The issue of young children impacted by substance use disorders in families is not new; but the attention this issue is drawing may open the door to some new collaborations.

Much attention is being paid to pregnant women with OUDs and newborns (risks of NAS and NOWS); research and attention focused on young children and early childhood systems seems harder to find.
Supporting Families with SUD

Parents are complex human beings who deserve respect and encouragement.

– **Addiction is one facet of their lives but does not define who they are.**

– **Implicit or explicit bias about SUD can impact relationships and seeking supports.**

“Isn’t the near death experience of your friend enough for you to just give up using?”

“Everyone knows smoking is harmful to a fetus, but she keeps lighting up!”

“Why doesn’t that mom love her child enough to stop using?”

“That family is at risk of losing their children, but that isn’t enough to stop them from buying another case of beer.”

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The root cause of the Substance Use Disorder

“is probably the most dangerous thing in the household—whether that’s mom’s history of abuse or neglect or sexual assault or whatever it is. That thing will continue to come back and haunt that caregiver and the child-caregiver relationship for a very long time unless its addressed.”

—Nadine Burke Harris, 2017
(www.motherjones.org)

• Drugs and alcohol serve a purpose.

• Addiction is not a willful behavior.
  – It is a medical disorder and should be approached that way. MH therapy should be available to address trauma that typically leads to self-medicating behaviors.
  – For many addictions is evidence of trauma and can create exposure to additional trauma.
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• Recovery is a lifelong process.
  — *How a person manages relapse is the challenge.*

• Healthy parenting requires creating a responsive skill building process with each parent.
  — *Home visitors can help with this skill building process.*

• Prenatal exposure often co-occurs with other substance use during pregnancy
Some Key Points: Pregnant Women

- Rates of pregnant women using opioids have been on the rise
  - Rates of opioid use just prior to labor and delivery jumped from 1.19 to 5.63 per 1,000 hospital births between 2000-2009 (SAMHSA, 2016)

- Pregnant women are often more motivated to seek treatment for their substance use disorders (SAMHSA, 2014)

- But are unable to access treatment
  - The 2012 National Survey of Substance Abuse Treatment Services data indicate that 13 percent of outpatient-only substance use treatment facilities and 13 percent of residential treatment facilities offered special programs for pregnant/postpartum women (SAMHSA, 2017)
The use of medication-assisted treatment (MAT) during pregnancy is a recommended best practice for the care of pregnant women with opioid use disorders (ACOG, 2012)

- Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose (samhsa.gov)

Withdrawal and abstinence pose risks to mom and baby

- Medications used to treat opioid use disorders include methadone and buprenorphine. Both of these medications stop and prevent opioid withdrawal and reduce opioid cravings.

- Abrupt discontinuation of opioid use during pregnancy can result in premature labor, fetal distress, and miscarriage.
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Pennsylvania Efforts in Supporting Families with Young Children Affected by Substance Use Disorder (SUD)

https://www.wqed.org/tv/watch/specials/broken-women-families-opioids
Pennsylvania’s Opioid Crisis

• In 2016, more than 4,600 PA citizens died as a result of an OUD

• 13 Pennsylvanians die every day from a drug overdose
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Pennsylvania’s Opioid Crisis

• In 2016
  – 70,000 PA residents received MAT
  – 120,000 were diagnosed with an OUD

• In 2017
  – 3,779 PA lives were saved with Naloxone
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In 2016, 1,772 newborns with MA were born with Neonatal Abstinence Syndrome.
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First 6 weeks of 2018

217 newborns with NAS

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Initial Pennsylvania Strategies

• Prescription Drug Monitoring Program.
• Expanded the prescription drug-take back program to 700 boxes across the state.
• Made naloxone available to all Pennsylvanians.
• Started a hotline to connect individuals seeking treatment.
• Provided $2 million to expand specialty drug courts.
• Established 45 Centers of Excellence
Centers of Excellence

- Treating the whole person by integrating physical and behavioral health
- Expand access to MAT
- Community based case management teams (Spoke and Hub Network)
Governor Wolf Declares Heroin and Opioid Epidemic a Statewide Disaster Emergency

January 10, 2018

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Opioid Disaster Initiatives

1. Enhancing coordination and data collection to bolster state and local response.
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PA Opioid Data Dashboard

https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/
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Opioid Disaster Initiatives

2. Improving tools for families and first responders, and others to save lives
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Opioid Disaster Initiatives

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Supporting Families with SUD

Opioid Disaster Initiatives

3. Speeding up and expanding access to treatment
Naloxone is a medication that can reverse an overdose that is caused by an opioid drug (i.e. prescription pain medication or heroin). When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes. There is no MA copay for Naloxone.

**Naloxone Frequently Asked Questions**

http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M- P/opioids/Pages/naloxone.aspx#.WuCDSa_D_IU
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OCDEL’s Plans for Families with Young Children Affected by SUD
OCDEL’s Plans

• Analyzing data for needs
• Pilot enhanced family supports
  – Recovering Families Curriculum
• Provide cross-system training based on needs assessment
• Safe Plans of Care
• What are some of the greatest challenges you (or your staff) are encountering in your work as it relates to opioid/substance misuse in families with infants and young children?
What potential solutions are being explored to address misuse in your community/communities? Are HV or early childhood supports engaged in this effort?
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• What do your early childhood professionals need regarding professional development topics to enhance their services?
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A Local Perspective:

- Family Service Association of Bucks County
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Identifying partnerships

- Center of Excellence in Opioid Treatment

- MAT providers or other treatment providers in or near your communities
  - [https://www.pa.gov/guides/opioid-epidemic/](https://www.pa.gov/guides/opioid-epidemic/)

- Birthing hospitals
- Home Visiting, Early Intervention, Quality Childcare
- Child Welfare Agencies
- Workforce Development Strategies
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PA Project LAUNCH Partnership

Year 1: 2015
Ensured engagement of substance abuse prevention and substance abuse treatment systems partners on State and Local YCWC

Intentional exploration of D&A related initiatives and their alignment with strategic plan

YCWC participated on Allegheny County Department of Health’s Mental Health and Substance Use strategic plan committee to ensure coordination of strategies in our pilot communities

Year 2: 2016
Exploration of utilizing concepts from Safe Baby Court Team model in local Drug Courts

Exploration of adding ECMH Consultation to the family support centers with D&A lens

PA Governor invests $20.4 million for 50 Opioid Centers of Excellence which serve as central, efficient hubs around which treatment revolves. LAUNCH to begin collaboration with CoE’s in pilot community

Year 3: 2017
Presented to D and A providers about IECMH learning opportunities

Monthly education of home visiting administrators on substance abuse providers and services available in the county

Home visiting stakeholders meeting with PA Opioid Centers of Excellence

Training days for HV dedicated to opioid addiction, NAS and intimate partner violence
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Workforce Development: Early Childhood Systems Partners

- **May 2017:**
  - The Effects of Substance Abuse on ECMH
  - Cultural Competency
- **March 2018: Opioids and NAS Conference Topics**
  - Substance Use Disorders: Translating Science into Clinical Practice
  - Neonatal Abstinence Syndrome, Safe Sleep, Medication Assisted Treatment and Safe Storage of Medicine
  - Cup of Love: the social emotional needs of moms and babies
  - Basics of Recovery and Myths
  - How to support these families
  - Relapse can happen
Partnerships and collaboration:

- Collaborating with Labor and Delivery Units around referrals to Home Visiting Programs and other Early Childhood Systems Partners

- Collaborating with neighboring CoE’s about Home Visiting and other Early Childhood Systems Partners
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Resources

• SAMHSA
  – Protecting Our Infants Act: Final Strategy
    • https://www.samhsa.gov/sites/default/files/topics/specific_populations/final-strategy-protect-our-infants.pdf
  – National Center on Substance Abuse and Child Welfare
    • https://ncsacw.samhsa.gov
  – Advancing the Care of Pregnant and Parenting Women with Opioid Use Disorder and their Infants
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• Office of Special Education:
  – Topical Issue Brief: Intervention IDEAs for Infants, Toddlers, Children, and Youth Impacted by Opioids:
    • [https://osepideasthatwork.org/sites/default/files/IDEAslIssBrief-Opioids-508_0.pdf](https://osepideasthatwork.org/sites/default/files/IDEAslIssBrief-Opioids-508_0.pdf)

• IMH Associations Position Statements
  – Alliance for the Advancement of IMH
    • [www.allianceaimh.org](http://www.allianceaimh.org)
  – Pennsylvania Association for Infant Mental Health
    • [www.pa-aimh.org](http://www.pa-aimh.org)
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• MIECHV:

• NASW statement:

• National Perinatal Association statement:
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• Contact Us:
  – Brandy Fox (brafox@pakeys.org)
  – Lisa Parker (liparker@pa.gov)
  – Jennifer Santiago (jsantiago@fsabc.org)
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Register Now!

Pennsylvania Family Support and Home Visiting Conference:

Supporting & Strengthening Families

Starts Tuesday, June 12, 2018 at 1:00 PM
Ends Thursday, June 14, 2018 at 11:30 AM

Location: Eisenhower Hotel & Conference Center, Gettysburg, PA