NC Department of Health and Human Services

Perinatal Substance Use in North Carolina

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June 6, 2019
Overview

1. Reproductive Life Planning and SUD Treatment
2. Pregnancy Universal Screening
3. Perinatal, Maternal and CASAWORKS for Families
4. Perinatal Substance Use Project
5. NC Pregnancy and Opioid Exposure Project
6. Infant Plan of Safe Care
Current Context of Substance Use During Pregnancy

The two most common drugs used by non-pregnant women have been alcohol and tobacco.

This same statement is true for pregnant women.

Among pregnant women, approximately .2% used heroin, and 1.1% used pain relievers non-medically in the past month.

Slide Source: Dr. Hendree Jones
NC Women and Substance Use

• 18.2% of women of childbearing age reported binge drinking in the past month.

• 8.3% of mothers reported having any alcoholic drinks during the last three months of pregnancy.

• 16.7% of women of childbearing age reported smoking.

• 9.8% of mothers reported smoking in their last three months of pregnancy.

Policy and Practice Framework: 5 Points of Intervention

1. Pre-Pregnancy
   Screening, RLP, Awareness of substance use effects

2. Prenatal Screening and Assessment

3. Identification at Birth
   Parent

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

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

Legend: System Linkages

Slide Source: National Center on Substance Abuse and Child Welfare
Reproductive Life Planning and Substance Use Disorder Treatment Project

• Joint effort between Division of Public Health and Division of Mental Health Developmental Disabilities and Substance Abuse Services

• Federal Funds

• Day long cross training of treatment providers and family planning providers

• 2 Events in April 2019, 80 professionals

• Follow up monthly virtual meetings to support work
Reproductive Life Planning and Substance Use Disorder Treatment Project

• Unintended pregnancies are associated with poor outcomes.

• > 4 in 10 pregnancies are unintended in NC.

• Women in treatment for opioid use disorder, 8 in 10 pregnancies are unintended.

• Only 17% of women in treatment have a ‘highly effective’ method of contraception.

Prenatal Care

NC Pregnancy Medical Home Program Care Pathway, Management of Substance Use in Pregnancy

Best practice:

• Universal Screening (written or verbal)
• Further assessment based on info gathered during screening
• Brief intervention to raise awareness of risks during pregnancy
• Referral for substance use disorder (SUD) assessment & treatment
• Management of patients currently receiving SUD treatment

Screening
CCNC Pregnancy Home Risk Screening Form

1. Thinking back to just before you got pregnant, how did you feel about becoming pregnant?
   - I wanted to be pregnant sooner.
   - I wanted to be pregnant now.
   - I wanted to be pregnant later.
   - I did not want to be pregnant then or any time in the future.
   - I don't know.

2. *Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?*
   - Yes
   - No

3. *Are you in a relationship with a person who threatens or physically hurts you?*
   - Yes
   - No

4. *Has anyone forced you to have sexual activities that made you feel uncomfortable?*
   - Yes
   - No

5. In the last 12 months were you ever hungry but didn’t eat because you couldn’t afford enough food?
   - Yes
   - No

6. *Is your living situation unsafe or unstable?*
   - Yes
   - No

   - A. I have never smoked, or have smoked less than 100 cigarettes in my lifetime.
   - B. I stopped smoking BEFORE I found out I was pregnant and am not smoking now.
   - C. *I stopped smoking AFTER I found out I was pregnant and am not smoking now.
   - D. *I smoke now but have cut down some since I found out I was pregnant.
   - E. *I smoke about the same amount now as I did before I found out I was pregnant.

8. Did any of your parents have a problem with alcohol or other drug use?
   - Yes
   - No

9. Do any of your friends have a problem with alcohol or other drug use?
   - Yes
   - No

10. Does your partner have a problem with alcohol or other drug use?
    - Yes
    - No

11. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
    - Yes
    - No

12. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs?
    - Not at all
    - Rarely
    - Sometimes
    - Frequently

13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs?
    - Not at all
    - Rarely
    - Sometimes
    - Frequently

(For Pregnancy Care Management use only) Date risk screening form was received: __/__/______
Name: ________________________________ Date of birth: ____________________ Today’s date: ______________
Not at all ❑ Rarely ❑ Sometimes ❑ Frequently
Physical Address: ________________________________ City: ______________________ ZIP: __________
Mailing Address (if different): ________________________________ City: ______________________ ZIP: __________
County: ______________________ Home phone number: __________________ Work phone number: ______________
Cell phone number: ______________________ Social security number: ______________
Race: ❑ American-Indian or Alaska Native ❑ Asian ❑ Black/African-American ❑ Pacific Islander/Native Hawaiian ❑ White ❑ Other (specify): ______________
Ethnicity: ❑ Not Hispanic ❑ Cuban ❑ Mexican American ❑ Puerto Rican ❑ Other Hispanic
PMH Risk Screening Form v1.7 September 2013
NC Perinatal, Maternal, and CASAWORKS for Families Substance Use Initiative

• 26 gender responsive, family-centered substance use disorder programs

• Outpatient & Residential Services for Pregnant and Parenting Women and their Children

• Residential Services are Cross Area Service Programs (CASPs)
NC Perinatal, Maternal, and CASAWORKS for Families Substance Use Initiative

• Services include: screening, assessment, case management, substance use disorder and co-occurring services, parenting skills, and referrals & coordination with primary and preventative health care.

• The children also benefit from the services provided by the local health departments (pediatric care), early intervention programs, referrals for behavioral health services, & substance use prevention services.
NC Perinatal, Maternal, and CASAWORKS for Families Substance Use Initiative

• CASAWORKS for Families model was developed by the Center for the Study of Addiction and Substance Abuse (CASA) at Columbia University

• Treatment is Work and Work is Treatment
It Works: Examples from the Field NC Perinatal/ Maternal and CASAWORKS Initiatives

- High engagement in prenatal care
- Healthy newborn birth weights for pregnant women who enter treatment prior to delivery
- Lower recidivism with child welfare among families engaging with treatment services
- Fewer number of days in out-of-home foster care placement for children of parents involved with child welfare as compared to parents with substance use problems not engaged in the services
- Successful engagement with pediatric care for families involved with services
- Increased affectional bonds and reduced conflict among families engaged in parenting programs, and
- Successful engagement in the work force
NC Pregnant and Postpartum Women Pilot programs-Columbus & Wilkes Counties

• Comprehensive family based outpatient services to pregnant & postpartum women, their children and other family members.

• Services will include: outreach, engagement, SUD/MH screening & assessment; wrap around/recovery support services; use of select recovery support apps; parenting education; individual, group and family therapy & in-home services; peer support services; case management; access to MAT & higher levels of care.
Perinatal Substance Use Project

• Provides screening, information & referral for pregnant and parenting women with dependent children
• Provides consultation, training & technical assistance for the public and for professionals regarding perinatal substance use, treatment and resources
• Weekly Bed Availability List (jjones@alcoholdrughelp.org)
• Available Monday through Friday from 8 am to 6 pm
• 1-800-688-4232
• Key Messages
• *Pregnancy and Opioid Exposure: Guidance for North Carolina*
• Service Locator Map

[ncpoep.org]
FASDs Can Be 100% Preventable

Happy Children, Begin with Healthy Pregnancies!

FASDinNC
Think Before You Drink
Promoting Alcohol-Free Pregnancies
North Carolina Fetal Alcohol Prevention Program

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Infant Plan of Safe Care

Amended Child Abuse Prevention and Treatment Act (CAPTA)

States receiving CAPTA funding are required to assure the federal government that they have a law or statewide program in effect and under operation that:

Addresses the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (FASD) with

- A requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants
- The development of a plan of safe care for the infant...to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –
  - Addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
  - 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

US DHHS, Administration for Children and Families, Log No: ACYF-CB-PI-17-02
North Carolina’s Substance Affected Infant Policy

**Health Provider Involved in the Delivery or Care of Infant**

1. Identifies infant as “substance affected” based on DHHS definitions
2. Makes notification to county child welfare agency

**County Child Welfare Agency**

1. Completes CPS Structured Intake Form (DSS-1402) with caller
2. Develops Plan of Safe Care/CC4C Referral using ONLY the information that is obtained during the intake process
3. Refers ALL infants and families to CC4C PRIOR to any screening decision being made
4. Collects and reports required data
5. Uses “Substance Affected Infant” Policy to screen report and provide services for screened in cases

**Care Coordination for Children (CC4C)**

1. Participation is voluntary
2. Services based on needs identified in Plan of Safe Care
3. Progress is monitored based on monitoring tools already in place

Identifying a Substance Affected Infant

Affected by Substance Abuse:

Infants who have a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.

OR

Medical evaluation, including history and physical of mother, or behavioral health assessment of mother, indicative of an active substance use disorder, during the pregnancy or at time of birth.
Identifying a Substance Affected Infant

Affected by Withdrawal Symptoms:
The infant manifests clinically relevant drug or alcohol withdrawal.
Identifying a Substance Affected Infant

Affected by FASD:
Infants diagnosed with one of the following:
• Fetal Alcohol Syndrome (FAS)
• Partial FAS (PFAS)
• Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE)
• Alcohol-Related Birth Defects (ARBD)
• Alcohol-Related Neurodevelopmental Disorder (ARND)*

OR

Infants with known prenatal alcohol exposure when there are clinical concerns for the infant according to current evaluation and management standards.

Notifying Child Protective Services

Notification requirement does NOT:

• Mean that prenatal substance use = child maltreatment
• Establish a definition under Federal law of what constitutes child abuse or neglect
• Change NC General Statutes
Completing the Structured Intake Form

- DSS has revised intake questions to include a “Substance Affected Infant” section.
- Based on what you know about the infant and family, would they benefit from any of the following services/resources?
  - Evidenced-based parenting programs
  - Mental health provider
  - Home visiting programs
  - Housing resources
  - Assistance with transportation
  - Identification of appropriate childcare resources

County Child Welfare Agency
Connecting Families to Appropriate Services

- CC4C is an at-risk population management program for children birth to 5 years of age

- Program Goals
  - Improving health outcomes
  - Strengthening the relationship between the parents and the infant
  - Promoting quality care
  - Strengthening the relationship with the medical home
  - Minimizing the lifelong impacts of the child’s risk
Supporting the Substance Affected Infant and Family

- Goal setting with the family
- Linkage to community resources
- Parent education regarding needs of the infant
- Assistance and support to strengthen infant, mother dyad
- Education regarding red flags
- Strengthen the relationship to the medical home
- Emphasis on well and preventative care

Care Coordination for Children (CC4C)
Thank you!