



Child Welfare and MOMMS: Building Partnerships to Improve Care



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Goals

- Develop collaborative partnerships between MOMS pilot sites and child welfare agencies:
 - ✓ Facilitate successful outcomes for clients
 - ✓ Jointly develop and monitor plans of safe care
 - ✓ Identify actionable strategies for service coordination to:
 - Foster recovery
 - Ensure child safety
 - Promote family stability



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Goals

- Promote child welfare's role in client care
- Build awareness of MOMS pilot sites' contributions to child safety and family stability
- Educate MOMS sites about legal requirements and opportunities for supporting child welfare mandates
- Educate child welfare agencies about Medication Assisted Treatment (MAT) and opportunities to support client recovery



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History

- Child welfare and MOMS sites can recognize each other as collaborative partners
 - ✓ Child welfare is often viewed as an “enforcement” agency rather than a partner in client care and safety
 - ✓ Child welfare agencies may not be fully aware of the services MOMS pilot sites offer that promote child safety and family stability



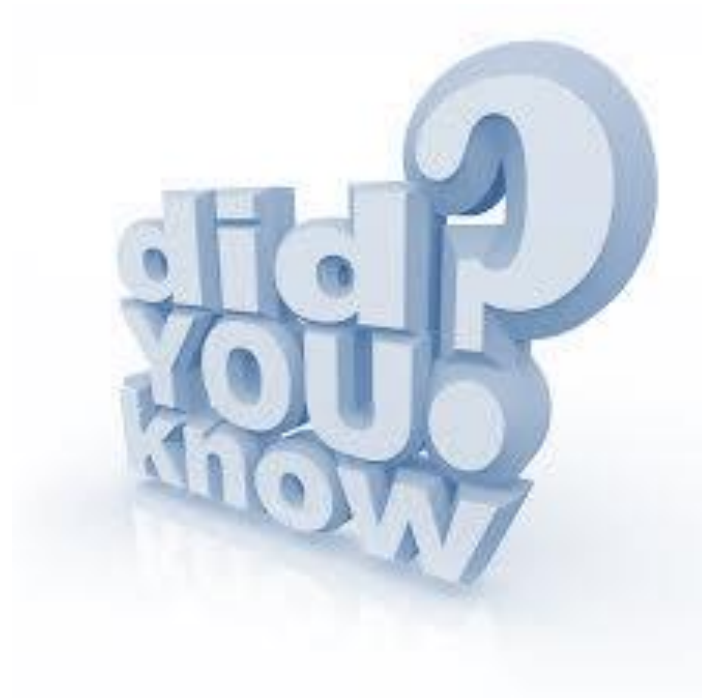
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Advancement

Through collaborative partnerships, MOMS sites and child welfare agencies will work together to achieve positive outcomes for the clients and families they both serve



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Overview

Child Welfare	MOMS Program
<ul style="list-style-type: none">• Prefers to keep babies with their moms whenever possible and safe	<ul style="list-style-type: none">• Coordinates all program partners needed to fully support recovery for opioid-dependent women
<ul style="list-style-type: none">• Is required to ensure a plan of safe care is developed; this does not necessarily mean a “case” will be opened	<ul style="list-style-type: none">• Ensures safe and stable housing, employment, and other supports for the health and safety of mom and baby
<ul style="list-style-type: none">• Might be able to provide additional resources to support a client’s recovery	<ul style="list-style-type: none">• Gathers many resources in the community to support all aspects of a client’s recovery

Proactive, collaborative partnerships between MOMS sites and child welfare helps better support clients and helps both agencies accomplish their goals



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Get the Facts

Opioid Substance
Use Disorder and
Treatment





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Opioid Substance Use Disorder

Chronic Disease

- Opioid substance use disorder is a chronic disease (a medical condition for life), like heart disease or diabetes.
- It cannot be cured, but it can be managed
- With treatment, under the care of doctors and other professionals, a healthy life can be regained



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Treatment

Medication Assisted Treatment (MAT)

- Is often the best choice for opioid substance use disorder, especially pregnant women
- There are five equally important treatment components:
 - ✓ Medication
 - ✓ Counseling
 - ✓ Support from family, friends and peers
 - ✓ Other social services
 - ✓ Drug testing and accountability



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Important Considerations for Pregnant Women

- Neonatal Abstinence Syndrome (NAS) is a group of problems babies experience when withdrawing from exposure to narcotics
- Consistent MAT provides the best chance for:
 - ✓ Mom's recovery
 - Reduced risk of relapse/overdose and HIV or other infections;
 - Reduced risk of miscarriage
 - A healthier pregnancy
 - ✓ A healthier baby



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MAT Works

- Authors of two studies searched major databases and other sources to review meta-analyses, reviews, and individual studies from 1995 through 2012 on the effectiveness of MAT.^{1,2}

SOURCES:

1. Fullerton CA, Kim M, Thomas CP, et al. Medication-assisted treatment with methadone: assessing the evidence. *Psychiatric Services in Advance*. November 18, 2013; doi: 10.1176/appi.ps.201300235.
2. Thomas CP, Fullerton CA, Kim M, et al. Medication-assisted treatment with buprenorphine: Assessing the Evidence. *Psychiatric Services in Advance*. November 18, 2013; doi: 10.1176/appi.ps.201300256.

MAT Works

- They found that evidence clearly shows that treatment with methadone or buprenorphine products has a positive impact on:
 - ✓ Retention in treatment
 - ✓ Illicit opioid use
- Evidence is suggestive of positive impacts for:
 - ✓ Illicit drug use (non-opioid)
 - ✓ Mortality
 - ✓ Drug-related HIV risk behaviors
 - ✓ Criminal activity



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Treatment

How MAT Works

- Allows one to regain life stability free of drug-induced highs and lows to support recovery
- Is **NOT** the same as substituting one addictive drug for another
- Does **NOT** create a new addiction when used properly



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Treatment

How MAT Works

- Is **NOT** effective treatment for other substance use disorders or conditions
- Though an important component of opioid substance use disorder treatment, MAT is not a “cure all”

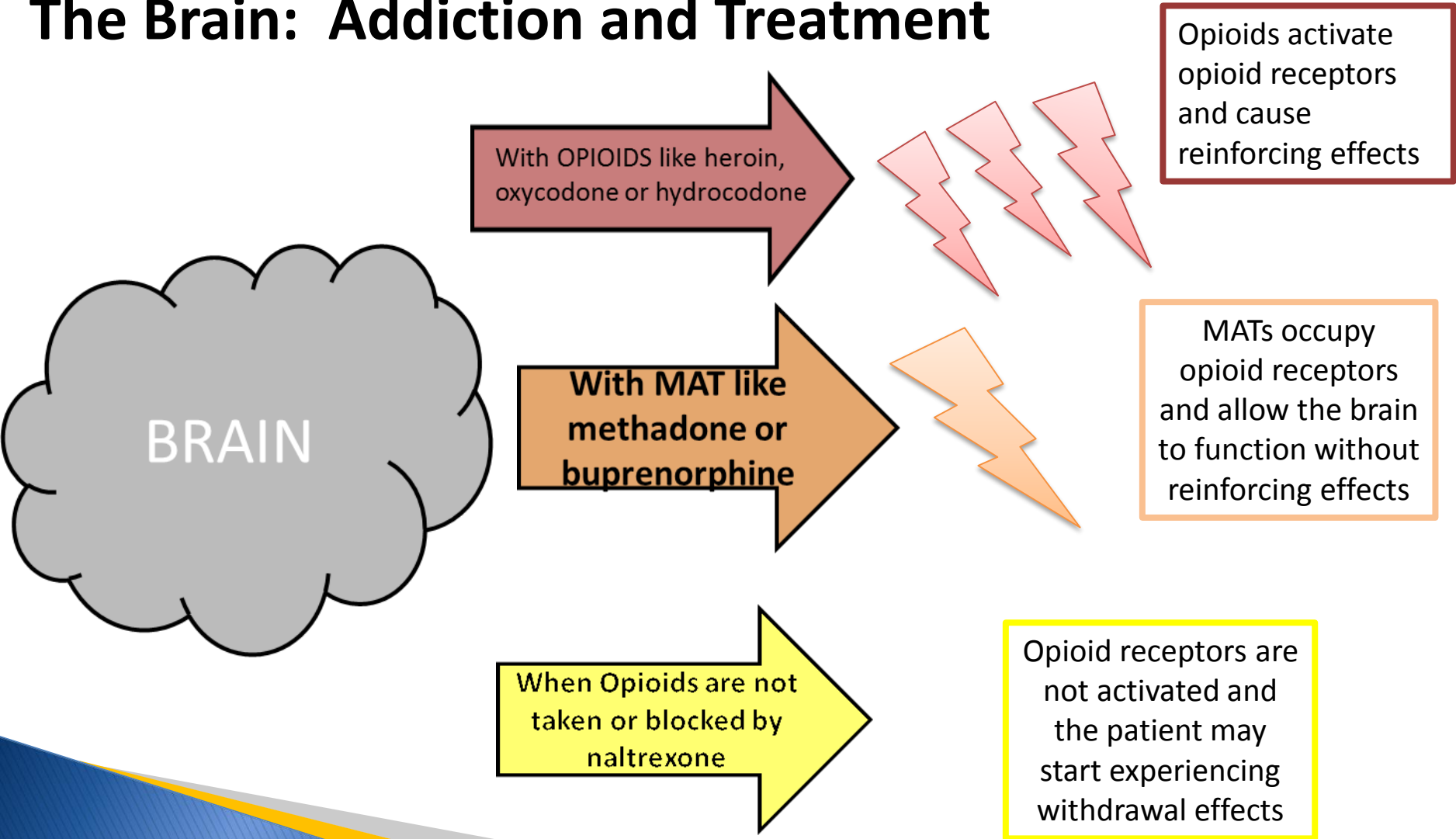
Kinds of MAT

- The most common medications used in treatment of opioid substance use disorder are:
 - ✓ Methadone
 - ✓ Buprenorphine (e.g. Subutex (preferred in pregnancy) or Suboxone)
- These medications:
 - ✓ Reduce cravings
 - ✓ Reduce withdrawal symptoms which decreases the risk of relapse

Kinds of MAT

- Another medication, Naltrexone (e.g. Vivitrol), helps overcome addiction in a different way:
 - ✓ Blocks the effect of opioid drugs
 - ✓ Takes away the feeling of getting high if the problem drug is used again
- Naltrexone is not recommended to initiate during prenatal treatment

The Brain: Addiction and Treatment





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Treatment

Treatment Plan

- Because this disorder is a chronic lifelong illness (like diabetes), clients need lifelong support
 - ✓ The amount and type of support will vary for each client
 - ✓ People can safely take treatment medication as long as needed—for months, a year, several years, even for life
- Counseling and support are also essential parts of successful treatment



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Get the Facts

Reporting
Requirements





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Referral to CPS (Child Protective Services)

Importance of Informing CPS

- Substance misuse is a chronic disorder with a propensity for relapse:
 - ✓ 50% relapse within the first year of recovery
 - ✓ Risk of relapse will increase due to stresses associated with parenting (e.g., caretaking, fussiness, fatigue)
- A primary symptom is not fulfilling obligations:
 - ✓ Care of self and child
 - ✓ Employment



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Importance of Informing CPS

- Parental Substance Use
 - ✓ Can negatively impact the infant's health
 - ✓ Compromises caregiving capacity
- CPS Assistance
 - ✓ CPS can support client recovery for benefit of mom and baby



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Legal Requirements

Federal and State Law*

- Medical personnel and treatment providers are required to inform child welfare agencies of babies prenatally exposed to substances and/or demonstrating withdrawal
 - ✓ Pertains to legal, illegal and prescribed substances

*The Child Abuse Prevention and Treatment Act (CAPTA) Ohio Revised Code 2151.421



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Shared Requirements

Referring MOMS Clients

- Local child welfare agency must complete a plan of safe care on each MOMS baby to determine if there are any immediate threats that require implementation of a formal safety plan
- Every MOMS baby requires an assessment of safety to determine if a safety plan implemented by the local Public Children Services Agency (PCSA) must be developed



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Collaboration is key!





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MOMS Programs

Care Team

- Led by care coordinators who ensure communication among all program partners and the client:
 - ✓ Medical staff including OB/GYNs
 - ✓ Behavioral health providers
 - ✓ MAT specialists
 - ✓ Social service workers
 - ✓ Medicaid /insurer case managers
 - ✓ Other service providers needed to support client recovery



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MOMS Programs

Holistic Approach

- Strive to ensure mom and baby will live in a safe, sober environment
- Support all aspects of care:
 - ✓ Postpartum and ongoing medical care for mom and pediatric care for baby
 - ✓ Behavioral health needs of mom
 - ✓ Health education
 - ✓ Baby care and parenting
 - ✓ Ongoing care coordination to ensure needs are met



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MOMS Programs

Long-term Client Engagement

- Support recovery and family health and well-being following the birth of the child
 - ✓ Case planning and care coordination
 - ✓ Ongoing MAT
 - ✓ Behavioral health services and peer counseling
 - ✓ Education/employment training and services
 - ✓ Social services including safe and stable housing
- Help moms keep family together and safe



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Child Welfare

Plans of Safe Care

- Local child welfare agencies must ensure a plan of safe care is established for each MOMS baby to determine if there are any immediate threats that require implementation of a formal safety plan



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Assessing Safety

- Three components:
 - ✓ Child vulnerability
 - ✓ Adult protective capacities
 - ✓ Safety factors



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Child Vulnerability

- Physical
 - ✓ Immobile, small weight, cannot verbalize, has a diagnosis that requires special care and attention
- Emotional
 - ✓ Requires intensive physical care, overreacts to noises and stimuli
- Cognitive
 - ✓ Cannot recognize actions as harmful, unable to understand cause and effect, unable to communicate
- Behavioral
 - ✓ Has a diagnosis that impacts behaviors, unable to self soothe
- Historical
 - ✓ History of abuse/neglect



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Protective Capacities

- Assessed in three domains: cognitive, behavioral, and emotive:
 - ✓ Mom understanding the need to participate in treatment
 - ✓ Mom has a history of protecting the child from harm
 - ✓ Mom exhibits self control
 - ✓ Mom tolerates the stress of parenting
 - ✓ Mom uses safe/effective coping skills caring for the child
 - ✓ Mom defers her own needs to meet the needs of the child
 - ✓ Mom being willing and able to meet the child's immediate needs for supervision, food, clothing and shelter



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Safety Factors

- Information regarding the mom's progress in treatment is important when assessing safety
- If it is determined that the mom and baby are safe, a safety plan will not be implemented
- However, child welfare can assist in providing resources to support client recovery through developing a case plan and maintaining an open case in which parent retains custody



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Child Welfare

In Home Case

- Child remains in the custody of the parent
- Case plan is developed with the parent identifying services and action steps
- Ongoing case services provided to the family by the child welfare agency after completion of an assessment
- Regular reviews assessing safety and risk are completed



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Removal From Home

- Only when determined it is unsafe for the child to remain in the parent's care
- Child is in the temporary custody of the Public Children's Services Agency
- The child is placed in the least restrictive setting available: relative, kin, or foster home
- Case plan is developed with the parent identifying services and action steps and ongoing case services are provided
- Regular reviews assessing safety and risk are completed



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Child Welfare Requirements

Ohio Law Regarding Foster Children

- Child welfare agencies must file a permanency recommendation with the court when the child has been in care for 12 months
- Extensions are possible (e.g. treatment progress)
- Families involved with child welfare are prioritized within the substance use treatment system due to this requirement



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Collaboration is key!





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How Child Welfare Can Help

Inform Workers

- How MAT works
- What MOMS sites do to support recovery, child safety and family stability
- How to reach out to MOMS sites to break down barriers and establish effective, collaborative relationships



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How Child Welfare Can Help

Partner with MOMS Sites

- Reassure clients that collaborative partnerships support recovery and better ensure babies' safety
- Jointly develop and monitor the plan of safe care and/or case plan
- Understand the client's treatment plan
- Provide additional resources to support client recovery



How MOMS Sites Can Help

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Inform MOMS Clients

- Child welfare will meet with them after delivery
- The goal is to work with clients to:
 - ✓ Ensure the baby's safety
 - ✓ Identify ways to help the mom in recovery
- Continuing treatment is the best thing to do
- Child welfare prefers to keep babies with their moms whenever possible and reunite them as quickly as possible if they are separated



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How MOMS Sites Can Help

Partner with Child Welfare

- Collaborate on development of the plan of safe care for the child
- Jointly develop realistic case plan goals
- Review treatment progress with child welfare and identify needs for client supports
- Distribute client handout



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How to **Get Started**





Introductory Meetings

- Effective first steps in building a collaborative partnership:
 - ✓ County child welfare representatives visit MOMS sites
 - ✓ Establish system-specific roles
 - ✓ MOMS sites describe services offered and discuss how those impact child safety and family stability
 - ✓ Child welfare shares information about policy requirements and available supports to promote recovery
 - ✓ A plan for collaborative partnership is initiated

Client Specific Communication

- Information exchange:
 - ✓ Releases of information
 - ✓ Court orders
 - Facilitates development of realistic safety/case plans
 - Reduces client anxiety about the role of child welfare
 - Informs child welfare about client's progress timely
 - Informs MOMS sites about child welfare proceedings and client supports



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Information Sharing

- Awareness of a previous history with CPS involvement is important for all parties on the MOMS team
- Sharing information about past and current treatment episodes will increase awareness of unique challenges mom may face during and after pregnancy



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Best Practice

Empower Mom

- Ensure that each MOMS client:
 - ✓ Knows what to expect during child welfare meetings
 - ✓ Has realistic expectations about her involvement with child welfare
 - ✓ Knows how to let staff at hospitals and other settings that she is participating in a MOMS program
 - ✓ Has developed the skills necessary to adequately care for herself and her baby
 - ✓ Has the supports needed to maintain her recovery



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Questions?

Contact us via the MOMS website.