



Supporting Pregnant and Parenting People, Partners, and Families



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WHY should we listen?

- Substance Use Disorder impacts pregnant and parenting people, infants, and families
- The rate of child removals attributable primarily to parental substance use increased from 18.5% in 2000 to 35% in 2020
- American Indians and Alaska Natives (AI/AN)
 have disproportionally higher rates of children
 that enter foster care each year, in part due to
 parental substance use



Child Abuse Prevention and Treatment Act (CAPTA)

- Federal law enacted in 1974
- Goal: provide services and supports for infants with prenatal exposure, those experiencing substance use disorders and their families
- Family focused plan to meet the needs of parent(s), infant(s), families



Notifying vs Reporting to Child Protective Services



- Consider notifying (and not reporting) if the individual experiencing an SUD is stable and engaged in treatment
- Visit childwelfare.gov/stateresources to learn more about your state's policies

Report

- Suspicions of abuse or neglect
- Concerns about safety of the child
- Identifies the individual

Notify

- Prenatally exposed to substances
- No concerns about safety or well-being
- No personally identifying information

Key Values



- 1. Having SUD in pregnancy is not, by itself, child abuse or neglect.
- 2. Criminalizing SUD in pregnancy is ineffective and harmful.
- 3. Everyone has the right to effective treatment.
- 4. Encourage prenatal care, treatment, and recovery support.
 - Barriers to access should be addressed, mitigated, and eliminated where possible.
- 5. Improving effective communication and coordination of public health, criminal justice systems, treatment and early childhood systems can optimize outcomes and reduce disparities.

Framework



 Connect families to supports and services

 Compassionate, culturallyresponsive, trauma-informed care



Framework



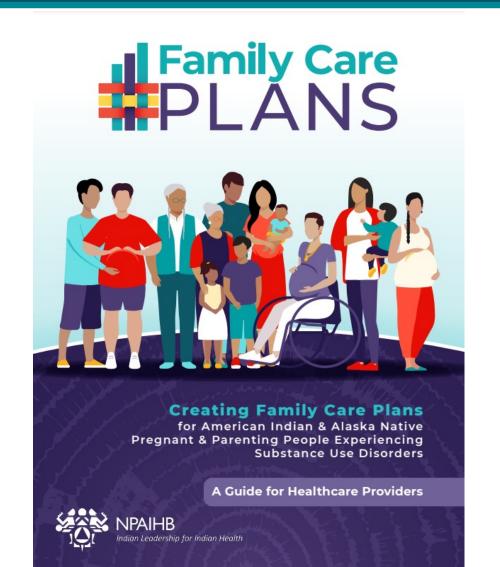
- Policies and procedures that
 - Support access and engagement in substance use treatment.
 - Strengthen families and promote child and family well-being.
- Services for children that
 - Address their medical and developmental needs and experiences of trauma.
 - Reestablish trusting bonds with their families.
- Linking Child Protective Services with partners in the community to build support for and resilience within families before crises occur.



Resources

Providers Guide

- Al/AN pregnant and parenting people experiencing substance use disorders and their infants, partners, and families benefit from high-quality healthcare that is:
 - Evidence-based
 - Culturally-responsive
 - Trauma Informed
 - Holistic in nature
 - Attuned to individual and family needs, and
 - Part of an integrated network of social, cultural, spiritual, and community-based supports.



Patient and Family Fact Sheets

- The Truth About Substance Use and Pregnancy
- Getting Help for Substance Use During Pregnancy
- Getting Help for Substance Use For New Parents
- Supporting Something with a Substance Use Disorder
- Culture is Part of the Cure

Culture is Part of the Cure

Substance Use

Substances - like alcohol and drugs - change the way our brain works. One of the first changes that happens is that substances take over the part of our brain that controls our cravings. Soon people find themselves taking substances more often and in larger amounts.

When someone's substance use causes them to have health issues or problems at work, school, or home, they may have a substance use disorder.

Fortunately, pregnant people - like anyone else - can and do recover from substance use disorder. They can also have a happy, healthy baby.



The Power of Cultural Traditions

Recovering from substance use can be a long journey, with many ups and downs. Luckily, our cultural teachings are very powerful. They have helped many of us understand how to live well for generations.

Although everyone's relationship to their traditions is different, for many of us participating in our cultural practices is healing.

Here are some ideas:

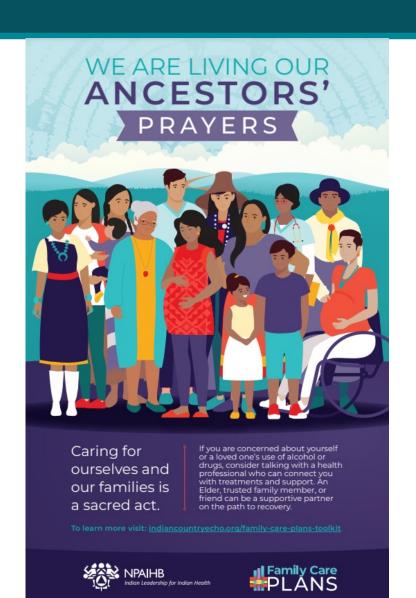
- Relieve stress by doing activities that calm your body, mind, and spirit. Activities like meditating, praying, singing, spending time in nature, dancing, or cooking can help you feel relaxed and grounded.
 - Work on a traditional craft, like weaving, carving, or basketmaking. Doing so teaches many lessons, including patience and practice keeping a good mindset. Also, working with traditional materials connects us to our roots and can help us turn inward to be able to "hear" our own thoughts.
 - **Take care of your body** by gathering and eating natural foods from the earth that will support you in feeling good.



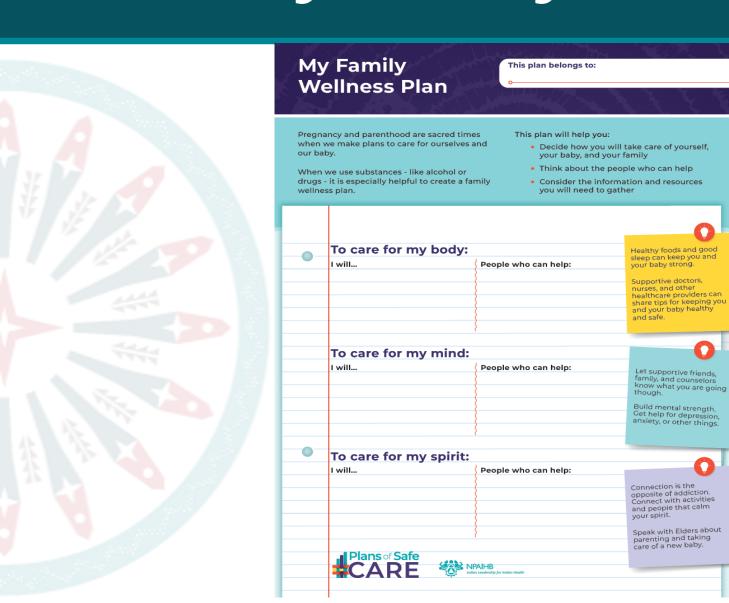


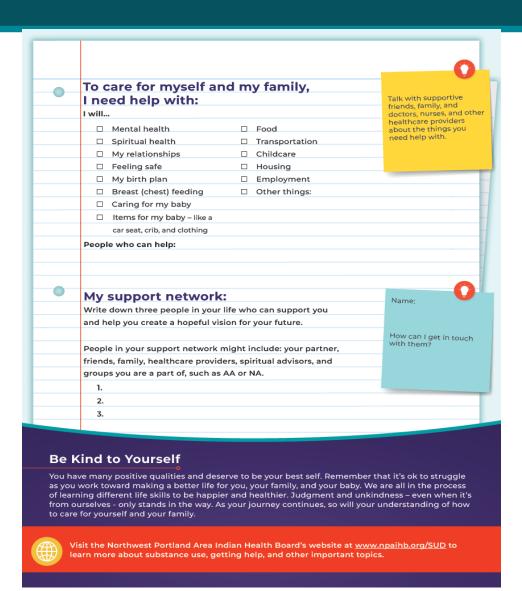
Educational Poster





My Family Wellness Plan





Care Coordination Plan



- Developed prenatally and updated postnatally with the pregnant person and involved caregivers
- Goal: ensure infants and families are connected to supportive services in their communities
- Share care coordination plan with
 - parent(s)/caregiver(s)
 - primary provider(s)
 - delivering facility

Care Coordination Plan





Instructions

The Care Coordination Plan should be developed prenatally and updated postnatally with the pregnant person and involved caregivers. The goal of the Care Coordination Plan is to ensure infants and families are connected to supportive services in their communities. The completed Care Coordination Plan should be shared with the parent(s)/caregiver(s), primary obstetric providers, and the delivering facility to facilitate communication and follow-up. It should be scanned into the medical record, and the family should receive a copy if the patient wishes. Review and update plan periodically.

Care Coordination Plan Indication						
☐ Buprenorphine/ Methadone ☐ Nicotine/Tobacco	Opioids Marijuana		☐ Methamphetamine ☐ Alcohol		Sedative Hypnotics Other:	
Demographic Information						
Name of Parent:		Parent DOB:		Estimate	Estimated Delivery Date:	
Name of Infant:		Infant DOB:		Infant D	Infant Discharge Date:	
Infants Primary Care Provider & Contact Information:						
Household Members						
Name:	Relationship to Infa	nt: Name:		Relationship to Infant:		
				1		
Strengths and Goals (E.g. Recovery, Housing, Parenting, Smoking Cessation, Chestfeeding)						
Services, Supports, and Referrals						
INFANT SUPPORTS						
Program Name	Contact Info	Status			Comments	
Pediatric Provider		Care l	Established 🔲 R ssed 🔲 N	teferral placed lot Applicable		
Community Supports		Recei Discu	_	teferral placed lot Applicable		

Services, Supports, and Referrals

PARENTAL AND CAREGIVER SUPPORTS Contact Info Status Comments Receiving Referral placed Medications for Substance Use Disorder Discussed ■ Not Applicable Receiving Referral placed Behavioral Health Discussed ■ Not Applicable Receiving Referral placed Substance Use Counseling ■ Not Applicable Discussed Receiving Referral placed Case Management Discussed Not Applicable Receiving Referral placed Recovery Supports Discussed ■ Not Applicable Receiving Referral placed Parenting Supports Discussed ■ Not Applicable Receiving Referral placed Financial Supports Discussed ■ Not Applicable Receiving Referral placed Housing & Food ■ Not Applicable Supports Discussed Receiving Referral placed Lactation Support Discussed Not Applicable Receiving Referral placed Transportation Supports Discussed ■ Not Applicable Receiving Referral placed Childcare ■ Not Applicable Resources Discussed Receiving Referral placed Legal Assistance ■ Not Applicable Discussed Receiving Referral placed Other Discussed ■ Not Applicable Notes/Follow-Up Information **Parent/Caregiver Participation** I participated in the development of this Care Coordination Plan, have received a copy, and understand it will be shared with my birthing center, as well as my and my baby's primary care providers. Parent/Caregiver Signature: _____ Parent/Caregiver decline participation Staff Signature: _____



Visit the Northwest Portland Area Indian Health Board's website at indiancountryecho.org/family-care-plans-toolkit to learn more about substance use, getting help, and other important topics.

Plans of Safe Care Video





Substance Use Warmline







CLINICIAN-TO-CLINICIAN

SUBSTANCE USE WARMLINE (855) 300-3595

6am—5pm PST (Mon-Fri)
Submit cases online: nccc.ucsf.edu







The Substance Use Warmline offers Clinician-To-Clinician support for IHS providers managing alcohol and substance use disorders.

The Substance Use Warmline is a collaboration between the IHS, NW Portland Area Indian Health Board and the Clinician Consultation Center at the University of California, San Francisco.

Substance Use Disorder ECHO



Substance Use Disorder ECHO Program

WHAT IS ECHO?



ACCESS

People need access to quality care for their complex health condition.



NEED

There aren't enough specialists in Indian Country for everyone who needs care.



TRAINING

Indian Country ECHO trains clinicians to provide high quality care.



CARE

Patients get the right care, in the right place, at the right time. This improves outcomes.



CONNECTED

Clinicians are connected to a learning community of peers and experts.

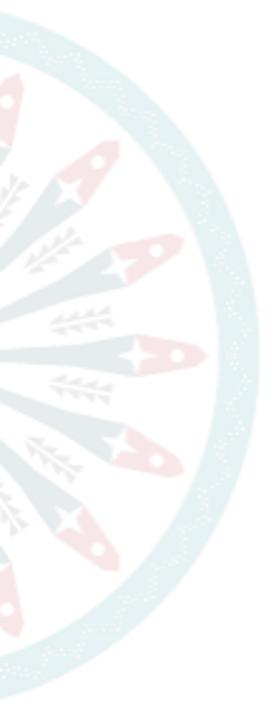
Watch these expert <u>presentations</u> on effectively treating PPP with SUDs.

Red Lake Nation Recovery Videos



Sharing Our Stories
Living a Beautiful Life in Recovery





LEARN MORE

about Substance Use Disorders

- Indian Country ECHO
- UCSF National Clinical Consultation Center
- IHS HOPE Committee's website

References



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- National Council of Juvenile and Family Court Judges, Disproportionality Rates for Children of Color in Foster Care (Fiscal Year 2014). Available from: https://www.childwelfare.gov/pubpdfs/about.pdf
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- National Clinician Consultation Center. Substance Use Warmline. Available from: https://nccc.ucsf.edu/clinician-consultation/substance-use-management/
- Indian Country ECHO. Substance Use Disorder ECHO Program. Available from: https://www.indiancountryecho.org/program/substance-use-disorder/

Contact Information



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