



## Drugs of the Decades

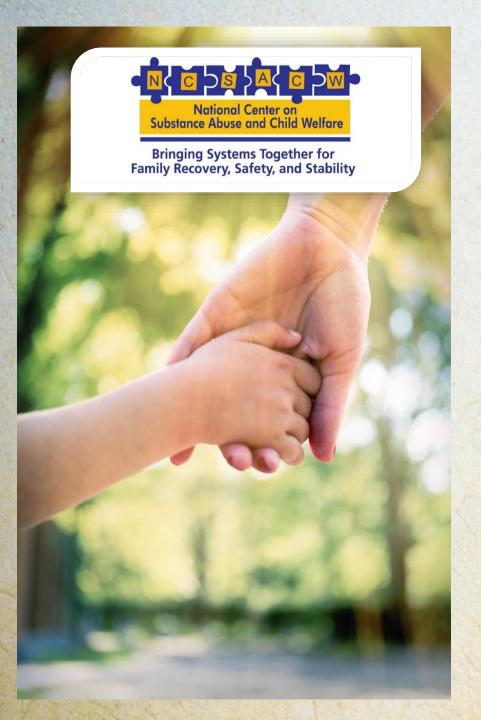












#### A Program of the

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

### www.ncsacw.samhsa.gov ncsacw@cffutures.org



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

Administration for Children and Families www.samhsa.gov

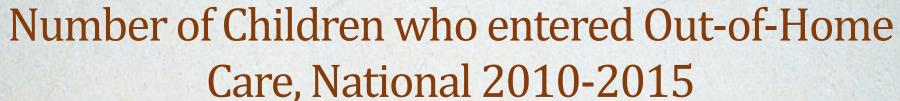


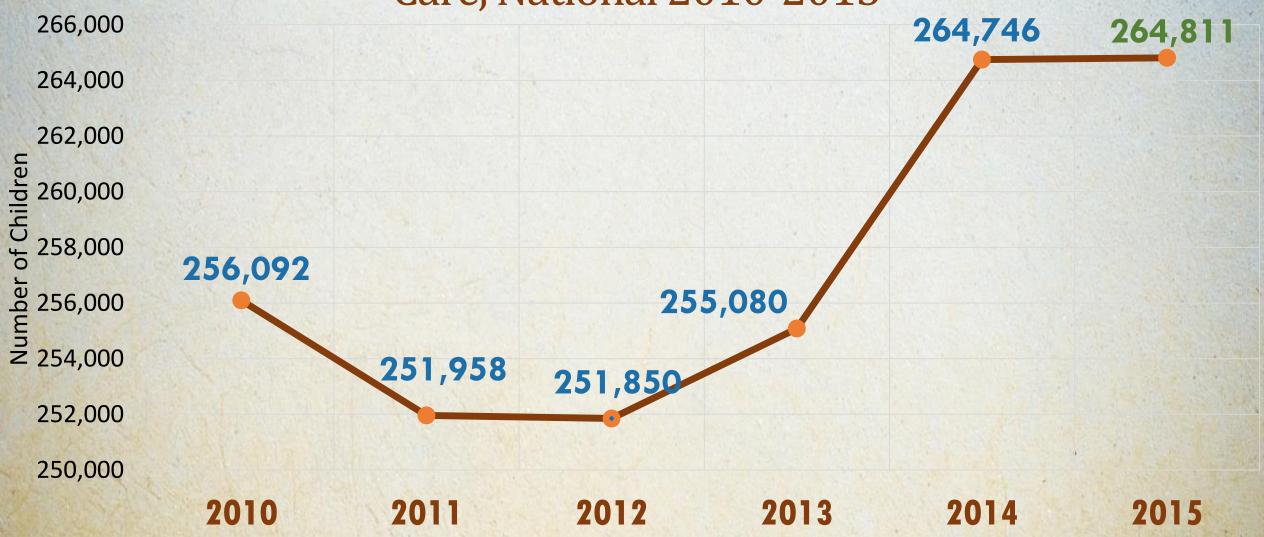
## 8.3 million children



## 174,000 children in Indiana

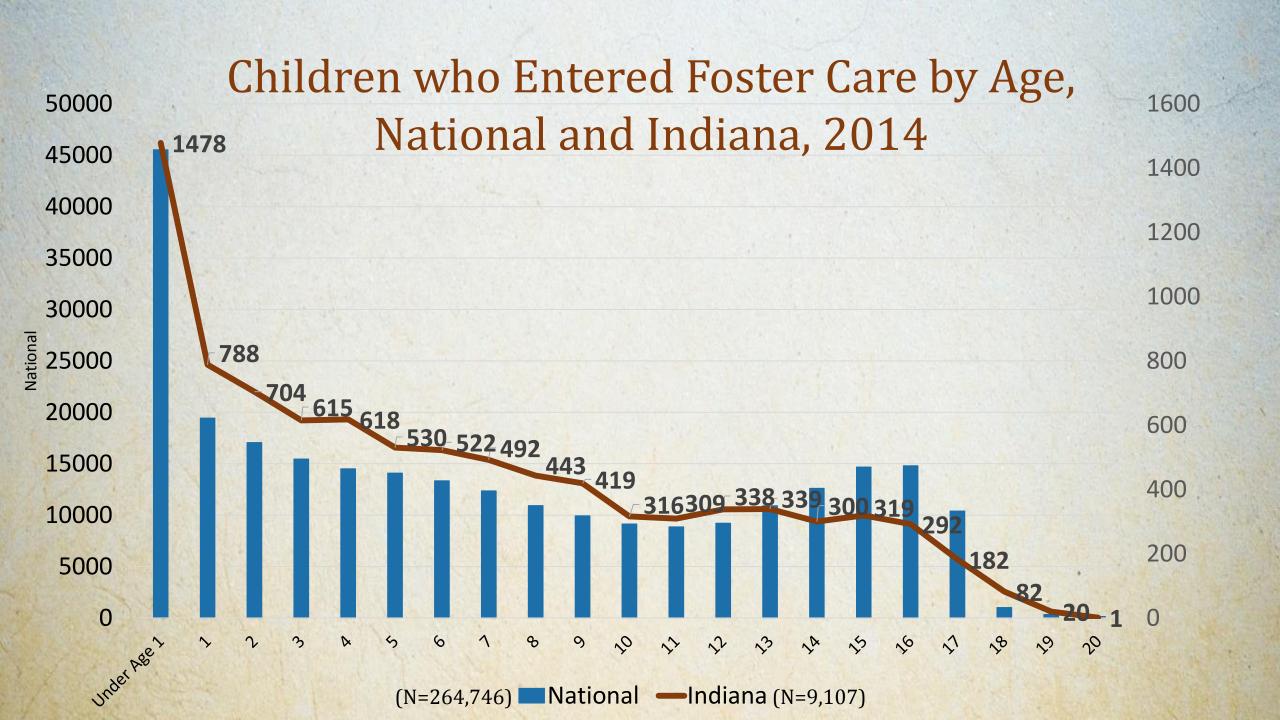
\* 2002 – 2007 SAMHSA National Survey on Drug Use and Heart (NSDUH) 2014 Child Maltreatment Report - Demographics



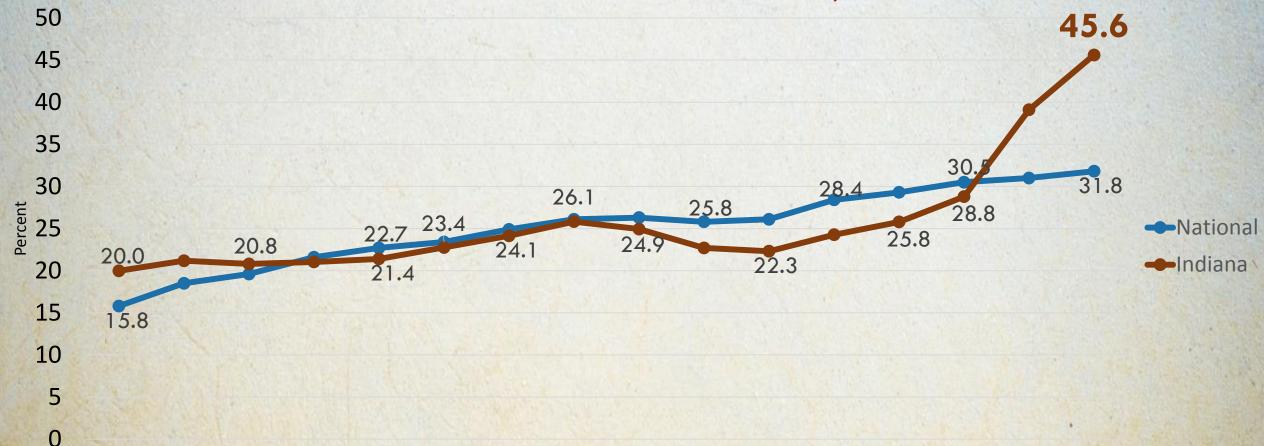


## Number of Children who entered Out-of-Home Care, Indiana 2010-2015



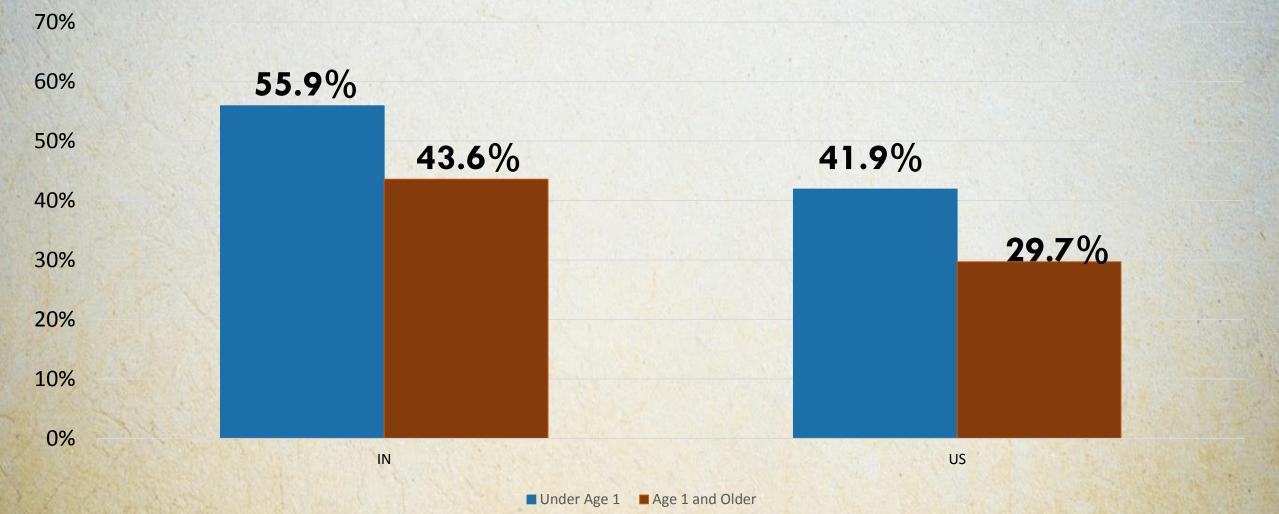


## Parental Alcohol or Other Drug Use as Reason for Removal in the United States and Indiana, 1999-2014



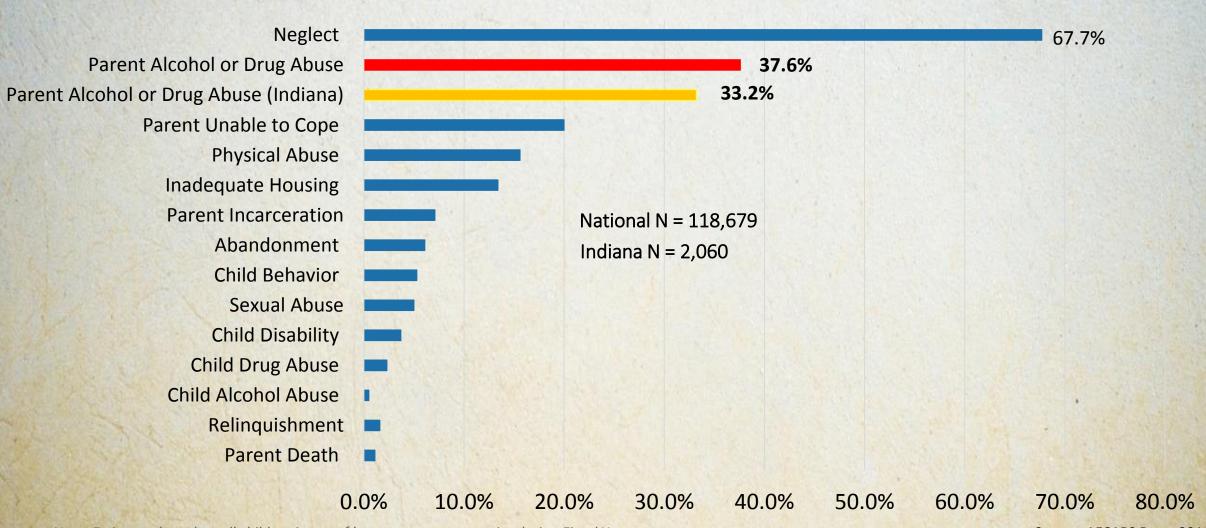
1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014

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



80%

### 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

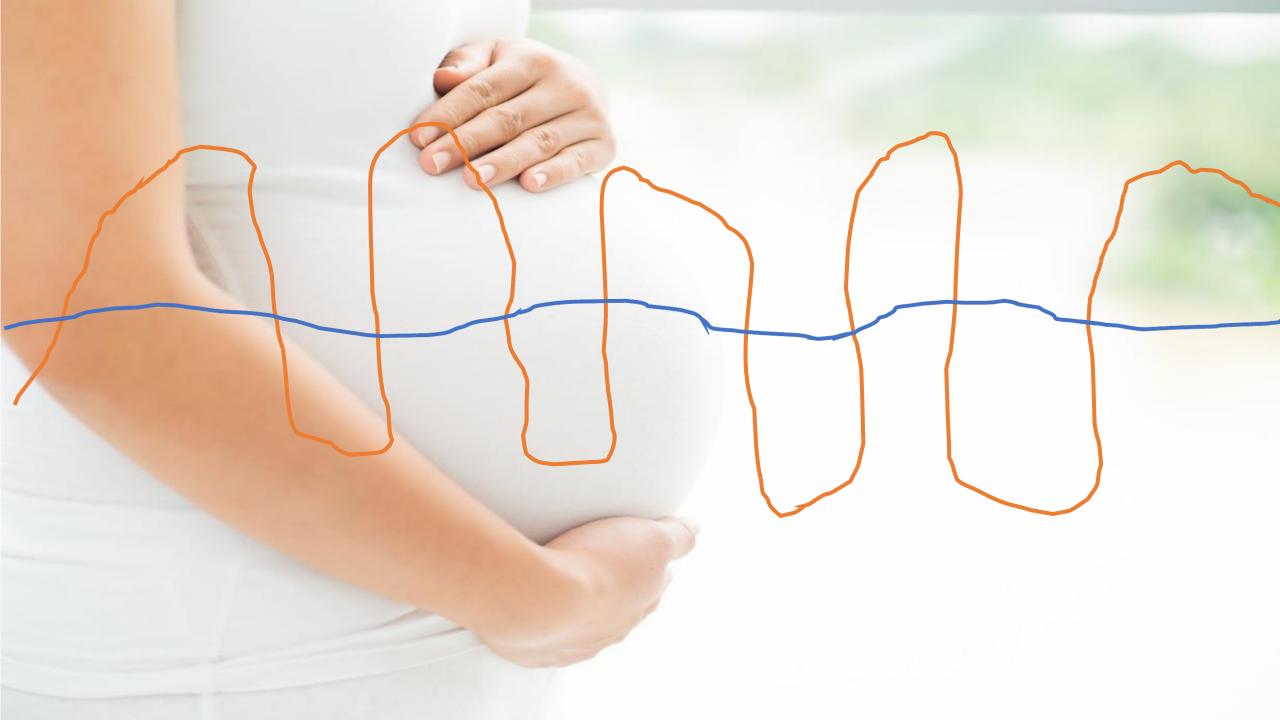
### Practice and Policy Challenges - Inconsistent Data

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





### 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**

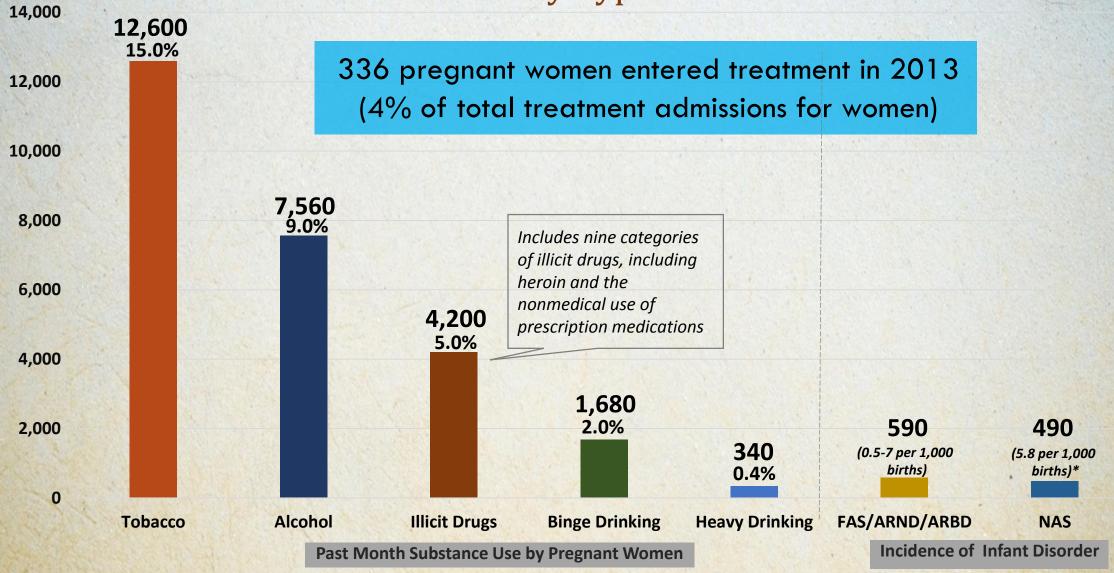
- Individualized based on severity of symptoms
- Standardized scoring tool to measure severity of symptoms
- Assessment of risks and benefits



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

American Academy of Pediatrics, Committee on Drugs (1998). Neonatal Drug Withdrawal. Pediatrics, 101(6), 1079-1088; Hudak, M.L., Tan, R.C. The Committee on Drugs and the Committee on Fetus and Newborn. Neonatal Drug Withdrawal. Pediatrics. 2012, 129(2): e540; Jansson, L.M., Velez, M., Harrow, C. The Opioid Exposed Newborn: Assessment and Pharmacological Management. Journal of Opioid Management. 2009; 5(1):47-55; Jones, H., Kaltenbach, K., Heil, S., Stine, S., Coyle, M., Arria, A., O'Grady, K., Selby, P., Martin, P., Fischer, G. (2010). Neonatal Abstinence Syndrome After Methadone or Buprenorphine Exposure. New England Journal of Medicine, 363(24):2320-2331

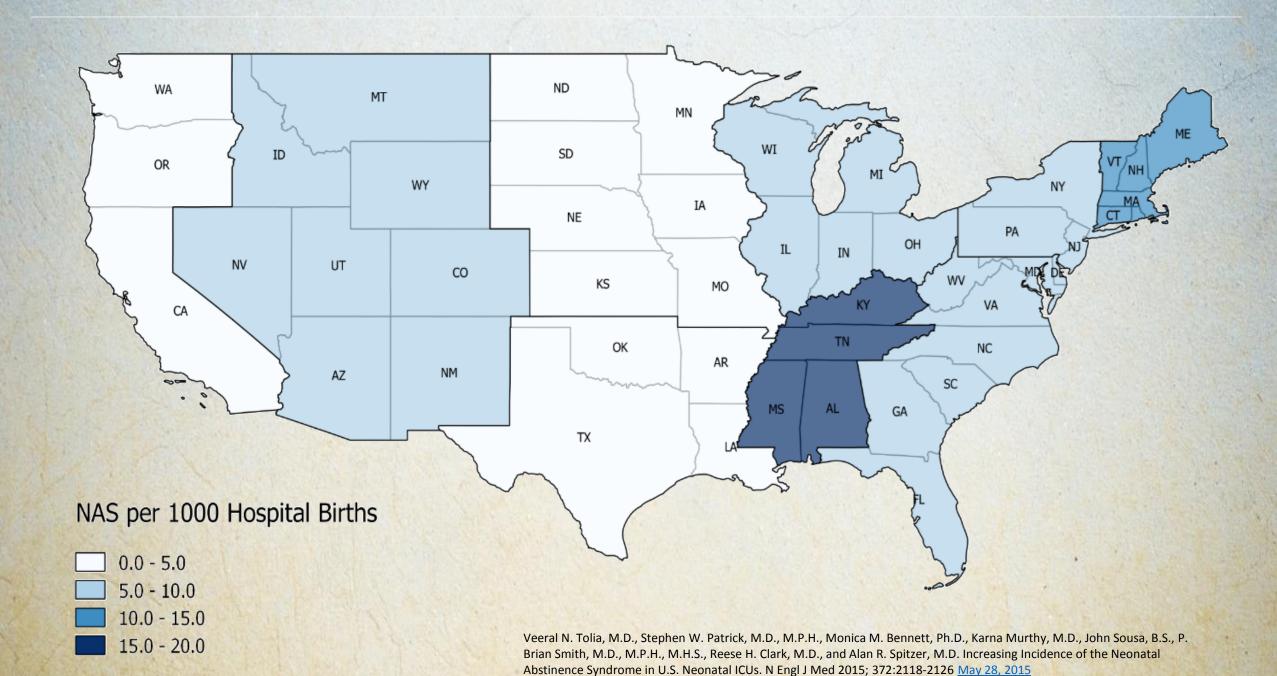
## Indiana: Estimated Number of Infants\* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder

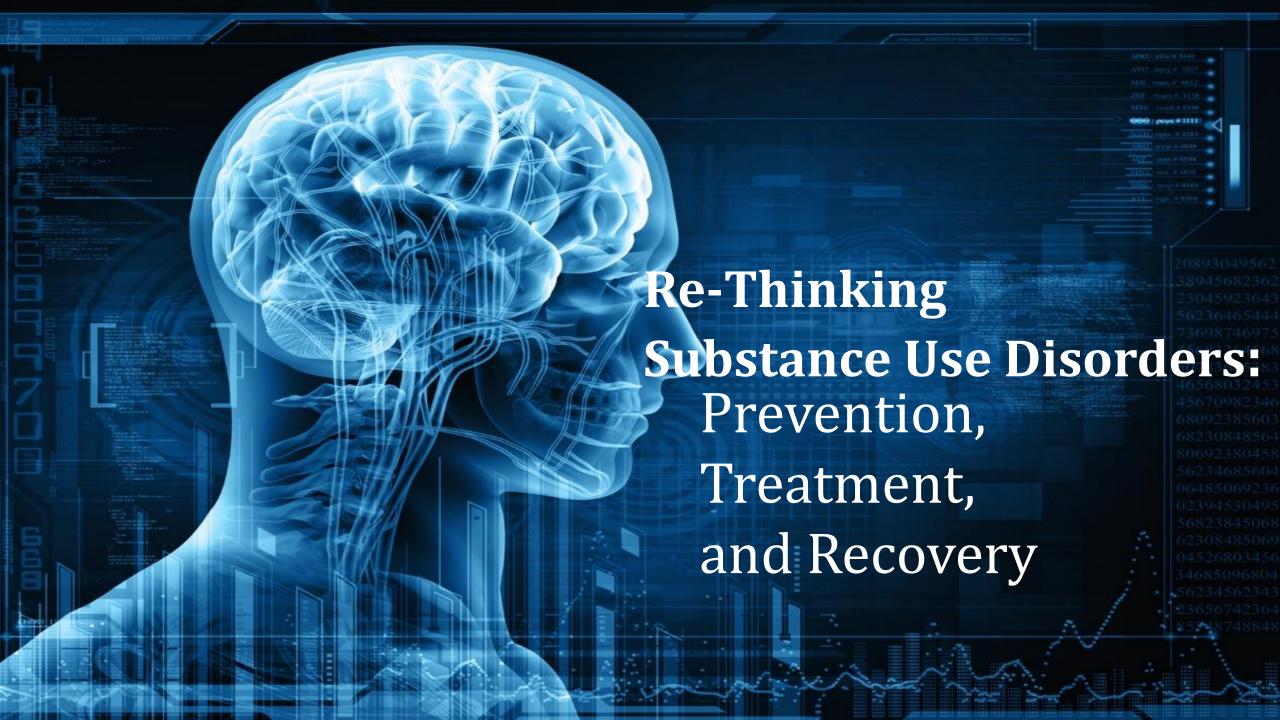


<sup>\*</sup>Approximately 84,000 live births. Estimates based on: National Survey on Drug Use and Health, 2013; Martin, Hamilton, Osterman, Curtin & Mathews. Births: Final Data for 2012. National Vital Statistics Report, Volume 62, Number 9;

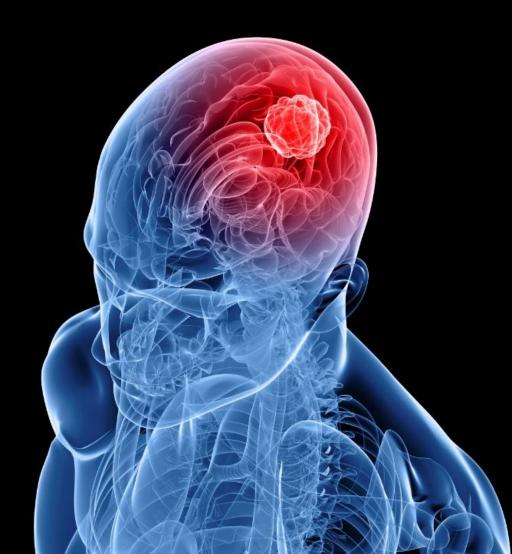
\*Patrick, et al., (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. Journal of Perinatology 35, 650-655

JAMA.2012.3951; 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





## ASAM Definition of Addiction

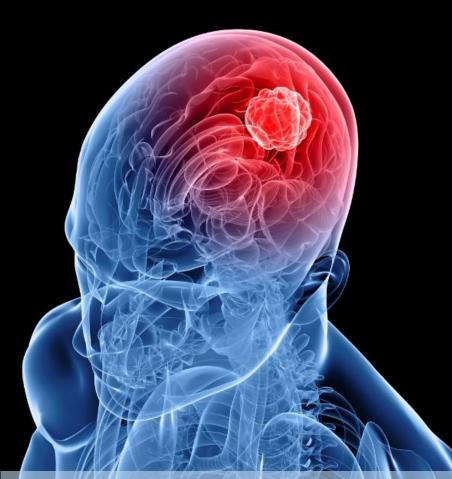


"Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.

Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

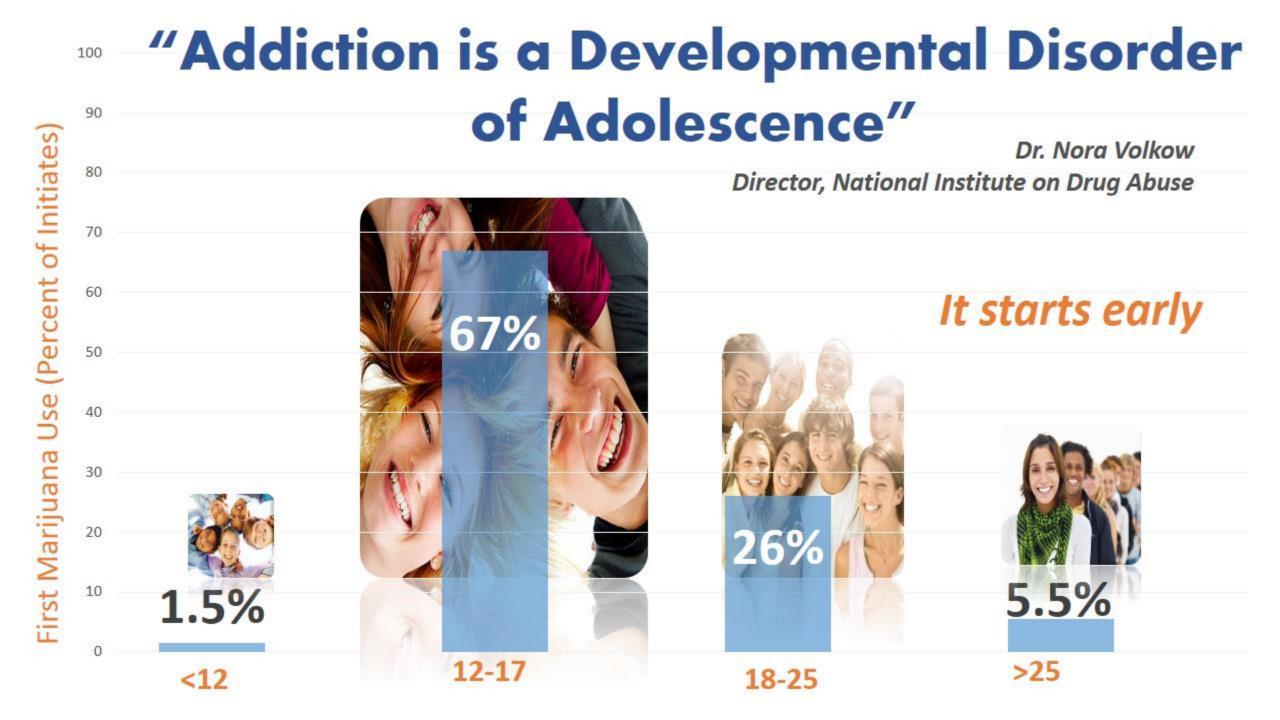
This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."

## "Addiction is a disease — a treatable disease — and it needs to be understood,"

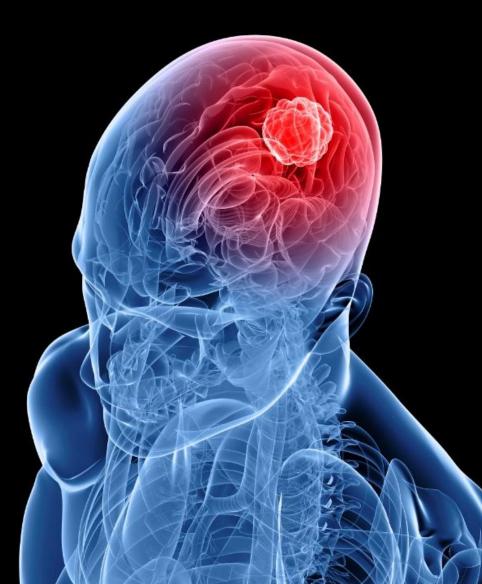


"We now know that addiction is a disease that affects both brain and behavior. We have identified many of the biological and environmental factors and are beginning to search for the genetic variations that contribute to the development and progression of the disease."

Volkow, N.D., Knob, G.F., McLellan, T. (2016) Neurobiologic Advances from the Brain Disease Model of Addiction. The New England Journal of Medicine, 374, 363-371.

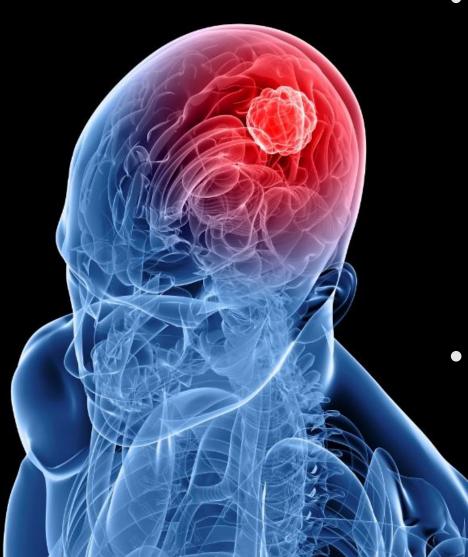


### A Treatable Disease



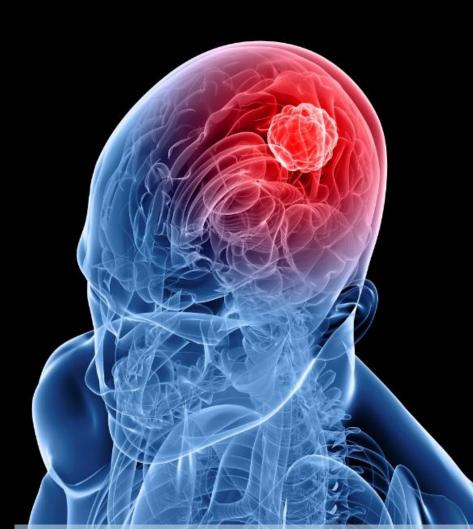
- Substance use disorders are preventable and are treatable brain diseases
- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives
- Similar to other chronic diseases, addiction can be managed successfully
- 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

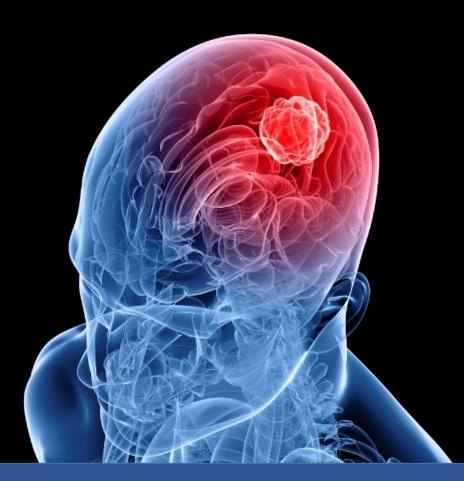
### Five Year Recovery: Chronic Disease Management



"A new paradigm for care management of substance use disorders...this model has demonstrated that longterm...recovery can be the expected outcome of addiction care, particularly for patients with severe substance use disorders."

DuPont, R., Compton, W.M., and McLellan, A.T. (2015) Five-Year Recovery: A New Standard for Assessing Effectiveness of Substance Use Disorder Treatment. Journal of Substance Abuse Treatment, 58, 1-5.

### 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?

## Recovery Oriented Systems of Care

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 Getting Along: Stages of Collaboration

**External Funding** 

Changing The System "Results-Based Funding"

Changing The Rules "Redirection of Funds"

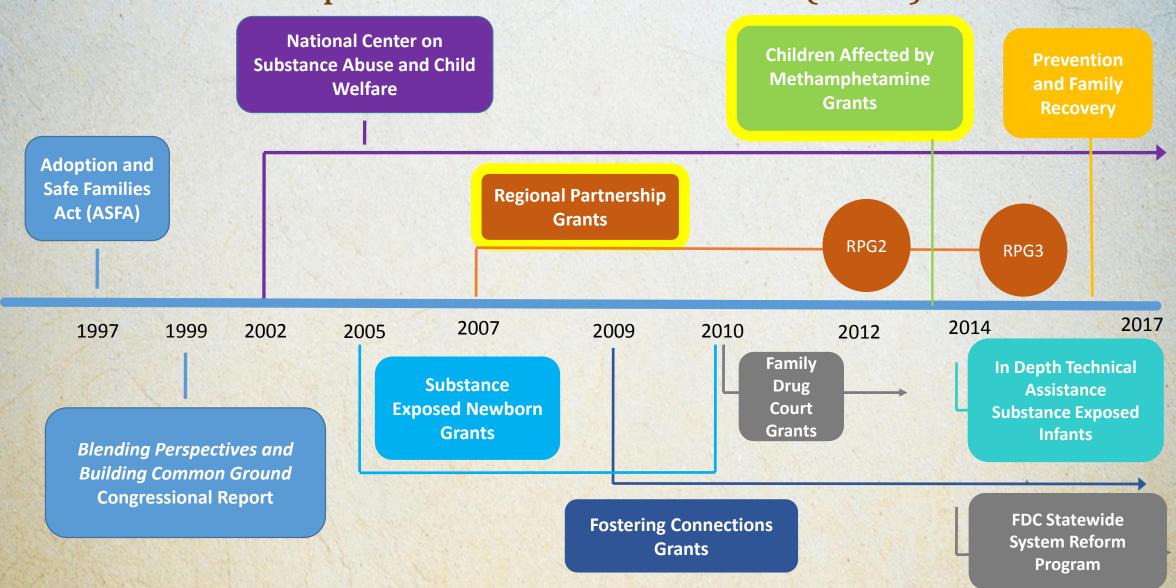
**Existing Funding** 

Joint Projects "Shared Grants"

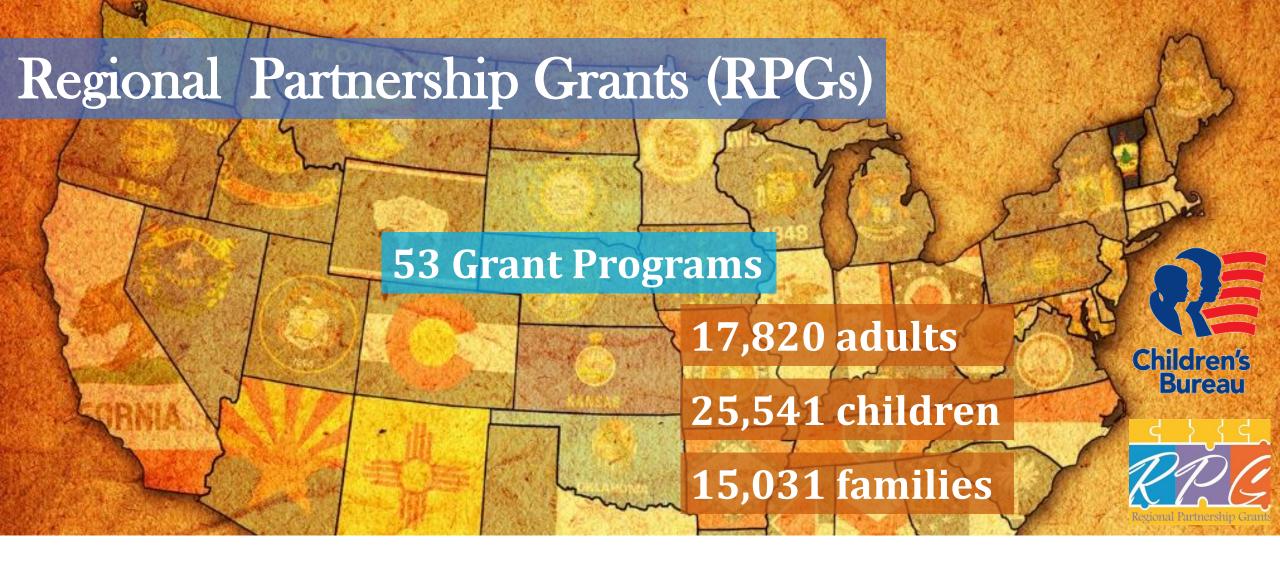
Information Exchange "Getting to Know You"

Source: Sid Gardner, 1996 Beyond Collaboration to Results

## Federal Initiatives: Progress Since the Adoption and Safe Families Act (ASFA)



Source: Children and Family Futures



Regional Partnership Grant Program



Children Affected by Methamphetamine Grant

## 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



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



Remain at home

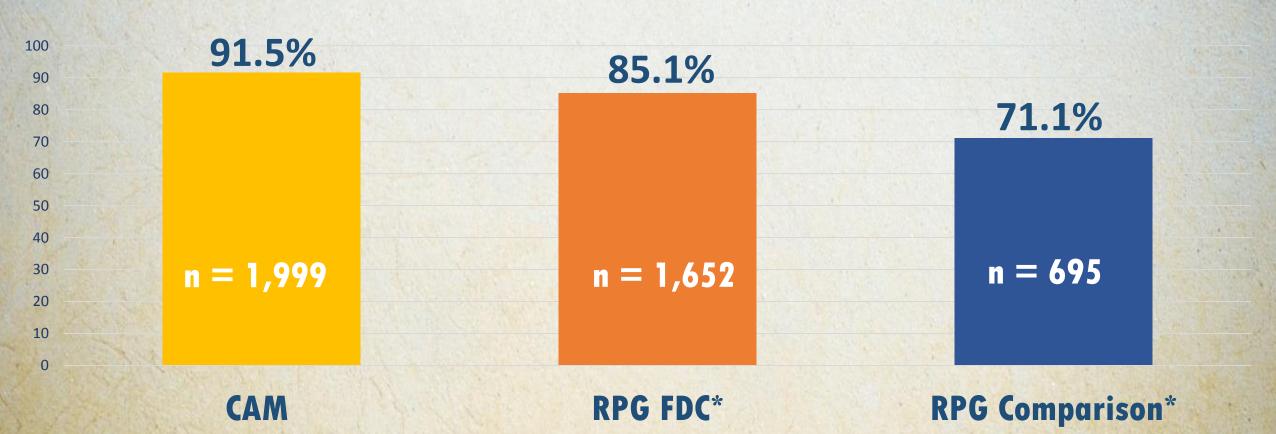
Reunification

Re-occurrence

Re-entry

## Remain at Home

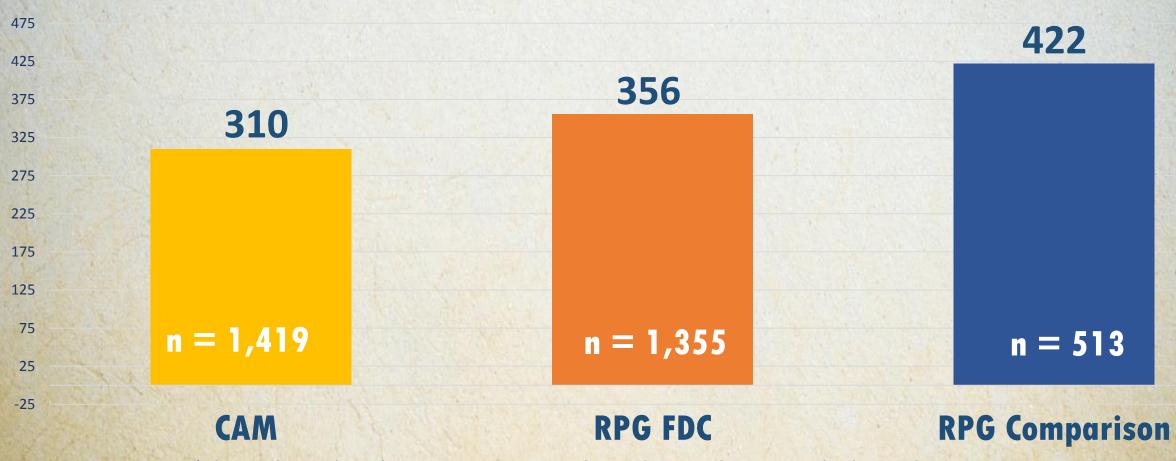
Percentage of children who remained at home throughout program participation



<sup>\*</sup> This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data

## Remain at Home

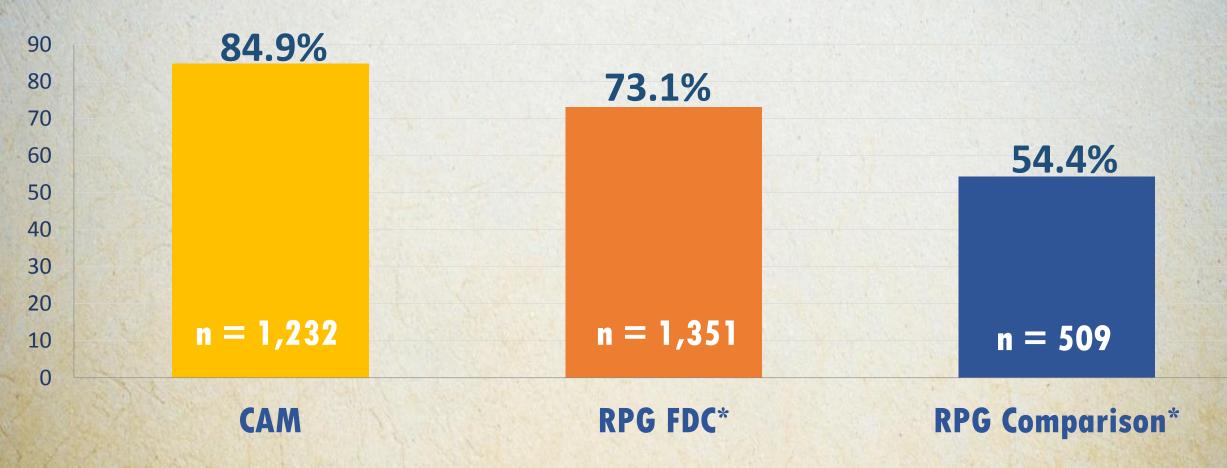
Median length of stay (days) in out-of-home care



<sup>\*</sup>This analysis is based on 12 RPG Grantees who implemented an FDC and submitted comparison group data

## Reunification Rates

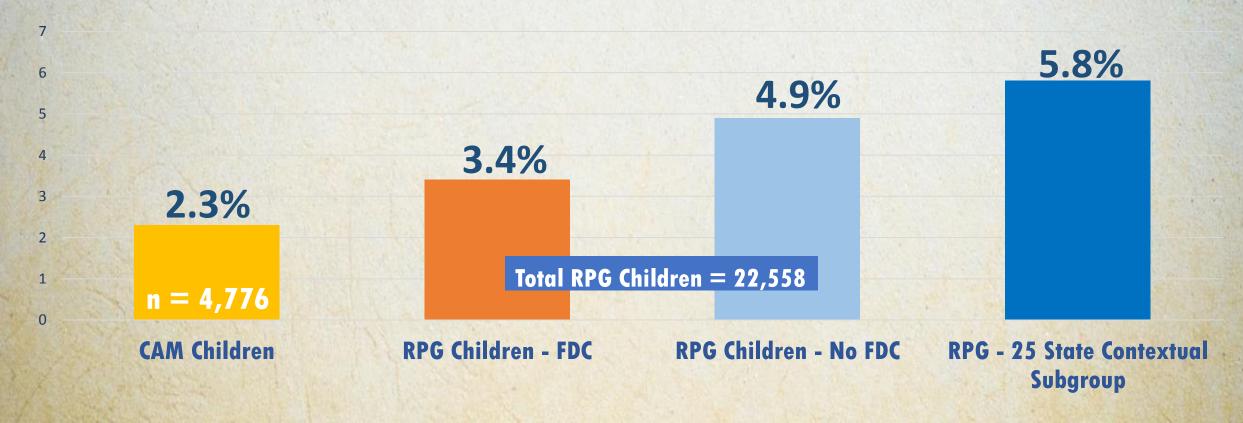
Percentage of reunification within 12 months



<sup>\*</sup>This analysis is based on 12 RPG Grantees who implemented an FDC and submitted comparison group data

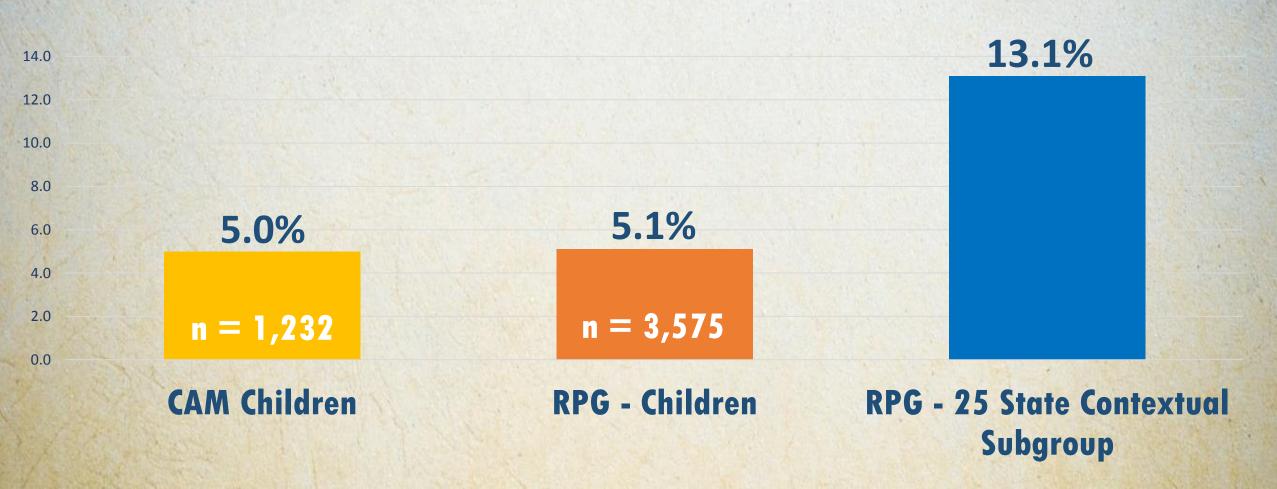
# Re-occurrence of Child Maltreatment

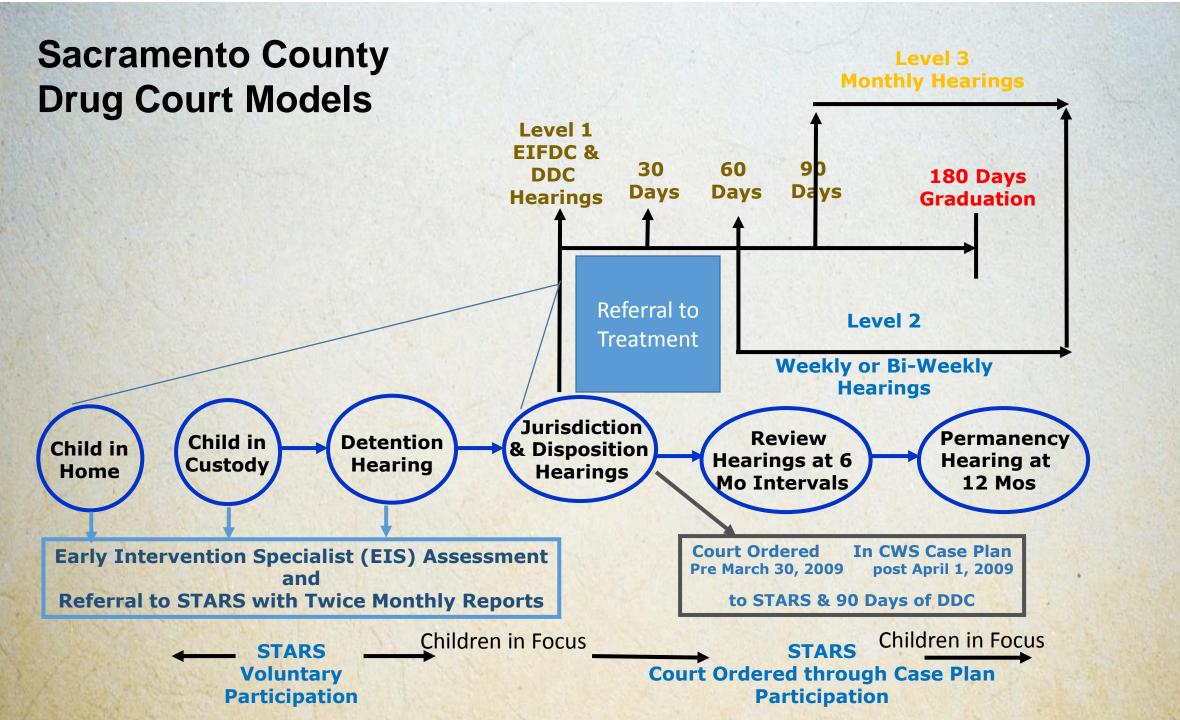
Percentage of children who had substantiated/indicated maltreatment within 6 months of program entry



## Re-entries into Out-of-Home Care

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





# 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."

## 15 minute break



## Child Abuse Prevention and Treatment Act (CAPTA 2003, 2010)



"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."



### **CAPTA Implementation**

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

Plan of Safe Care, Draft Discussion Guide http://www.cffithces.org/files/PlansOfSafeCare Traft\_06-24-16.pdf

### 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



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







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







### **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

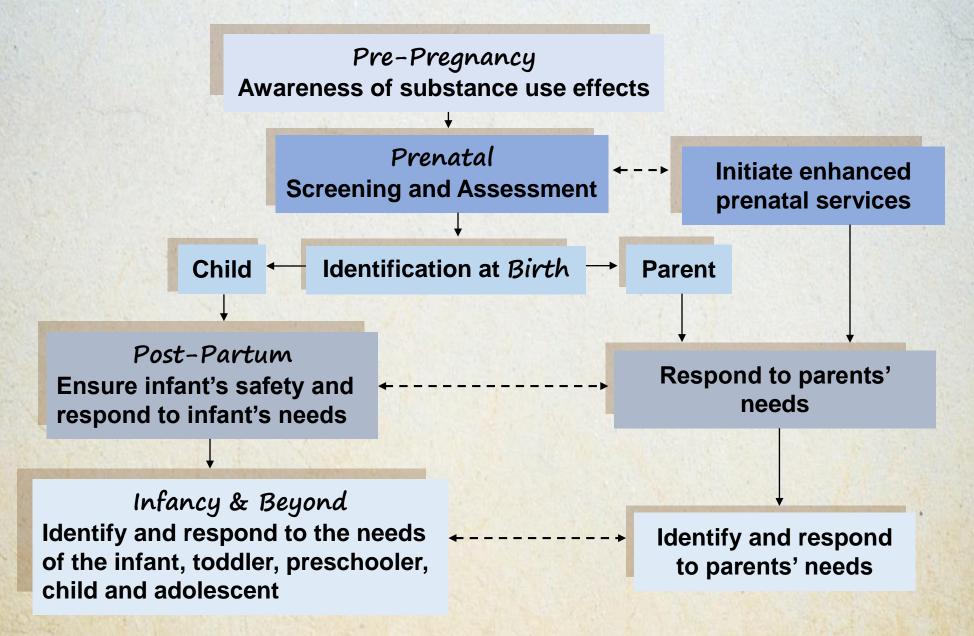
#### **Audience**

- 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**



### **CHARM Collaborative Case Study**

### **Empaneled 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** 

We can no longer say, "We don't know what to do."

## **Contact Information**

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