History</u>				
<u>H/O Abuse/Neglect/Domestic Violence</u>				
<u>H/O Legal Issues e.g. Custody issues, Restraining Orders, Incarceration Probation, Warrants</u>				
<u>Baby Supplies</u>				
Has Everything	Crib	Car Seat	Diapers	Able Obtain Supplies
Referrals CSB	MAT services	Medical Care	Family Planning	
CPS	DSS	Part C/Care Connection	Pediatric Care	
CHIP	Healthy Families	Project LINK		
Car Safety Seat Distribution	WIC	211	Other	No Needs Identified
<u>Education Materials Provided</u>				
Shaken Baby Syndrome	Safe Sleep			
Child Safety Seats	Postpartum Depression			
Early Intervention Part C	Neonatal Abstinence Syndrome(NAS)			

Discharge Plan

- Discharge plans are developed by hospitals (collaboratively) and referred to local CSBs.

CSBs

- CSBs engage the families and develop comprehensive PSCs collaboratively.
- These PSCs may already be in development if substance use was discovered in pregnancy.

Plans of Safe Care

- CSBs implement and provide oversight of the PSC.

Plans of Safe Care: Ongoing Development

- **Different Points of Entry: Oversight & services at prenatal period vs. birth**
- **Financial Differences: Oversight when women bypass the CSB system**
- **CSB Oversight vs. Child Welfare oversight**
- **Handling families with low/no engagement**
- **Engaging partners in development and implementation**



Lessons Learned from Connecticut

**Developing a Statewide
Response**

Connecticut High-Risk Newborn Policy

- Policy: Reports from hospitals or other medical providers regarding newborn children considered to be at high risk due to their own special needs and their mother's condition or behavior shall be investigated by a DCF investigator.
- Indicators of Special Needs Newborns: Indicators of special needs newborns include, but are not limited to, the following:
 - Positive urine or meconium toxicology for drugs
 - Positive test for HIV infection
 - Serious medical problems

Connecticut High-Risk Newborn Policy

- Indicators in Mother's Condition or Behavior:
 - Substance abuse
 - Intellectual limitations which may impair the mother's ability to nurture or physically care for the child
 - Major psychiatric illness
 - Young age

Connecticut: Developing a Statewide Response to Infants “At-Risk of Harm”

- Convened a multi-system task force to explore the development of a different or alternative policy and process for responding to infants with prenatal exposure to substances and developing a “Plan for Care” protocol
- The ABCs of MAT Training – providing training to child welfare workforce on MAT through the use of certified treatment counselors for substance use disorders
- Improve data collection through data workgroup and data mapping process
- Statewide strategic plan to include recommendations for practice and policy changes for SEIs, including FASD and NAS—consistent definition for SEIs
- Hospital survey to understand current practices for notification and response

Connecticut: Developing a Statewide Response to Infants “At-Risk of Harm”

- Better utilize Early Intervention Services/IDEA Part C for infants with medical referrals and established medical conditions*, as per International Classification of Diseases (ICD) 10 Codes, including:
 - P04.3: Newborn affected by maternal use of alcohol
 - Q86.0: Fetal Alcohol Syndrome
 - 286.59: Personal history of other Mental and Behavioral Disorders
 - P96.1: Neonatal Abstinence Syndrome—First three months of life

* Some medical conditions are linked to developmental delays, making a child automatically eligible for early intervention services



Lessons Learned from Kentucky

**Developing Plans of
Safe Care**

Kentucky Hospital Discharge Planning and Plans of Safe Care

- Director of Maternal Child Health working with hospitals to develop multidisciplinary and comprehensive assessments for infants and mothers:
 - Discharge planning begins at admission
 - *For infants with prenatal substance exposure assessment and planning must address the needs of the mother/infant dyad. The infant's outcome is totally dependent on the mother for safety and nurturance.*
 - *Needs for discharge planning should be developed from a comprehensive assessment which includes determining influences on safety. CPS should be provided with as much information as possible. Medical providers are responsible for assuring arrangements for transition to the community are sufficient to meet the identified needs of the mother/infant dyad.*

Kentucky Hospital Discharge Planning and Plans of Safe Care

- **Infant/Mother Demographics**
- **Infant Considerations (low birth weight, premature, rooming-in with mother, going home with mother, special medical needs...)**
- **Maternal Considerations (prenatal care, medical needs, history of alcohol, tobacco, illicit and prescribed medications...)**
- **Safe Environment (living arrangements at discharge, adults in home, smoke-free, preparations for infant, mother already engaged in supports)**
- **Status of Substance Use (appropriate use of medications for pain, anxiety, depression; early in recovery; actively using illicit drugs; abusing prescribed medications...)**

Kentucky Hospital Discharge Planning and Plans of Safe Care

- Substance Use Treatment (not in treatment; referred but refused; residential facility with child; comprehensive MAT; MAT w/out therapeutic services; self-help...)
- Safety Influences (anxiety disorder, depression; prior CPS involvement; prior removals of children; DV; plan to address relapse; family/community supports)
- Staff observations (caring supportive relationships; ability to recognize and prioritize child's needs; effective problem solving skills; lack of responsiveness to infant's needs; unable or unwilling to participate in needed services)

Kentucky Hospital Discharge Planning and Plans of Safe Care

Newborn Risk Assessment

- **Child Welfare investigator will complete risk assessment on all infants for whom notification was made**
- **Assess level of risk (low, medium, high) for each risk factor**
- **Provide explanation for level of risk**

Kentucky Hospital Discharge Planning and Plans of Safe Care

Risk Factors:

- **Infant withdrawal symptoms**
- **Special medical and/or physical problems**
- **Special care needs of child**
- **Drug/alcohol use**
- **Drug/alcohol treatment history**
- **Prenatal care**
- **Emotional and intellectual abilities**
- **Level of cooperation**

Kentucky Hospital Discharge Planning and Plans of Safe Care

Risk Factors:

- **Awareness of impact of drug/alcohol use on infant-child**
- **Responsiveness to infant, bonding, parenting skills**
- **History of family violence**
- **Father or parent substitute in home**
- **Strength of family support systems**
- **Drug/criminal activity**
- **Siblings in home at-risk**
- **Known environmental risk in home**

Kentucky Hospital Discharge Planning and Plans of Safe Care

Plan of Safe Care/Service Plan Needs

- **Substance Use Treatment**
- **Mental Health Treatment**
- **Mother's medical providers (postnatal care, family planning...)**
- **Financial Assistance/Housing/ Medicaid**
- **Domestic Violence Assistance**
- **Family Planning**
- **Infant's medical providers (pediatrician, high-risk infant follow-up...)**
- **Home Visitation**
- **Early Intervention Services**
- **Care coordination and monitoring**

Common Barriers to Collaboration

- Lack of consistent practice and communication protocols implemented in each community to satisfy CAPTA requirements.
- Lack of consistent prenatal screening practices.
- Lack of treatment availability due to misunderstanding of MAT.
- Lack of consistent identification of infants.

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 illegal substances? 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.



Determine if there are conditions under which a notification is not accepted or investigated.



Resources

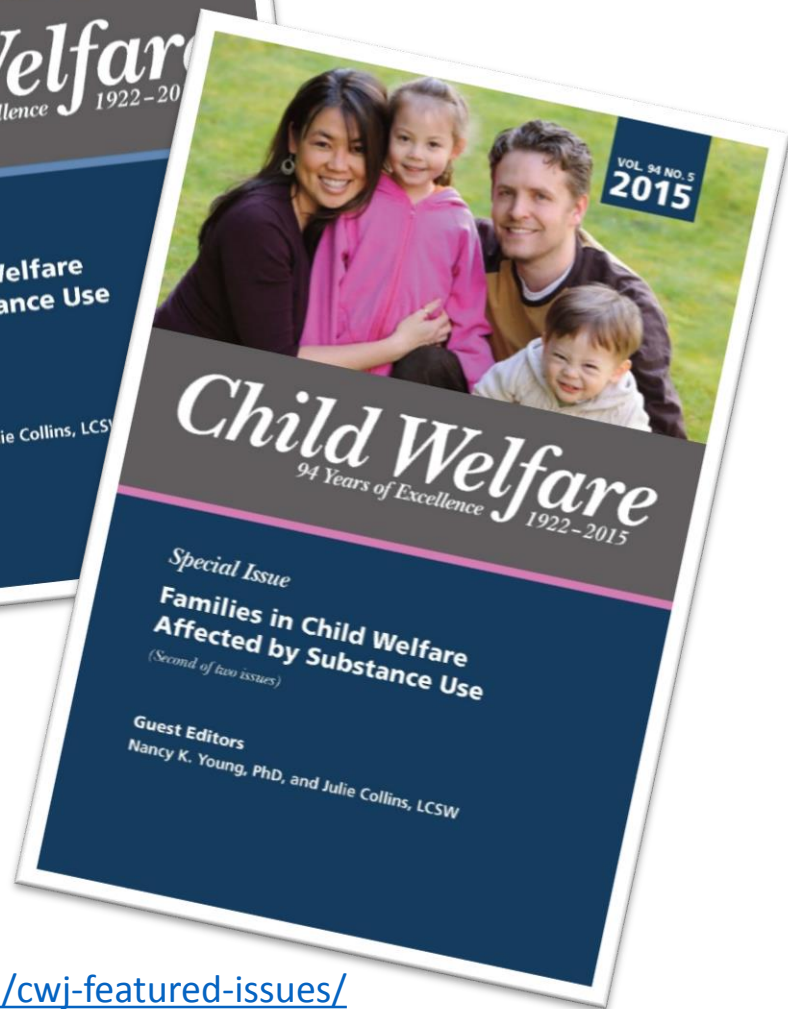
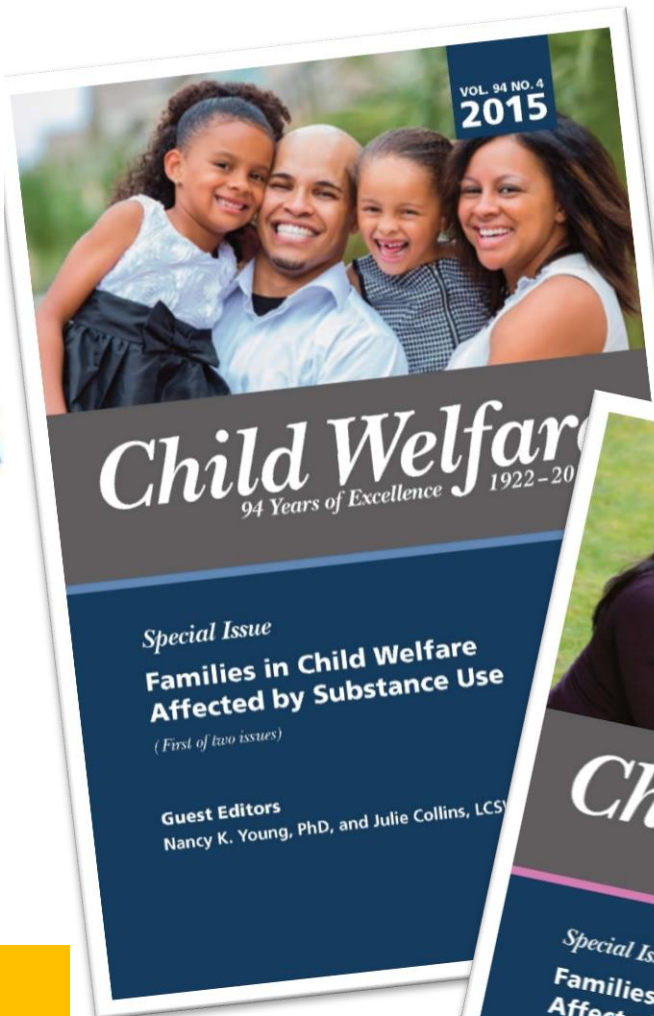


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<http://www.cwla.org/child-welfare-journal/cwj-featured-issues/>

Understanding Treatment of Opioid Use Disorders in Pregnancy

III) Treatment of Opioid Use Disorders in Pregnancy

These resources offer guidelines for the use of MAT to treatment opioid use disorders in pregnancy and the post-partum period. Included is information on dosing during pregnancy, breastfeeding while using MAT and the use of buprenorphine with pregnant women. Also included are resources on the treatment of other substance use disorders in pregnancy.

- *American Congress of Obstetricians and Gynecologists (ACOG), Committee on Health Care for Underserved Women and the American Society of Addiction Medicine (ASAM): Committee Opinion, Opioid Abuse, Dependence and Addiction in Pregnancy* www.acog.org
- Studies on the use of methadone and buprenorphine for the treatment of opioid use disorders during pregnancy:
 - *Maternal Opioid Treatment: Human Experimental Research (MOTHER) – approach, issues and lessons learned.* Jones, et al, 2010. A National Institute on Drug Abuse (NIDA)-supported clinical trial that examined the use of methadone and buprenorphine maintenance therapy during pregnancy. No significant difference was found with respect to any serious maternal or neonatal adverse events. <http://www.ncbi.nlm.nih.gov/pubmed/23106924>
 - *A Cohort Comparison of Buprenorphine versus Methadone Treatment for Neonatal Abstinence Syndrome.* Hall, et al, 2016. [http://www.ijepeds.com/article/S0022-3476\(15\)01451-1/abstract](http://www.ijepeds.com/article/S0022-3476(15)01451-1/abstract)
- *Medication Assisted Treatment During Pregnancy, Postnatal and Beyond:* Discusses the needs of pregnant women seeking medication assisted treatment. Karol Kaltenbach, PhD presents findings from the Maternal Opioid Treatment: Human Experimental Research (MOTHER) project. Facilitated as part of a webinar series – see the textbox, *National Center on Substance Abuse and Child Welfare:*

National Center on Substance Abuse and Child Welfare
Webinar Series
The following are selected webinars from the series. Contact NCSACW for additional information.

- 1) Medication Assisted Treatment for Families Affected by Substance Abuse Disorders
<http://www.cffutures.org/presentations/webinars/medication-assisted-treatment-families-affected-substance-abuse-disorders>
- 2) Medication Assisted Treatment During Pregnancy, Postnatal and Beyond
<http://www.cffutures.com/presentations/webinars/medication-assisted-treatment-during-pregnancy-postnatal-and-beyond>
- 3) Opioid Use in Pregnancy: A Community's Approach, The Children and Recovery Mothers (CHARM) Collaborative
<http://www.cffutures.com/presentations/webinars/opioid-use-pregnancy-community-approach-children-and-recovering-mothers-charm>
- 4) The Use of Medication-assisted Treatment during Pregnancy: Clinical Research Update
<https://cff-ncsacw.adobeconnect.com/p5okpdez3/>
- 5) Substance Use in Pregnancy, The OB/GYN Perspective
<http://www.cffutures.org/presentations/webinars/substance-use-pregnancy-obgyn-perspective>
- 6) Treatment of Opioid Use Disorders in Pregnancy and Infants Affected by Neonatal Abstinence Syndrome
<http://www.cffutures.org/presentations/webinars/opioid-use-disorders-and-treatment-pregnancy-webinar>
- 7) In-Depth Technical Assistance for Substance Exposed Infants (SEI) Conversations Across Six SEI-IDTA Sites

Medication Assisted Treatment During Pregnancy, Postnatal and Beyond
<http://www.cffutures.com/presentations/webinars/medication-assisted-treatment-during-pregnancy-postnatal-and-beyond>

The Use of Medication-assisted Treatment during Pregnancy: Clinical Research Update

<https://cff-ncsacw.adobeconnect.com/p5okpdez3/>

Treatment of Opioid Use Disorders in Pregnancy and Infants Affected by Neonatal Abstinence Syndrome
<http://www.cffutures.org/presentations/webinars/opioid-use-disorders-and-treatment-pregnancy-webinar>

NCSACW Online Resources

Please visit:

<https://ncsacw.samhsa.gov>

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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 Child Welfare Professionals	Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Legal Professionals
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U.S. Department of Health and Human Services | Substance Abuse and Mental Health Services Administration | Administration for Children & Families

National Center on Substance Abuse and Child Welfare

Home > Trainings > Tutorials > Tutorial 2: Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals

Module 1: Primer on Substance Use Disorders for Child Welfare Professionals

OVERVIEW **MODULES** ASSESSMENT RESOURCES CERTIFICATE

MODULE 1 - Objectives

Module One: Primer on Substance Use Disorders for Child Welfare Professionals

Participant Objectives of Module One

After reviewing this module, child welfare professionals will:

- Understand substance use disorders as a disease that impacts the brain.
- Understand the impact of substance use disorders on family relationships.
- Understand how substance use disorders are diagnosed.
- Gain the critical context needed to understand parents with substance use disorders, and to effectively manage the challenges faced by the parents and their children.

Module 2: Engaging Families in Substance Abuse Treatment

Module 3: Substance Use

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NCSACW Online Tutorials

Free **CEUs!**

1. Understanding Substance Abuse and Facilitating Recovery:
A Guide for Child Welfare Workers
2. Understanding Child Welfare and the Dependency Court:
A Guide for Substance Abuse Treatment Professionals
3. Understanding Substance Use Disorders, Treatment and Family Recovery:
A Guide for Legal Professionals

**Updated *September 2015*: New content including updates on
opioids and Family Drug Courts!**

Additional Resources

NCSACW Technical Assistance Products

PUBLICATIONS ON IMPROVING COLLABORATION (CONTINUED)

Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts

An overview of the primary data reporting systems across the three agencies. It can be used to help identify the prevalence of substance abuse and child welfare issues and measure outcomes for families receiving substance abuse treatment and child welfare services.

Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare (TAP 27)

An overview of the challenges and opportunities that various State- and county-level jurisdictions experienced while building collaboration across the child welfare, substance abuse, and dependency court systems.

TRAINING AND STAFF DEVELOPMENT RESOURCES

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

An indispensable tool for anyone new to the child welfare system. It explains how to recognize substance abuse, motivate families to seek treatment, and facilitate cross-system collaboration.

Child Welfare Training Toolkit: Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders

A trainer's guide to educate child welfare professionals about substance use and mental health disorders. The kit contains six modules, each with a training plan, trainer scripts with PowerPoint slides, handouts, case vignettes, and training guidelines to facilitate discussions.

To download these publications, go to <http://www.ncsacw.samhsa.gov> and <http://www.childwelfare.gov/index.cfm>. Some publications are available in hard copy and can be ordered at <http://store.samhsa.gov/home> or by calling 1-877-726-4772.

NCSACW Technical Assistance Products

ONLINE TRAINING COURSES

All online courses are free and intended for anyone working with families involved with the child welfare, substance abuse, and court systems. The trainings take about 4 hours to complete and can be stopped and started as needed. A certificate is awarded upon completion, and FREE continuing education units (CEU) or continuing legal education (CLE) can be credited for each course.

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

An online course that provides information to treatment professionals so that they better understand how child welfare and family dependency court requirements affect parents in treatment. It offers strategies for effectively collaborating with child welfare agencies. This course is approved by the National Association of Addiction Professionals to provide four CEUs.

Understanding Substance Use Disorders, Treatment, and a for Child Welfare

An online course for professionals at disorders on page describes how a child abuse and when substance approved by the to provide four

Understanding Treatment, a for Legal Pro

A tutorial to help understanding of substance abuse with tips on how treatment. This Bar Association from State to State

OTHER RESOURCES

Substance-Exposed Infants: State Responses to the Problem

An overview of selected State policies and practices to address the needs of infants exposed to substances prenatally. A 5-point intervention framework is provided, which serves as a model for others and explains how to evaluate existing programs and identify gaps in services.

Drug Testing in Child Welfare: Practice and Policy Considerations

An excellent reference to help policymakers and program managers incorporate drug testing policies and procedures into their agency's comprehensive family and child welfare assessment protocol. This publication includes an

NCSACW Technical Assistance Products

OTHER RESOURCES (CONTINUED)

Funding Comprehensive Services for Families With Substance Use Disorders in Child Welfare and Dependency Courts

A look at existing resources for providing comprehensive services to families with substance use disorders.

Family-Centered Treatment for Women With Substance Use Disorders—History, Key Elements, and Challenges

An introduction to the concept of family-centered treatment for women and their families, including application of various treatment modalities and strategies to overcome commonly encountered barriers.

Funding Family-Centered Treatment for Women With Substance Use Disorders

A resource paper that helps treatment providers and State substance abuse agencies identify and access potential sources of funding for comprehensive family-centered treatment. It is a companion to *Family-Centered for Women With Substance Use Disorders—History, Key Elements, and Challenges*.

A Review of Alcohol and Drug Issues in the States' Child and Family Service Reviews (CFRS) and Program Improvement Plans (PIPs)

A summary and analysis of substance abuse issues from CFRS and PIPs in all 50 States, the District of Columbia, and Puerto Rico.

Annotated Bibliography on Cross-System Issues

A bibliography including major literature and research papers on cross-system issues involving child welfare, substance use disorders, and dependency courts.

Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers

The latest, up-to-date research on parental use of methamphetamine and its effects on children and families.

Methamphetamine Resource List

A comprehensive list of all the methamphetamine resources available through the various agencies and associated organizations.

Get a FREE copy of these tools and protocols today!

To download these publications, go to <http://www.ncsacw.samhsa.gov> and <http://www.childwelfare.gov/index.cfm>.

Some publications are available in hard copy and can be ordered at <http://store.samhsa.gov/home> or by calling 1-877-726-4772.

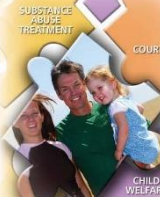


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Visit our Web site at <http://www.ncsacw.samhsa.gov>.
For assistance, call 866-493-2758.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families

National Center on Substance Abuse and Child Welfare Technical Assistance Products



PUBLICATIONS ON IMPROVING COLLABORATION

Screening and Assessment for Family Engagement, Retention and Recovery (SAFER)

This step-by-step guide provides a framework to strengthen screening and assessment practices while building a collaborative team among the child welfare, substance abuse, and dependency court systems. Appendices include examples of screening and assessment tools, factsheets, and information about confidentiality.

Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts

An essential reference providing an introduction to each of the child welfare, substance abuse, and court systems. It helps professionals become familiar with the operations of the other organizations that also serve their clients.

NCSACW demonstrates the importance of cross-system collaboration among the child welfare, substance abuse treatment, and court systems by providing materials that document current best practices and policies from across the country. The following products are all available FREE online or via the U.S. mail.



National Center on Substance Abuse and Child Welfare
Visit our Web site at <http://www.ncsacw.samhsa.gov>.
For assistance, call 866-493-2758.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families



Discussion

*Improving outcomes for children
and families affected by
substance use disorders*



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Thank You