

# Improving Our Understanding of Infants with Substance Exposure and Neonatal Abstinence Syndrome (NAS)

October 31, 2017



# Housekeeping

- **Webinar is being recorded and will be available with slides in a few days on our website: [www.ncfrp.org](http://www.ncfrp.org)**
  - **The NCFRP will notify participants when it's posted**
- All participants will be muted and in listen only mode
- Questions can be typed into the Question Window
  - Due to the large number of participants, we may not be able to get to all questions in the time allotted
  - All questions asked will be answered and posted on the NCFRP website: <https://www.ncfrp.org/>

# Speaker Panel



**Linda Potter**  
National Center  
for Fatality Review  
and Prevention



**Bethany Miller**  
Health Resources  
and Services  
Administration



**Nancy K. Young**  
Children and Family  
Futures

# About the National Center for Fatality Review and Prevention

The National Center for Fatality Review and Prevention (NCFRP) is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.

It is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).



## About NCFRP, cont.

The NCFRP aligns with MCHB priorities and performance and outcome measures such as:

- Healthy pregnancy
- Child and infant mortality
- Injury prevention
- Safe sleep



## HRSA's overall vision for NCFRP

Through delivery of data, training, and technical support, the NCFRP will assist state and community programs in:

- Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
- Improving the quality and effectiveness of CDR/FIMR processes
- Increasing the availability and use of data to inform prevention efforts and for national dissemination

Ultimate Goal: improving systems of care and outcomes for mothers, infants, children, and families



# Webinar Goals

- Understand opioid disorders and difference between NAS and substance exposure
- Understand factors associated with substance use during pregnancy
- Identify best practices for collaboration and plans of safe care
- Hear suggestions for what fatality review teams can do to address the needs of families affected by substance use disorders



# Prenatal Substance Exposure: Policy and Practice Updates

Prepared for the National Center for Fatality Review and Prevention

October 2017

Bringing Systems Together

for



Bringing Systems Together for  
Family Recovery, Safety, and Stability

A Program Funded by the

**Substance Abuse and Mental Health Services  
Administration (SAMHSA)**

and the

**Administration for Children and Families (ACF),  
Children's Bureau**

**[www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)**

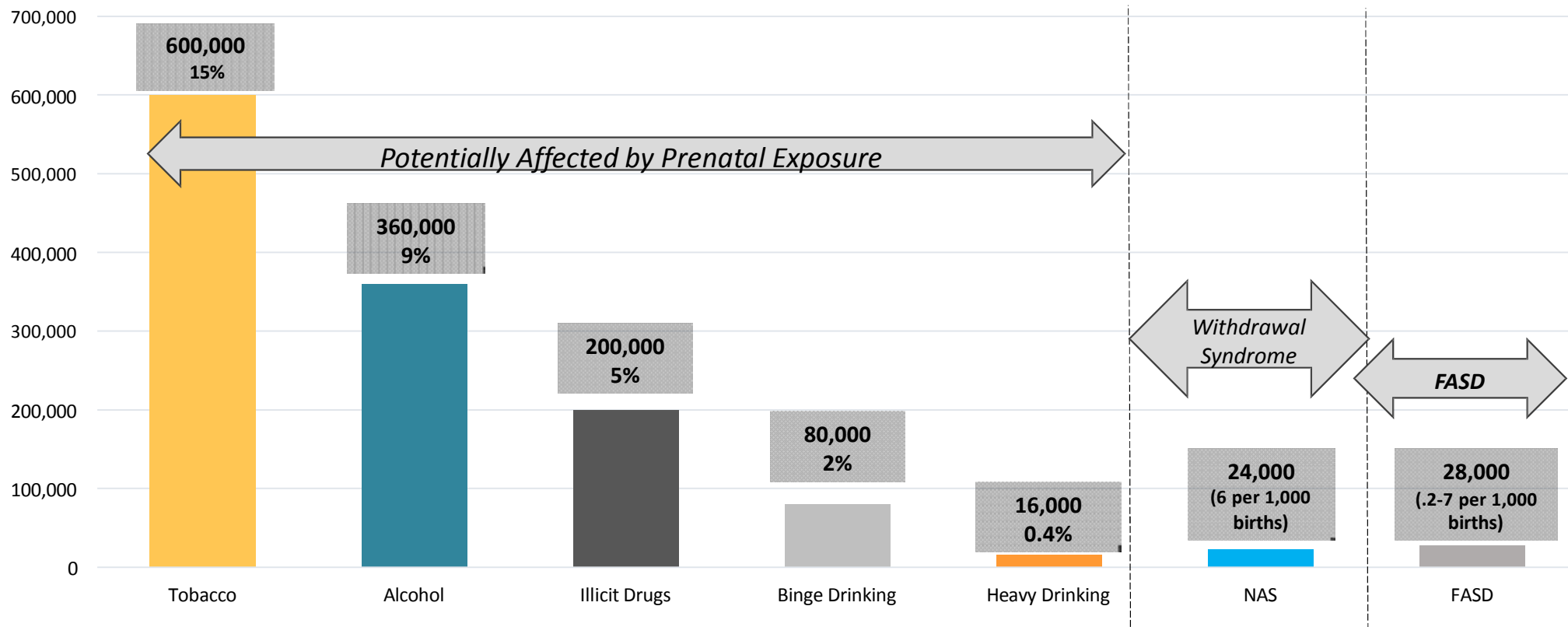
**[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)**







# Estimated Number of Infants\* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder



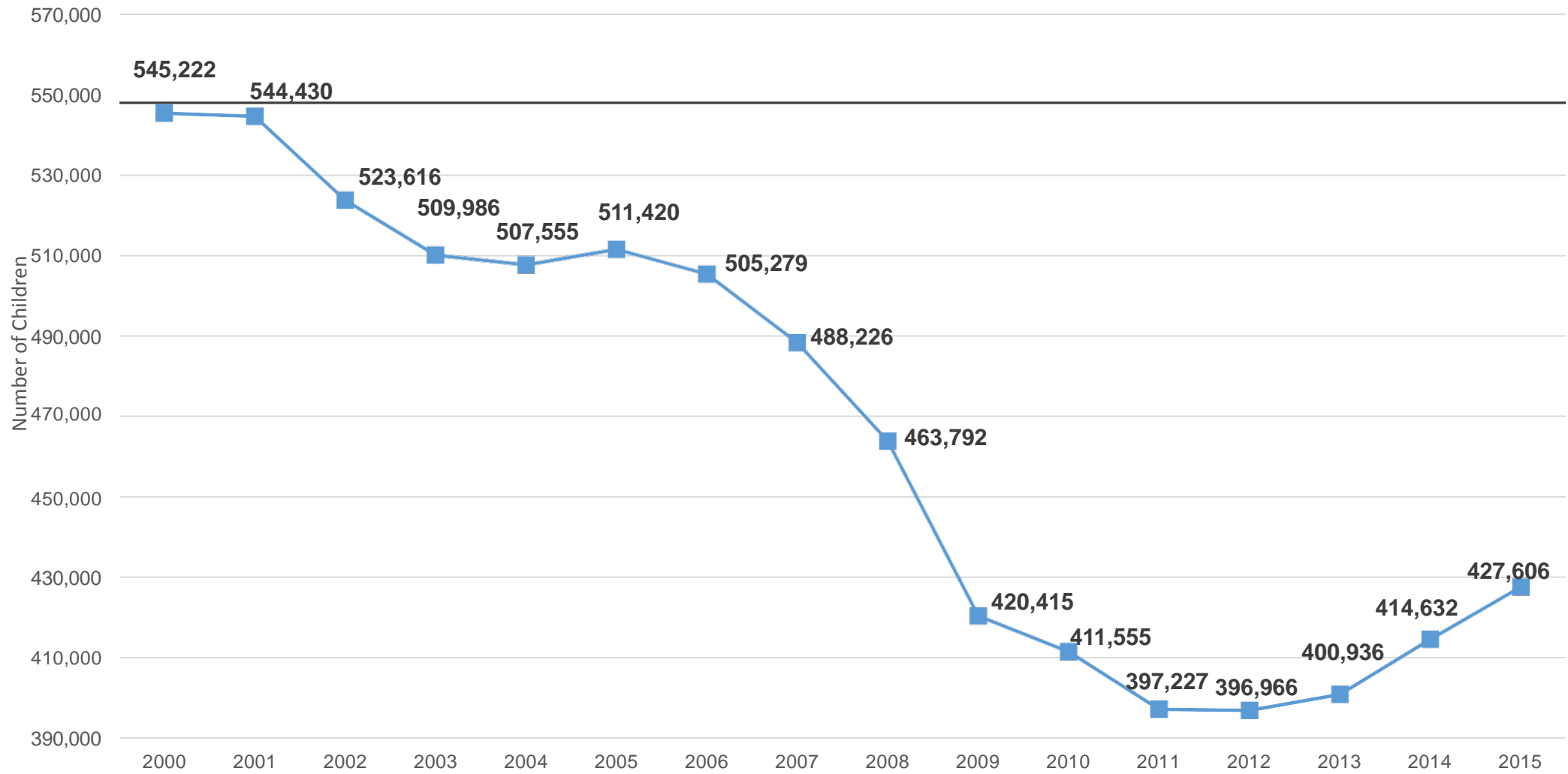
\*Approximately 4 million (3,932,181) live births in 2013; National Vital Statistics Report, Vol. 64, No. 1 [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf)

Estimates based on: National Survey on Drug Use and Health, 2013; <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

Patrick, et al., (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. Journal of Perinatology, 35 (8), 667

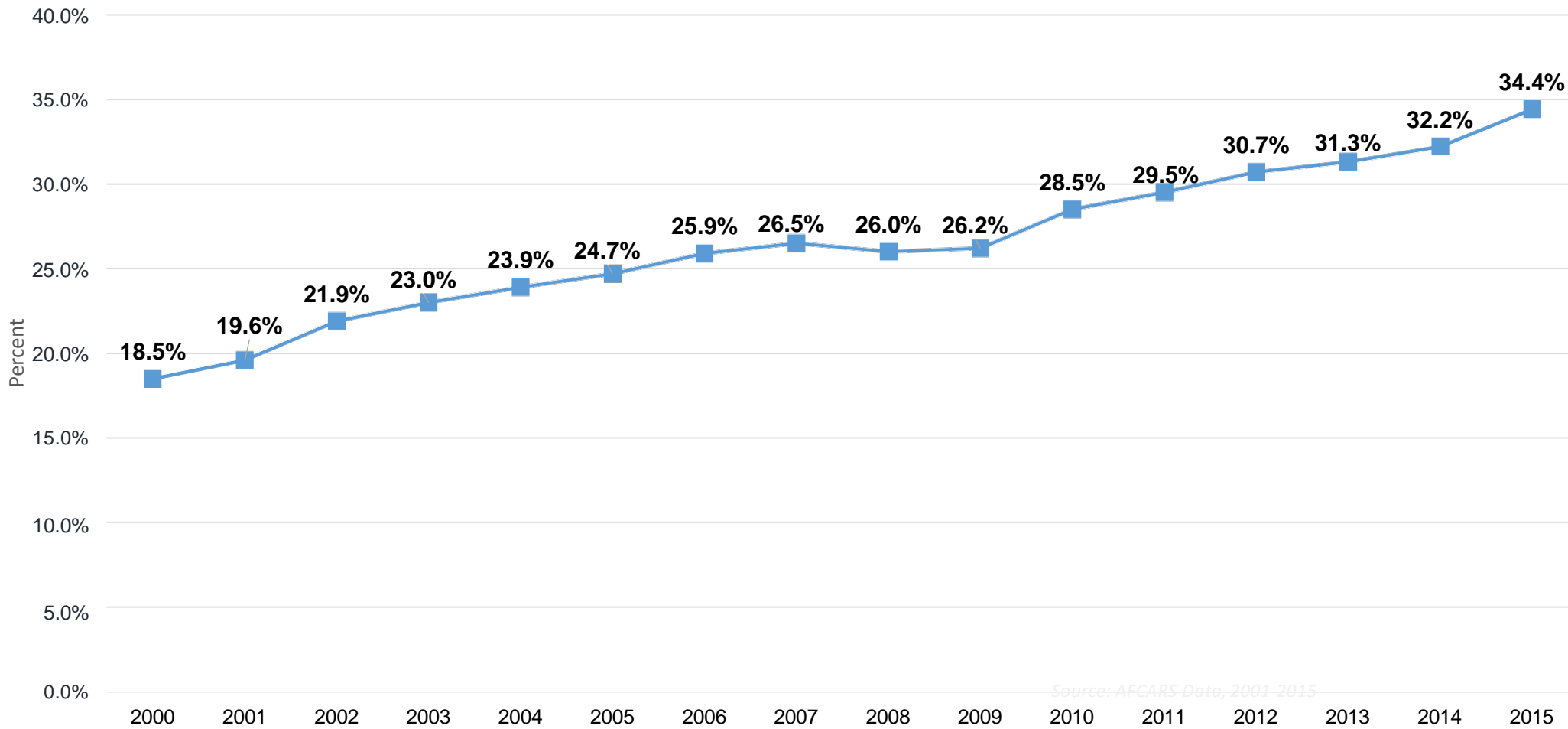
May, P.A., and Gossage, J.P.(2001).Estimating the prevalence of fetal alcohol syndrome: A summary. Alcohol Research & Health 25(3):159-167. Retrieved October 21, 2012 from <http://pubs.niaaa.nih.gov/publications/arh25-3/159-167.htm>

## Number of Children in Out of Home Care, 2000-2015



*Children and Family Futures analyses of the AFCARS Data Set 2000-2015*

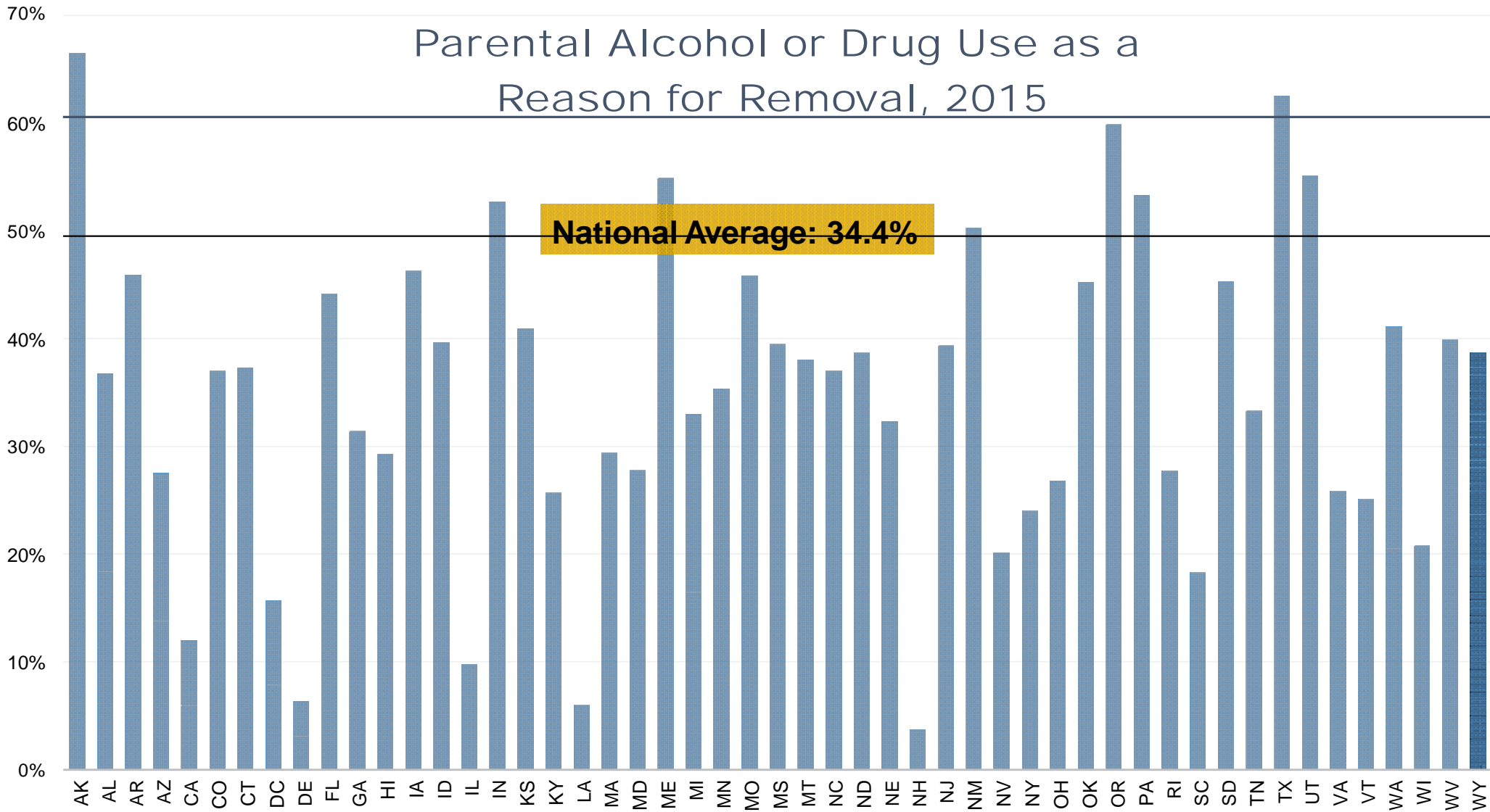
# Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal 2000-2015



Source: AFCARS Data, 2001-2015

Children and Family Futures analyses of the AFCARS Data Set 2000-2015

## Parental Alcohol or Drug Use as a Reason for Removal, 2015



Note: Estimates based on all children who entered out of home care during Fiscal Year

Children and Family Futures analyses of the AFCARS Data Set 2000-2015

# Data Monitoring Challenges

1. Identification: Only a handful of states have **universal screening** or **standardized screening tools** that are used to detect parental substance use during investigations of child abuse and neglect.
2. Data Collection: Few states have standardized protocols for **recording the data** in their information system.

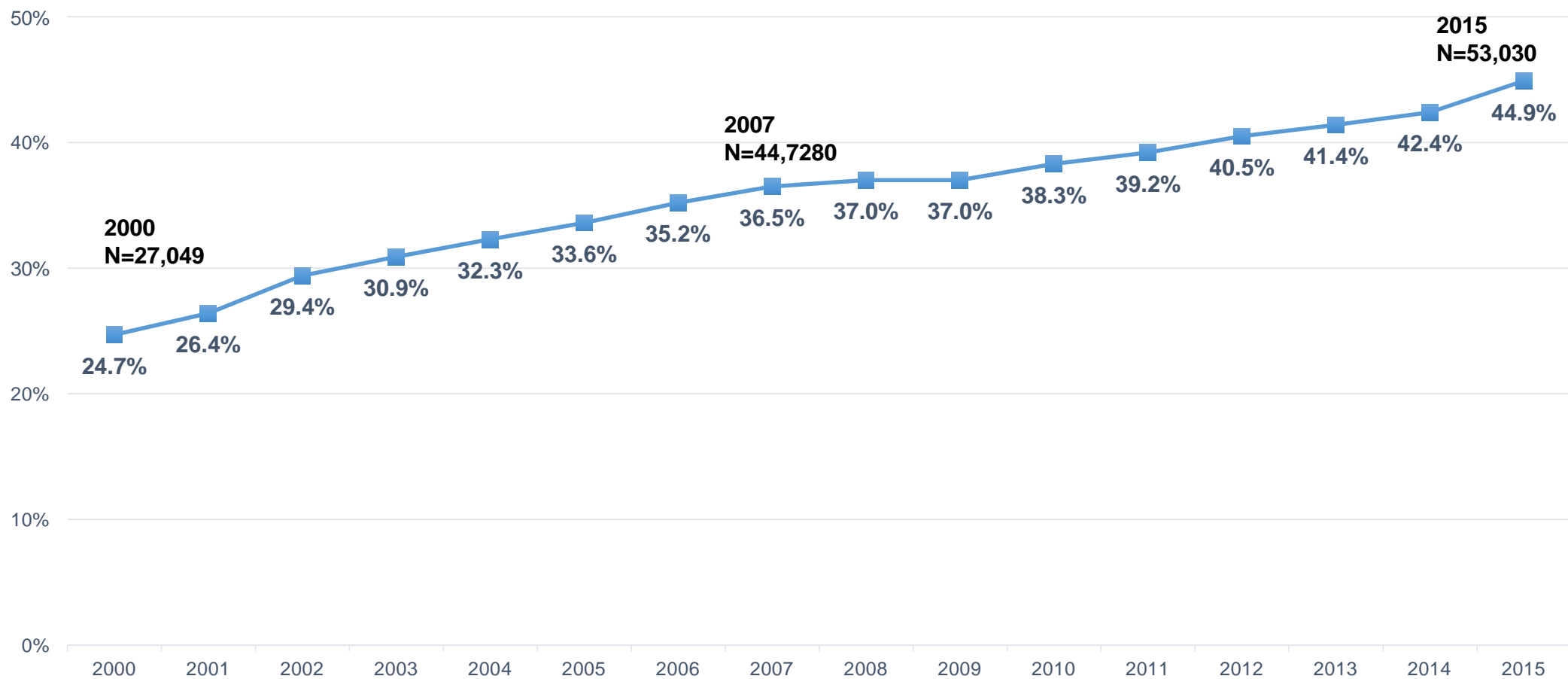
Resulting in **state by state variation** in estimated prevalence of parental substance use as factors in child removals

The bottom of the slide features a decorative border composed of various colored numbers (0-9) in different sizes and orientations. Overlaid on this is a purple rectangular box containing white text.

The most recent studies on prevalence were published over a decade ago!

Seay, Kristen. (2015) How Many Child Welfare Involved Families are Affected by Substance Abuse? A Common Question that Remains Unanswered. *Child Welfare*,

Percent of All Children Under the Age of One Year  
in Out-of-Home Care with Parental Alcohol or Other Drug Use  
as a Reason for Removal, 2000-2015

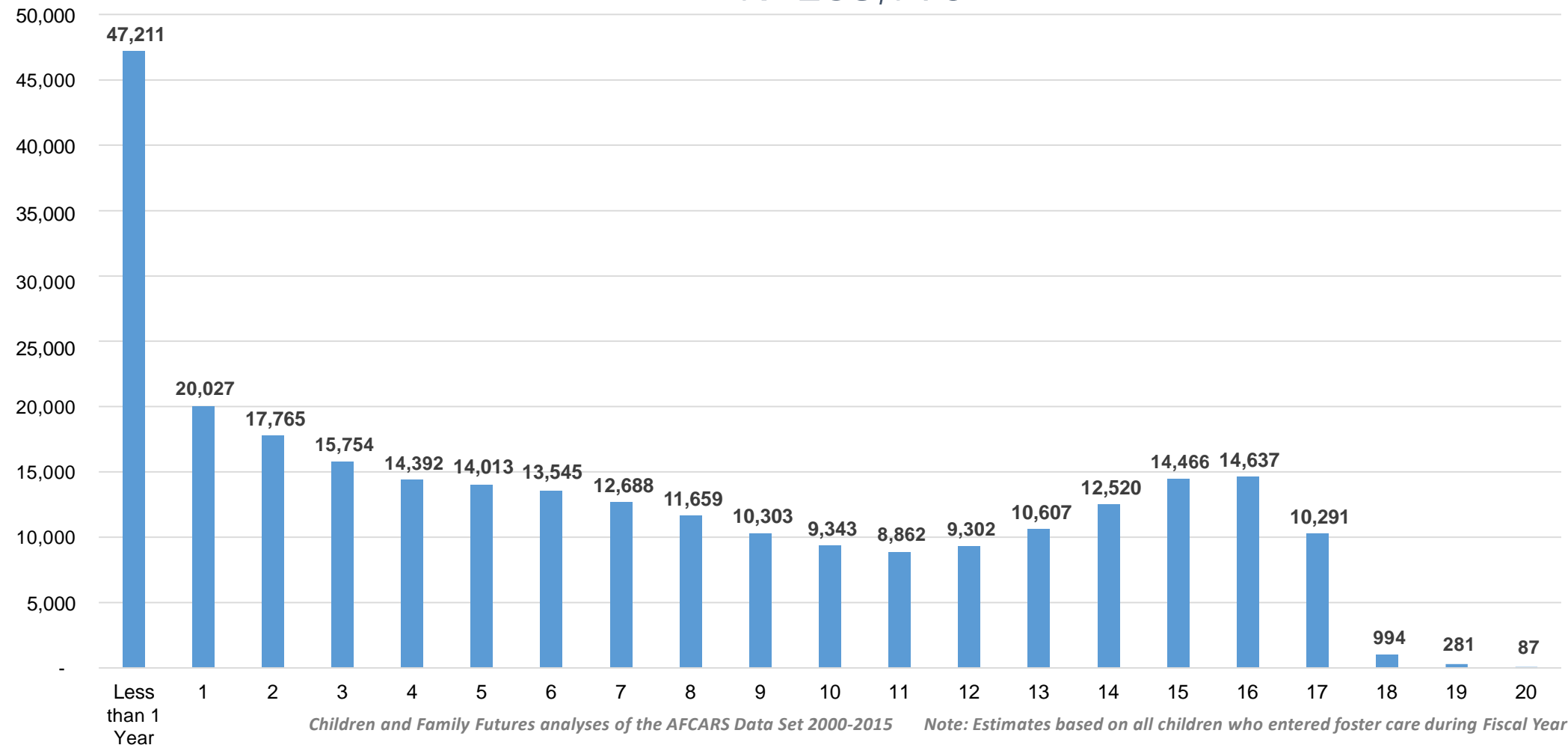


Children and Family Futures analyses of the AFCARS Data Set 2000-2015


Note: Estimates based on all children in out of home care at some point during Fiscal Year

# Age of Children who Entered Out-of-Home Care, 2015

N=268,790



## Extended families are particularly affected by the opioid epidemic



**1/3** of children placed in out of home care with parental alcohol and drug use as a factor are placed with relatives.

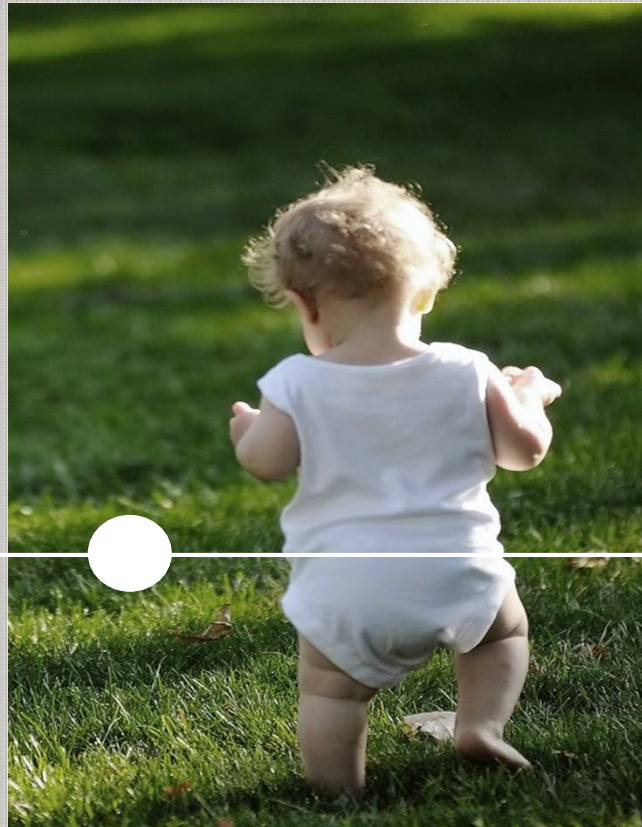
This represents an **increase** from **34%** in 2008 **to over 40%** in 2014.

# Effects of Substance Exposure: American Academy of Pediatrics Technical Report



## Short-Term

Birth Anomalies  
Fetal Growth  
Neurobehavioral  
Withdrawal



## Long-Term

Achievement  
Behavior  
Cognition  
Growth  
Language

# American Academy of Pediatrics (AAP) 2013 Technical Report

## *Prenatal substance abuse: Short and long-term effects on the exposed fetus*

### ➤ Authors

- Lead: Marylou Behnke, MD and Vincent C. Smith, MD
- AAP Committee on Substance Abuse
- AAP Committee on Fetus and Newborn

{ 4 decades }  
of knowledge and research

### ➤ Comprehensive review of approximately 275 peer reviewed articles spanning 40 years (1968-2006)

### ➤ Key Takeaways:

- While opioids have a strong effect on short-term withdrawal symptoms, other substances such as alcohol, cocaine, marijuana and nicotine show more areas of effect on long-term outcomes.
- Prenatal exposure to alcohol has effects in 9 of 10 domains studied including short-term/birth outcomes and long-term outcomes.
- There are some substances and outcomes for which there is not consensus or not enough data to determine consensus.

# Short Term Effects of Prenatal Exposure

	Growth	Anomalies	Withdrawal	Neurobehavioral
Alcohol	Strong Effect	Strong Effect	No Effect	Effect
Nicotine	Effect	No consensus	No Effect	Effect
Marijuana	No Effect	No Effect	No Effect	Effect
Opiates	Effect	No Effect	Strong Effect	Effect
Cocaine	Effect	No Effect	No Effect	Effect
Methamphetamine	Effect	No Effect	Lack of data	Effect

# Long Term Effects of Prenatal Exposure

	Growth	Behavior	Cognition	Language	Achievement
Alcohol	Strong Effect	Strong Effect	Strong Effect	Effect	Strong Effect
Nicotine	No consensus	Effect	Effect	Effect	Effect
Marijuana	No Effect	Effect	Effect	No Effect	Effect
Opiates	No Effect	Effect	No consensus	Lack of data	Lack of data
Cocaine	No consensus	Effect	Effect	Effect	No consensus
Methamphetamine	Lack of data	Lack of data	Lack of data	Lack of data	Lack of data

# Complex Interplay of Factors

Interaction of various prenatal and environmental factors:

- Family characteristics
- Prenatal care
- Exposure to multiple substances (alcohol and tobacco)
- Early childhood experiences in bonding with parent(s) and caregiver(s)
- Other health and psychosocial factors have a significant impact

The American College of Obstetricians and Gynecologists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. *Obstetrics & Gynecology*, 119(5), 1070-1076; Emmalee, S. B. et al. (2010) Prenatal Drug Exposure: Infant and Toddler Outcomes. *Journal of Addictive Diseases*, 29(2), 245-258; Baldacchino, A., et al. (2014). Neurobehavioral consequences of chronic intrauterine opioid exposure in infants and preschool children: a systematic review and meta-analysis. *BMC Psychiatry*, 14(104); Nygaard, E., Slinning, K., Moe, V., & Walhoyd, K.B. (2015). Cognitive function of youths born to mothers with opioid and poly-substance abuse problems during pregnancy. *Child Neuropsychology*, 23(2), 15-187.



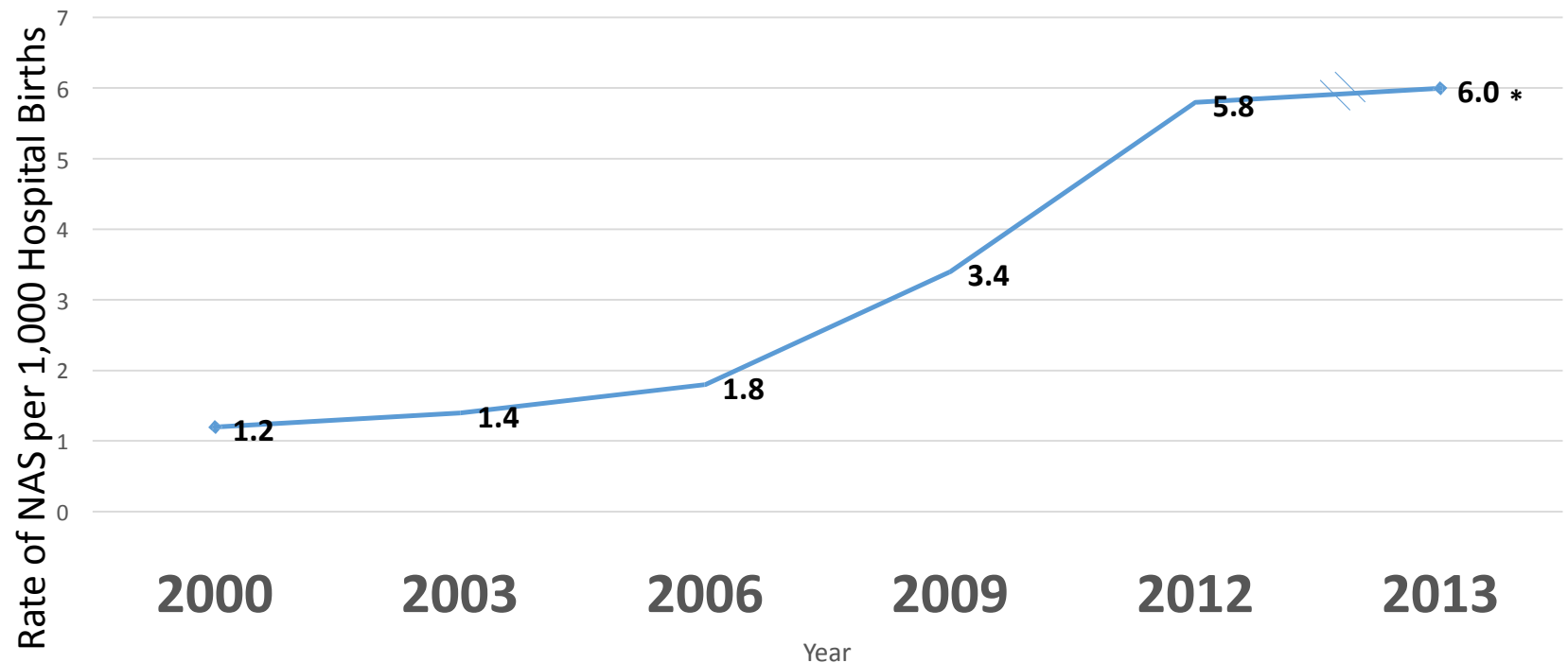
# Infants with Prenatal Exposure

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- Neonatal Abstinence Syndrome (NAS)

# Rates of Neonatal Abstinence Syndrome (NAS) 2000-2013

From Medicaid data, the mean length of stay for infants with NAS was 16.4 days at an average cost of \$53,000



\*2013 Data in 28 States from the Center for Disease Control publicly available data in Health Care and Cost Utilization Project (DCUP) in 28 states

Source: Patrick, S. W., et al. (2012). Neonatal abstinence syndrome and associated healthcare expenditures – United States, 2000-2009. *JAMA*, 307(18), 1934-40  
W., et al. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009-2019. *J Perinatol*, 35(8), 650-655 Ko,  
S. W., Tong, V. T., Patel, R., Lind, J. N., & Barfield, W. D. (2016). Incidence of Neonatal Abstinence Syndrome – 28 States, 1999-2013. *MMWR Morb Mortal Wkly Rep* 2016; 65:799-802

Patrick, S.  
M. Y., Patrick,

# **Newborns can't be “born addicted”** NAS is NOT Addiction

- Addiction is brain disease whose visible symptoms are behaviors – newborn can't have the behaviors associated with addiction (compulsion, continued use despite adverse consequences, etc.)
- Addiction is chronic disease – this chronic illness isn't present at birth
- NAS is withdrawal – due to dependence – dependence NOT addiction



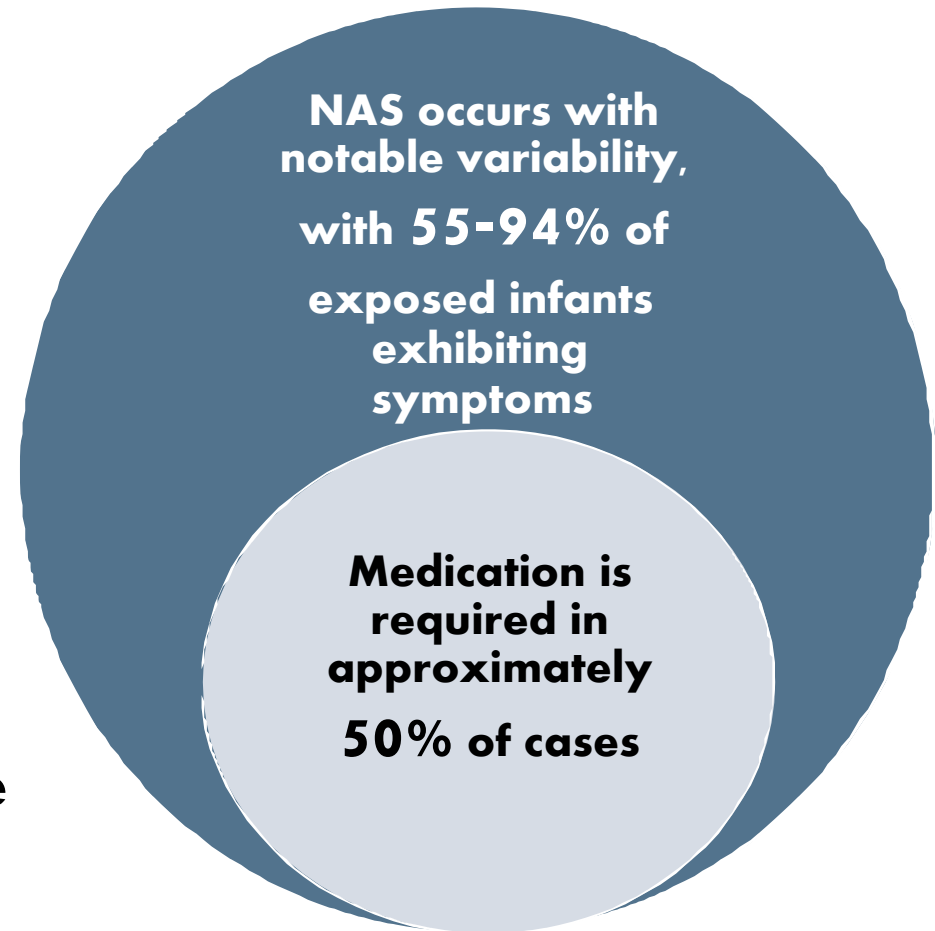
An expected and treatable condition that follows prenatal exposure to opioids

Symptoms begin within 1-3 days after birth, or may take 5-10 days to appear and include:

- Blotchy skin; difficulty with sleeping and eating; trembling, irritability and difficult to soothe; diarrhea; slow weight gain; sweating; hyperactive reflexes; increased muscle tone

Timing of onset is related to characteristics of drug used by mother and time of last dose

Most opioid exposed babies are exposed to multiple substances



Source: The American College of Obstetricians and Gynecologists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. *Obstetrics & Gynecology*, 119(5), 1070-1076. U.S. National Library of Medicine, National Institutes of Health. Neonatal Abstinence Syndrome. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/007313.htm> on July 24, 2014

Hudak, M.L., Tan, R.C. The Committee on Drugs and the Committee on Fetus and Newborn. Neonatal Drug Withdrawal. *Pediatrics*. 2012, 129(2): e540

Jansson, L.M., Velez, M., Harrow, C. The Opioid Exposed Newborn: Assessment and Pharmacological Management. *Journal of Opioid Management*. 2009; 5(1):47-55

# Three Populations

1

Using legal or illegal drugs, on an opioid medication for chronic pain or on medication (e.g., benzodiazepines) that can result in a withdrawal syndrome and **does not have a substance use disorder**

2

Receiving medication assisted treatment for an opioid use disorder (Buprenorphine or Methadone) or is **actively engaged in treatment** for a substance use disorder

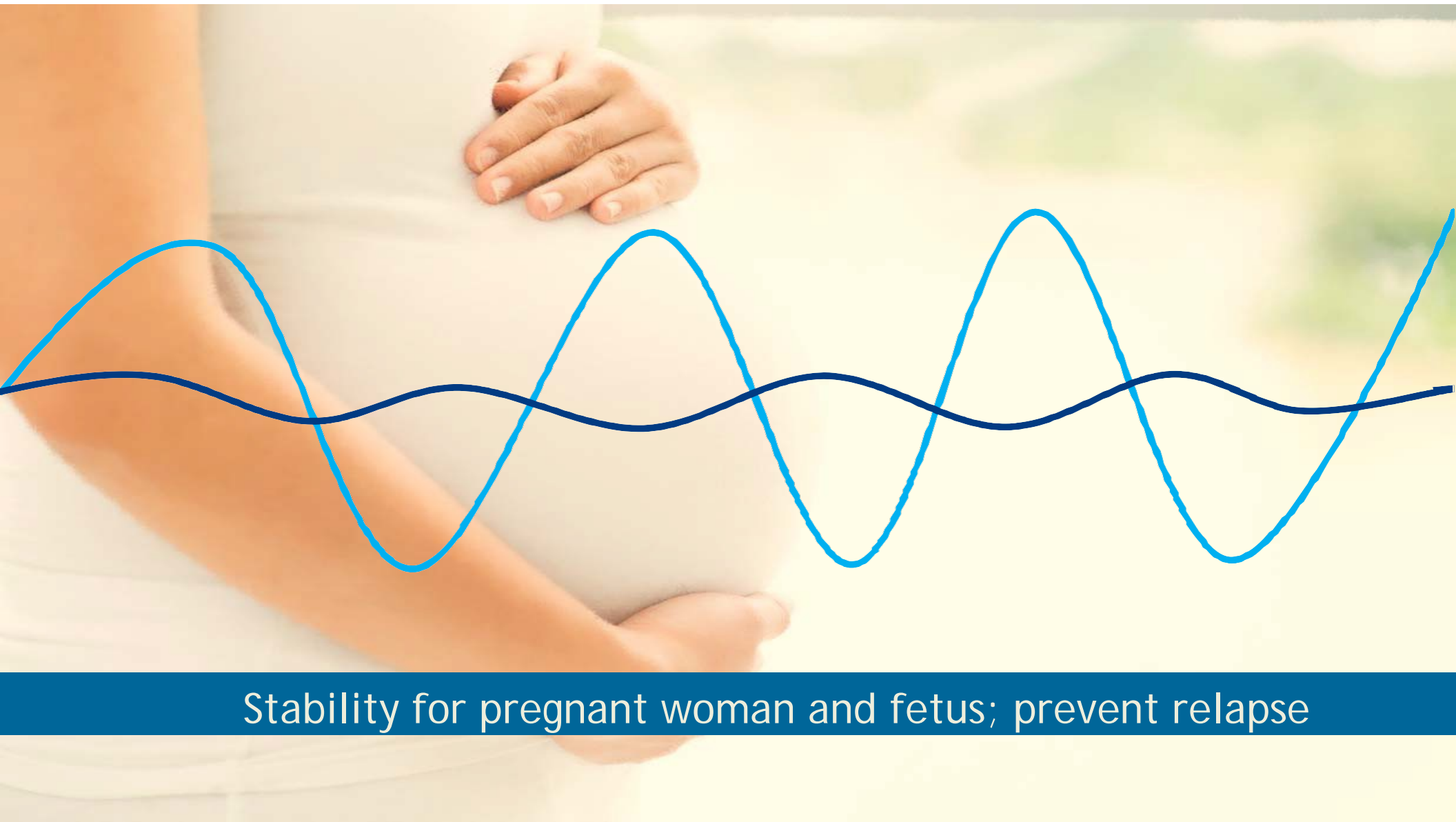
3

**Misusing** prescription drugs, or is using legal or illegal drugs, **meets criteria for a substance use disorder**, not actively engaged in a treatment program

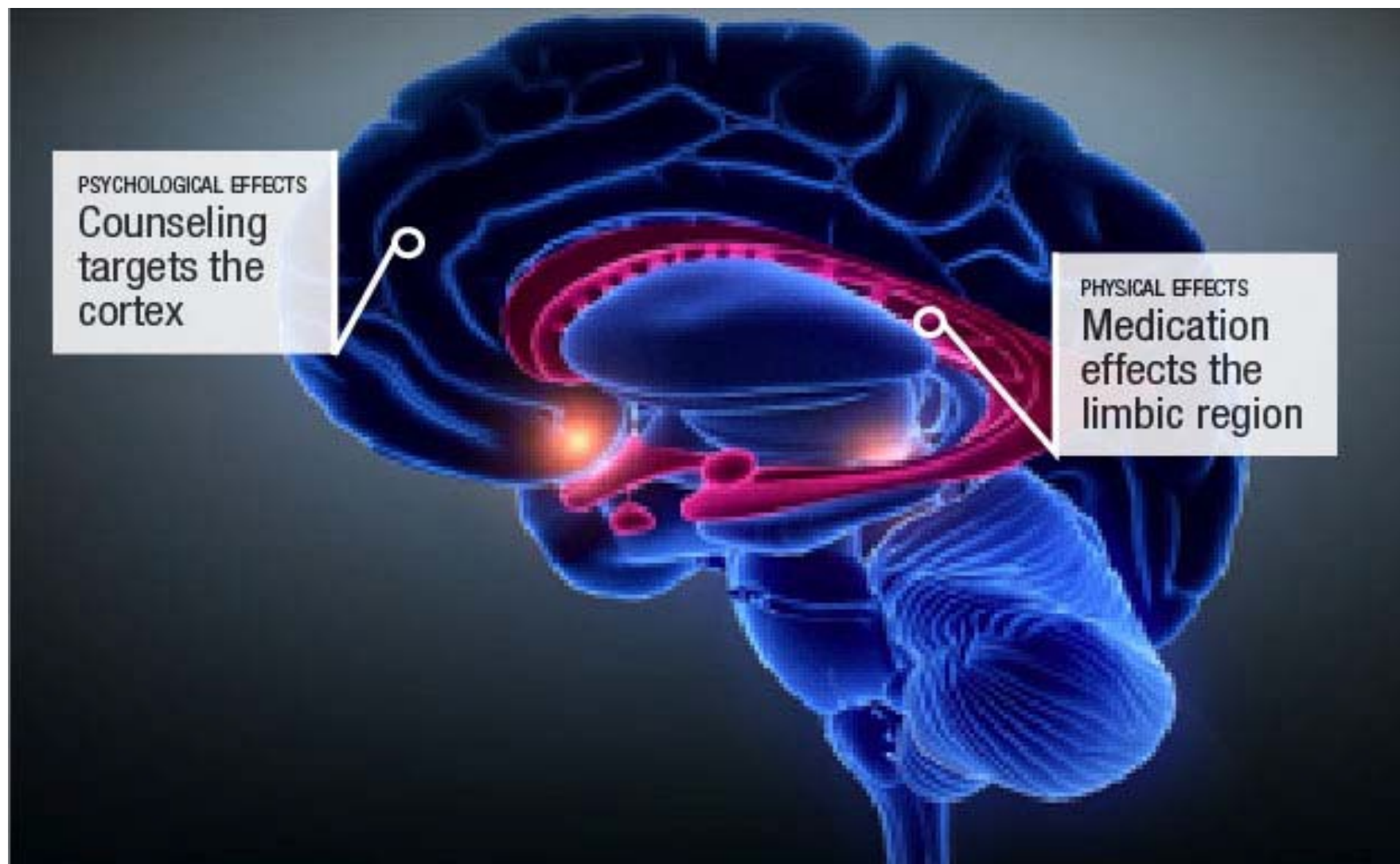
# Polling Question #1

Is medication assisted treatment to treat opioid use disorders in pregnant women safe?

- a) Yes, certain medications - methadone and buprenorphine
- b) Yes, it is recommended as the clinical standard of care by a National Institute of Health consensus panel, American College of Obstetrics (ACOG), World Health Organization (WHO), and the American Society of Addiction Medicine (ASAM)
- c) Yes, abrupt discontinuation of opioids often results in relapse
- d) Yes, in conjunction with counseling and other services
- e) All of the above



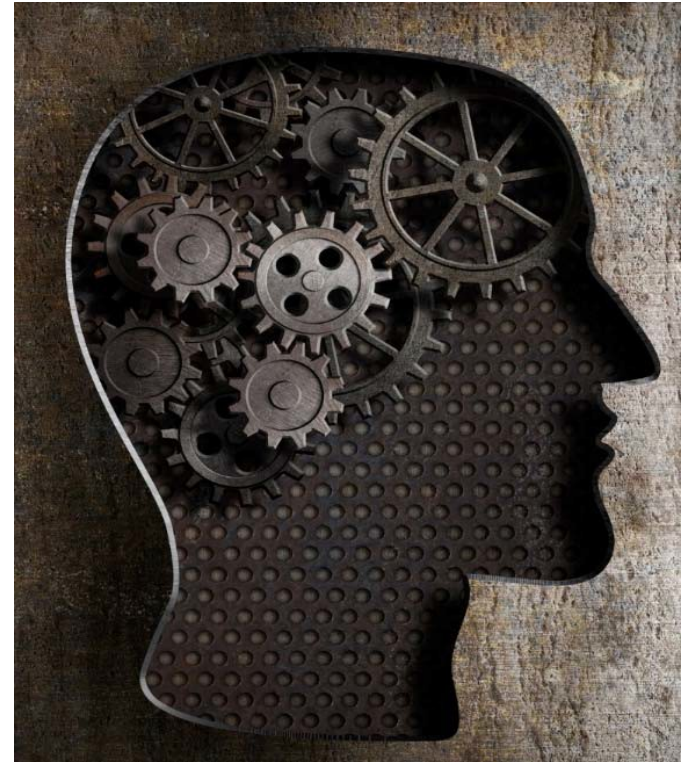
Stability for pregnant woman and fetus; prevent relapse



# Medication Assisted Treatment

As part of a comprehensive treatment program, MAT has been shown to:

- Increase retention in treatment
- Decrease illicit opioid use
- Decrease criminal activities, re-arrest and re-incarceration
- Decrease drug-related HIV risk behavior
- Decrease pregnancy related complications
- Reduce maternal craving and fetal exposure to illicit drugs



## Medications used to Treat Opioid Use Disorders

- Methadone (50 year research base)
- Buprenorphine (Subutex; 2010 – MOTHER Study)
- Buprenorphine-Naloxone Combination (Suboxone®; Zubsolv)
- Naltrexone Extended-Release (Vivitrol®) – Once per Month injection
- Naloxone (Narcan®) – Reverses overdose

} **Used During Pregnancy**

“...opiate dependence is a medical disorder and ... pharmacologic agents are effective in its treatment.”

National Institutes of Health (1997), Effective Medical Treatment of Opiate Addiction, Consensus Statement

<https://consensus.nih.gov/1997/1998treatopiateaddiction108html.htm>

Jones et al., (2012) Maternal Opioid Treatment: Human Experimental Research (MOTHER) – Approach, Issues, and Lessons Learned, [Addiction. Nov; 107\(0 1\): 28–35.](#)

# A Revised Approach to NAS Treatment

## Report on a Multi-Year Improvement Effort

- Yale New Haven Children's Hospital
- Began in 2010
- Engaged a multidisciplinary team
- Implemented a series of plan-do-study-act cycles at to reduce the average length of stay for infants exposed to methadone in utero
- Average hospital days was 22.4 days before the start of the project
- Aim was to reduce average length of stay for infants with NAS by 50%

Grossman MR, Berkwitt AK, Osborn RR, et al. (2017). An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *Pediatrics* 139(6):e20163360

# A Revised Approach to NAS Treatment

## Report on a Multi-Year Improvement Effort

### Interventions



Non-pharmacologic NAS  
Treatment (morphine as needed)

+



Parent Empowerment

+



Simplified NAS Assessment

+



Increased Interdisciplinary  
Communication and Coordination



### Outcomes

- Decreases in:
  - Length of hospital stay for infants: 22.4 to 5.9 days
  - Pharmacological tx: 98% to 14%
  - Costs: \$44,824 to \$10,289
- No infants were readmitted for treatment of NAS and no adverse events were reported

Grossman MR, Berkwitt AK, Osborn RR, et al. (2017). An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *Pediatrics* 139(6):e20163360



## What Works?

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- Family Centered Treatment
- Collaborative Practice

# Substance Exposed Infants In-Depth Technical Assistance (SEI-IDTA, 2014-Present)

To advance the capacity of state and local jurisdictions to improve the safety, health, permanency, and well-being of infants exposed to maternal alcohol and drug use.

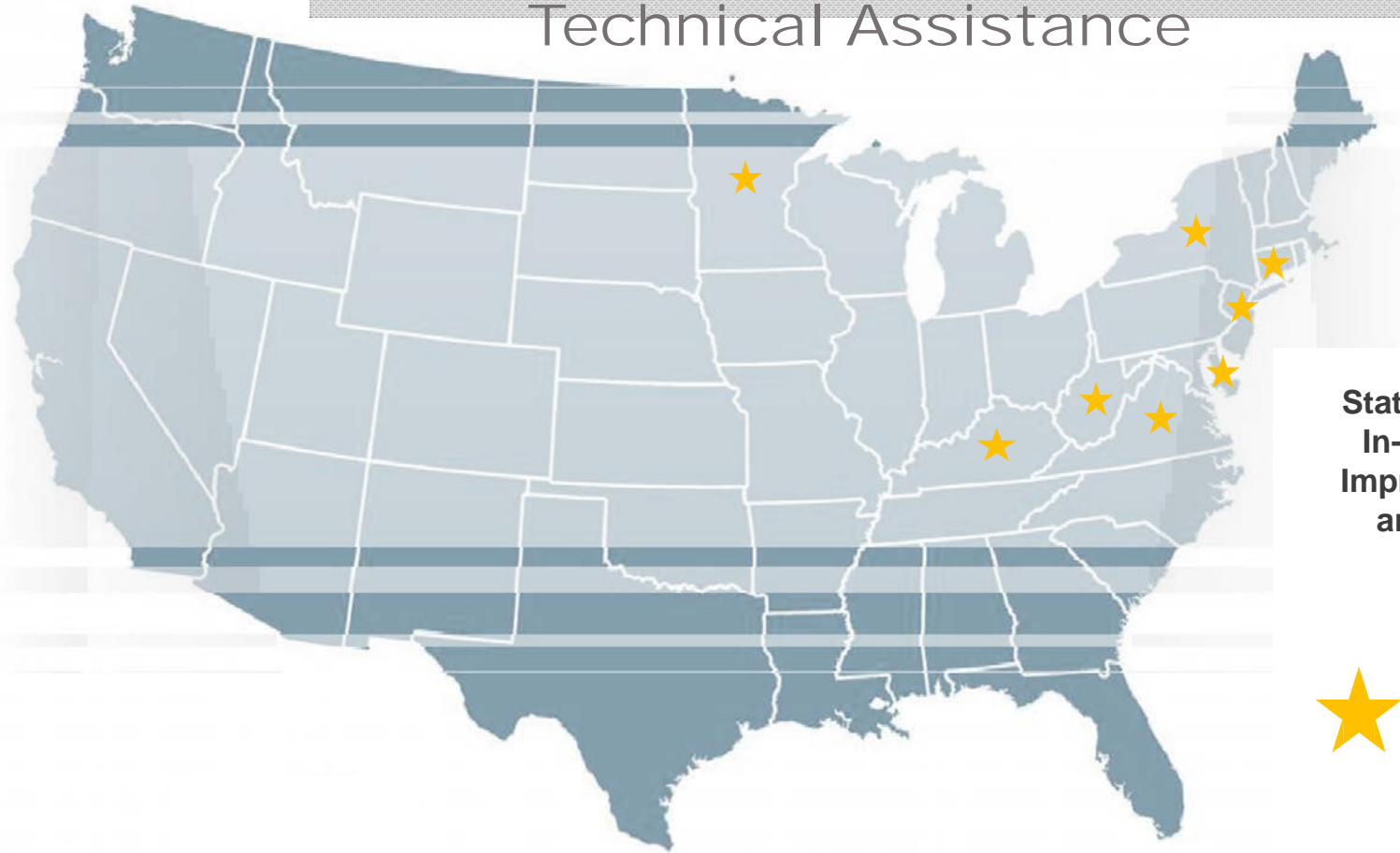
Focuses on opioid use  
during pregnancy



Recovery of pregnant  
and parenting women  
and their families



## Substance-Exposed Infants, In Depth Technical Assistance



### States Receiving In-Depth TA to Improve Practice and Policies



Connecticut  
Delaware  
Kentucky  
Minnesota  
New Jersey  
New York  
Virginia  
West Virginia

<https://ncsacw.samhsa.gov/technical/sei-idta.aspx>

# Services that Support Families



Prenatal



Birth




Beyond


**A multi-disciplinary approach to engage Pregnant Women and their Families in Services**



Universal Prenatal Screening  
Substance Use Disorder  
Treatment



Birth Protocols  
Pain Management  
Mother-Infant Bonding  
Breastfeeding



Continued Support  
Services and  
Family Planning

The American College of Obstetricians and Gynecologists, Committee on Obstetric Practice, American Society of Addiction Medicine. Committee Opinion: Opioid Use and Opioid Use Disorder in Pregnancy. Number 711, August 2017. <https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy>  
Substance Exposed Infants: State Responses to the Problem. <https://ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf>

# New Beginnings

- Motivation to make health related changes is enhanced during pregnancy
- Prenatal care is a touch point to services



Edvardsson, K., Ivarsson, A., Eurenus, E., Garvare, R., Nyström, M. E., Small, R., & Mogren, I. (2011). Giving offspring a healthy start: parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC public health*, 11(1), 936.

Crittenden, K. S., Manfredi, C., Lacey, L., Warnecke, R., & Parsons, J. (1994). Measuring readiness and motivation to quit smoking among women in public health clinics. *Addictive behaviors*, 19(5), 497-507.



# Barriers to Screening

## Patient

Fear of discrimination, judgment, or CPS

Previous bad experience with health care provider

Don't consider use problematic

## Provider

"My patients don't use drugs"

"I don't have time"

"I won't get paid"

"I don't know what to do if they screen positive"

# Prenatal Screening

Early identification can minimize potential harms to the mother and her pregnancy and maximize motivation for change.

Selective screening based on “risk factors” may perpetuate discrimination and miss most women with problematic use.



## Treatment that Supports Families

- Encourages retention in treatment
- Increases parenting skills and capacity
- Enhances child well-being

Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders: History, key elements and challenges. *Substance Abuse and Mental Health Services Administration Department of Health and Human Services*.

# Family Recovery ≠ Completion



## PARENTS

- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence



## FAMILY

- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling
- Specialized Parenting



## CHILD

- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance abuse
- At-risk youth prevention

# What is recovery?

## SAMHSA's Working Definition

*Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*

## Recovery is not treatment

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

# Re-Thinking Family Recovery



## *Relational Based*

- Parents' recovery must occur in the context of family relationships
- Services that strengthen families and support parent-child relationships helps keep children safe

~85% of children in substantiated abuse and neglect cases either stay home or go home



# What Works?

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- Collaborative Practice

# Polling Question #2

What do the current CAPTA provisions require regarding prenatal substance exposure?

- a) A notification by healthcare professionals to child protective services of infants identified to be affected by substance abuse, withdrawal symptoms or FASD
- b) Development of a Plan of Safe Care for identified infants and affected caregivers
- c) Data collection and reporting on the number of infants and caregivers in which a Plan of Safe Care is developed and referred to services
- d) All of the above

# A Collaborative Approach



Women with substance use disorders are **identified** during pregnancy...

engaged into prenatal care, medical care, substance use treatment, and other needed services...

A Plan of Safe Care for an infant and *their parents/caregivers* is developed reducing the number of crises at birth for women, babies, and systems!

A photograph of a modern building with large glass windows. The sun is setting behind the building, creating a warm orange glow that reflects in the glass. The sky is a mix of blue and orange. The building's structure is visible as dark lines against the bright sky.

No Single  
agency can do  
it alone

POSC is a unique  
opportunity for cross-  
system collaboration

A pregnant woman with long dark hair, wearing a light-colored patterned dress, stands in profile in a field of tall yellow grass. She is looking towards the right. The background is a soft-focus landscape with a blue sky and a warm, golden light, suggesting a sunset or sunrise. The image is used as a background for the text overlay.

## CAPTA Focus Regarding Infants with Prenatal Exposure

To *identify* infants at risk of child abuse and neglect as a result of prenatal substance exposure, so a range of appropriate services can be delivered to the *infant and family/caregiver*, ensuring the safety and well-being of infants and their families

# CARA's Primary Changes to CAPTA 2016

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” **specifically removing “illegal”**
2. Required Plan of Safe Care to include needs of **both infant and family/caregiver**
3. Specified **data to be reported** by States
4. Specified increased monitoring and oversight by States to ensure that Plans of Safe Care are implemented and **that families have access to appropriate services**

# Key Issues for CAPTA Implementation

## Local Considerations

- Coordinated Assessments
  - Prenatal Screening
  - Identification of Prenatal Exposure
  - Child Risk and Safety
  - Family's Needs and Strengths
- Plan of Safe Care
  - Components
  - Timing: Prenatal, Postnatal
  - Implementation and Monitoring



# CAPTA Plan of Safe Care

Preparing for Baby's Arrival and Beyond

- Ideally, developed prior to birth of infant
- Comprehensive multi-disciplinary assessment
- Multiple intervention points: pregnancy, birth and beyond
- Addresses needs of infant and family/caregiver
- Structure in place to ensure coordination of, access to, and engagement in services

# Substance Exposed Infants In-Depth Technical Assistance (SEI-IDTA, 2014-Present)

To advance the capacity of State and local jurisdictions to improve the safety, health, permanency and well-being of infants exposed to maternal alcohol and drug use.

Focuses on opioid use during pregnancy

+

Recovery of pregnant and parenting women and their families



# Collaborative Lessons from SEI-IDTA

## Leadership

Identifying champions from critical partner systems and a dedicated lead agency

## Engaging Critical Partners

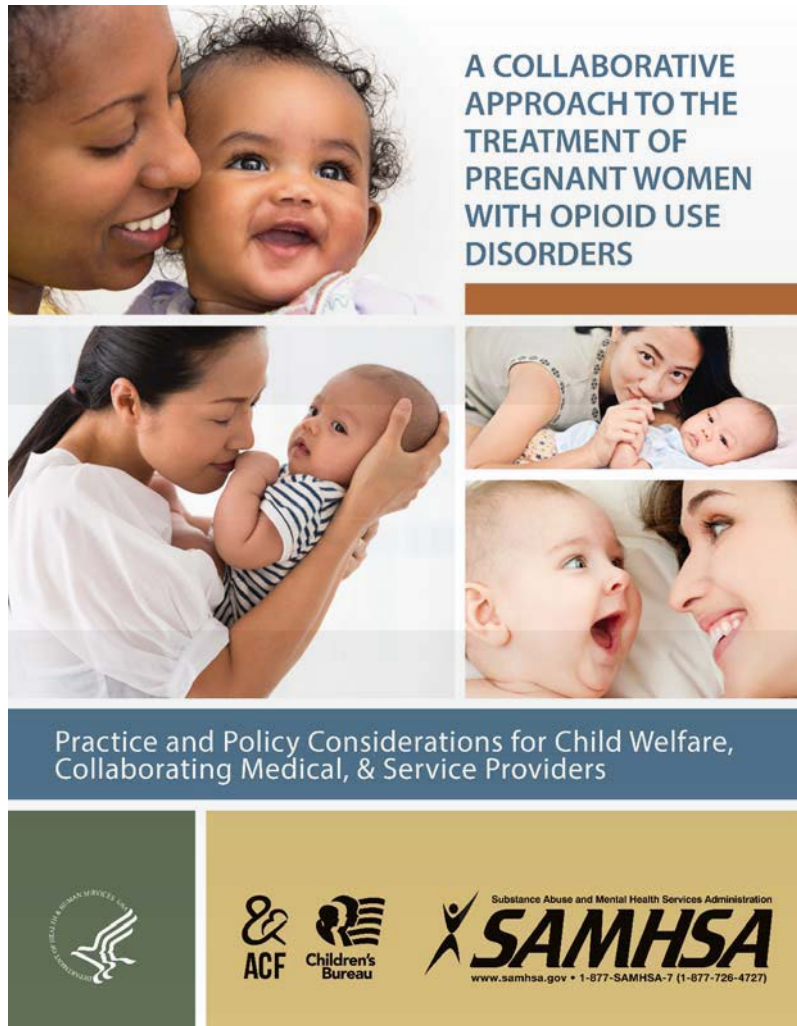
Ensuring that partners from multiple agencies and disciplines are meaningfully engaged

## Cross-system Collaboration

Building a common foundation for systems change through shared resources, relationships and results

## Data Collection, Reporting & Integration

Developing systems, protocols and training to support shared data collection, analysis and reporting



**Purpose:** Support the efforts of States, Tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

**Audience**

- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

**National Workgroup**

- 40 professionals across disciplines
- Provided promising and best practices; input and feedback over 24 months

Available for download here: [https://www.ncsacw.samhsa.gov/files/Collaborative\\_Approach\\_508.pdf](https://www.ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf)

### *What Makes it Work*

- Shared Understanding Among Partners
- Regular Meetings
- Information Sharing

### *Early Identification and Intervention*

- MAT and substance use treatment services
- Prenatal Care
- Child Welfare 30-day pre-birth-assessment

### *Intense Level of Support*

- Pregnancy
- Birth
- Post-Partum

## **Case Study: CHARM Collaborative**



# 5 Next Steps



## #1 Download the Cross-Systems Guide



- Use these system specific guides to help establish a baseline understanding of the practices and policies used across systems.

Download @

<https://ncsacw.samhsa.gov/files/Collaborative Approach 508.pdf>

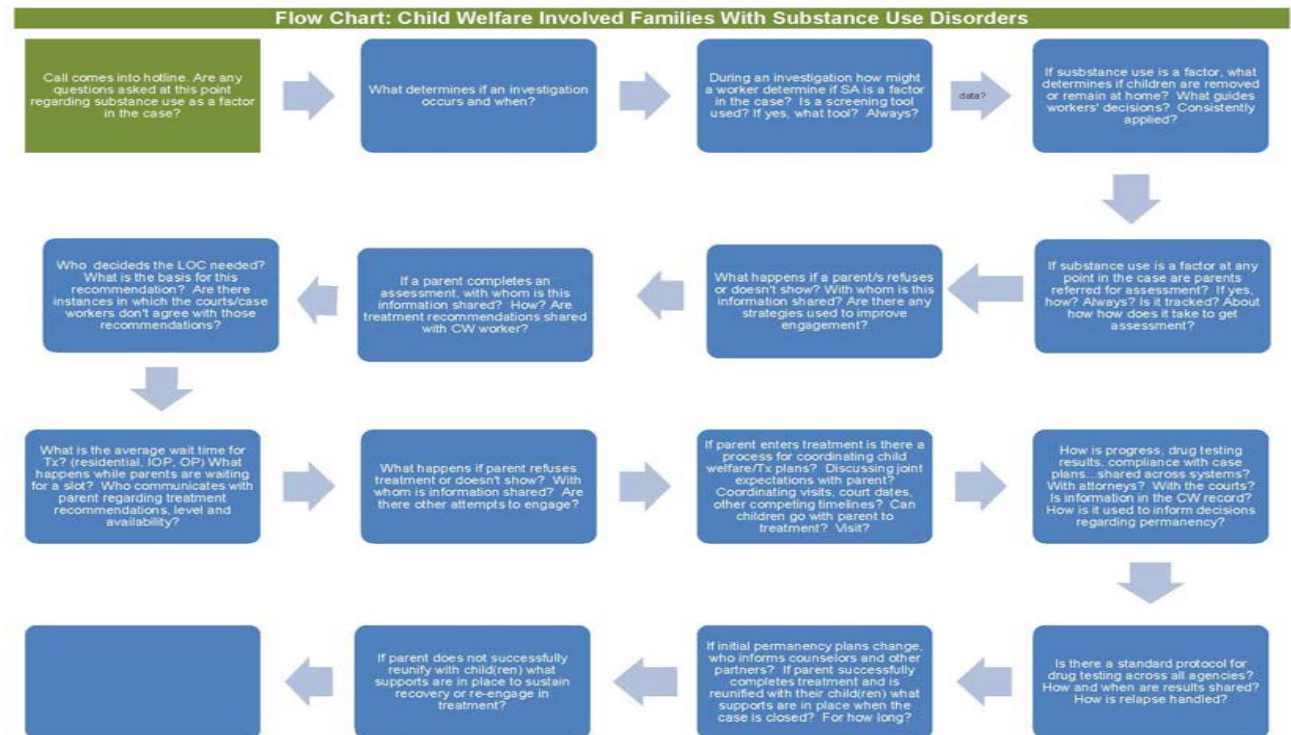
## #2 Conduct an SEI Systems Walk-Through

**Screening**

**Assessment**

**Referral**

**Monitoring**



Continues on page 2

Contact us



[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

## #3 - View and Discuss SEI-IDTA, Opioid Use and SEI Webinars



### A Collaborative Approach

Addressing the needs of pregnant women with opioid use disorders, their infants and families.

### Partnering to Treat Pregnant Women

Lessons Learned from a Six Site Initiative will provide an overview and share lessons from the SAMHSA-funded initiative, Substance Exposed Infants In-Depth Technical Assistance program.

### A Framework for Intervention for Infants with Prenatal Exposure and Their Families

Identifies points of intervention for comprehensive reform to prevent prenatal exposure and respond to the needs of pregnant women, mothers, their families and infants.

Visit  [www.cffutures.org](http://www.cffutures.org)

## #4 Contact the NCSACW TTA Program



- Connect you with programs that are developing tools and implementing practices and protocols to support their powerful collaborative
- Training and technical assistance to support collaboration and systems change



[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

# #5 Get Engaged in Current Collaborative Work



**STATEWIDE INITIATIVE FOR COMMUNITY-BASED PRENATAL RECOVERY-ORIENTED CARE**

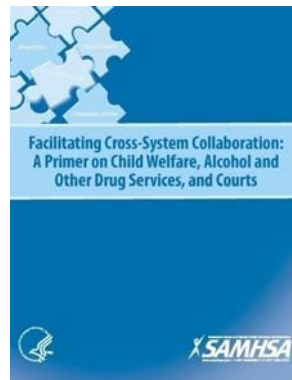
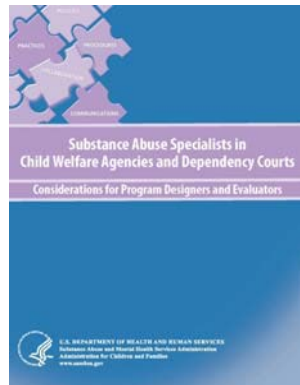
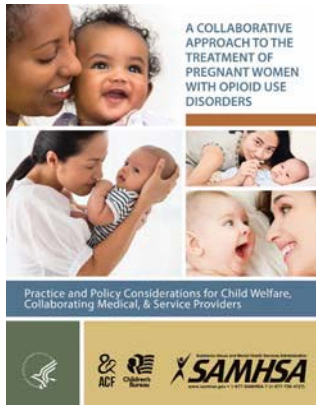
DEPARTMENT OF HUMAN SERVICES | DEPARTMENT OF HEALTH | Great Lakes ATTC



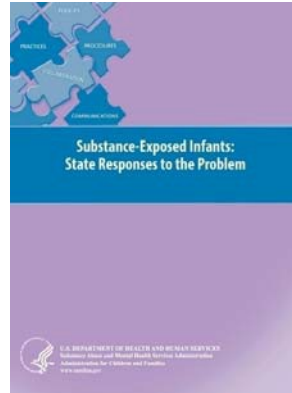
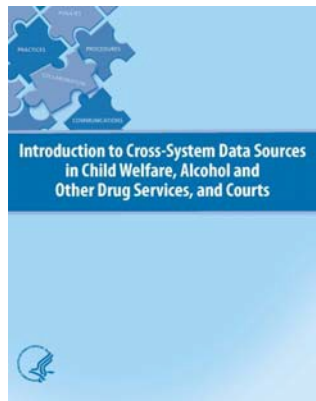
# Resources



# NCSACW Resources



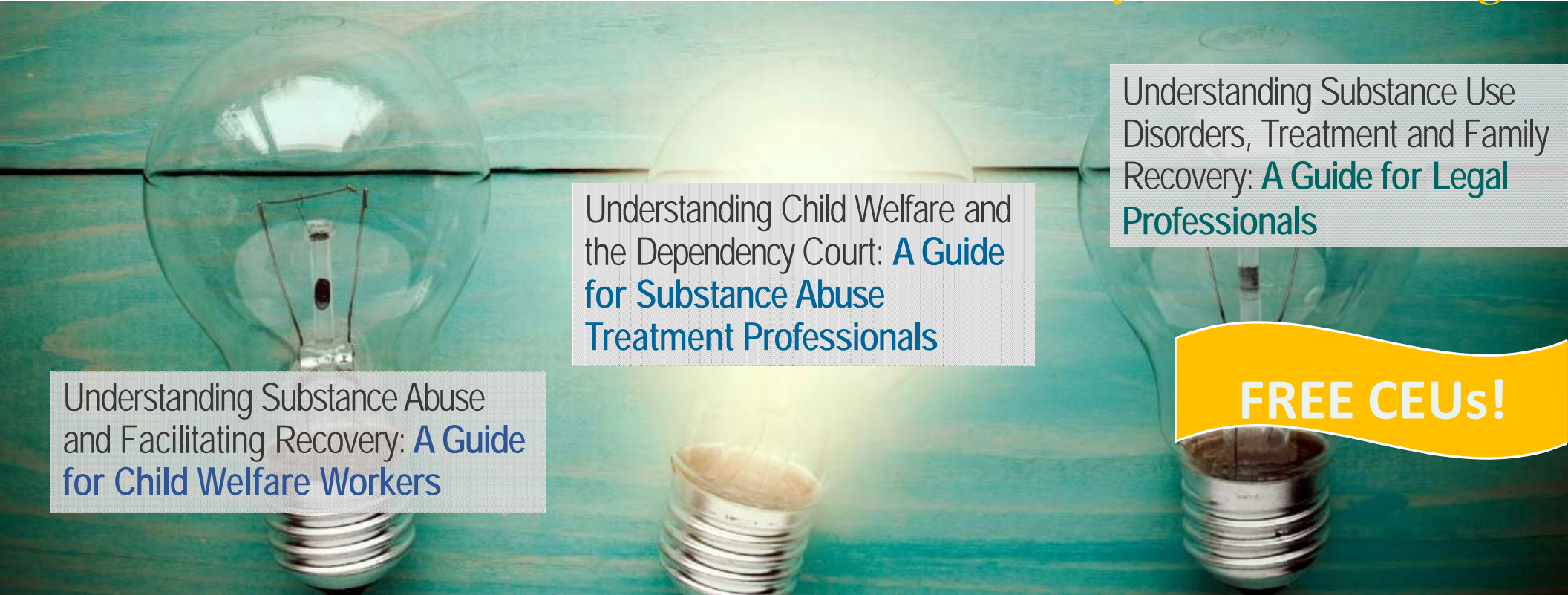
- Publications
- Online Resource Inventory
- Webinars
- Online Tutorials
- Toolkits
- Video



Please visit:

<http://www.ncsacw.samhsa.gov/>

# NCSACW Online Tutorials *Cross-Systems Learning*



Understanding Substance Abuse and Facilitating Recovery: **A Guide for Child Welfare Workers**

Understanding Child Welfare and the Dependency Court: **A Guide for Substance Abuse Treatment Professionals**

Understanding Substance Use Disorders, Treatment and Family Recovery: **A Guide for Legal Professionals**

**FREE CEUs!**



[www.ncsacw.samhsa.gov/.org](http://www.ncsacw.samhsa.gov/.org)



## Resources to Help You Address the Opioid Crisis

### Substance-Exposed Infants, In-Depth Technical Assistance

- 18 months of technical assistance designed to strengthen collaboration and linkages across systems
- 8 sites: Connecticut, Delaware, Kentucky, Minnesota, New Jersey, New York, Virginia, West Virginia,

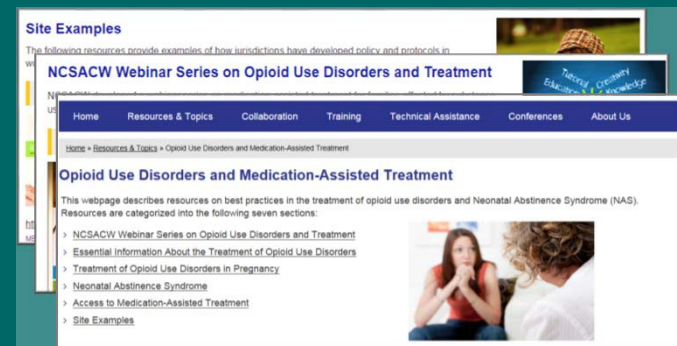
<https://ncsacw.samhsa.gov/technical/sei-idta.aspx>

### Technical Assistance: Plan of Safe Care Implementation

- Clarifying key decisions for tribes & states
- Defining “affected infants”
- Understanding different populations of pregnant women
- Identifying components in plans of safe care

### Resource Directory

- Web-based Includes up to date research, training materials, videos, site examples and other resources
- Webinar Series: 8 recorded webinars



<https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>



Bringing Systems Together

*for*

Family  
Recovery,  
Safety and  
Stability

## Contact Information

Nancy K. Young, Ph.D.

1-(866)-493-2758

[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

# Questions

As a reminder:

- Questions can be typed into the Question Window.
- Due to the large number of participants, we may not be able to get to all questions in the time allotted.
- The NCFRP will answer all questions and post the answers on the NCFRP website:  
<https://www.ncfrp.org/>

**Recording of webinar and copy of slides will be posted within 2 weeks on the NCFRP website: [www.ncfrp.org](http://www.ncfrp.org)**

# NCFRP is on Social Media



# Save the Date!

**SAVE THE DATE** for our next webinar:

## **Effective Intervention to Support Mothers and Babies Impacted by Substance Use**

November 2017

Date and Registration details to follow.



Thank you!

*Additional questions can be directed to [info@ncfrp.org](mailto:info@ncfrp.org)*

