Facilitating Systems Change to Improve Outcomes for Families Affected by Substance Use Disorders

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A permanent shift in doing business that relies on relationships across systems and within the community to secure needed resources to achieve better results and outcomes for all children and families.
Drugs of the Decades

1960s

1980s

1990s

2010s
We’ve been here before

Getting Off the Merry-go-Round
A Program of the

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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Agenda

• Scope of the Issue
• Prenatal Substance Exposure
• Re-thinking Substance Use Disorders, Treatment and Recovery
• Collaborative Practice and Policy
• 15 Minute Break
• The Road Ahead: Policy Windows
• Discussion
8.3 million children

174,000 children in Indiana

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
2014 Child Maltreatment Report - Demographics
Number of Children who entered Out-of-Home Care, National 2010-2015

Number of Children who entered Out-of-Home Care, Indiana 2010-2015

Children who Entered Foster Care by Age, National and Indiana, 2014

(N=264,746) National
(N=9,107) Indiana

(N=264,746) National
(N=9,107) Indiana
Parental Alcohol or Other Drug Use as Reason for Removal in the United States and Indiana, 1999-2014

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

Source: AFCARS Data, 2014
Percent of Children Removed with Parental Alcohol or Other Drug Use as a Reason for Removal by Age National and Indiana, 2014

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

Source: AFCARS Data, 2014
Percent and Number of Children with Terminated Parental Rights by Reason for Removal, National and Indiana - 2014

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

Source: AFCARS Data, 2014
Practice and Policy Challenges - Inconsistent Data

The collection and reporting of child protective services or child placements associated with parental alcohol or drug use are voluntary items in the Adoption and Foster Care Analysis and Reporting System.

State variation in data on removals is a function of:

- Different information systems: NCANDS, AFCARS, SACWIS/State Systems
- Lack of identification
- Inconsistent or lack of instruction about where to record it in the information system
Pre-natal Substance Exposure
Neonatal Abstinence Syndrome

- An *expected and treatable condition* that follows prenatal exposure to opioids
- Symptoms begin within 1-3 days after birth, or may take 5-10 days to appear
- Symptoms include blotchy skin; difficulty with sleeping and eating; trembling, irritability and difficult to soothe; diarrhea; slow weight gain; sweating; hyperactive reflexes; increased muscle tone
- Timing of onset is related to characteristics of drug used by mother and time of last dose
- Most babies exposed to opioids are exposed to multiple substances – Tobacco plays a role in NAS

NAS occurs with notable variability, with 55-94% of exposed infants exhibiting symptoms

Medication is required in approximately 50% of cases
Neonatal Abstinence Syndrome: Treatment

Non-Pharmacological Strategies

- Swaddling
- Breastfeeding
- Calm, low-stimulus environment
- Rooming with mother

Pharmacological Treatment

- Individualized based on severity of symptoms
- Standardized scoring tool to measure severity of symptoms
- Assessment of risks and benefits

The overarching goal of treatment is to soothe the newborn’s discomfort and promote mother-infant bonding.

Indiana: Estimated Number of Infants* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder

336 pregnant women entered treatment in 2013 (4% of total treatment admissions for women)

Includes nine categories of illicit drugs, including heroin and the nonmedical use of prescription medications.

ASAM Definition of Addiction

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

Adopted by the ASAM Board of Directors 4/12/2011
"Addiction is a disease — a treatable disease — and it needs to be understood,"

"We now know that addiction is a disease that affects both brain and behavior. We have identified many of the biological and environmental factors and are beginning to search for the genetic variations that contribute to the development and progression of the disease."

"Addiction is a Developmental Disorder of Adolescence"

Dr. Nora Volkow
Director, National Institute on Drug Abuse

It starts early

First Marijuana Use (Percent of Initiates)

- <12: 1.5%
- 12-17: 67%
- 18-25: 26%
- >25: 5.5%
A Treatable Disease

- Substance use disorders are preventable and are treatable brain diseases
- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives
- Similar to other chronic diseases, addiction can be managed successfully
- Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain areas of life function
- Successful substance use treatment is highly individualized and entails medication, behavioral interventions and peer support
A Chronic, Relapsing Brain Disease

- Brain imaging studies show physical changes in areas of the brain that are critical to:
  - Judgement
  - Decision making
  - Learning and memory
  - Behavior control

- These changes alter the way the brain works, and help explain the compulsion and continued use despite negative consequences.
“A new paradigm for care management of substance use disorders...this model has demonstrated that long-term...recovery can be the expected outcome of addiction care, particularly for patients with severe substance use disorders.”

Five Year Recovery: Chronic Disease Management

• Based on models of treatment for cancer.
• Compliments other measures of effectiveness, such as progress in treatment and functional outcomes (e.g. employment).
• Ensures long-term recovery as the standard measure of treatment success.

How does this translate for families involved with child welfare?
A process of change through which individuals improve their:

- Health and wellness
- Live a self-directed life and
- Strive to reach their full potential

Source: SAMHSA
Getting Better at Collaborative Policy and Practice
Getting Better at Getting Along: Stages of Collaboration

1. Information Exchange
   - "Getting to Know You"

2. External Funding
   - Joint Projects
     - "Shared Grants"

3. Existing Funding
   - Changing The Rules
     - "Redirection of Funds"
   - Changing The System
     - "Results-Based Funding"

Source: Sid Gardner, 1996 Beyond Collaboration to Results
Regional Partnership Grants (RPGs)

- 53 Grant Programs
- 17,820 adults
- 25,541 children
- 15,031 families

2007 - 2012
7 Common Ingredients and Strategies

- System of *identifying* families
- Early *access* to assessment and treatment services
- Increased management of *recovery services* and compliance
- Improved *family-centered* services and repair of *parent-child* relationships
- Increased *judicial* and *administrative* oversight
- Responses to participant *behavior* (contingency management)
- *Collaborative approach* across service systems and courts
5Rs

Regional Partnership Grants (RPGs), Family Drug Courts (FDCs) and Children Affected by Methamphetamine (CAM)

Regional Partnership Grants (RPGs), Family Drug Courts (FDCs) and Children Affected by Methamphetamine (CAM)

We now know more...
Remain at Home

Percentage of children who remained at home throughout program participation

- CAM: 91.5% (n = 1,999)
- RPG FDC*: 85.1% (n = 1,652)
- RPG Comparison*: 71.1% (n = 695)

* This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data
**Remain at Home**

Median length of stay (days) in out-of-home care

- **CAM**: 310 (n = 1,419)
- **RPG FDC**: 356 (n = 1,355)
- **RPG Comparison**: 422 (n = 513)

*This analysis is based on 12 RPG Grantees who implemented an FDC and submitted comparison group data.*
Reunification Rates

Percentage of reunification within 12 months

- **CAM**: 84.9% (n = 1,232)
- **RPG FDC***: 73.1% (n = 1,351)
- **RPG Comparison***: 54.4% (n = 509)

*This analysis is based on 12 RPG Grantees who implemented an FDC and submitted comparison group data*
Re-occurrence of Child Maltreatment

Percentage of children who had substantiated/indicated maltreatment within 6 months of program entry

- CAM Children: 2.3% (n = 4,776)
- RPG Children - FDC: 3.4%
- RPG Children - No FDC: 4.9%
- RPG - 25 State Contextual Subgroup: 5.8% (Total RPG Children = 22,558)
Re-entries into Out-of-Home Care

Percentage of Children Reunified Who Re-entered Foster Care Within 12 Months

- CAM Children: 5.0% (n = 1,232)
- RPG - Children: 5.1% (n = 3,575)
- RPG - 25 State Contextual Subgroup: 13.1%
Sacramento County Drug Court Models

- Child in Home
  - Child in Custody
  - Detention Hearing
  - Jurisdiction & Disposition Hearings
    - Level 1 EIFDC & DDC Hearings
      - 30 Days
      - 60 Days
      - 90 Days

- Referral to Treatment
  - Level 2
    - Weekly or Bi-Weekly Hearings
    - 180 Days Graduation

- Permanency Hearing at 12 Mos
  - Court Ordered
  - In CWS Case Plan
  - Pre March 30, 2009
  - post April 1, 2009

- Review Hearings at 6 Mo Intervals
  - Court Ordered
  - In CWS Case Plan
  - to STARS & 90 Days of DDC

- Early Intervention Specialist (EIS) Assessment and Referral to STARS with Twice Monthly Reports

- STARS Voluntary Participation
- Children in Focus
- STARS
- Children in Focus
- Court Ordered through Case Plan Participation
Moving Forward: The Three Rs of Collaboration

Relationships: Developing Your Governance Structure

Results: Identifying Data for Effective Planning

Resources: Identifying and Implementing Key Strategies

We can no longer say, “We don’t know what to do.”

Refer to “Moving Your Collaborative Forward” handout
15 minute break
The Road Ahead: Policy Windows
“health-care providers involved in the delivery or care of substance exposed infants must notify child protective services,

and a plan of safe care is to be developed...

for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder”
To identify infants at risk of child abuse and neglect as a result of prenatal substance exposure, so appropriate services can be delivered, ensuring the safety and well-being of infants, their mothers and their families.

“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 Reuters News Agency survey of state child protection officials and an examination of state statutes show that in December 2015, no more than nine states and the District of Columbia have laws or policies and procedures to implement the federal provisions.
S. 524, Comprehensive Addiction and Recovery Act (CARA) of 2016,
Title V, Addiction and Treatment Services for Women, Families, and Veterans
Section 503, Infant Plan of Safe Care

- Comprehensive Services: Addresses the needs of the infant and parent
- Guidance: Dissemination of best practices on the development of the Plan of Safe Care
- Monitoring and Oversight: Monitoring systems to ensure referral and access to services, including annual reports
S.3065: Family First Prevention Services Act of 2016

Title I: Investing in Prevention and Family Services, Subtitle A: Prevention Activities under Title IV-E, Section 111: Foster Care Prevention Services and Programs

“...the Secretary may make a payment to a State for providing the following services...

• Mental health and substance abuse prevention and treatment services...

• In-home parent skill-based programs ... for...

• A child who is a candidate for foster care...but can remain safely at home or in a kinship placement with receipt of services or programs...

• A child in foster care who is a pregnant or parenting foster youth...

• The parents or kin caregivers of the child…”

Reauthorizes the Regional Partnership Grants

• 5 Years of funding to demonstrate how to improve outcomes for these families

Entering An Era of Family Centered Care and Family Well-Being
New Publication!

**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.
Policy and Practice Framework: 5 Points of Intervention

Pre-Pregnancy
Awareness of substance use effects

Prenatal
Screening and Assessment

Child
Identification at Birth

Parent
Initiate enhanced prenatal services

Post-Partum
Ensure infant’s safety and respond to infant’s needs

Infancy & Beyond
Identify and respond to the needs of the infant, toddler, preschooler, child and adolescent

Identify and respond to parents’ needs
CHARM Collaborative Case Study

Empaenled Child Protection Team, Title 33, 4917
• Designated by the DCF Commissioner
• Team members able to share client information for the protection of child safety

Child Welfare Assessment During Pregnancy, 33 VSA, Chapter 51
• 30 days prior to the birth of the infant
• Defined as:
  • Positive toxicology screen for illegal or non-prescribed substance
  • Physician certifies use of illegal or non-prescribed substance
  • Diagnosed with Neonatal Abstinence Syndrome or
  • Fetal Alcohol Spectrum Disorder
Moving Forward:
The Three Rs of Collaboration

Relationships: Developing Your Governance Structure
Results: Identifying Data for Effective Planning
Resources: Identifying and Implementing Key Strategies

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