

NC Department of Health and Human Services

# Perinatal Substance Use in North Carolina

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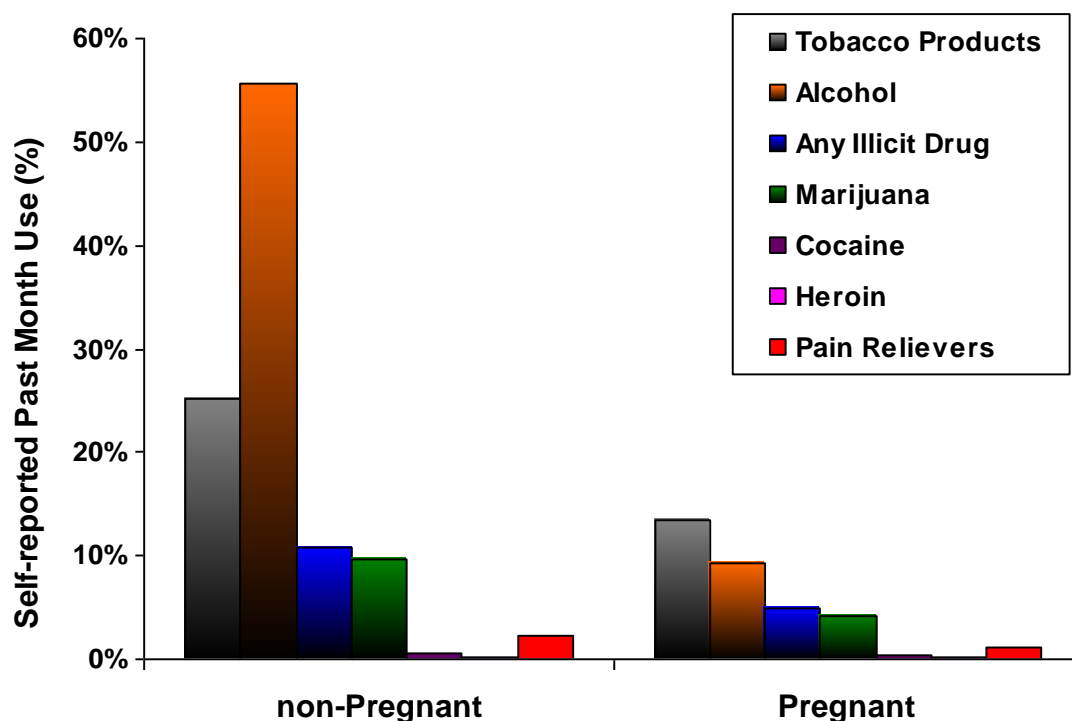
June 6, 2019

# 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

National Survey on Drug Use  
and Health, 2015  
Past Month Use



◆ 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*

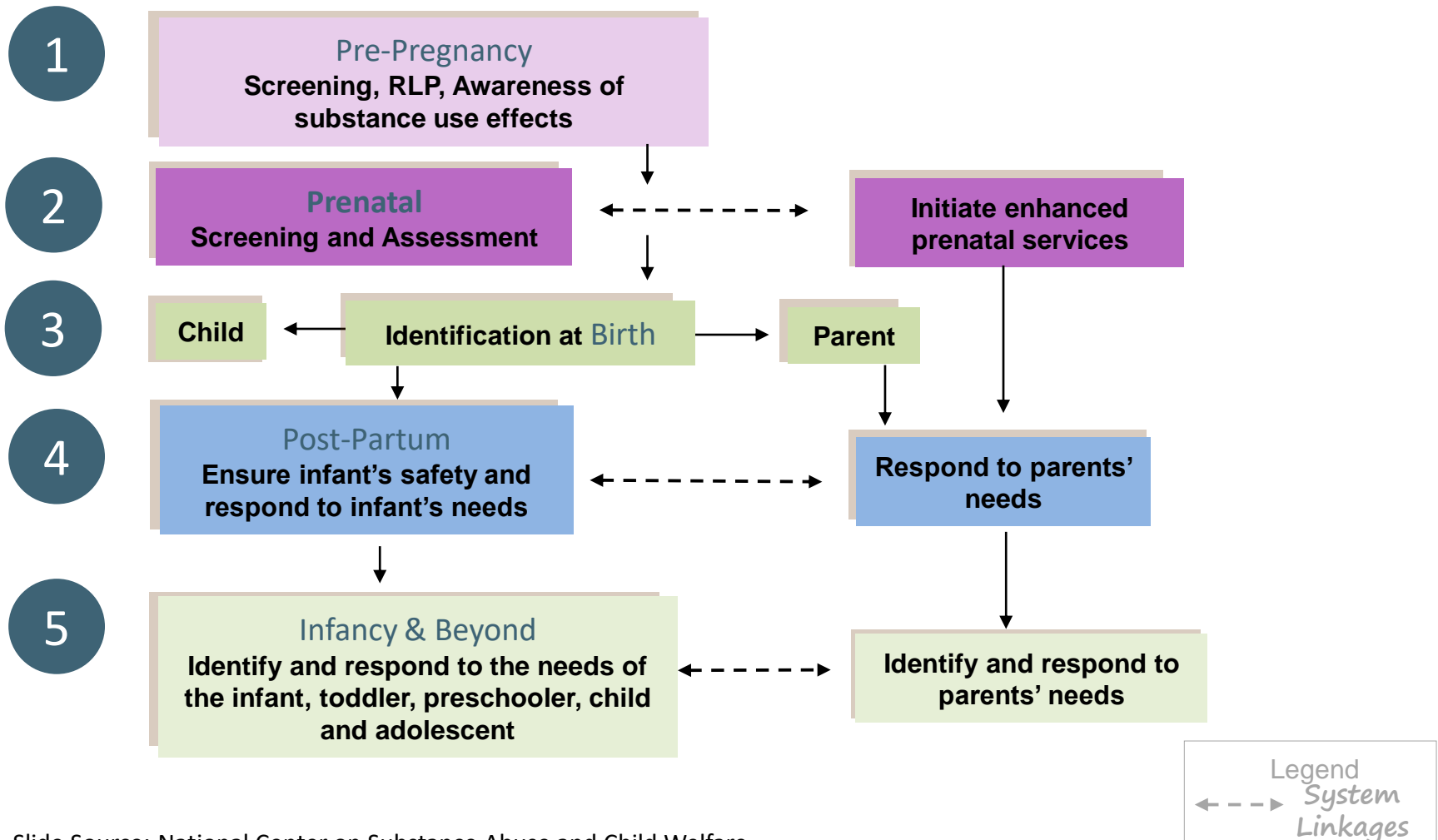
SAMHSA Office of Applied Statistics

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



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.

Source: Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *N Engl J Med.* 2016;374(9):843-852.; Heil SH, Jones HE, Arria A, et al. Unintended pregnancy in opioid-abusing women. *J Subst Abus Treat.* 2011;40(2):199-202.; Terplan et al. *Prev Med.* 2015;80:23-31.

# 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

<https://www.communitycarenc.org/media/files/pmh-substance-abuse-pathway.pdf>



# Screening

## CCNC Pregnancy Home Risk Screening Form

### CCNC Pregnancy Home Risk Screening Form

Complete this side of the form and give it to the nurse or doctor. Please answer as honestly as possible so we can provide the best care for you and your baby. The care team will keep this information private.

1. Thinking back to just before you became pregnant, how often did you think about having a baby?  
 I wanted to be pregnant  
 I wanted to be pregnant  
 I wanted to be pregnant  
 I did not want to be pregnant  
 I don't know.

2. \*Within the last year, how often did you think about having a baby?  
 I wanted to be pregnant  
 I wanted to be pregnant  
 I wanted to be pregnant  
 I did not want to be pregnant  
 I don't know.

3. \*Are you in a relationship with someone?  
 Yes  No

4. \*Has anyone forced you to have sex?  
 Yes  No

5. In the last 12 months, how often did you have sex?  
 I never had sex  
 I had sex  
 I had sex  
 I had sex  
 I had sex

6. \*Is your living situation safe?  
 Yes  No

7. \*Which statement best describes your smoking history?  
 A. I have never smoked  
 B. I stopped smoking  
 C. \*I stopped smoking  
 D. \*I smoke now but  
 E. \*I smoke about

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](mailto:jjones@alcoholdrughelp.org))
- Available Monday through Friday from 8 am to 6 pm
- **1-800-688-4232**



# NCPOEP

NORTH CAROLINA PREGNANCY & OPIOID EXPOSURE PROJECT

- Key Messages
- *Pregnancy and Opioid Exposure: Guidance for North Carolina*
- Service Locator Map

[ncpoep.org](http://ncpoep.org)



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NCPOEP  
NORTH CAROLINA PREGNANCY & OPIOID EXPOSURE PROJECT



nc department  
of health and  
human services



# FASDs Can Be 100% Preventable

Happy Children,  
Begin with Healthy Pregnancies!



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NC Fetal Alcohol Prevention Program  
FASDinNC

Visit [FASDinNC.org](http://FASDinNC.org)

# 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*

# 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.



Health Care  
Provider  
Involved in the  
Delivery or  
Care of Infant

# Identifying a Substance Affected Infant

Health Care  
Provider  
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Delivery or  
Care of 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.



Health Care  
Provider  
Involved in the  
Delivery or  
Care of Infant

\*Hoyme, HE, Kalberg, WO, Elliot, AJ, et al. Updated Clinical Guidelines for Diagnosing Fetal Alcohol Spectrum Disorders. Pediatrics, Volume 138, number 2, August 2016

# Notifying Child Protective Services

Health Care  
Provider  
Involved in the  
Delivery or  
Care of Infant

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

County Child  
Welfare  
Agency

- 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



# Connecting Families to Appropriate Services



Care  
Coordination for  
Children  
(CC4C)

- 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



Care  
Coordination for  
Children  
(CC4C)

- 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

Thank you!